

Forming new references for mental health: perceptions of forcibly displaced people in Greece



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Introduction

Refugee and migrant communities in host countries are often underserved by mental health systems, while their perspectives are rarely considered during the design and implementation of mental health interventions. While a lot has been written regarding the accessibility of the mental health systems to the refugee and migrant communities in Greece, the present article focuses on a less explored factor, that of the cultural perceptions of the forcibly displaced people regarding the notion of mental health. This text's overall purpose is to shed some light on how to best provide efficient mental health services to people from culturally diverse backgrounds.

Our analysis is based on how mental health and mental illnesses are perceived and defined by forcibly displaced people who have received mental health and psychosocial support (MHPSS) services from HIAS Greece. Next, we argue that people on the move, use a “dual frame of reference”¹ through which they conceptualize beliefs and lifestyles in the country of origin and in the host country, a fact that results, among others, in ambivalence both when asking for and receiving mental health services.

Finally, drawing from our overall experience in the field and other work such as the Lesvos MHPSS Needs Assessment (MHPSS NA), that was carried out from June 2022 to June 2023, we suggest steps forward, and suggest that in order to ensure appropriate mental health interventions for forcibly displaced people, embracing refugees’ beliefs about the etiology of their psychosocial concerns on their own terms, is an important step².

Applied manuals in the MHPSS interventions in the Greek context

For quite some time in the beginning of the refugee reception crisis in Greece, the mental health discourse was defined by pathology concepts, such as symptoms, clinical diagnoses, assessments.

Since then, significant work has been done by World Health Organization (WHO), the IASC Reference Group for MHPSS support and MHPSS actors in Greece to shift the discourse towards the socio-ecological model of mental health which factors in social determinants of well-being and falls in with the global mental health approach. Despite their valuable contributions and successful applicability in other humanitarian contexts, such interventions tend to be short-term, highly structured and employ a

¹ Suarez-Orozco M., (1997) The cultural psychology of immigration, in Ugalde A. and G. Cardenas (eds.), Health and social services among international labor migrants: A comparative perspective, 131-150. Austin: University of Texas, Center for Mexican American Studies Books.

² Watters C., (2001), Emerging paradigms in the mental health care of refugees. *Social Science & Medicine* 52(11):1709–1718.

western clinical rationale in their theoretical foundation as they set distinct target populations (e.g. individuals with mild or severe depression and/or stress) while excluding others based on measurable concerns³. Our experience in the field shows that this doesn't fully match the complex needs and expectations of the population served.

Another shortcoming in the Greek context is that the rigid structure of the interventions demands a high degree of compliance to the intervention steps, which is effectively non-adapted to population's current situation.

Defining mental health and mental illness

For displaced populations, initiating conversations around mental health and psychological well-being is in itself challenging as it remains a topic marked by stigma, associated with magical and/or spiritual explanations or diverse identities (e.g. LGBTQI+). Therefore, participants who are usually willing to speak about this are themselves users of mental health services or may endorse more open attitudes towards the topic.

Members of the refugee communities, including HIAS MHPSS clients, describe psychological distress in terms that correspond to cultural idioms of distress found in psychological anthropology literature. Prevalent idioms of distress are thinking too much⁴, losses (of hope, of close ones, of agency)⁵ and inability to respond to daily tasks, behaving erratically, violently⁶ or abusing substances. Particularly for Afghani women "expressions of psychological distress do not necessarily present themselves in a psychological idiom"⁷ but may also be articulated through their bodies (chest pain, heart pain), including their nervous system (e.g. weakness, tiredness, dizziness). Nonetheless, it should be noted that for newly arrived refugees in Greece, attributions of mental distress were largely made to the reception conditions and failed expectations of a better life.

"When sad, tension in the jaw - I couldn't move my mouth", Woman, Afghanistan, MHPSS NA

"All the stress is inside my body", Woman, Afghanistan MHPSS NA

"I become weak and need to talk to a psychologist who can help", Woman, Afghanistan, MHPSS NA

"Since I came here, I have high blood pressure- went to hospital to see the doctor and he says it is because of your stress so you need to see the psychologist", Woman, Afghanistan, MHPSS NA

³ World Health Organization. (2017). Scalable psychological interventions for people in communities affected by diversity: a new era of mental health and psychosocial work at WHO (No. WHO/MSD/MER/17.1)

⁴ Backe E. L., E.N. Bosire, A. W. Kim, & E. Mendenhall, (2021). "Thinking too much": a systematic review of the idiom of distress in Sub-Saharan Africa, in Culture, Medicine, and Psychiatry, 45(4), 655-682.

⁵ MHPSS Needs Assessment, Lesvos, June 2022 – June 2023.

⁶ Cavallera V, M. Reggi, S. Abdi, Z. Jinnah, J. Kivelenge, A.M. Warsame, A.M. Yusuf, & P. Ventevogel, (2016), Culture, context and mental health of Somali refugees: a primer for staff working in mental health and psychosocial support programmes. Geneva, United Nations High Commissioner for Refugees.

⁷ Fish A., & R. Popal, (2003), The women of Afghanistan and the freedom of thought, in Krippner S. & T. M. McIntyre (eds.), The psychological impact of war trauma on civilians: An international perspective 19-24. Westport, Connecticut: Praeger.

Accordingly, mental health is conceptualized through notions of functionality, socialization through family and communities as well as productivity (e.g. being able to work)⁸. In the Greek context of refugee flows, when people describe their situation to professionals, they often set moments, such as their arrival or their asylum interview, as turning points for their physical and psychosocial well-being.

Ambivalence towards MHPSS services

Conceptualizations of mental health and illness, consequently, seem to affect help seeking behaviors. Part of the cultural adaptation is a dynamic comparison and contrast of perceptions held in their home country with new perceptions in the transit/host community, referred to as a dual frame of reference.

“In my country I had no knowledge of psychological issues”, Woman, Sudan, MHPSS NA

Beyond conceptualizations, the way in which physical symptoms, reception conditions, and legal status are used to articulate suffering reinforces the existing service pathways that individuals must navigate in order to find solutions to their problems. This could help explain why people indicate they first seek assistance from medical and legal professionals in needs assessments and other research.

Psychosocial support often comes as the ultimate resort, where other informal social networks (e.g. family, friends) are lacking and other needs, mainly medical and legal, have been left unaddressed due to service gaps and other barriers. The following excerpt comes from an MHPSS client who shared her increasing emotional struggle as they were waiting for their interview and got their asylum claim rejected:

“After a year, we did an interview, and we got our rejection. Everything became worse and I just passed a year with sleeping medication. When my mental health got worse, they send me to hospital because I had a lot of panic attacks. They send me to psychiatrist, and they told my husband that your wife should follow by psychiatrist and psychologist [...] When my husband told me what they said, I couldn't understand so we had a conflict and I told him psychologist is for healthy person, who has mood to talk and I don't have mood for myself, how can I go to psychologist”, Woman, Afghanistan, MHPSS client

Seeking MHPSS support is interwoven with other barriers, such as lack of clear and translated information and the limitations of mental health support when other significant service gaps persist. The above may contribute to the ambivalent feeling that psychologists can't make sustainable changes. While MHPSS services provide the necessary safe and stable space for people, they tend to form into focal points not only in dealing with complaints regarding the unmet needs of the living conditions, but also in being requested to connect camp residents with other key areas of support (e.g. accommodation, requests for legal services, access to medication).

“It's like treating a wound that hasn't been cleaned first”, Woman, DRC, MHPSS NA

⁸ Simich L., S. Maiter, E. Moorlag, J. & Ochocka, (2009). Taking culture seriously: Ethnolinguistic community perspectives on mental health, in *Psychiatric Rehabilitation Journal*, 32(3), 208.

Despite limitations and misconceptions of MHPSS support, participants shared moments, when they felt supported by an MHPSS professional through a combined practical and emotional response and evaluated it as a helpful experience.

“In our culture people don’t have opportunity to access psychological services, it is for privileged population. Personally, seeing a psychologist is a recent experience but I am enthusiastic and will encourage others” ,Man, Sierra Leone, MHPSS NA

“Helpful when a psychologist offered me a safe shelter (empty container) to stay alone and relax. Her words were also helpful: “We are here for you”, “Don’t be afraid”, Woman, Afghanistan, MHPSS NA.

The above complexities in Greece have been hardly researched, while at the same time they seem to affect the accessibility and efficiency of services.

Steps forward

In its recent report⁹, the World Health Organization (WHO) outlines the importance of community-based support and referral pathways, explaining that the uncertainty and stress that refugees may feel cannot be met by individual solutions alone. Community based activities that are culturally familiar promote a sense of stability and cohesion¹⁰.

Alongside the community-based support, MHPSS professionals who participated in the MHPSS NA stressed the need for culturally sensitive and effective care for the people on the move. Low cultural competence among providers and lack of language-appropriate services are reported as some of the barriers to accessing mental health services.

Moreover, the participants suggested that policies should also recognize the social determinants of mental health and prioritize basic needs, including food, housing, safety and education or employment. Similarly, HIAS clients, repeatedly expressed specific requests centered on basic needs for living (shelter, water, food) and improvements for psychological support like "more time to talk about all our problems" (MHPSS NA) or facilitation of transportation from-to the camp.

Another important finding from the MHPSS NA was that while the community mentions as needs psychiatric support and individual counseling, those services are not usually prioritized by mental health programs, which are mostly designed in terms of cost and time-effectiveness and bigger reach of clients, highlighting the necessity of designing needs-based programs and taking into consideration the feedback expressed by the communities on the move.

Conclusions

As mentioned above, in the process of cultural adaptation, individuals and communities compare and contrast old and new ideas using a dual frame of reference when they perceive, evaluate and construct

⁹ Mental health of refugees and migrants: risk and protective factors and access to care. Geneva: World Health Organization; 2023 (Global Evidence Review on Health and Migration (GEHM) series). Licence: CC BY-NC-SA 3.0 IGO.

¹⁰ Bonz, A., Why Community Is So Crucial to Refugees’ Mental Health, Oct 10, 2023, available at <https://hias.org/news/why-community-so-crucial-refugees-mental-health/>

mental health concepts and practices in their adopted society. This means that forcibly displaced people are willing to understand their new reality. Therefore, it is crucial for mental health professionals to comprehend how people from different cultural backgrounds associate taboo ideas like "madness" with western MHPSS terminology when providing mental health services.

As our experience has shown, our beneficiaries, although reserved at the beginning and cautious of the results a mental health intervention could bring to their everyday life, came to accept and recognize the positive impact of mental health services.

However, although MHPSS professionals¹¹ seem to consider that MHPSS services are not adequately adapted to the cultural and contextual needs of the forcibly displaced population, the global health movement is globalizing western mental health concept by not taking into account multiple expressions of health and help seeking behaviors¹².

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