
International Journal of Non-Profit Sector Empowerment

Vol 4, No 1 (2025)

International Journal of Non-Profit Sector Empowerment

Provision of Mental Health Services for Refugees and Migrants: The European and Greek Approach

Christina Karatzikou

doi: [10.12681/npse.45345](https://doi.org/10.12681/npse.45345)

Copyright © 2025, Christina Karatzikou



This work is licensed under a [Creative Commons Attribution 4.0](https://creativecommons.org/licenses/by/4.0/).

RESEARCH ARTICLE

Provision of Mental Health Services for Refugees and Migrants: The European and Greek Approach

Christina Karatzikou

Department of Social and Education Policy, University of the Peloponnese, Greece.

Abstract

This paper analyzes the health migration policy implemented in Europe and Greece, as well as the role of Civil Society in meeting the mental and psychological needs of migrants and refugees. More specifically, its aim is to highlight common or different policies, measures, and the overall approach to the issue of access to mental health for refugees/migrants within a European framework. In this way, it becomes evident that there is a common directive set by the European Union for the protection of the rights of refugees/migrants, applicable across all member states. However, each country applies its own policies and rules. The institutions of the European Union and Civil Society on a broader European level play a significant role in the provision of mental health care for refugees/migrants. In conclusion, for the most part, the European space has the policies, legislative frameworks, and both state and European mechanisms to support the mental health of those in need. However, when it comes to implementing these in practice, many problems arise in the functioning of the mechanisms, resulting in less effective or even nonexistent mental health care provided by the states, with the burden falling on the work of NGOs.

Keywords: Mental Health, NGOs, EU, World Health Organization, European Psychiatric Association

Introduction

In the modern era, the phenomenon of migration is continuously increasing, as individuals either voluntarily or involuntarily leave their homeland with the intent of settling in another country. Involuntary migration, also known as forced displacement or refugeehood, involves the uprooting of individuals from their homeland due to war, political conflicts, human rights violations, or other acts of force majeure, such as environmental disasters. Voluntary migration, on the other hand, is associated with relocating to another country in pursuit of better economic, employment, and educational opportunities (European Parliament, 2020).

Migrants represent a social group with specific needs in the healthcare sector, largely due to their often poor living conditions in both their home and host countries (Fouskas, 2023). Relevant research conducted at the European level indicates that the migrant and refugee population is at a higher risk of

developing mental disorders due to increased risk factors that may arise before migration, during migration, and/or after resettlement in the host country (European Migration Network, 2022). For instance, the most common risk factors before migration are related to persecution, armed conflicts, and/or economic hardships (Cabral Iversen & Morken, 2003). During migration, the entire process exposes individuals to physical harm, diseases, life-threatening conditions, extortion, human trafficking, as well as separation from family members and social support networks (Priebe, Giacco & El-Nagib, 2016). Upon resettlement in the host country, the main risk factors for mental disorders include uncertainty regarding asylum applications, conditions and duration of detention, adaptation to a different cultural environment, reduced social integration, and unemployment (WHO, 2018).

A significant problem encountered by migrants, particularly refugees and asylum seekers, is the difficulty in accessing mental health services and healthcare in general. At the EU level, the main barriers migrants face in accessing mental health services include a lack of knowledge about healthcare and their rights, fear of discrimination, lack of knowledge of the host country's language, cultural beliefs about mental health, cultural expectations of healthcare professionals, and a lack of trust in professionals and authorities (European Migration Network, 2022; Priebe et al., 2016). Added to these barriers are health inequalities observed not only among migrants/refugees but also among ethnic minorities and individuals of lower socioeconomic status (Ledoux et al., 2018).

The first section of the paper presents the actions of the European Union and other European institutions, along with the policies and programs implemented to address the issue of migrants' mental health. Additionally, the legal framework for migrants' access to public mental health services in Germany is analyzed. In the second section, the formation of the legislative framework of the Greek state regarding access to state structures and the strategies developed for the optimal handling of the issue are examined. The role of local government in guiding migrants and the invaluable work of Civil Society in providing free psychiatric and psychological care are also analyzed. In the final section, proposals and recommendations for policy-making by states are put forth by two significant organizations: the World Health Organization and the European Psychiatric Association.

Actions to Address the Mental Health of Refugees in a European Context

EU and European Institutions' Actions and Policies

In light of the above, and under the framework of declarations and agreements that recognize health and access to healthcare for all as fundamental rights, the EU has implemented a series of actions to develop policies aimed at improving the health of migrants at both the European and national levels

(Ledoux et al., 2018). It is important to initially highlight that in Europe, all countries have ratified the International Covenant on Economic, Social, and Cultural Rights and the Charter of Fundamental Rights of the European Union. These are binding in upholding the right to the highest attainable standard of physical and mental health for everyone, regardless of whether the individual has legal status to remain in the country (Andersson et al., 2018).

Recognizing the negative impacts of migration on individuals' physical and mental health, as well as the challenges arising from the heterogeneity of the migrant/refugee population, the EU is taking certain measures regarding access to healthcare. Initially, it provides financial support to improve the quality of care for migrants, facilitate their integration into national health systems, and train healthcare professionals. For countries hosting a large number of migrants, the EU assists them in addressing health challenges and adopting best practices for migrant healthcare. Additionally, through the Health Security Committee, it leads actions such as collecting requests for medical supplies from affected countries, monitoring infectious diseases, and connecting health, civil protection, asylum, migration, and integration agencies. Emphasis is also placed on identifying and addressing the needs of EU countries and migrants/refugees through collaboration with organizations such as the European Centre for Disease Prevention and Control, the WHO Regional Office for Europe, and the International Organization for Migration. Finally, it develops training programs for healthcare professionals and others working with migrants to familiarize them with the cultural specifics and needs of newcomers (European Commission, 2024).

It is also important to note that since 2003, the EU has been active in addressing and reducing health inequalities, with efforts to tackle health disparities affecting migrant populations being a part of these initiatives (Directorate-General for Health and Food Safety, 2021). For instance, under the Third EU Health Programme (2014-2020), established by Regulation (EU) 282/2014, the following projects were funded with the aim of integrating migrants into health systems and training healthcare personnel (European Commission & Consumers, Health, Agriculture and Food Executive Agency, 2018):

Table 1. EU Funded Projects

Project	Details
PROJECT SH-CAPAC	Provided support and coordination to member states to enhance access to healthcare.
PROJECT EUR-HUMAN	Focused on developing comprehensive actions for the provision of primary healthcare, emphasizing psychological support for refugees and migrants from arrival to

	settlement, developing a protocol for the rapid assessment of psychological and psychosocial needs, and training primary care staff.
PROJECT CARE	Aimed to improve the understanding of the health of refugees and migrants and support the adoption of clinical practices tailored to the health needs of these populations, with a focus on vulnerable groups.
PROJECT 8 NGOs IN 11 COUNTRIES	Focused on reducing cross-border health threats by providing health assessments, connecting migrants with appropriate health services, and offering psychological support and care.

In 2020, the European Commission adopted the new Pact on Migration and Asylum with the aim of improving the functioning of migration and asylum policy within the EU and harmonizing member states' policies. Article 8 addresses the issue of integrating refugees/migrants into key areas such as social inclusion, employment, education, health, equality, culture, and sports, and the approval of a comprehensive action plan for integration and inclusion for the period (European Commission, 2020a).

The Action Plan on Integration and Inclusion (2021-2027) recognizes mental health as crucial for the integration of migrants. As noted, although migrants, particularly refugees, are at a higher risk of developing mental health issues, they face barriers to accessing mental health services. Therefore, it is deemed necessary for migrants/refugees to be informed about their rights and to have equal access to regular healthcare services, including mental health services, under the terms defined by national legislation and practices. In this context, the European Commission (2020b) promotes migrants' access to healthcare services through:

- a) Funding specific projects under the Asylum, Migration and Integration Fund.
- b) Collaboration with member states to promote equal access to quality and affordable healthcare services through EU funding, such as the European Social Fund Plus and the European Regional Development Fund.
- c) Supporting and promoting exchanges between member states on health prevention and promotion programs specifically targeting migrants and access to mental health and rehabilitation services.

In addition to the aforementioned, since 2021, the EU4Health program has been established for the period 2021-2027. This program complements member states' policies with the goal of creating stronger, more resilient, and more accessible health systems (European Commission, 2023a). Under the EU4Health program, in 2022, €28.4 million was allocated to the International Federation of Red Cross and Red Crescent Societies for providing mental health first aid to migrant and refugee populations. Additionally, over €10.6 million has been earmarked for improving access to healthcare

and for the prevention of non-communicable diseases, particularly mental health issues (European Commission, 2023b). Simultaneously, four projects have been scheduled for implementation (Peace of Mind, Well-U, The U-Rise, and MESUR), which apply best practices for improving mental health and psychosocial well-being for those displaced from Ukraine. Moreover, the digital application iFightDepression has been made available in Ukrainian and Russian. This online program offers immediate mental health support and self-management of depression symptoms.

Moreover, the European Parliament has issued a series of Resolutions regarding access to healthcare for vulnerable populations, such as irregular migrants (e.g., the European Parliament Resolution of March 8, 2011, on reducing health inequalities in the EU, and the Resolution of July 4, 2013, on the impact of the crisis on access to care for vulnerable groups). These resolutions call for ensuring equal access to healthcare systems, promoting "language mediation services" and training programs for professionals, separating health policies from immigration control, and prohibiting healthcare professionals from reporting irregular migrants under their care (Priebe et al., 2016).

It is worth noting the three-year EU-MiCare project titled "Training the EU health workforce to improve migrant and refugee mental health care", which ran from October 2022 to September 2025 and was funded by the EU's Erasmus+ program. This project focused on the mental health needs of migrants and refugees. Its primary goal was to develop a specialized training program for mental health professionals and other healthcare providers working in multicultural environments, aiming to provide comprehensive, interdisciplinary, and effective mental health services to migrants and refugees (EU-MiCare project, 2024).

When examining the provision of mental health services to the refugee/migrant population in Europe, it becomes apparent that where there are gaps in healthcare that are not covered by official bodies, and generally where primary healthcare services and legal frameworks fail to provide public health services, the role of Non-Governmental Organizations (NGOs) is of major importance (Sidiropoulos et al., 2021). Many NGOs operating in Europe provide health and mental health services, as well as counseling and support for access to public healthcare services for migrants/refugees (Stevenson et al., 2024). Examples include Médecins Sans Frontières, Felix Humanitarian Legal Aid, and KuB - Kontakt- und Beratungsstelle für Flüchtlinge und Migrant_innen (contact point and counseling center for refugees and migrants), with the latter exclusively active in Germany.

Case Study: Access to Public Mental Health Services in Germany

Although, as previously mentioned, all EU member states have officially recognized the right of every person to the highest attainable standard of physical and mental health, access to healthcare for refugees, asylum seekers, and migrants varies among European countries in terms of regulations and laws (Suess et al., 2014). Even when legal access is available, there are still differences and inequalities in healthcare access, and in several countries, there are significant shortages both in the availability of cultural mediators and in expertise related to the specific mental health needs of migrants (Lebano et al., 2020). In this section, the legal and institutional framework in Germany regarding access to healthcare, particularly mental health services, for migrants and refugees is examined.

Beneficiaries of refugee status and subsidiary protection, as well as legal migrants, have the same status as German citizens in the social security system. This means that if they are employed, they participate in statutory health insurance, while if they are unemployed, the job center or social welfare office provides them with a health insurance card that grants them the same medical care as statutory health insurance. For asylum seekers, the Asylum-Seekers' Benefits Act (AsylbLG) restricts healthcare - during the first 18 months of residence - to cases of "acute illness or pain," where "necessary medical or dental treatment must be provided." Additionally, the law specifies that further benefits may be granted "if necessary, in individual cases to ensure health" (Fachinger et al., 2023). Furthermore, individuals with so-called "toleration" (Duldung) and individuals who are required by law to leave the country and do not have "toleration" (e.g., undocumented migrants) also fall under the provisions of the AsylbLG (EU-MiCare, 2024a).

Provisions for healthcare in general (and mental health as well) are regulated by Articles 4 and 6 of the Asylum-Seekers' Benefits Act (AsylbLG). The fact that, according to Article 4, healthcare must be "necessary," and according to Article 6, further benefits can be provided for the assurance of living conditions or health in individual cases, essentially leaves the granting of these "optional" benefits to the discretion of the competent authority (Koch, Biehler, Knapp & Kipp, 2023). However, in the case of individuals with special needs as defined by the EU Reception Directive, such as victims of human trafficking, individuals with mental disorders, and individuals who have suffered torture, rape, or other severe forms of psychological, physical, or sexual violence, discretion is usually reduced, and necessary health benefits must be provided (EU-MiCare, 2024a).

After 18 months of residence, the legal framework is regulated by Article 2 of the AsylbLG, and asylum seekers are entitled to social benefits as regulated in the Twelfth Book of the Social Code (Sozialgesetzbuch). These "standardized" social benefits include access to healthcare under the same

conditions that apply to German citizens receiving social benefits (Fachinger, Stiller & Hoffmeyer-Zlotnik, 2023).

Refugees without legal status face significant barriers to accessing healthcare. In theory, the AsylbLG also applies to migrants and refugees without legal status, and they could benefit from the (limited) provisions guaranteed in Articles 4 and 6. However, due to Section 87 "Transfer of Data and Information to Foreign Authorities" of the Residence Act, all authorities (including social welfare offices) are required to report the data of individuals without legal residence status to the Foreigners' Office. This hinders access to healthcare as migrants without legal status could face deportation. Consequently, they are largely excluded from the healthcare system and primarily depend on voluntary or charitable assistance from organizations and volunteer medical personnel (EU-MiCare, 2024a).

Examining specifically the provision of mental health services, access to treatment for individuals suffering from mental health issues is available for legal migrants and those with refugee and subsidiary protection status under the same conditions as for German citizens (Fachinger, Stiller & Hoffmeyer-Zlotnik, 2023). However, for asylum seekers, as previously mentioned, access to mental health services is challenging during the first 18 months of residence, as only urgent and acute treatments are primarily provided. The relatively open-to-interpretation provisions of Articles 4 and 6 of the AsylbLG often lead to uncertainty regarding which services are covered by the law and should be funded. As a result, many health provisions, including psychotherapy, are frequently denied (Koch et al., 2023).

European directives, and specifically the EU Reception Directive, also provide for the right of refugees to adequate medical care, including mental health services. According to Article 21 of the Reception Directive, authorities cannot legally deny appropriate and necessary psychotherapy to asylum seekers with special needs (EU-MiCare, 2024a). However, it is important to note that, in practice, access to treatment is challenging. During the first 18 months of their stay, most asylum seekers and refugees are hospitalized and receive psychosocial treatment at one of the 47 psychosocial centers for refugees and torture victims (Psychosocial Center for Refugees-PSZ) across Germany. These centers have long waiting lists and may be located far from the individual's place of residence. For example, in 2020, only 4.1% of those who potentially needed care could be accommodated in these centers, and the average waiting time for treatment was 7.2 months (Fachinger et al., 2023).

Addressing the Mental Health of Refugees in the Greek Context

Legislative Framework Regarding Migrants' Access to Public Mental Health Services in Greece

As previously mentioned, all EU member states are required to provide the right to access healthcare services to all individuals present on European soil, regardless of their origin or legal status. Accordingly, in Greece, the denial of healthcare, including mental health care, to individuals in need is explicitly prohibited. The previous section discussed the specifics of Germany's institutional framework, which serves as a pioneering and often exemplary model for other member states regarding policies and legislation on socio-political issues. Similarly, this section will examine the structure of the Greek legislative framework concerning migrants' and refugees' access to public mental health services.

In Greece, the right to health for refugees has been protected since 1951 with the signing of the Geneva Convention under Article 6 "under the same conditions," and by the International Covenant on Economic, Social and Cultural Rights of 1966, which is also incorporated into Greek law (Lambrou et al., n.d.). This means that the Greek state is obligated to allow access to primary (and, where necessary, secondary) healthcare and to provide medical care to refugees and migrants in need, regardless of their legal status. Accordingly, in mental health hospitals, the denial of care and treatment is prohibited, especially for individuals in emergency situations due to their mental health conditions who may pose a risk to themselves or others. Hospitalization continues until the individuals' health improves and they are no longer in immediate danger.

Legally residing migrants and recognized refugees with international protection status have the same rights as native citizens regarding healthcare services. Until recently, access to the Greek healthcare system was closely linked to having social insurance, except in cases of extreme emergency (Economou, 2015). However, with the enactment of Law 4368/2016, for the first time in Greek context, Article 33 secured free access to healthcare facilities, hospital care, and medical treatment for uninsured and vulnerable social groups. Specifically, this provision applies to recognized refugees under subsidiary protection, unaccompanied minors, persons with disabilities, those hosted in Mental Health Units, pregnant women, and individuals who have suffered torture or been victims of war (Ministry of Health, Law 4368/2016).

To utilize the aforementioned rights, beneficiaries are issued a Social Security Number (AMKA), which guarantees access to all healthcare facilities, including mental health services. Since 2019, for refugees seeking subsidiary protection, instead of AMKA, a Temporary Foreign Insurance and Health

Care Number (PAAYPE) is issued under Article 55 of Law 4636/2019. This number remains valid until a final decision is made on the international protection application. If the application is rejected, the PAAYPE is automatically invalidated, and access to healthcare services is limited to emergency cases only, unless it concerns an unaccompanied minor, in which case the validity continues until they reach adulthood (Open Government, 2021).

Despite the relatively favorable legislative framework for access to public healthcare and mental health services, significant barriers exist in practice that considerably hinder the process. Through the EU National Recovery and Resilience Plan "Greece 2.0" Greece has an opportunity to develop more information-driven, individualized, and scalable health care capabilities (Fylatos et al. 2022), that would inevitably improve migrants' and refugees' access to quality healthcare.

implementation and use of AI systems., Greece A notable issue in Greece is the bureaucracy; the procedures for issuing the necessary documents for access often experience unjustified delays. Additionally, appointments for medical examinations or prescriptions with public healthcare facilities typically involve long waiting times (ranging from weeks to months), making it almost necessary to turn to private doctors for systematic monitoring of health and mental health conditions. For those who cannot afford this, receiving mental health services from NGOs becomes nearly the only option. Finally, in mental health services where effective communication is crucial for treatment outcomes, there is a lack of specialized personnel who are familiar with the refugees' native languages and cultural backgrounds (EU-MiCare, 2024b).

Due to its geographic location, being the easternmost point of Europe, Greece is a primary entry country for refugee flows. To manage the large influx of refugees, so-called "HotSpots" have been established in areas that serve as reception points (specifically on the eastern islands and the land borders between Greece and Turkey), where refugees often reside without their own consent until their asylum application is processed. These accommodation centers are located in remote areas, which complicates access to mental health centers, which are typically situated in city centers. Poor living conditions, geographic constraints, and the racist attitudes of locals and state authorities are factors that exacerbate the already stressed psychological state of refugees, making the need for mental health care even more urgent, though such care is not effectively provided (EU-MiCare, 2024b).

Planned Actions Regarding the Protection of Refugees' Mental Health by the Central Government

To address the urgent issue of providing mental health services for refugees, immediate planning and actions by the government are necessary to achieve the maximum possible outcome. In the Ministry

of Migration and Asylum's annual action plan for 2024, there is no section specifically addressing the protection of refugees' mental health. The only references are related to the prevention and handling of child sexual abuse and the protection of women from gender-based violence (Ministry of Migration and Asylum, 2023). The care for migrants' mental health is also absent from the National Mental Health Action Plan 2021-2030, a step that would be crucial for promoting the social integration of migrants (World Health Organization, 2023).

The first specific references to the issue are found in the National Strategy for the Integration of Migrants and Refugees for the year 2019 (Ministry of Migration Policy, 2019), which outlines the implementation of a program for the psychosocial support of unaccompanied minors within the spectrum of mental illnesses. This includes the establishment of specialized Day Centers that will visit accommodation facilities for minors, providing training to staff on proper handling of their conditions, and the creation of special shelters where minors can stay until episodes related to mental health issues are in remission. Similar actions are planned for adult asylum seekers or refugees under international protection residing in accommodation facilities. The strategy also includes strengthening the operation of Migrant Integration Centers, with plans to expand their creation to regions in Attica, Central Macedonia, Thessaly, and the Peloponnese. As of now, this goal has been achieved with the establishment of six additional migrant integration centers, one in Attica, one in Central Macedonia, two in the Peloponnese, and two in Thessaly (Ministry of Migration and Asylum, 2024).

Three years later, the Greek government, in the National Strategy for Integration, has taken measures for the mental health of asylum seekers and/or refugees from the moment of their arrival. In every reception facility in the country, there is a commitment to ensure the presence of teams consisting of doctors, psychologists, and social workers who will assess the conditions and potential risks faced by newcomers and refer them to the appropriate services. Specifically, for local mental health services, provisions include a) ensuring sufficient medical personnel for the timely diagnosis and treatment of mental health conditions and b) familiarizing personnel with the cultural and religious background of refugees and providing them with training on common mental health issues faced by refugees, such as post-traumatic stress disorder. Additionally, a separate section addresses the care and provision of mental health services for individuals who have suffered torture or any form of violence, as well as the implementation of programs aimed at preventing violence (Ministry of Migration and Asylum, 2022).

Local Government and NGOs Activities

Greece's migration policy is characterized as decentralized, with the central government delegating numerous responsibilities to local government authorities regarding the social integration of refugees

and migrants. The refugee crisis of 2015 highlighted significant deficiencies in resources, mechanisms, and coordination for managing the large influx of refugees arriving in Greece. This led to the innovative initiative by the Municipality of Athens, establishing the Athens Coordination Center for Migrant & Refugee Issues. This center began operations in 2017 and seeks to connect local government with civil society, central administration, institutional bodies, and the international community, aiming to promote social integration of specific groups and address emerging challenges. Its work has been recognized and supported by globally renowned institutions such as the International Organization for Migration and the UN High Commissioner for Refugees (City of Athens, n.d).

Through the Coordination Center, refugees are directed to the Migrant Integration Centers according to their needs. The Migrant Integration Centers were established in 2016 by Law 4368 (FEK 21 A') and operate under the supervision of the Social Integration Directorate, functioning as branches of the Municipal Community Centers. They serve legally residing third-country nationals, asylum seekers, and individuals under international protection. Each Migrant Integration Center is staffed by a multicultural mediator, social worker, lawyer, and psychologist, who provide the following services (Ministry of Migration and Asylum, 2024): a) Information on legal rights for third-country nationals and assistance with obtaining necessary documents to facilitate their stay, b) Promotion of Greek language learning by informing them about available language training programs, c) Provision of psychosocial support to vulnerable groups, d) Diagnosis of issues and referral to appropriate specialized services (e.g., shelters for abused women, mental health facilities).

The Athens Municipality Coordination Center and, by extension, the Migrant Integration Centers play a significant role in promoting refugee mental health. They act as a vital link between individuals, state authorities, and civil society. Civil society in Greece plays a crucial role in providing mental health care to third-country nationals and European migrants/refugees. Through the establishment of Non-Governmental Organizations (NGOs), efforts are made to address the gaps and shortcomings in the state's policies faced by the Greek government. It is important to note that, just like the Greek government through the "Greece 2.0" strategy, NGOs must also integrate the tools that AI offers in order to develop their capabilities and improve their efficiency (Efthymiou et al., 2023).

Table 2. Examples of NGOs providing mental healthcare services refugees and migrants

Organization Name	Characteristics	Provision of Mental Health Services
	Established in 2017 by refugees aiming for permanent settlement in Greece. The organization focuses on the social integration of refugees and their	Psychological and Social Support: KYKLOS offers support in mental health and counseling to aid in the full integration of refugees.

<p>KYKLOS</p>	<p>personal and professional development through Greek language learning and training. It assists with obtaining important documents such as tax identification numbers (AFM) and social security numbers (AMKA), facilitating access to the public health system and prescription of medications (Athens Coordination Center for Migrant & Refugee Issues, n.d.a).</p>	<p>Individual, Group, and Family Counseling: Mental health and counseling services are provided, considering the culture and background of the refugees' countries of origin.</p> <p>Support for Mental Health Issues: Support is available for addressing mental health issues, including medication prescription and connection to the public health system (Athens Coordination Center for Migrant & Refugee Issues, n.d.b).</p>
<p>Klimaka</p>	<p>Established in 2000, Klimaka is an organization focused on Human and Social Capital Development to Combat Social Exclusion. It is among the non-profit organizations operating in Greece and abroad, with a primary goal of providing mental health services to vulnerable groups (Klimaka, n.d).</p>	<p>Program "IOLAOS": This program consists of two interdependent mental health structures: the Day Center "IOLAOS" and the Psychosocial Rehabilitation Unit – Shelter "IOLAOS."</p> <ul style="list-style-type: none"> • Shelter: Provides accommodation for refugees with severe mental illnesses. • General Services: Includes psychiatric monitoring and individual or group counseling (Klimaka, n.d).
<p>Regional Development and Mental Health Company (EPAPSY)</p>	<p>A non-profit organization based in Greece that focuses on providing mental health care across the country (EPAPSY, n.d.a)</p>	<p>Community-Based Intervention for Mental Health (CPW): This initiative involves a team of refugees trained in psychosocial support, aimed at identifying mental health needs, providing mutual assistance, offering emotional support, and promoting mental empowerment. The program targets adult refugees experiencing mental health issues, those in special vulnerable groups (e.g., individuals with disabilities), and those in social isolation who need help developing life skills (EPAPSY, n.d.b)</p>
<p>Babel Day Center</p>	<p>Established in 2007 and located in Kipseli, Attica, Babel is one of the largest providers of mental health services for refugees in the Greek civil society sector. Its exclusive focus is on providing mental health care to individuals who primarily face difficulties accessing state or private services due to their country of origin, residence status, or language barriers (Athens Coordination Center for Migrant & Refugee Issues, n.d.b)</p>	<p>Therapy: Experienced Babel staff provide psychotherapy.</p> <p>Diagnosis and Assessment: The center offers diagnosis and evaluation of mental health conditions.</p> <p>Psychological and Psychiatric Monitoring: Ongoing support is provided with the ultimate goal of psychosocial rehabilitation for migrants (Babel, 2020a).</p> <p>Children's Services: For children, services include family counseling, collaboration with important institutions in the child's daily life (e.g., schools), and where necessary, speech therapy and occupational therapy (Babel, 2020b).</p>
<p>SolidarityNow</p>	<p>The Athens Solidarity Center (established from SolidarityNow) provides a range of free services to vulnerable individuals, including social, legal, and psychological support. It caters to socially excluded groups, particularly minorities, refugees with</p>	<p>Individual Therapy: Psychological support includes individual psychotherapy for those suffering from mental trauma, anxiety, victims of any form of violence, and issues related to gender identity.</p> <p>Group Counseling: The center also offers group counseling aimed at integration into the</p>

	limited or no access to the national health system, and individuals with little or no income (SolidarityNow, 2016).	host country and self-improvement (SolidarityNow, 2016).
--	---	--

Beyond the aforementioned NGOs, it is important to highlight other organizations that also play a significant and crucial role in providing mental health care and support within Greek territory. These include: A21, Arsis, Greek Council for Refugees, Hestia, Intersos, Médecins du Monde, Fenix, Médecins sans frontières, Praksis, and Terre des Hommes (Iliadi-Vagena, 2022).

Proposals for Policy Implementation

Given the critical importance of mental health for refugees and the barriers they face in accessing mental health services in host countries, relevant organizations have issued guidelines and recommendations for doctors, service providers, and policymakers. These recommendations aim to facilitate easier access to mental health services across state, private, and non-profit sectors for migrants and refugees. This section will detail the proposals of two major institutions: the European Psychiatric Association and the World Health Organization.

European Psychiatric Association (EPA)

The European Psychiatric Association (EPA) is a non-profit organization founded in 1983 by twelve university psychiatrists in Strasbourg. Initially known as the "Association of European Psychiatrists," it adopted its current name in 2008. The EPA now has active members in 88 countries, promoting psychiatric representation across Europe in areas such as research, education, and clinical practice. Its role has expanded to become a key intermediary between governments, European institutions, and professionals on mental health policy issues (European Psychiatric Association, n.d).

In this context, the EPA addresses the issue of refugee flows by highlighting the significant impact of displacement on mental health and emphasizing the need to establish proper foundations for universal access to mental health services for refugees, irrespective of their legal status (European Psychiatric Association, 2015). It stresses the importance of developing policies tailored to the mental health needs of refugees and allocating sufficient resources to meet these needs. This can be achieved primarily through conducting comprehensive research to gather data on the extent and specific characteristics of the mental health issues faced by refugees. Subsequently, appropriate policies and reforms should be implemented to facilitate access to psychiatric services, including the establishment of allowances and favorable measures to ease access to mental health care and providing free or subsidized medication as needed.

Equally important is the establishment of psychiatric facilities in provincial towns of the countries, which would include such installations to facilitate access for non-native language groups. Among these facilities should be the provision of cultural mediators to facilitate the assessment and diagnosis process and the staffing of these facilities with personnel trained in multiculturalism. Ensuring access to mental health facilities in the provinces and the provision of high-quality services for migrants are policies that will significantly enhance the effectiveness of mental health care in European countries (Bhugra et al., 2014).

World Health Organization

The World Health Organization (WHO) is the primary organization for promoting health globally by ensuring a high level of healthcare provision at every corner of the world, as well as a model for shaping health policies for states (World Health Organization, n.d). Ensuring the health of migrants is a significant priority for achieving a good quality of life and smooth social integration. For the WHO, adopting prevention strategies to achieve optimal outcomes is important, with a focus on promoting the social integration of refugees. Specifically, if there is a primary focus on ensuring timely access to decent housing and employment, providing legal support, improving living conditions, and generally facilitating easier access to the host countries' society (World Health Organization, 2018). Enhanced support for community networks, providing personalized care through mental health programs, and integrating mental health policies for migrants and refugees into broader national mental health policies are effective ways to achieve faster social integration (World Health Organization, 2023). Policies focused on ensuring refugees' basic needs could serve as a preventive measure against severe mental disorders and thus relieve the demand on providers of such services. However, as the demand is already high, greater emphasis should be placed on existing services and their configuration. The problem with access to mental health services starts with a lack of information about refugees' rights to care. Therefore, it is recommended that upon refugees' arrival, authorities guide them to basic services and provide clear and easily accessible information (online or print) about the terms and conditions required for access to healthcare (World Health Organization, 2018).

To protect vulnerable groups among refugees, governments must develop policies that prevent any form of violence in refugee detention centers as well as in the broader society, along with corresponding enhancements to the penal code to punish perpetrators. The sense of security provided by the state to refugees contributes to the promotion of reporting violence against victims and maximizes the search for mental health support for these individuals and those with mental illness (World Health Organization, 2023). Regarding their handling, it is recommended to provide mental,

physical, and social care simultaneously within the same facility. However, since this is difficult to achieve, a more realistic proposal is the absolute collaboration of institutions and organizations so that refugees are referred to the appropriate facility according to their needs (World Health Organization, 2018). Another effective plan, especially for the migrant population with special needs, is to refer them to outreach services. In this case, if the initial approach to providing mental health care is made through outreach services, it will help in understanding rights, easier access, and establishing trust from refugees towards state services. The goal is not the complete rejection of the main state structures, but rather their role as intermediaries (World Health Organization, 2018).

Beyond the need to address practical issues related to the provision of mental and psychological support, equally important is the resolution of operational issues, such as ensuring adequate training for healthcare workers on working with refugees (World Health Organization, 2018). For example, it is beneficial for them to understand the cultural background of each refugee and to address mental disorders and psychological issues with a specialized approach, meaning the approach should not focus solely on medication but also on exploring the specific social and cultural factors that have contributed to the deterioration of mental health (World Health Organization, 2023). Healthcare workers should also be aware of the rights and benefits available to migrants, so they can guide them appropriately. To gain these knowledge and skills, participation in specialized courses and seminars is recommended. Additionally, another major issue for which the World Health Organization proposes solutions is language. When a patient communicates their needs in a language different from that of the therapist, misunderstandings can naturally occur, which may lead to a lack of trust and even incorrect diagnosis. Therefore, it is recommended to establish interpretation service providers or to hire a cultural mediator, whose role would be to translate the dialogue between participants in real-time. All these measures contribute to achieving the highest possible quality in mental health services and providers, based on the principles of understanding and confidentiality (World Health Organization, 2018).

Conclusions

In this paper, the actions and policies implemented within a European framework to address the mental health issues of migrants/refugees were explored. Specifically, the analysis focused on the actions undertaken by European Union institutions concerning this issue, as well as the legislative framework of Germany, a reference state for later comparison with the Greek institutional framework. It was found that there are significant gaps and weaknesses in state policies and actions related to providing effective and high-quality mental health care. Consequently, a substantial portion of mental health provision for refugees/migrants has been delegated to NGOs, whose work has been noteworthy both

in the European and Greek contexts. The final section of the paper offered policy recommendations and directions for European countries from organizations responsible for health and particularly mental health care, such as the World Health Organization and the European Psychiatric Association.

The purpose of the paper is to shed light on any commonalities in the policies and similar approaches to the mental health of refugees/migrants within a broader European context, as well as to identify potential deficiencies and gaps in these policies. It became evident that EU countries have a strong common framework protecting the rights of refugees/migrants, particularly regarding their access to healthcare and mental health services. The European Union places special emphasis on the issue of refugees' mental health through the programs it organizes and the provision of funding aimed at optimizing the delivery of such services.

Under this framework, member states develop their own policies, but with a common basis: the obligation to provide access to primary and secondary care in emergency situations, regardless of the refugees' legal status. According to the legislative frameworks of both Greece and Germany, legal migrants and beneficiaries of international protection have the same rights as local citizens. In Greece, full access to public healthcare facilities is permitted for asylum seekers and undocumented migrants who are part of a specific group. Conversely, Germany restricts access for asylum seekers to emergency situations only for the first 18 months. Undocumented migrants are similarly limited to emergency care in both countries. Despite Greece's more favorable legislative framework, refugees there face bureaucratic issues, language barriers, and delays in accessing mental health services. Although practical problems also exist in Germany, the main barrier to access seems to be the structure of its legislative framework.

In conclusion, as discussed, it is evident that despite Europe's efforts to manage and optimize the mental health of migrants and refugees, the conditions for providing such care are not entirely ideal and constitute an additional burden on their mental health. Particularly for frontline countries receiving refugees (including Greece), there needs to be a more effective collaboration with the European Union to develop policies and plans with appropriate funding, ideally to improve the prevailing conditions and focus on delivering immediate, high-quality mental health care. Finally, states should adapt their legislation based on policy recommendations from specialized organizations that understand the psychological needs of refugees.

References

- Andersson, L. M. C., Hjern, A., & Ascher, H. (2018). Undocumented adult migrants in Sweden: Mental health and associated factors. *BMC Public Health*, 18(1). <https://doi.org/10.1186/s12889-018-6294-8>
- Athens Coordination Center for Migrant & Refugee Issues (n.d.a). *Social support and Psychological Support/Counseling*. Kyclos. <https://www.accmr.gr/en/services/diapolitismika-mathimata/>
- Athens Coordination Center for Migrant & Refugee Issues (n.d.b). *Mental Health services to Adults and Minors-Babel*. <https://www.accmr.gr/en/services/3266-ypiresies-psychikis-ygeias-se-enilikes-kai-anilikous/>
- Babel (2020a). *What we do/ services for adults*. <https://babeldc.gr/en/mental-healthcare/services-for-adults/>
- Babel (2020b). *What we do/ Services for minors*. <https://babeldc.gr/en/mental-healthcare/services-for-minors/>
- Bhugra, D., Gupta, S., Schouler-Ocak, M., Graeff-Calliess, I., Deakin, N. A., Qureshi, A., Dales, J., Moussaoui, D., Kastrup, M., Tarricone, I., Till, A., Bassi, M., Carta, M. (2014). *EPA Guidance mental health care of migrants*. *European Psychiatry*, 29(2), 107–115. <https://doi.org/10.1016/j.eurpsy.2014.01.003>
- Cabral Iversen, V., & Morken, G. (2003). Acute admissions among immigrants and asylum seekers to a psychiatric hospital in Norway. *Social Psychiatry and Psychiatric Epidemiology*, 38(9), 515–519. <https://doi.org/10.1007/s00127-003-0664-x>
- City of Athens (n.d.). *Athens Coordination Center for Migrant and Refugee Issues*. <https://www.cityofathens.gr/who/kentro-syntonismoy-gia-themata-metanaston-amp-amp-prosfygon/>
- Directorate-General for Health and Food Safety (2021). *Migration and Health related Initiatives*. https://health.ec.europa.eu/document/download/d5685828-b0df-4619-bfad-bf7e25019efd_en?filename=migrants_projects_en.pdf
- Economou (2015). *Barriers and facilitating factors in access to health services in Greece*, WHO Regional Office for Europe, [positional paper]. <https://www.who.int/publications/m/item/barriers-and-facilitating-factors-in-access-to-health-services-in-greece>.
- Efthymiou, I. P., Efthymiou Egleton, T. W., Chatzivasileiou, S., Emmanouil-Kalos, A. (2023). Artificial Intelligence and the Future for Charities. *International Journal of Non-Profit Sector Empowerment*, 2(1), e35345. <https://doi.org/10.12681/npse.35345>
- EPAPSY (n.d.a). *ABOUT EPAPSY*. <https://www.epapsy.gr/en/epapsy/about-epapsy/>
- EPAPSY (n.d.b). *Community Based Intervention for Mental Health Care of Asylum-seekers and Refugees in Greece*. <https://www.epapsy.gr/en/cpw-community-based-intervention-for-mental-health-care-of-asylum-seekers-and-refugees-in-greece/>
- EU-MiCare (2024a). *Work Package II: Conceptual Framework and Co-Created Training. Scheme for covering mental health needs of migrants and refugees. Country Profile. Country: GERMANY*. https://projectmicare.eu/wp-content/uploads/2024/02/Country_Profile_Germany_Website_Version_2024-1.pdf
- EU-MiCare (2024b). *Work Package II: Conceptual Framework and Co-Created Training Scheme for covering mental health needs of migrants and refugees. Country Profile. Country: GREECE*. https://projectmicare.eu/wp-content/uploads/2024/01/Country-profile-GREECE_EU-MiCare_Website.pdf
- EU-MiCare project (2024). *The project*. <https://projectmicare.eu/the-project/>

- European Commission & Consumers, Health, Agriculture and Food Executive Agency (2018). *Migration and Vulnerable Groups – Improving Health Care for Migrants*. Publications Office. <https://data.europa.eu/doi/10.2818/41388>.
- European Commission (2020a). *Communication From the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on a New Pact on Migration and Asylum*. Brussels, 23.9.2020 COM(2020) 609 final. <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52020DC0609>
- European Commission (2020b). *COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT, THE COUNCIL, THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE AND THE COMMITTEE OF THE REGIONS Action Plan on Integration and Inclusion 2021-2027*. Brussels, 24.11.2020 COM(2020) 758 final. <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52020DC0758>
- European Commission (2022). *EU4Health Projects to Provide Mental Health Support to Ukrainian Refugees*. https://hadea.ec.europa.eu/news/eu4health-projects-provide-mental-health-support-ukrainian-refugees-2022-12-21_en.
- European Commission (2023a). *EU4Health Programme 2021-2027 – A Vision for a Healthier European Union*. https://health.ec.europa.eu/funding/eu4health-programme-2021-2027-vision-healthier-european-union_en.
- European Commission (2023b). *COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT, THE COUNCIL, THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE AND THE COMMITTEE OF THE REGIONS on a Comprehensive Approach to Mental Health*. Brussels, 7.6.2023 COM(2023) 298 final. <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=COM%3A2023%3A298%3AFIN>
- European Commission (2024). *Migrants' Health*. https://health.ec.europa.eu/social-determinants/migrants-health_en
- European Migration Network (2022). *Mapping of Mental Health Policies for Third-Country National Migrants*. https://migrant-integration.ec.europa.eu/system/files/2022-07/EMN_Mental-health_INFORM_final.pdf.
- European Parliament (2020). *Exploring the Causes of Migration: Why Do People Migrate?* <https://www.europarl.europa.eu/topics/el/article/20200624STO81906/exereunontas-ta-aitia-tis-metanasteusis-giati-metanasteuoun-oi-anthropoi>
- European Psychiatric Association (2015). *EPA Position Paper on Psychiatric Care of Refugees in Europe*. https://www.europsy.net/app/uploads/2019/02/EPA-statement-on-Refugees-20151102_FINAL.pdf
- European Psychiatric Association. *The European Psychiatric Association*. Retrieved 16/05/2024 from <https://www.europsy.net/the-european-psychiatric-association/>
- Fachinger, T., Stiller, M. & Hoffmeyer-Zlotnik, P. (2023). *Mapping Asylum Procedures, Reception Conditions, Detention and Content of Protection in Europe. Country Report: Germany*. https://asylumineurope.org/wp-content/uploads/2024/06/AIDA-DE_2023-Update.pdf
- Fouskas, T. (2023). Sociological Perspectives of Migrant Health Disparities and Access to Healthcare Services during and beyond the COVID-19 Pandemic: Voices of Immigrant and Refugee Women in Greece. *International Journal of Non-Profit Sector Empowerment*, 2(1) 2023, e32592. <https://doi.org/10.12681/npse.32592>

- Fylatos, D., Efthymiou, I. P., Sidiropoulos, S., Emmanouil-Kalos, A., & Vozikis, A. (2022). Greece 2.0, Health Economics and Outcome Research and the Rise of Artificial Intelligence: Another Missed Opportunity or it's Time for Brilliance?. *Journal of Politics and Ethics in New Technologies and AI*, 1(1), e31452. <https://doi.org/10.12681/jpentai.31452>
- Iliadi-Vagena, E. (2022). Civil Society Organizations in the Protection of Female Refugees: The Case of Greece. *International Journal of Non-Profit Sector Empowerment*, 1(1), e31685. <https://doi.org/10.12681/npse.31685>
- Klimaka (n.d.). "Iolaos" Day Center for refugees & asylum seekers with mental disorders. <https://www.klimaka.org.gr/kentro-imeras-iolaos-gia-prosfuges/>
- Koch, A., Biehler, N., Knapp, N. & Kipp, D. (2023). *Integrating Refugees: Lessons from Germany since 2015–16. Background Paper to the World Development Report 2023: Migrants, Refugees, and Societies*. <https://thedocs.worldbank.org/en/doc/d3bf052f21b05b8b5f87f38b921dfd7e-0050062023/original/WDR-German-case-study-FINAL.pdf>.
- Lambrou, L., Liapi, A., Roussou, M., Koumpou, A. (n.d.). *Do the Human Right Thing. Right to Health, Right to Life. An Assessment of Access to Health Care Services for Asylum Seekers and Beneficiaries of International Protection in Greece*. Center "Diotima". https://diotima.org.gr/wp-content/uploads/2022/06/DTHRT-DikaiomastinYgeia_Report-GR.pdf
- Lebano, A., Hamed, S., Bradby, H., Gil-Salmerón, A., Durá-Ferrandis, E., Garcés-Ferrer, J., ... Linos, A. (2020). Migrants' and Refugees' Health Status and Healthcare in Europe: A Scoping Literature Review. *BMC Public Health*, 20(1), 1039. <https://doi.org/10.1186/s12889-020-08749-8>
- Ministry of Health (2023). *National Action Plan for Mental Health 2021-2030*, 16/05/2023. <https://www.moh.gov.gr/articles/health/domes-kai-draseis-gia-thn-ygeia/c312-psyikh-ygeia/c685-draseis/11499-ethniko-sxedio-drashs-gia-thn-psyikh-ygeia>
- Ministry of Health, Law 4368/2016. Subsection E1, *MEASURES TO RELIEVE HUMANITARIAN CRISIS AND ENSURE UNIVERSAL HEALTH COVERAGE OF THE POPULATION*, Article 33, *Health coverage for uninsured and vulnerable social groups*. <https://www.moh.gov.gr/articles/health/anaptyksh-monadwn-ygeias/3999-prosbash-twn-anasfalistwn-sto-dhmosio-systhma-ygeias?fdl=10014>
- Ministry of Migration and Asylum (2022). *National Strategy for Integration*, pp. 12, 19, 23, 25. <https://migration.gov.gr/wp-content/uploads/2022/09/%CE%95%CE%B8%CE%BD%CE%B9%CE%BA%CE%AE-%CE%A3%CF%84%CF%81%CE%B1%CF%84%CE%B7%CE%B3%CE%B9%CE%BA%CE%AE-%CE%B3%CE%B9%CE%B1-%CF%84%CE%B7%CE%BD-%CE%88%CE%BD%CF%84%CE%B1%CE%BE%CE%B7-%CE%99%CE%B1%CE%BD%CE%BF%CF%85%CE%AC%CF%81%CE%B9%CE%BF%CF%82-2022.pdf>
- Ministry of Migration and Asylum (2023). *National Action Plan 2024 (executive summary)*, General Secretariat for Coordination, 15/12/2023. https://gsco.gov.gr/wp-content/uploads/2023/12/%CE%A5%CE%9C%CE%91_%CE%95%CF%80%CE%B9%CF%84%CE%B5%CE%BB%CE%B9%CE%BA%CE%AE_%CE%A3%CF%8D%CE%BD%CE%BF%CF%88%CE%B7_%CE%95%CE%A3%CE%94-2024-1.pdf

- Ministry of Migration and Asylum (2024). *Integration Centers for Migrants*. <https://migration.gov.gr/migration-policy/integration/draseis-koinonikis-entaxis-se-ethniko-epipedo/kentra-entaxis-metanaston/>
- Ministry of Migration Policy (2019). *National Strategy for Integration*, pp. 40-42. <https://migration.gov.gr/wp-content/uploads/2020/05/%CE%926.-%CE%95%CE%B8%CE%BD%CE%B9%CE%BA%CE%AE-%CE%A3%CF%84%CF%81%CE%B1%CF%84%CE%B7%CE%B3%CE%B9%CE%BA%CE%AE-2019.pdf>
- Open Government (2021). *Article 17 – Provisions for the Temporary Insurance and Health Care Number of Foreigners (P.A.A.Y.P.A.) – Replacement of Paragraph 2 of Article 55 of Law 4636/2019*. <http://www.opengov.gr/immigration/?p=1521>
- Priebe, S., Giacco, D., & El-Nagib, R. (2016). *Public Health Aspects of Mental Health among Migrants and Refugees: A Review of the Evidence on Mental Health Care for Refugees, Asylum Seekers and Irregular Migrants in the WHO European Region*. Health Evidence Network (HEN) Synthesis Report 47. Copenhagen: WHO Regional Office for Europe. <https://www.ncbi.nlm.nih.gov/books/NBK391045/>
- Sidiropoulos, S., Emmanouil-Kalos, A., Kanakaki, M. E., & Vozikis, A. (2021). The Rise of NGOs in Global Health Governance and Credibility Issues in the 21st Century. *HAPSc Policy Briefs Series*, 2(2), 278-288. <https://doi.org/10.12681/hapscpbs.29516>
- SolidarityNow (n.d.). *Athens Solidarity Center*. <https://www.solidaritynow.org/athens-solidarity-center/>
- Stevenson, K., Antia, K., Burns, R., Mosca, D., Gencianos, G., Rechel, B., ... Blanchet, K. (2024). Universal health coverage for undocumented migrants in the WHO European Region: A long way to go. *The Lancet Regional Health - Europe*, 41, 100803. <https://doi.org/10.1016/j.lanepe.2023.100803>
- Suess, A., Ruiz Perez, I., Ruiz Azarola, A., & March Cerda, J. C. (2014). The right of access to health care for undocumented migrants: A revision of comparative analysis in the European context. *The European Journal of Public Health*, 24(5), 712–720. <https://doi.org/10.1093/eurpub/cku036>
- World Health Organization (2018). *Mental health promotion and mental health care in refugees and migrants*. Technical guidance on refugee and migrant health. Copenhagen: WHO Regional Office for Europe. <https://iris.who.int/handle/10665/342277>
- World Health Organization (n.d.). *About WHO*. <https://www.who.int/about>
- World Health Organization. (2023). *Mental health of refugees and migrants: risk and protective factors and access to care*. Geneva. (Global Evidence Review on Health and Migration (GEHM) series). <https://www.ncbi.nlm.nih.gov/books/NBK597270/>