

The refugee crisis in Greece: training border security, police, volunteers and aid workers in psychological first aid

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As the Syrian refugee crisis continues unabated, Greece remains one of the first ports of sanctuary. While the country is still gripped by one of the worst financial and societal crises of the past 40 years, little attention or funding was available to provide mental health and psychosocial support to migrants or refugees. In 2007, Nikolaos Gkionakis, along with other colleagues, founded the Babel Day Centre to provide mental health care and psychosocial support for migrants and refugees. When the current crisis began, he was perfectly placed as one of the trainers for a project training border security, police, volunteers and aid workers in psychological first aid and self care for carers in Greece. This personal reflection gives context and background to the crisis, discusses the Babel Day Centre, and highlights and details the psychological first aid project, which was supported by both the War Trauma Foundation and the United Nations High Commission for Refugees.

Keywords: Greece, psychological first aid, refugee, Syria

Introduction

I am a psychologist with an MSc degree in Social Psychiatry and have participated in the creation of quality improvement methodology and tools for psychosocial rehabilitation units in Greece. Additionally, I am an experienced trainer of mental health professionals, and since 1998 I have collaborated with several international organisations, such as World Health Organization (WHO), United Nations High Commission for Refugees (UNHCR), International

Organisation for Migration (IOM) and local, Greek nongovernmental organisations (NGOs) to provide training.

From my perspective, the refugee crisis began in Greece many years ago, before 2000. The Greek state had a history of not providing due care for the refugees that had arrived years ago from Kurdistan, Turkey and African countries. Usually, these asylum seekers had to wait for an extremely long time (10–15 years) before their applications were even examined. In the meantime, no social care was provided and living conditions available were very bad. Several factors have contributed to this over the years: (1) the fact that most of the refugees follow a different, and for many, hostile religion; (2) they have a completely different and ‘distant’ ethno-cultural background; and (3) Greece (still) has a very obsolete social state unable to face the challenges represented by the influx of refugees. Four years ago, the country entered one of the most severe financial and societal crises of the past 40 years, with the arrival of refugees becoming overwhelming in 2015.

In terms of those with mental health issues or disorders, the lack of resources discouraged many professionals from even attempting to meet the complex and multiple needs of these migrants and refugees. This lack of resources not only affected them, but also created unsustainable situations. When working on mental health reform in the country, my colleagues and I noted this lack in migrants’ and refugees’ mental health care.

To fill this gap we collectively prepared and submitted a proposal to the Greek Ministry of Health, which was approved. In 2007, we founded the Babel Day Centre, a mental health unit for migrants and refugees.

Babel Day Centre

Babel receives requests from anyone regardless of age, gender, ethnicity, religion and/or residence status (legal residence or not) who lives in Athens. It also receives requests pertaining to couples and families. From January 2008, when clinical work began, until December 2014, Babel received 2,593 requests, 1,481 of which were undertaken as 'cases', for people from 74 different countries. Many were seeking asylum and have been waiting for years for their request to be examined, some needed particular attention such as unaccompanied minors, survivors of torture and victims of trafficking. Others were identified as refugees or granted with humanitarian protection status. Many wish to request asylum, but not to live in Greece, so they do not apply for asylum and live in the country without official status or registration. Some have arrived and are willing to stay, but soon discover that things are not quite as expected and realise they must either go back or proceed to another destination.

The starting point of psychosocial support and care for this group of people is the premise that migrants and refugees with mental health issues and/or mental disorders (who can be characterised by their triple *otherness*: the migration condition, different ethno-cultural origins, mental disorder experience) are occupying particularly vulnerable positions. At the same time, they also have sufficient reserves of resilience, so the overall goal of Babel is to provide the appropriate care and support services to underpin this resilience.

It is very easy to fall into the trap of seeing every migrant as 'traumatised' by adverse conditions, especially in the case of refugees. It

is almost a stereotype. Yet, the migration condition is common in human history. There is a plethora of different reasons for these movements; they can be coercive or mass movements (as in the case of refugees). The migration condition comprises a reality of particular complexity, uniqueness and totality (Papadopoulos, 2002), therefore any approach that explores and/or intervenes must acknowledge such characteristics. Not identifying these complexities can render many interventions designed for this purpose as ineffective, giving results far from what had been expected (Losi, 2006).

Current crisis

To understand the extent of the current crisis, it is important to look at some of the data: as of 30 September 2015, 390,814 people are reported to have arrived in Greece since January, compared to 43,500 during the whole of 2014; 72,946 people out of 390,814 entered by sea during the first two weeks of September 2015 only, bringing the average daily arrivals to 4,500. Top nationalities include Syrians (70%), Afghans (19%) and Iraqis (4%). By the end of November 2015, according to the UNHCR, the statistics were as follows: total arrivals from January to November 2015 reached 703,374, with 101,736 arriving in November alone, reaching a daily average of 5,100. This had gone down from the daily rates in October 2015 of approximately 6,800 people per day. The top nationalities from October/November, respectively, are as follows: Syrian (51/54%); Afghans (30/25%); Iraqi (11/8%); and Iranian (3/4%). Most people arrive on the islands of the eastern Aegean Sea. Over the course of 2015 (until 15 November) deaths due to shipwrecks were listed at 199, with 110 persons listed as missing (UNHCR, 2015). These huge, unprecedented numbers have made it impossible for reception mechanisms to meet needs. The severe lack of hosting facilities, an inadequate registration system, and the lack of a proper identification and

referral system for the most vulnerable among the newly arrived have all been major issues of concern. In September 2015, no First Reception Centre (FRC) nor Mobile Unit (FRMU) had been operating in Chios, Kos, Leros or Rhodes, while Samos was still only equipped with a FRMU, which was completely unequipped to meet the needs of the numbers of refugees arriving daily (Asylum in Europe, 2015).

It also became evident very quickly that people entering Greece in such massive numbers were moving to other countries. Perhaps this facilitated the creation of a strong solidarity movement willing to support this large population. Many Greek and international NGOs, single citizens, informal groups of volunteers and collective initiatives are involved in helping refugees as they move through Greece. The press has also supported these initiatives or, at least, has not reacted in a negative way.

Reception is lacking in dignity and respect

However, despite superhuman efforts made mainly by volunteers, NGOs and the islands' inhabitants, the reception for these refugees remains lacking in dignity and respect. When I visited Lesbos in October 2015, during what locals referred to as *'the worst weather of the past 30 years'*, refugees kept coming, without interruption.

It was well known that these refugees were the poorer ones, as due to the terrible conditions on the sea, the crossing cost was less than half of the *'usual'* price (\$600 instead of \$1500–1700). As they arrived, there were groups of volunteers and NGOs waiting to offer first aid and immediate support to them, however, there was no coordination and no cooperation between the groups. The refugees were guided to Moria, where there is a registration centre. There they had to wait to be registered, sometimes for days, depending on the number of new arrivals. They had little choice, as it was only

after registration that they were allowed to leave the island and reach the mainland by ship. At the registration centre, Syrians had been prioritised, creating a lot of anger and conflict with refugees of other nationalities, sometimes becoming violent and requiring the intervention of the police (*The Guardian*, 21 November 2015). On days the weather prevented ships from sailing to Piraeus, the problems grew and intensified as more and more people gathered, creating a bottleneck. After registration, for those entering by Lesbos, most refugees headed to Athens. If they remain in Athens for a stop-over, they can find shelter in one of the two shelters that are open. In one of them (Elaionas) there was no warm water for over one month, which meant 500 of the 700 places were empty. After a short stay in Athens, they proceed to Idomeni, near the border with the Former Yugoslav Republic of Macedonia (FYROM), from which place they can enter other, neighbouring countries.

It is important to note that there are few provisions concerning the so-called vulnerable groups. While things are better for unaccompanied minors, there is no particular concern nor care provided for the rest. However, it must also be understood that, even if such provisions existed, almost no one would likely benefit from them as all people try to pass through Greece as soon as possible, despite any particular needs.

The day we visited Moria, it was raining heavily. As we arrived by taxi from Mytilene, the capital of the island, we observed the registration site: a place situated far away from any residential area, high wire fences completely surrounded the site, people coming and going. There was some agitation; we were told that in the morning Afghan refugees had *'invaded'* the *'Syrian sector'*, protesting there should be equal treatment. The police had intervened and used tear gas to ward off the *'invaders'*. Small children were crying while their parents were trying to protect them from the heavy rain, covering them with blankets. Garbage was

everywhere. The place exhaled misery. We had come to the site for an appointment, but were, in the end, unable to meet. We needed to leave and called for a taxi, waiting 30 minutes in the rain. It was a very difficult situation, but our hotel was waiting for us at the end of the taxi ride. The refugees could do nothing but stay there, exposed to the heavy rain.

Project: Psychological First Aid for police, border security, Coast Guard, NGO and UNHCR personnel, translators, local partners and volunteers in Greece

The massive and continuous influx of refugees since January 2015, and the circumstances under which they were received in Greece, provoked a mass solidarity reaction from all over the world. Many people came to Athens, and even more to the islands, to help either as volunteers or under the initiative of national and international NGOs. The vast majority had no previous experience nor skills in providing care for refugees, often arriving with nothing more than good will and availability. In particular, they had no experience in shipwreck response or in dealing with survivors of shipwrecks.

I had the *'opportunity'* to understand what that means, for both those aiding survivors of shipwrecks, and the challenges facing survivors themselves. In Athens, I met a family of survivors. The father of the family had fled with his four children, 4, 6, 9 and 10 years-old, two boys and two girls. His wife had died some months before their departure, so he was alone with the children. At the time of departure from the Turkish coast, he did not want to embark as he found the boat was too old and unsafe. He says a gun was put to his head, so he had no choice but to enter the boat with his children and 80–90 other people in total. The boat capsized and they all fell into the sea. Two of the children, the youngest ones, were lost to the

sea. The survivors, including the father and his two older children were rescued by the Hellenic Coast Guard. One day later, the body of the little girl was found. The young boy is still missing. All staff involved in the management of this case, at first rescue and later on in Athens, were shocked. Sadly, this was not the only case of survivors needing aid.

Recognising the impact of this skills gap, the War Trauma Foundation (WTF), in collaboration with the UNHCR, took the initiative to provide training on psychological first aid (PFA) through a series of seminars aimed at those on the *'front line'*. The project: *'PFA assistance for Police, Border security, Coast Guard, NGO, UNHCR personnel, translators, local partners and volunteers in Greece'*, was scheduled to last one month (October 2015). The objective was twofold: (1) to train uniformed (Border Security and Police), NGO and UNHCR staff, as well as volunteers to develop PFA skills to provide practical care and support to arriving refugees; and (2) to support staff involved (stress management, self care). The training was to be provided for 320 participants, half English speaking and half of Greek speaking, at the following sites: Athens, Lesbos, Kos, Samos, Chios and Kilikis (near the border of FYROM).

Preparation for the training seminars

Before training began, two experienced WTF officers visited sites to assess needs, involve local actors in the organisation of the seminars and prepare the field. This assessment and preparation phase lasted one week. In the meantime, trainers were contacted, three of whom were Greek speaking (Prof. dr. Renos Papadopoulos, Amina Moskof, MSc and myself) and two international, English speaking, PFA experts (Margriet Blaauw, MD and Jelly Van Essen, PhD). Other preparations included: translation of the relevant training material into Greek (the slides to be used for the presentations, role play and other exercises, the PFA

pocket guide, evaluation sheets, etc.), which was to facilitate participation of the broadest groups of Greek and international staff, and volunteers. The UNHCR undertook responsibility for the venue and availability of audio-visual equipment, as well as all communications concerning training sessions. The UNHCR also undertook the task of identifying and inviting trainees.

It was not easy to organise these seminars, especially on the islands. In fact, as no one was able to ascertain what would happen day-by-day (for example, new shipwrecks), it was difficult to identify the most suitable days for the roll-out. Other practical issues, such as accommodation availability, also had an impact on how things were organised. In the end, the seminars took place from 10th to 30th October. First in Chios and Samos, then in Athens, Kilkis and Lesvos, and finally in Kos. In total, 238 professionals and volunteers participated in the training sessions carried out in both Greek and English. The sessions on all locations were carried out according to the *PFA Facilitator's Guide*. However, facilitators, based on their experience and sensitivity, were flexible and adapted the sessions according to needs presented during the training.

A training example: Greek language seminars in Lesvos

In total, 35 people participated in three Greek language PFA training sessions in Lesvos, where I facilitated the training. Some trainees (two in each session) only participated in one day of the one and a half day sessions. Participants came from various NGOs, the Hellenic police, the Hellenic coast guard and the UNHCR, both paid staff and volunteers. They were lawyers, psychologists, sociologists, social workers, administrative staff, officers and interpreters. Due to the importance of their work and the need for continuous availability in case of emergency, it was also a series of seminars in which trainees *could not be*

requested to keep their mobile phones switched off.

They were all committed, motivated and exhausted. One said, at the very beginning of the first session: *'for me to participate in this training is as if I have taken a day off'*. All of the participants mentioned an appreciation that the sessions began with each person introducing themselves, it was often the first opportunity to get to know people they had been working with all along. Also, they were often unaware of each other's responsibilities. They all said they had been overwhelmed by their work and experiences, struggling through on their own, without any support to face the challenges of the situation. Some of them, working in crucial positions, lacking any other appropriate means of communication, had to resort to texting in order to manage emergency issues such as reception of new arrivals or shipwrecks. During the breaks in the training sessions, they often updated each other in regard to new shipwrecks, losses and drownings.

They participated actively in the sessions and managed very well, especially during the third session, which began with initial simulations. In PFA training, there is an initial simulation of an emergency, where trainees are asked to act either as survivors or helpers, following a concrete scenario concerning response to different crisis events.

Participants requested more time to learn what the others did, and so this became part of the *'preparation'* phase of the seminar and, in particular, was added to *'obtaining information on available resources'*. Additionally, as a result of feedback from the participants on improving effective collaboration with the interpreters and on culturally sensitive issues, some changes were introduced in the training package. For example, issues such as how to approach people coming from *'collective cultures'*, what are cultural factors influencing responses to adversity, loss and how grief is expressed were also discussed.

Personally, I was astonished by the lack of prior training for most of participants, as well as the lack of supervision or any form of support for carers, with very few exceptions. One of the participants mentioned that they had been asking for PFA training for more than a year before it had been realised.

Another important facet of the training was that it offered participants the opportunity to share experiences among themselves. In some cases, they discussed their experiences with the facilitator during breaks. The training also offered them the opportunity to share examples of their interventions that made them feel proud, as well as examples of how they implemented strategies of self care. All participants asked for follow-ups of the training, specifying that these follow-ups should focus on specific issues. Invariably, they all emphasised the need for ongoing support for carers.

Putting the training into practice

One day, I was asked to intervene in a situation that had arisen in one of the refugee camps. Aid workers had asked, through an interpreter, for some support concerning two families that had arrived three days earlier. During the trip, the boat had sunk and many of those on-board had lost members of their families, including children, to the sea. The volunteers were most concerned about a grieving man who had lost his wife. He was sitting alone, not eating, not participating in anything, completely disinterested in the world around him. They thought they would be unable to cope with the situation and asked me, as a psychologist, to speak to him. I used the principles of the training seminar in a direct and applied way. I used the 'pyramid' approach (which places PFA within the framework of overall mental health and psychosocial response after a crisis event, IASC, 2007) and worked with the volunteers to highlight how to become informed before intervening, to engage the 'community' (other refugees in the camp) to

help to offer relief, and to recognise when specialist intervention is required. It was an effective manner to resolve the situation, as much as it was possible to 'resolve', and additionally offered a unique opportunity for training participants to put training principles into practice.

Concluding comments

During the Greek speaking seminars in Lesbos, there was frequent discussion on the need to provide ongoing and continuous support to both professionals and volunteers, who every day came into contact with death, people who had risked their lives, or lost their loved ones on the journey to Greece and safety. For men and women of the Coast Guard, this was one of the most basic needs they felt; *'but how do we address this need? We can note the gaps and needs for improvement, we understand that it is very important to do something and through the seminar we saw how it can be done, but to whom shall we speak about this?'* I advised them to follow official procedure. I don't know whether it was because of this advice, but some days later most of the Greek news journals reported that the Coast Guard personnel's trade union had requested help of the relevant Ministry *'in order to prevent professional burn out and vicarious traumatisation'*. The Ministry of the Marine, responsible for the Coast Guard, replied by organising a team of psychologists to address this issue. In conclusion, in order for interventions such as the training to be effective, they must be followed-up or accompanied by other actions: more personnel, more specialised staff, better coordination and cooperation to assist those in need – and less work for publicity purposes! Constant support of the people on the front line and follow-up training are essential.

References

Asylum in Europe [November] (2015), <http://www.asylumineurope.org/reports/country/greece>.

Inter-Agency Standing Committee (IASC). (2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Geneva: IASC.

Losi, N. (2006). *Lives elsewhere. Migration and Psychic Disease*. London: Karnac.

Papadopoulos, R.K. (2002). Refugees, home and trauma. In R. K. Papadopoulos (Ed.) *Therapeutic Care for Refugees. No Place Like Home*. London: Karnac. Tavistock Clinic Series.

The Guardian (21 November 2015). 'Chaos on Greek islands as refugee registration system favours Syrians' <http://www.theguardian.com/world/2015/nov/21/>

[chaos-greek-islands-three-tier-refugee-registration-system-syria-lesbos?CMP=fbgu323/](http://www.theguardian.com/world/2015/nov/21/chaos-greek-islands-three-tier-refugee-registration-system-syria-lesbos?CMP=fbgu323/).

UNHCR (2015) [November 29/Greece data snapshot] <http://data.unhcr.org/mediterranean/country.php?id=83>.

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