Housing as a Foundation of Dignity and Healing: Psychosocial Dimensions of Homelessness among the Refugee Population

By Dimitra Chasioti and Chrisa Giannopoulou

1. Introduction: Living on the street as a universal experience

> In a square in Athens, Ali, 23 years old, a recognized refugee, slept on the pavement for weeks after returning from Germany. A few blocks away, Julliet from Cameroon wandered from shelter to shelter without ever finding an available place, despite having recognized protection status. Oliver, an LGBTQ+ newcomer seeking asylum and a survivor of torture, spent the first month of his freedom in Amerikis Square, as no facility would accept him due to language barriers and lack of legal documentation. Mahmoud, who has experienced torture and multiple asylum rejections, lives in an overcrowded apartment without social support, while suicidal thoughts return persistently. David, a recognized refugee, single parent, and shipwreck survivor, searches for a safe refuge for his four-year-old daughter, finding only temporary solutions in cramped basements.

These stories are no exceptions. They are the everyday reality of people with different backgrounds, legal statuses, and needs, who nonetheless share the same experience: the absence of stable and safe housing and the precarity of survival. As one young refugee vividly describes:

"When I decided to come to Greece, after everything I went through in Afghanistan and later in Turkey as a slave, I believed I would finally live in safety, working hard. I could never have imagined that I would be sleeping on the street, not knowing if I'd find food and water for the next day." (A., 23 years old, from Afghanistan)

According to the United Nations High Commissioner for Refugees (UNHCR, 2023), living on the street and in precarious housing conditions represents an ongoing challenge for refugee and migrant populations throughout Europe. Data from the World Health Organization (WHO, 2023) highlights that the lack of stable housing severely impacts mental health, exacerbating trauma, insecurity, and isolation. In Greece, the discontinuation of accommodation programs and the absence of long-term housing policies have left thousands of people exposed to homelessness or living in overcrowded apartments and temporary solutions.

This reality is not merely a systemic gap but the outcome of political choices that transform housing from a fundamental right into an exceptional privilege.

Four years ago, Greece abolished its main housing program for asylum seekers, ESTIA. The program had nationwide reach and provided apartments and support services for vulnerable individuals while promoting their integration into local communities. When the program ended, asylum seekers were transferred to remote accommodation centers, without any consideration of the broader impact this would have on their lives, their mental health, and society. These accommodation centers, located far from urban areas, essential services, and integration opportunities, isolate residents physically and emotionally. Confronted with these conditions - combined with repeated interruptions in state financial assistance - many asylum seekers leave the centers before their asylum procedures are completed, seeking housing and employment closer to cities (Collective Aid, 2024).

Over the past year, the HIAS Greece Mental Health and Psychosocial Support (MHPSS) team has supported numerous cases of individuals living in highly precarious conditions, including some experiencing homelessness. The profiles of these cases included men and women, as single individuals and single-parent families. In terms of legal status, some were beneficiaries of international protection; others were asylum seekers, and some had received rejections at the first or second instance. The team made referrals for housing to other organizations, including the municipal shelter and night center in Athens. Still, only one case was accepted, due to the lack of all or some of the necessary documentation. Eventually, some of these individuals found informal accommodation with compatriots or Greek hosts; in one case, the person decided to leave the country.

It is also noteworthy that asylum seekers who had previously resided in Closed Controlled Access Centers (CCACs) left voluntarily because of the harsh living conditions, seeking alternative housing options in Athens. According to their testimonies, living conditions in the CCACs rapidly worsened their already strained mental health. On the other hand, recognised refugees reported being unable to cover the initial rental costs required to enroll in the International Organization for Migration (IOM)'s integration program for beneficiaries of international protection, HELIOS+, and to receive the rent allowance later. A father who lost his wife in a shipwreck describes his experience:

"I spent all the savings my wife and I had gathered over the years- savings we hoped would help us start a better life-just to transport her body back to Afghanistan. I thought the state would at least cover those costs, given that the tragedy was caused by the shipwreck. Now I have to start all over again, alone, with our daughter." *(D., 40 years old, single father, Afghanistan)*

2. Definitions of homelessness

Through the analysis of the data from HIAS Greece, as well as personal stories, this article seeks to highlight life on the streets as a multidimensional **psychosocial phenomenon for the refugee population** that transcends all legal statuses (asylum seekers, recognized refugees, rejected applicants), and to contribute to the dialogue on developing effective solutions. For this reason, we adopt the definition of homelessness proposed by the Canadian Homelessness Research Network (2012):

"*The situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household's financial, mental, cognitive, behavioral or physical challenges, and/or racism and discrimination*." (p. 1)

FEANTSA similarly refers to a) visible homelessness, which concerns homeless people on the streets, and b) invisible homelessness, which concerns those who either lack private housing (e.g., live in centers, hostels, etc.), live in precarious housing conditions (threat of eviction, threat of violence), or live in inadequate or unsuitable accommodation.
These definitions highlight the multiple aspects of living on the streets and are consistent with our approach at HIAS Greece, which considers housing not only a basic human need but also a fundamental **right**.

3. In-Between Space: When Precarity Becomes Normality

It becomes evident from the cases we supported that both visible and hidden homelessness are not personal problems but rather the result of a complex socio-political framework. Limited spaces in shelters and night centers, strict bureaucratic procedures and eligibility requirements, discrimination in the labor market, lack of language support, administrative barriers, and the high cost of living collectively create and sustain a **"grey zone"**: an intermediate state of uncertainty in which access to housing, employment, social support, or basic services is restricted by factors beyond individual control (Fazel et al., 2014; UNHCR, 2022; FEANTSA, 2023).

In this grey zone, people are not completely excluded from support, yet they lack the safety and stability that would allow them to organize their lives. Each day involves constant movement,

temporary solutions, uncertainty about where they will sleep or how they will meet their basic needs, and limited capacity for autonomy.

Through our services, we come across groups of people who experience this condition daily: young men who continuously move between public spaces or temporary shelters; single mothers struggling to care for their children while facing linguistic and financial barriers; survivors of torture and LGBTQ+ individuals who often remain isolated without a safe refuge. As mentioned earlier, this grey zone cuts across all legal statuses: even beneficiaries of international protection frequently experience uncertainty due to limited housing availability, discrimination, the high cost of living, and difficulties accessing the labor market (Refugee Studies Centre, 2022; FEANTSA, 2022; FEANTSA, 2025).

The experience of living either on the street or in precarious housing conditions is not merely a matter of survival; it is a continuous destabilization that profoundly undermines individuals' mental and social well-being. The daily uncertainty, repeated dependency and exploitation by others, as well as the inability to control the present or imagine the future, create severe psychosocial strain and erode dignity (Perry, 2022; Fazel et al., 2014). The grey zone **is not simply a systemic gap**-it is the outcome of social, economic, and political factors and decisions that shape the people's lives.

4. From trauma to the Erosion of Dignity

The conditions surrounding refugee housing are not merely another stressor imposed on already traumatized individuals; they represent experiences of **stripped dignity**, manifested through being forced to sleep in public spaces, depending on strangers for shelter, and facing exposure to violence and exploitation. An individual's inability to maintain personal hygiene, feed themselves, or sleep safely generates intense feelings of shame, anger, despair, hopelessness, and isolation. This constitutes a flattening of the human condition, which the literature associates with severe mental health consequences comparable to symptoms of post-traumatic stress (Bengtsson & Andersson, 2020; Perry, 2022; Porter & Haslam, 2005; Hynie, 2018; Euteneuer & Schäfer, 2022).

"I am destitute and afraid. The streets are not for people like me. I am a target."
(O., 28 years old, Tunisia)

"I live in a warehouse, so dark. Sometimes I think I did something wrong and God is punishing me."
(M., 20 years old, Sierra Leone)

"I am gay. I wish I could die. I cannot find a place where I feel safe, not even for one day. I just want to find peace." (H., 47 years old, Palestine)

Among the individuals who live/ have lived on the streets that our team has supported, intense symptoms of anxiety, depression, post-traumatic stress, and suicidal ideation are frequently recorded. Equally significant is the **social pain** caused by isolation, the loss of social networks, and the difficulty of forming trusting relationships, as well as the **psychological fatigue** stemming from the repeated inability to meet basic needs. **Inequality and social exclusion** become embedded features of daily life, rendering mental health under conditions of homelessness not merely an individual "affliction," but a **social symptom** of the deprivation of fundamental rights (Fazel et al., 2021; WHO, 2023).

While many of these experiences are common among all people living without stable housing, for individuals with a refugee background, homelessness is particularly devastating. Housing insecurity compounds an already fragile mental and social state shaped by war, persecution, forced displacement, and the loss of familiar structures of life. Factors such as the absence of social support networks, language barriers, and cultural or religious differences further intensify the psychological burden and create new forms of exclusion. The experience of homelessness, therefore, does not occur in isolation-it builds upon pre-existing trauma, rendering its impact even more profound and multidimensional.

5. Housing Insecurity as a Structural Barrier to Psychosocial Care

Living on the street and/or in precarious housing conditions is not merely a risk factor for the individuals affected; it also functions as a structural barrier to the provision of psychosocial support itself. It is crucial to recognise that intervention tools and approaches cannot be uniform for everyone. Specifically, for people with a refugee background, the language barrier combined with living in a foreign country with different cultural and social norms adds layers of isolation, making psychosocial support more demanding and complex.

Housing insecurity — or the complete absence of housing — affects not only access to services but also the development of trust between clients and psychosocial teams and the continuity of psychosocial care. This pattern emerges clearly from our service data: individuals experiencing housing precarity consistently face difficulties in attending sessions, accessing services, and utilizing the psychosocial support offered by HIAS Greece professionals. Illustrative examples include:

- **Disruption of continuity of care:** Without a permanent address or reliable means of communication, individuals miss appointments and struggle to remain engaged with support services or to receive and follow prescribed medication. The literature demonstrates that housing instability is associated with limited participation in therapeutic sessions and heightened psychological stress (Richards & Kuhn, 2022).
- **Inability to build a therapeutic relationship:** The absence of privacy and permanent housing makes establishing trust between the client and the therapist difficult. When a person lacks safe and personal space, it becomes harder to experience security and stability, essential conditions for developing trust. The daily uncertainty accompanying housing insecurity further weakens psychological resilience, complicating emotional connection. As a result, the formation of trust and collaboration- what is known as the therapeutic alliance- becomes fragile and vulnerable to external pressures. International research underscores that stable housing is a fundamental precondition for emotional regulation, the development of a therapeutic alliance, and stabilising mental health (Padgett, 2020; Hemrna, 2015).
- **Role shifting among psychosocial care staff**: Staff members often devote substantial time to addressing urgent basic needs—such as finding food or water—instead of focusing on therapeutic work, which reduces the overall effectiveness of the services. The literature notes that the need to address immediate survival needs often diverts practitioners from therapeutic interventions (Fallon, 2023).

Overall, permanent and safe housing is not a parallel need but a precondition for effective psychosocial support. Without it, psychosocial services become significantly limited, and clients' participation in care processes remains precarious and fragmented. For this reason, our team is often required to develop adaptive strategies to preserve the therapeutic relationship despite uncertainty. This frequently involves adjusting the therapeutic framework to street or temporary accommodation conditions, for example, using alternative means of communication, or combining practical assistance (e.g., supermarket vouchers, clothing items, etc.) with a consistent and supportive therapeutic presence.

In practice, this means sustaining a human relationship that provides safety, acceptance, and continuity, even amid instability. Often, we must operate in dual roles—offering emotional (relief-oriented) and therapeutic support while mediating to meet basic survival needs. This flexibility, while not a substitute for stable housing, is a crucial tool for maintaining continuity of care and preserving therapeutic connection under extreme uncertainty.

6. Housing as a Prerequisite for Dignity and Healing: From Fragmented Responses to Integrated Approaches

Data from our services indicate that whenever there was even temporary and safe accommodation, clients reported symptom stabilization, increased mood and motivation to seek employment, and consistent participation in psychosocial support sessions. As previously discussed, homelessness and housing insecurity are accompanied by a complex array of psychological distress symptoms, while international studies demonstrate that stable housing contributes to sustained therapeutic engagement, enhances trust in the therapeutic relationship, and improves the overall effectiveness of psychosocial intervention (Fazel et al., 2021; Spira, 2025).

The UNHCR has highlighted the structural problems surrounding homelessness among refugee populations. As noted earlier, many housing programs impose strict eligibility criteria and/or operate with limited capacity, excluding the most vulnerable groups from accommodation schemes (UNHCR, 2022). These gaps are not solely about the lack of available housing but also concern how housing intersects with other essential needs, such as access to employment, language proficiency, and childcare.

As a mother from Eritrea expressed:
"I feel desperate. I don't speak any language other than Amharic, I have nowhere to stay, and I can't find a job because my daughter is one year old." (H., 23 years old, single mother)

Furthermore, FEANTSA (2022), in its report on European housing policies, emphasizes the need to strengthen social policy frameworks, recognize housing as a fundamental human right, and implement policies that address the needs of the most vulnerable groups, including refugees and asylum seekers. The report also stresses that housing should not be treated in isolation but rather integrated into broader social housing and urban development strategies.

In light of these findings, we propose a more comprehensive and coordinated approach to addressing the vital issue of homelessness and housing insecurity:

1. **Systematic coordination** and **close collaboration** among accommodation facilities in partnership with municipal authorities.
2. **Comprehensive mapping** of the homeless population across the country.

3. **Design of holistic housing programs** that provide access to accommodation regardless of legal status which are tailored to the specific characteristics and needs of vulnerable groups—such as single-parent families, young men without support networks, LGBTQI+ individuals, and survivors of torture or gender-based violence.
4. **Integrated programs** combining social housing, psychosocial, and legal support, centered on dignity, autonomy, and self-determination.

Behind every statistic are people living the daily ordeal of housing uncertainty. Our experience demonstrates that no psychosocial intervention can yield meaningful outcomes without safe and stable housing. Housing is a foundational determinant of mental health. Moreover, housing is not a reward nor a temporary refuge, but the foundation upon which mental well-being, recovery, social participation, and integration can be built.
The institutional recognition of this reality is a necessary precondition for a policy framework that prioritizes human dignity.

Contact details

1) Dimitra Chasioti
MHPSS Coordinator
dimitra.chasioti@hias.org

2) Chrisa Giannopoulou
Advocacy and Screening Coordinator
chrisa.giannopoulou@hias.org

References

Bengtsson, J., & Andersson, G. (2020). Trauma and mental health outcomes among refugees: A systematic review. *Journal of Refugee Studies, 33(2),* 289–308. https://doi.org/10.1093/jrs/feaa012

Canadian Homelessness Research Network. (2012). Canadian definition of homelessness. Toronto: Homeless Hub. https://www.homelesshub.ca

Collective Aid. (2024). Hidden Homelessness: People on the move faced with Athens' harsh reality. https://www.collectiveaidngo.org/blog/2024/12/14/hidden-homelessness-people-on-the-move-faced-with-athens-harsh-reality

Euteneuer, F., & Schäfer, S. K. (2022). Post-migration stress and mental health in refugees: *A meta-analysis*. *Frontiers in Psychiatry, 13*, 856239. https://doi.org/10.3389/fpsyt.2022.856239

Fazel, M., Fanaian, M., & Khoshnood, K. (2014). Mental health of displaced populations: Refugees, asylum seekers, and internally displaced persons. *The Lancet, 383(9913), 2120–2131*. https://doi.org/10.1016/S0140-6736(14)61693-6

Fazel, M., Garcia, R., & Borschmann, R. (2021). Housing and mental health: Evidence for refugees and displaced persons. *International Journal of Mental Health Systems, 15(1), 74*. https://doi.org/10.1186/s13033-021-00488-9

FEANTSA. (2025). Position on Migration. June 2025. https://www.feantsa.org/public/user/Resources/Position_papers/2025/migration/FEANTSA_position_on_migration.pdf

FEANTSA. (2022). Homelessness and housing exclusion in Europe: Annual report 2022. Brussels: European Federation of National Organisations Working with the Homeless. https://www.feantsa.org

Fallon, C. (2023). Structural barriers to mental health service provision among homeless populations. *Social Work in Public Health, 38(2)*, 109–125. https://doi.org/10.1080/19371918.2022.2156789

Herman, J. L. (2015). *Trauma and recovery: The aftermath of violence: from domestic abuse to political terror*. Hachette UK.

Hynie, M. (2018). Refugee integration: *Research and policy. Journal of Social Issues, 74(4)*, 669–686. https://doi.org/10.1111/josi.12309

Padgett, D. K. (2020). *Housing first: Ending homelessness, transforming systems, and changing lives*. Oxford University Press.

Porter, M., & Haslam, N. (2005). Pre-displacement and post-displacement factors associated with mental health of refugees and internally displaced persons: A meta-analysis. *JAMA, 294(5)*, 602–612. https://doi.org/10.1001/jama.294.5.602

Perry, B. (2022). *The cost of trauma: Understanding its impact on mental health*. Routledge.

Refugee Studies Centre. (2022). Refugees, housing and social integration in Europe. Oxford: University of Oxford. https://www.rsc.ox.ac.uk

Richards, A., & Kuhn, J. (2022). Housing instability and participation in mental health services: A systematic review. *Social Psychiatry and Psychiatric Epidemiology, 57(7),* 1315–1327. https://doi.org/10.1007/s00127-022-02237-1

Spira, J. (2025). Housing pathways and mental health outcomes for displaced populations. *Journal of Refugee and Migration Studies, 14(1)*, 45–62.

Thorndike, J., O'Neill, A., & Roberts, C. (2022). Access to psychosocial services among homeless refugees: Structural barriers and policy implications. *Journal of Refugee Studies, 35(6)*, 1120–1139. https://doi.org/10.1093/jrs/feac042

UNHCR. (2022). Global report on refugees' housing and shelter needs. Geneva: United Nations High Commissioner for Refugees. https://www.unhcr.org

UNHCR. (2023). Global trends: Forced displacement in 2023. Geneva: United Nations High Commissioner for Refugees. https://www.unhcr.org

WHO. (2023). World mental health report: Transforming mental health for all. Geneva: World Health Organization. https://www.who.int