Recommendations to improve the mental health of asylum seekers on Lesvos

September 2018
Introduction

Asylum seekers living at Moria, the reception and identification center (RIC) on the Greek island of Lesvos, are under enormous mental strain. With no choice but to live in unacceptable conditions, with little concrete information about their futures and long waits to have their asylum claims heard, suicide rates among IRC clients are astonishingly high: thirty percent of our clients have attempted suicide. Sixty percent have considered attempting suicide.

The majority of those at Moria are refugees from Syria, Iraq and Afghanistan. They have fled war and many have endured horrific trauma, both in their homes, and on their journey to Europe. Conditions at Moria exacerbate that trauma. The International Rescue Committee (IRC) runs a mental health and psychosocial support centre in Mytilene, the capital of Lesvos, to provide services to some of the residents of Moria.

Moria has been problematic from the outset. Currently, more than 8,500 people are crammed into a site which only has the capacity to host 3,100. 84 people are expected to share one shower. 72 people are expected to share one toilet. People must rise at four in the morning to stand in line to get food and water, which is distributed at eight. The sewage system is so overwhelmed, that raw sewage has been known to reach the mattresses where children sleep, and flows untreated into open drains and sewers.

Asylum seekers must wait for every vital thing – from health care to legal aid. The public health system is overwhelmed. So too are the lawyers. Asylum seekers must wait months, if not over a year, to have their asylum claims heard. Information is erratic at best. Staff have walked off the job more than once, such is their objection to working conditions. Fights are a daily occurrence, and riots happen often. Women are particularly vulnerable and do not feel safe. It is no wonder then that asylum seekers are under such mental stress and are in urgent need of mental health services.

It is important to note that the desperate conditions in which people are obliged to live in Moria are avoidable. There are a number of external factors which contribute to the current situation: first, the short-sighted policies put in place to implement the March 2016 EU-Turkey deal; second, a lack of political will on the part of European Union member states to agree a fair and effective responsibility sharing system; and third, the difficulty of the Greek state to successfully utilise funding streams made available to it and create a long-term sustainable strategy to manage the response nationally.

The mental health crisis we now face at Moria presents a stark example of why it is essential to urgently step up and agree to support EU border countries.

Over the past six months, the IRC has been gathering the testimony of clients who attend our mental health centre in Mytilene. This brief outlines our findings and puts forward recommendations for the Greek local and central government, EU leaders and donors, to ensure that all asylum seekers at Moria in need of mental health services are able to access it and that living conditions do not trigger or exacerbate existing trauma.

“Several times I have attempted suicide. The only reason I am glad I didn’t succeed is because of the children.”

Ahmad (35) Iraqi single father with 4 children living in the Olive Grove, Moria, Lesvos.
Findings from the IRC mental health programme on Lesvos

The IRC’s mental health programme in Mytilene (Lesvos) operates with 4 psychologists, two case workers, two interpreters and a manager.

Since opening our mental health and psychosocial support centre in March of this year, we have seen 126 clients from Moria. Forty-one percent of the people who have received mental health services in our clinic in Mytilene report post-traumatic symptoms, such as flashbacks and nightmares and 64% manifest depressive symptoms, such as sadness, guilt and hopelessness. Twenty-four percent of our clients are victims of torture. Sixteen percent of our clients suffer from psychological distress.

Gender-based violence and sexual violence against both women and men are high, amounting to 50% of all our clients, 67% of whom are women and 33% men.

The IRC also provides psychiatric care and medication provision through an external partnership with two private psychiatrists, in order to address the gap of the public sector psychiatric provision.

However, people using the mental health services in the IRC centre in Mytilene, have to return to Moria after their sessions, which compromises the work done by psychologists. As long as our clients continue to live in Moria, it will be difficult for them to make progress, for they will be stuck in a vicious circle of hopelessness and distress.

IRC mental health centre data

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Percent of clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicidal Ideation</td>
<td>60%</td>
</tr>
<tr>
<td>Anxiety/Stress</td>
<td>55%</td>
</tr>
<tr>
<td>Suicide attempts</td>
<td>29%</td>
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<tr>
<td>Aggressiveness</td>
<td>18%</td>
</tr>
<tr>
<td>Self-harm</td>
<td>15%</td>
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<tr>
<td>Psychotic symptoms</td>
<td>6%</td>
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<tr>
<td>PTSD</td>
<td>41%</td>
</tr>
<tr>
<td>Depression</td>
<td>64%</td>
</tr>
</tbody>
</table>

Through both the personal testimonies of clients who attend our mental health services and observations from medical responders on the ground at Moria, we believe that conditions at Moria both create, and exacerbate mental health conditions for those who have no choice but to reside there.

Three major factors negatively impact the well-being and mental health status of asylum seekers in Moria: Lack of protection, lack of support and lack of any certainty about their future.
1. **Lack of protection**

Officially, there are currently more than 8,500 people in Moria, which has capacity to host 3,100. Overcrowding strains all services and staff and creates tensions and feelings of unsafety.

**Security**

Living at Moria causes stress and fear, which exacerbates trauma and can trigger mental health problems. It offers no privacy or safe shelter. Frequent fights and rioting affect everyone, forcing hundreds of families to flee every so often, with nowhere to go. On 11 July, a 16-year old Syrian boy was shot in the head by a Greek farmer around Moria, as he and his family were fleeing the violence inside Moria. Moreover, due to the absence of police presence in Moria and the impunity of the perpetrators, there are reports of popular courts, whereby communities have taken the law into their own hands, trying and punishing wrongdoers of their community. Considering the above, it is of no surprise that, despite past adversities, people in Moria request more police presence in the camp.

**Past and present adversities**

Most of the people in Moria come from war-torn countries. The set-up of Moria reminds them of what they escaped: barbed wires, army, and violence. For example, the army coordinates the food distribution which deters some people from going to the food line. The frequent violent incidents also bring back adverse events and increase feelings of insecurity.

**Women & girls**

Moria is unsafe for everyone but especially unsafe for women and girls and reports of sexual harassment in Moria are high. Because of the overcrowding, women often have to share tents with other families and unknown men. Women and girls try to avoid the toilets day and night out of fear and have to ask for someone to escort them when they really need to go. Many single women are put in the unaccompanied minors’ section for their safety but we are aware of cases of sexual harassment and abuse of women who were put there for their protection. Due to the lack of capacity in alternative accommodation, women may be returned to a tent in Moria days after childbirth, even after a Caesarean section, as well as after reporting an incident of sexual violence, including rape. No amount of treatment can help these women get over the violence endured, if forced to go back to the place where they are completely unprotected and may continue to live with the perpetrator.

**Men & boys**

Men and boys can also be subjected to violence, including sexual violence, in Moria. They can be harassed, beaten, or raped and suffer emotionally and physically as a result. Because of the shortage of alternative accommodation, especially for single men, they may have to remain in Moria

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1. [http://mindigital.gr/index.php/%CE%B1%CE%B6%CE%BB%CE%B9%CE%BA%CF%8C-%CE%B6%CE%A9%CF%84%CE%B7%CE%BC%CE%B1-refugee-crisis](http://mindigital.gr/index.php/%CE%B1%CE%B6%CE%BB%CE%B9%CE%BA%CF%8C-%CE%B6%CE%A9%CF%84%CE%B7%CE%BC%CE%B1-refugee-crisis)


3. UNHCR participatory assessment, May-June 2018

with their perpetrators. Too often, the medical treatments they require post these traumatic experiences are not available or accessible to them on the islands.

**Basic needs**

In Moria, one has to fight for everything. Access to food is precarious: the queues are long so many people sleep there to ensure that they get food and water. Many vulnerable people cannot stand in the long queues or are afraid because of the violence that frequently starts at the food line and as a result, end up hungry. Due to these challenges, many residents have to cook their own food but, as there are no cooking facilities, they end up using dangerous methods, such as lighting open fires or cooking inside their tents. Conditions have not improved since November 2016, when a woman and her granddaughter were killed in Moria, because the gas canister they were using for cooking exploded in their tent⁵.

There are not enough latrines and the septic tanks consistently overflow. In the main area of Moria camp and in the adjacent overflow camp known as Olive Grove, there are 72 people per functioning toilet and 84 people per functioning shower. This is well below the recommended humanitarian standards in emergency situations⁶, while there are frequent water cuts, causing long queues, health concerns and tensions.

**Lack of alternative accommodation on Lesvos and mainland Greece**

Living in Moria is inevitable for most residents, even for very vulnerable individuals and families. The containment policy imposed on everyone upon arrival, in order to implement the EU-TK Statement⁷, combined with no accommodation capacity on mainland Greece, means that even asylum seekers without geographical restrictions cannot be moved out of Lesvos. This is especially worrying for asylum seekers with mental health issues and victims of torture, as they don’t have access to the services they need. Moreover, the rules for alternative accommodation clearly exclude people with mental health problems, because there are no professionals in the scheme to support them. However, this policy effectively excludes the most vulnerable individuals and actively increases the likelihood of deterioration of their mental health. In addition, this policy can actually deter people from

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seeking help for mental health both in terms of therapeutic needs and vulnerability status, as this would explicitly exclude them from alternative accommodation outside Moria.

To make things worse, the Municipal Council of Lesvos has adopted a decision⁸ not to accept any women asylum seekers or refugees to the Safe Shelter for Women Victims of Gender-based Violence except in extreme circumstances and for a maximum of two days. Although the decision is based on the premise that survivors of gender-based violence are vulnerable and should be transferred to the mainland, the decision in practice leaves them stranded in Moria, often having to live with the perpetrator of the said violence. It is crucial that the Municipality and central government work together to expand housing and provide dignified reception conditions for all asylum seekers, as required by Law⁹.

2. Lack of support

Since the transition of management of the refugee response in the five islands RICs to the Greek state in August 2017, all services have been consistently below standard, unable to cover needs¹⁰. Healthcare provision in Moria is indicative of this disturbing fact¹¹. Lack of access to healthcare puts the health and well-being of asylum seekers at risk and puts additional burden on their mental health.

“In Syria, we were able to go to the hospital. Here you can’t go. Even if you are in a lot of pain they won’t accept you. Sometimes the doctor will write a prescription but we don’t have any money to buy it.”

Salima, Syrian female, Moria, Lesvos.

Working space for KEELPNO is another challenge, as they have only been assigned one container for almost 40 staff of social workers, psychologists and nurses. These professionals often have to work outdoors, in complete absence of privacy and under any weather conditions. Requests for additional working space have not been granted, seemingly due to the general lack of space within the RIC. This situation negatively affects work conditions for staff as well as their ability to identify and help survivors of sexual violence and victims of torture.

There are several volunteer medical organisations working inside Moria¹³ but all are stretched and forced to turn away patients because of the large numbers of people seeking help.

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⁸ Municipal Council decision 503/2018 of 16 July 2018
⁹ Law 4540/2018
¹² Hellenic Centre for Disease Control and Prevention, government agency providing health services within the RICs
¹³ BRF, DocMobile, ERCI, Kitrinos
Mental health

Severe budget cuts in public health, at a time when the economic crisis generated an increase in the need for certain medical care, especially mental health care, have adversely impacted everyone on Lesvos: host communities and refugees alike14. Lack of interpreters means that the psychiatric department of the public hospital in Mytilene has very low capacity in receiving patients from the refugee population, while there is currently no child psychiatrist. Shortage of doctors at the public hospital means that receiving an appointment takes a long time and hospitalisation is practically impossible. As a result, asylum seekers with mental health problems and survivors of sexual violence cannot find the care they need on Lesvos. Still, they have no choice but to stay there, in conditions that exacerbate their mental health.

3. Lack of any certainty about the future

Most of the asylum seekers who have visited our mental health services feel like they are living in limbo as they don’t understand the asylum procedures and what their future holds. As time goes by, this uncertainty, compounded by the appalling living conditions in Moria, exacerbates or even triggers mental health issues. Geographical restrictions force asylum seekers to stay on the islands until they get refugee status. People deemed ‘vulnerable’ as per Greek Law and certified by KEELPNO’s medical screening, have to stay until their first asylum interview15. However, not only do the screenings take too long but there are concerns about their accuracy. Constant changes in the vulnerability forms and respective operating procedures have raised concerns that there is a trend towards trying to reduce the number of asylum seekers recognized as vulnerable16. In her recent visit to Greece, the Council of Europe Commissioner for Human Rights, Ms. Dunja Mijatović insisted on the need to improve and speed up the vulnerability assessment procedure, among other things, in order to better protect the rights of all vulnerable people, including persons with mental health conditions who, as she stressed, are becoming increasingly common due to a prolonged stay in substandard conditions in Moria17. Asylum interviews of vulnerable asylum-seekers are currently scheduled for the second half of 2019 or even 2020.

16 https://www.hrw.org/news/2017/06/01/eu/greece-pressure-minimize-numbers-migrants-identified-vulnerable
Recommendations

The International Rescue Committee has been responding to the needs of refugees and asylum seekers on Lesvos since July 2015. Based on our experience, and our clients’ feedback, we have the following recommendations to improve the mental state of refugees and asylum-seekers living in Moria:

To the Manager of the Moria RIC

- Assign more working space to KEELPNO, so that psychologists, nurses and social workers can work efficiently and in a safe environment that ensures privacy;
- Strive for better allocation of shelter. Gender separation should be ensured to avoid women being forced to share shelter with unknown males or living in the unaccompanied children section; and
- Ensure security and lighting in commons areas, especially toilet and shower areas.

To the Municipality of Lesvos:

- Support and increase the capacity of alternative accommodation on the island of Lesvos, such as PIKPA and Kara Tepe, so vulnerable people can be temporarily removed from Moria while waiting to be transferred to the mainland; and
- Reverse the Municipal Council decision 503/2018 of 16 July 2018 to not accept women refugees at the Safe Shelter for Women Victims of Gender Based Violence, except in very urgent cases and for two days only.

To the Hellenic Police:

- Increase police presence and patrolling in the RIC, including with additional policewomen;
- Train staff on working with refugees, including psychological first aid and essential protection understanding; and
- Ensure there is consistent police follow-up to reports of sexual abuse, which should result in the legal prosecution of the perpetrator, as provided by Law\(^{18}\).

To the Greek government:

- Increase accommodation capacity on the mainland and transfer people with no geographical restrictions and all vulnerable people who, by law, do not fall under the border procedure, out of Lesvos immediately;
- Ensure dignified reception conditions for all asylum seekers in Greece, conditions that meet humanitarian standards and do not put their health and safety at risk;
- Staff the asylum process with trained operators and interpreters in order to speed up the processing of asylum applications, whilst ensuring all necessary safeguards for fair procedures are in place, and guarantee vulnerability assessments are conducted by trained staff at registration, ensuring people have access to the specialised services they need, and that their case will follow the correct legal pathway;

\(^{18}\) Articles 336 and 337 of the Penal code
Equip KEELPNO with adequate trained personnel and required space to perform its mandated duties and enhance the capacity of the public hospital on the island to cover the increased medical needs of the refugee population, including mental health needs;

Provide protection and safe shelter to all survivors of gender based violence and of sexual violence, as stipulated by Law19;

Provide appropriate accommodation and support to vulnerable refugees with mental health problems, who are currently excluded from the out-of-camp accommodation scheme; and

Develop a long-term strategic plan for managing migration into Greece in consultation with UNHCR, humanitarian organisations and local authorities, in order to strengthen coordination among all relevant actors.

To UNHCR:

Support the opening of emergency safe shelters for female survivors of gender-based and sexual violence, as well as for male and LGBTQI survivors of sexual violence;

As the designated protection actor on Lesvos, put more pressure on all stakeholders for the prevention, protection, treatment and safe accommodation of survivors of gender-based violence, incl. sexual violence of men and boys; and

Be more vocal and take a stand against policies and practices being implemented in Greece that reduce standards and minimize safeguards in the reception and asylum procedures.

To donors:

Support organisations that provide mental health services and trainings on the islands, as the public system cannot currently cope; and

Ensure transfers to alternative accommodation are prioritised according to vulnerability and not exercise pressure to fill every bed available at all costs.

To the EU member states:

Renew all efforts to agree an equitable and predictable responsibility sharing mechanism within the EU in order to reunite families and relocate vulnerable asylum seekers out of first arrival EU countries, such as Greece, and into other EU member states as soon as possible;

Expand safe and regular routes into Europe as an alternative to dangerous sea journeys onto the Greek islands. Humanely and efficiently responding to spontaneous arrivals must be at the centre of any asylum system - but it is not the only approach to extending protection to those who need it.

19 https://www.lawspot.gr/nomikes-plirofories/nomothesia/nomos-4531-2018
Acknowledgements

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With great thanks to Kiki Michailidou, Nikolas Panagiotopoulos, Lucy Carrigan and all the IRC staff on Lesvos and mental health centre clients who agreed to share their experiences. Many thanks also to local and central government representatives, governmental and intergovernmental agencies’ officials and the numerous medical, legal and protection NGOs working on the ground, who agreed to be interviewed for this briefing.

Cover picture:
Young man who attends the IRC’s mental health centre: “At night I cannot sleep. I hear a voice in my head saying ‘I will kill you.’ Often in my dreams, I see my mother and she cries.”

Photo credit: Lucy Carrigan, IRC

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Disclaimer: The information in this briefing was correct at the time of writing, in August 2018.