



The Cruelty of Containment

The Mental Health Toll of the EU's 'Hotspot' Approach on the Greek Islands

International Rescue Committee | December 2020

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Acknowledgements

Written by Martha Roussou and Niamh Nic Carthaigh, with special thanks to Victor Beaume.

With thanks also to Dimitra Kalogeropoulou, Georgia Karoutzou, Georgia Berlemi, Dimitra Mantzari, Kiki Michailidou, Giorgos Papadimitriou, Dukas Protogiros, Irini Serafim, Beth Farmer, Lena Donner and Imogen Sudbery and all the IRC mental health programme staff on Lesvos, Chios & Samos.

Particular thanks in addition to the people attending IRC mental health services who shared their stories and experiences with us. Also thanks to the local and central government representatives, governmental and intergovernmental agencies' officials and the numerous medical, legal and protection NGOs working on the ground, who agreed to be interviewed for this report.

Illustrations by Jocie Juritz/IRC.

Executive summary

Almost five years on from the establishment of five EU-funded Reception and Identification Centres (RICs) or 'hotspots' on the Greek islands, nearly 15,000 people² remain stranded in these camps.

Having survived harrowing journeys to Europe, they find themselves trapped in dangerous, overcrowded and inhumane living conditions for months, and many for as long as two years. People who came in search of safety are instead further traumatised by their present and anxious about their future.

In September 2018, the International Rescue Committee (IRC) published 'Unprotected, Unsupported, Uncertain'.³ This report detailed the shortcomings at the heart of the EU's asylum and migration policies and their detrimental impact on the mental health of asylum-seekers living in Moria camp on the Greek island of Lesbos. Two years later, this new IRC report finds that the situation has worsened significantly. It draws on fresh data spanning two and a half years to October 2020. The data was collected from 904 people supported by the IRC's mental health programmes on the islands of Lesbos, Chios and Samos, and is backed up by testimonies and interviews. This report sets out proposals for immediate action to improve the dire conditions they endure.

The IRC's research reveals consistent accounts of severe mental health conditions, including depression, post-traumatic stress disorder (PTSD) and self-harm among people of all ages and backgrounds. As many as three out of four of the people the IRC has assisted through its mental health programme on the three islands reported experiencing symptoms such as sleeping problems, depression and anxiety. At least two out of five people reported symptoms of PTSD and nearly one in ten had psychotic symptoms and were self-harming. One in three people reported suicidal thoughts, while one in five reported having made attempts to take their lives.

The research demonstrates how the onset of the COVID-19 pandemic further exacerbated the suffering of already vulnerable asylum-seekers and exposed the many flaws in Europe's asylum and reception system. The data reveals a marked deterioration in the mental health of people in the camps following the initial COVID-19 lockdown measures and movement restrictions, which were stricter than those applied to the rest of the population in Greece. There was an alarming spike in the number of people who disclosed psychotic symptoms, jumping from one in seven (14%) to almost one in four (24%). There was also a sharp rise in people reporting symptoms of PTSD, which climbed from close to half



I've never lived this type of life because imagine, you sleep outside in tents, with rats. It was very difficult."

Baimba, 24-year old man from Sierra Leone.
VIAL camp, Chios island, Greece. October 2020.

(47%) of people beforehand to almost two in three people (63%) and in disclosures of self-harm, which jumped by 66%.

At the roots of this crisis are longstanding and unresolved political and policy failures at both the Greek and EU levels. EU member states' inability to agree on a fair system of shared responsibility has been compounded by the prioritisation of deterrence and border control above upholding the right to seek asylum and the human rights, dignity and wellbeing of those in search of protection. Policies of containment put in place to implement the EU-Turkey Statement, coupled with persistent gaps in the Greek state response to provide adequate reception and accommodation and effectively process asylum claims, are clearly harming asylum-seekers arriving at Greek shores.⁴ This approach is also taking a serious toll on local communities. Increasingly frustrated with the deteriorating situation on their islands, people once hailed for their warm welcome and support, have begun to target those seeking asylum and those who assist them, often actively encouraged by far-right activists.⁵

Urgent action is required. After several years of deadlock, the forthcoming negotiations following the publication of the EU's Pact on Asylum and Migration are Europe's last window of opportunity to put in place a fair and sustainable system that works in the interests of both new arrivals and local communities. Announcing the Pact, Commission President Von der Leyen pledged to achieve a balance between solidarity and responsibility and to ensure that Europe manages migration in a humane and effective way. There is some way to go to make this a reality.

The Pact includes some positive steps forward, but there are also elements that risk taking us in the opposite direction. New screening procedures before an asylum claim can be lodged could mean longer waiting times for people at processing centres, while increased grounds for detention could allow such centres to become closed camps. There continues to be a strong focus on preventing people from arriving in Europe through irregular channels, but very little on establishing safe and legal pathways. Critically, the absence of an automatic relocation mechanism means large numbers of people will continue to be trapped in Greece. The current construction of new compounds on the Greek islands in partnership with the EU, coupled with the proposals above, all suggest a continuation of the current containment model. Indeed, mandatory border screening could mean more camps on Europe's borders – not less.

The inhumane facilities on the Greek islands should never have existed and must not be the blueprint for the EU's future approach to forced migration. The European Commission's vocal acknowledgement of the crisis at Europe's borders is welcome, but refugees

and asylum-seekers trapped in dreadful conditions need more than words. They need protection that includes the enforcement of existing legal provisions by states that receive them. They need to be treated with dignity, whatever the outcome of their asylum claim. They also need safe and legal routes to reach Europe. Without this, women, men and children, of all ages and backgrounds, will continue to suffer needlessly, with their resilience diminished and their mental health harmed as a result of Europe's response to forced migration.

This year, 495 unaccompanied children from the Greek islands were successfully relocated to EU member states following the onset of the pandemic. Efforts were also made to transfer people following the fires that ripped through Moria camp.⁶ These measures are proof that political will and coordinated action can transform the lives of people held in the island camps. As negotiations on the Pact begin, the stories in this report that testify to the ongoing cruelty of containment should give pause for renewed reflection on the need for true solidarity and responsibility-sharing in Europe.

Introduction



The only way to improve our life here is to close this camp. It's horrible. It's terrible that human beings are forced to live like this. It makes me very sad to see women and children in these conditions."

Fariba, 32 year-old woman from Afghanistan.
Vathy camp, Samos island, Greece. September 2020.

The 'hotspot' approach, introduced by the EU's Agenda on Migration in April 2015, has long been a contested element of Europe's response to forced migration.⁷

It was put in place to coordinate the reception and identification of people seeking asylum at the EU's southern borders. In practice this has resulted in the containment of many thousands of people in countries of arrival for months, even years. Placing disproportionate responsibility on a small number of EU countries, it has also revealed striking gaps in intra-European solidarity.

In September 2018, the International Rescue Committee (IRC) published 'Unprotected, Unsupported, Uncertain', a report detailing the serious impact of EU migration policies on the mental health of asylum-seekers living in the Moria camp on the Greek island of Lesbos. Two years later, this new IRC report examines the further deterioration and harsh realities facing those forced to live in limbo on three different islands. It calls for immediate action to improve the dire conditions these people endure.

An obvious mental health and protection crisis has been unfolding since the establishment of the hotspots. However, in March 2020, the onset of the COVID-19 pandemic further exacerbated the suffering of already vulnerable asylum-seekers in the Greek island camps. It also exposed the many flaws in Europe's asylum and reception system. In Section 1, this report details several key political realities at both the Greek and EU levels that have contributed to the current emergency. It also outlines the deteriorating humanitarian situation. Living in severely overcrowded conditions, with limited access to water, sanitation and healthcare, including mental healthcare, people in the three island camps live in high-risk, congested settings. Yet they continue to have limited access to essential services or to effective means to protect themselves and their loved ones during the pandemic.

Section 2 of the report draws on data spanning two and a half years, collected from 904 people supported

by the IRC's mental health programmes on the islands of Lesbos, Chios and Samos. It provides a shocking snapshot of the catastrophic impact that the model of containment has on the mental health and wellbeing of people in search of safety and protection. Additional interviews and testimonies were collected from dozens of people supported by the IRC's mental health programme and from IRC staff members. These further reinforce the findings from the data: people are experiencing high levels of trauma, psychological distress and damage to their mental health as a result of their time in the Greek island camps.

Section 3 explores some of the key proposals in the EU's new Pact on Migration and Asylum, before moving forward with recommendations to both the EU and the Greek government. As negotiations on the Pact begin, we hope this report will cause co-legislators to reflect again on the need for true solidarity and responsibility-sharing in Europe to address the mental health damage caused by current policy and political practice. The IRC trusts that this report will also help propel increased efforts by Greek and EU authorities to better assist the people who bear the brunt of the hotspot approach, and whose stories from life in the hotspots are testament to the ongoing cruelty of containment.

Report methodology

The findings in this report are based on quantitative and qualitative data gathered by the IRC across a period of two and a half years, from March 2018 to October 2020. Interviews with people who attended the IRC's mental health programme were conducted in order to place the experiences and voices of those affected by daily life in the Greek island hotspots and by the EU's containment policies at the centre of the IRC's research.

Data

The quantitative data was collected from the IRC's mental health programme on the three islands of Lesbos, Chios and Samos (hereafter 'the three islands') between March 2018 and October 2020, with programmes starting on these islands at different times. It includes the anonymous records of 904 people who were referred to therapy and received counselling from the IRC.

The 904 records were collected by IRC staff during the initial mental health assessment made before routine counselling services. People were informed that the IRC was collecting the anonymous quantitative data during the assessment interview, and that the IRC would use it to adapt and improve programming and in reporting. The total records include 603 people from Lesbos between March 2018 and October 2020; 225 from Chios between April 2018 and October 2020; and 76 from Samos between November 2019 and October 2020.

Interviews

The IRC gathered qualitative data on the three islands between August to October 2020. Semi-structured individual interviews were conducted with 55 people, including 21 IRC beneficiaries in addition to IRC staff and key informants involved in the refugee response in Greece, namely state employees and staff working for international organisations and NGOs.

Interviews were carried out in English or native languages through an interpreter, ensuring gender and cultural sensitivity. All people interviewed gave informed verbal or written consent. They were advised of the purpose of the research, of the voluntary nature of the interview, and that they could refuse to be interviewed, decline to answer any questions, or terminate the interview at any point. The names of interviewees have all been changed to pseudonyms to protect their privacy and security.

Limitations

- In certain places in this report, the small sample size in some subsets of data analysed increases the probability that those findings were influenced by chance.
- It is important to note that the IRC's data only accounts for people who were able to overcome obstacles to reach care or who were referred to care in the IRC's mental health programme, and is therefore likely to be an underestimate of the extent of the mental health conditions facing people in the three camps.
- It should also be noted that the mental health needs outstrip the availability of services on the islands. The IRC's mental health programme has limited capacity in terms of the numbers of people it can assist. As a result, it explicitly focuses on the most urgent referrals, and prioritises people with severe or critical mental health symptoms. This is reflected in IRC data, and could therefore lead to an overestimation of the severity of the mental health conditions facing the whole camp populations.
- The quantitative data gathered was limited to the people the IRC assists through its mental health programmes. Consequently, based on the data from the three islands, the IRC makes no statistical claims regarding prevalence and severity of mental health conditions among the overall population living in the camps.

While the results cannot be extrapolated for the entire camp populations, the view from the IRC's three mental health centres nevertheless provides an alarming snapshot of the severity and range of mental health problems and psychological distress that people face.

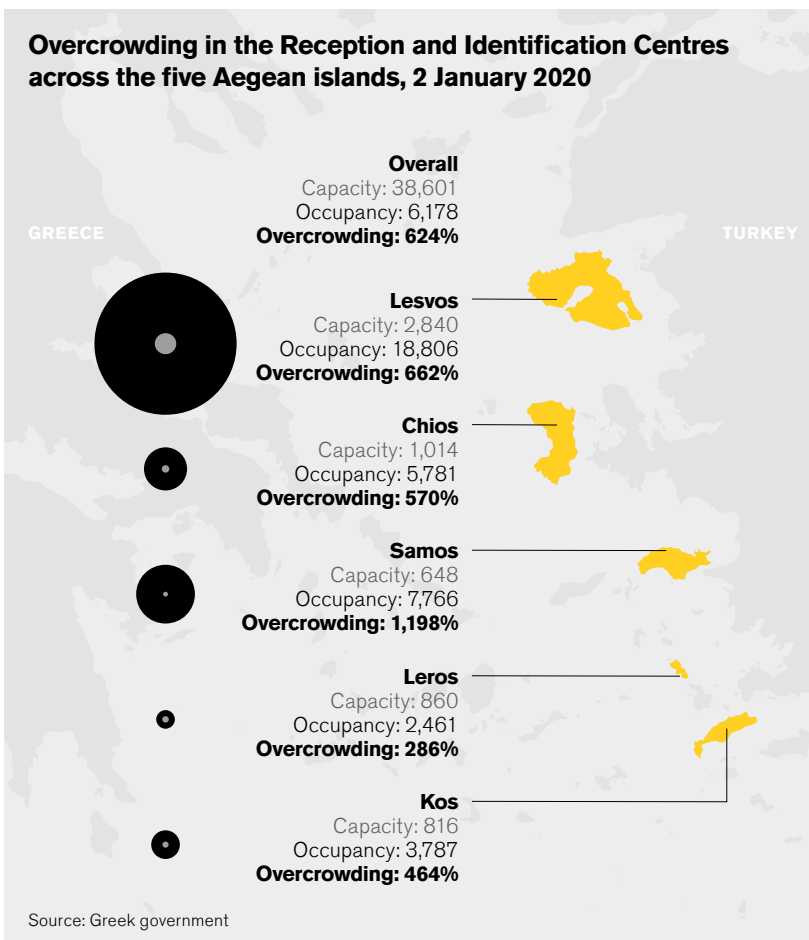
It is essential and urgent that more detailed research on the genuine harms and mental health impacts of policies at the EU's borders takes place, to ensure a better response is mounted to support and address people's needs. Critically, this will also be needed to guarantee that further discussions and policy decisions at the EU, national and local levels are evidence-based and result in responses that are fit-for-purpose, effective and humane.

1 A damaging context for mental health: humanitarian, political and COVID-19

a) Steadily worsening humanitarian situation on Greek Islands

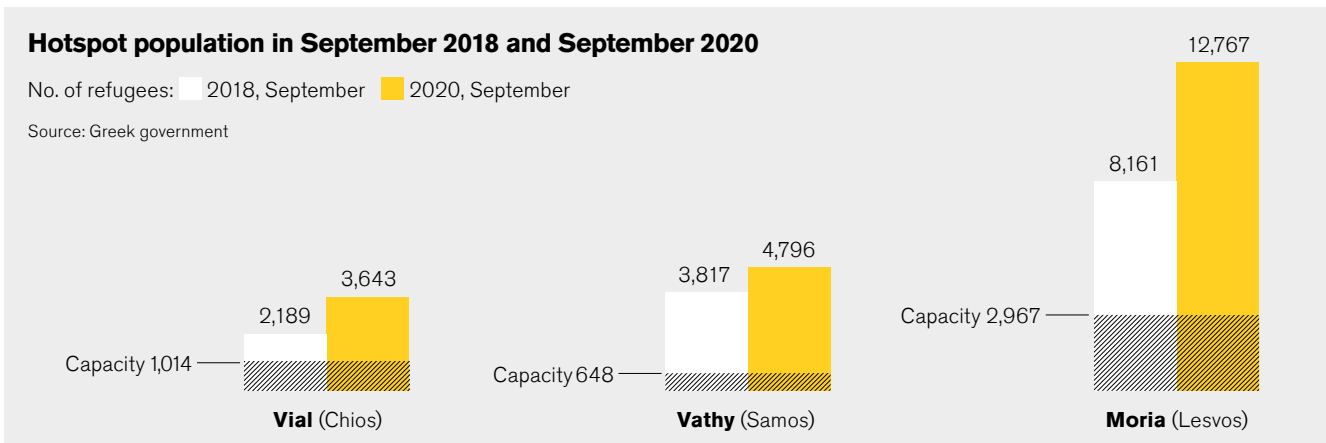
Over the last three years, the reality facing asylum-seekers and refugees on the Aegean islands has steadily worsened. This reached a new breaking point at the start of 2020, as severe overcrowding and related dangers for those living in camps escalated. This occurred amid rising frustration from the local population at the lack of viable government alternatives to the island camps and growing resistance to their presence.⁸

The dire conditions facing refugees and asylum-seekers in 2020 are the result of a long-term deterioration in the political and social context. As the year began, the combined camps were at more than six times their capacity, with at least 38,601 refugees and asylum-seekers living in the Aegean island RICs⁹ in facilities made for 6,178 (see box, left). In January, extreme overcrowding in the depths of winter overstretched the services, forcing people to survive in unacceptable conditions in great distress, with limited access to food, water and sanitation.¹⁰



By September, the numbers of people residing in the island camps had reduced due to sizeable efforts by the Greek government to try to decongest the camps, especially from late March, as a direct response to the threat posed by the pandemic, substandard camp conditions, and the lack of access to services. The lower number was also connected to the COVID-19 related closures of global borders and increasingly reported pushbacks of people in boats coming from Turkey that were prevented from arriving in Greece.^{11,12} Despite the reduction in arrivals, 7,000 more people were living in the three camps in September 2020 when compared to the same time two years earlier when the IRC launched its previous report (rising from 14,167 to 21,206). (See box below)

By November 2020, 15,000 people still living in the hotspots remained subject to pandemic lockdown measures.¹³ The majority of these people had fled conflict and insecurity, with close to half (46%) hailing from Afghanistan, almost one in five (19%) from Syria and another one in 14 (7%) from the Democratic Republic

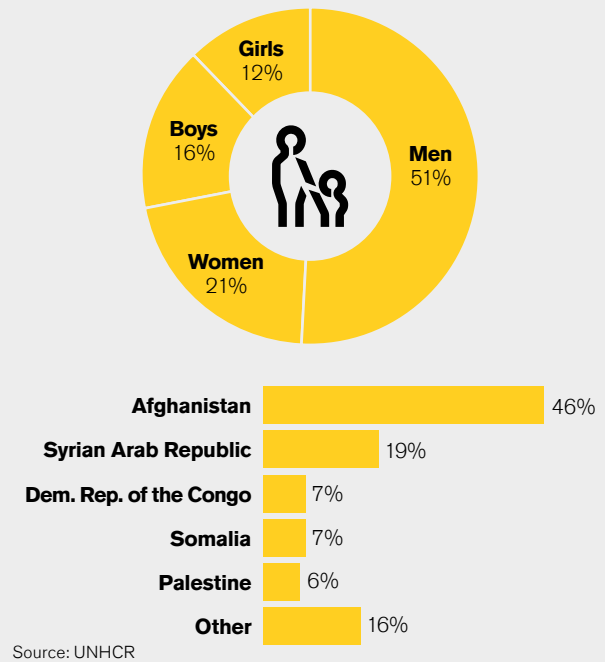


of Congo (see box, right).¹⁴ Women and children account for half of the population – one in five (22%) are women, while almost one in three (28%) are children, the majority of whom (nearly 70%) are younger than 12 years old. These are people who have experienced extreme hardship and are seeking protection and a better life for themselves and their loved ones. These are people at particular risk.

The fires that destroyed Moria in September 2020 shone the media spotlight on conditions in the Greek island camps once again, bringing renewed political and public attention to the crisis. Recognising the immense suffering people endure in the camps, and the impact this has on their rights, dignity, wellbeing and mental health, there have since been multiple public declarations promising 'No More Morias'. In late September a new joint EU-Greek Taskforce was established¹⁵ to explore more sustainable solutions to the situation. Yet, as this latest winter sets in, conditions have not improved sufficiently in any of the island camps, with thousands of people still forced to live in tents.

On Lesbos, asylum-seekers from Moria are now hosted in an emergency, temporary camp, which still needs considerable and urgent work to be able to host people

Gender and nationality breakdown of asylum-seekers in the five Greek island hotspots, November 2020



Source: UNHCR



“

When I arrived in Greece, I thought life was finally changed for me. I had been traumatised from leaving my home and my journey through Guinea, Iran, all of this stuff.”

Baimba, 24-year old man from Sierra Leone.
VIAL camp, Chios island, Greece. October 2020.

in safety and dignity.¹⁶ Despite significant efforts to improve conditions there, by late November 2020 asylum-seekers were still living without access to showers, electricity or protection from the weather.¹⁷ The location of the site itself is also precarious. Built on a former military shooting range, it had to be swept for unexploded landmines and grenades,¹⁸ while its proximity to the coast means that many people now live in tents pitched perilously close to the sea, battered by winds and prone to flooding. Many residents have described conditions in this new site as worse than Moria, dubbing the new camp 'Moria 2.0'. This is the inevitable result of the lack of a long-term sustainable plan, agreed between the local, national and EU levels, to provide safety and dignity to people seeking protection in the EU.

b) Deteriorating political environment

The deterioration of the humanitarian situation on the Greek islands is not caused by a serious lack of funding, as is often the case in other humanitarian and displacement crises around the world. While EU and national funds could be better and more flexibly allocated to address emergency needs, the persistent crisis in Greece is more the consequence of a series of political and policy decisions at both the EU and Greek levels. The emergency on the islands starkly illustrates the fallout of continued political stalemate, European policies of deterrence, and the resulting protection gaps within and at the EU's borders.

The model of containment began in 2015 with the European Commission's emergency measure to create 'hotspots'¹⁹ in a number of EU states following the unprecedented increase in the numbers of people on the move that year. The containment approach was then expanded the following year through the 'geographical restriction' entailed in the implementation of the 2016 EU-Turkey Statement. This arrangement further curtailed any onward movement from the Greek islands for asylum-seekers awaiting a decision on their protection claim,²⁰ effectively trapping people on the islands.²¹ Combined with new arrivals, albeit significantly decreased, and slow, arduous asylum procedures, this inevitably led to overcrowding in the island camps. In the early years this contributed to mounting concerns among local communities that increasingly turned to frustration and anger as the situation on their islands deteriorated.²²

Beyond this emergency hotspot measure and a short-lived relocation scheme²³ to EU member states that ended following the 2016 implementation of the EU-Turkey Statement, there have been multiple attempts to create a sustainable mechanism to share responsibility across Europe. So far, these have been unsuccessful. The EU system continues to place countries at the EU's

borders under considerable pressure. One example is the Dublin Regulation (or Dublin III), which determines which country is responsible for examining an asylum application, and which is normally assigned to the country where the asylum-seeker first entered Europe. With EU states divided over how to respond in the last five years, Greece and Italy have accused wealthier northern countries of failing to do enough, while a number of Central and Eastern European nations have been openly resistant to the idea of taking in a quota of people seeking protection.

Beyond a lack of solidarity and sustainable relocation measures within the EU, there has also been a worrying lack of compliance with existing asylum law. Prominent implementation gaps by EU member states include: the lack of adequate reception provision, clearly demonstrated by the situation on the Greek islands; significant barriers to registration in the asylum process; a harmful and inefficient use of the Dublin Regulation; and a form of 'asylum lottery' as a result of inconsistent decision making in a seriously under-resourced system.²⁴ In addition, there have been widespread reports of pushbacks at Europe's borders, which violate EU and international law.

In Greece, the lack of sufficient support from European counterparts to share responsibility for migration combined with economic realities, have created mounting frustration, particularly on the islands. Political parties taking a tough stance on migration have grown in popularity and the current Greek government has made 'border security' a key priority, enacting punitive actions towards new arrivals. In March 2020, the government decided to suspend the right to asylum for one month and channelled people seeking protection into return procedures.²⁵ It also introduced legislative reforms that placed new restrictions on the protection of displaced people in Greece. These included the automatic suspension of asylum applications on a multitude of new and seemingly arbitrary grounds, such as whether someone had moved to a different camp. Another worrying restriction was the exclusion of people most in need of protection (such as older people, people with disabilities or victims of torture) from prioritised procedures, thus contributing to their prolonged stay in the hotspots. Across 2020 the growing reports of illegal pushbacks, violent incidents at border points, and public statements calling for closed 'controlled' centres on the islands, further illustrate the government's restrictive approach to forced migration.

The Greek people have a strong reputation for being welcoming and have traditionally shown enormous solidarity with people seeking asylum. In fact, the Greek people were nominated for the Nobel Peace Prize in 2016²⁶ for their humanitarian and generous actions towards those seeking protection. However, continuous overcrowding, worries about the potential expansion of camps, a decline in tourism²⁷ and the lack of acceptable

proposals to resolve ongoing issues have generated anger and frustration, as evidenced by the early 2020 protests and attacks against aid workers, refugees and asylum-seekers.²⁸ This increases the atmosphere of threat and danger that people seeking international protection in the camps have to contend with on a daily basis.

More than four years later, the recent September 2020 legislative proposals by the European Commission in its new EU Pact on Migration and Asylum offer the promise of a new start. However, they also risk entrenching some of the worrying elements of the failed migration policies applied in Greece, such as the expansion of containment and detention already seen in the hotspots.

c) Perfect storm: Impact of the COVID-19 pandemic

The onset of the COVID-19 pandemic and the response by the Greek authorities have further revealed the lack of access to services and the unacceptable living conditions in the island hotspots.²⁹ The pandemic has made it abundantly clear that current policies, practice and

“

We couldn't leave Moria [camp] to get to the beach or even sit under the trees. [Through six months of lockdown] we were stuck inside the camp and couldn't go outside without permission.

I was worried, but my mother was very stressed. She cried all the time. Because of her health issues she was really afraid of COVID-19. She couldn't use the [communal] toilet because it was filthy and we couldn't even get soap to wash our hands.”

Fara,⁴¹ 16-year old girl from Afghanistan.
Moria camp, Lesvos, Greece. August 2020.

infrastructure are totally ill-equipped to protect the health and rights of refugees and asylum-seekers.³⁰

While people across the globe have been urged to self-isolate and practice social distancing to prevent the spread of the virus, thousands of people in the camps were forced to live in close proximity to each other



“

You talk about social distance? Well it's not working here in the camp because if you want to go for food, you stand in the queue. You want to go for medical? You stand in the queue.”

Baimba, 24-year old man from Sierra Leone.
VIAL camp, Chios island, Greece. October 2020.

without adequate access to running water and soap. The very real fear of infection caused people in the RICs considerable distress. Consequently, tensions began to heighten, with fires and protests erupting in the refugee camps on Lesbos,³¹ Chios³² and Samos³³ in April 2020. The devastating fires that later destroyed Moria camp on 9 September 2020 were perhaps the most alarming indication of the levels of extreme fear, anxiety and anger that people trapped in the camps were experiencing.³⁴

The 'Agnodiki' plan by Greek authorities in March was designed to deal with emergencies in the camps, but failed to result in comprehensive action to protect asylum-seekers from COVID-19.³⁵ Since the onset of the pandemic, despite efforts by the authorities, IRC teams working on the ground on the three islands have witnessed a worrying lack of coordinated decision-making between the national and local levels. For instance, it took months to agree and then begin to set up the quarantine areas so urgently needed for the isolation of newly arrived refugees. An NGO-led isolation area on Lesbos created as part of the Agnodiki plan was forced to close by local authorities on 30 July;³⁶ regional government-supported clinics established outside the Lesbos, Chios and Samos RICs were opened, but then left unstaffed for long periods of time.³⁷ In addition to significant gaps in isolation and treatment capacity, there was also little attempt at prevention, including a lack of access to basic sanitation services such as water and soap, and no ability to social distance in overcrowded sites.³⁸

Since March 2020, constant lockdown extensions and restrictions of movement for RIC inhabitants that are discriminatory when compared with measures for the general population³⁹ have limited space and freedoms even further. In addition to not actually protecting people from infection,⁴⁰ such restrictions have negatively impacted their rights, livelihoods and mental health.



Children in Moria [camp] have been forced to live under miserable conditions, which has resulted in suffering, childhood malnourishment, neglect and abuse, including emotional and physical.

On top of this, the onset of COVID-19 and movement restrictions preventing people leaving the camp led to spiralling tension, criminality and turmoil. Consequently, vulnerable groups and children were seriously impacted, leading to further detrimental outcomes for their psychosocial wellbeing and development.

Fallout from the pandemic and related lockdown measures also led to the deterioration of parents' mental health which has serious consequences for children. It resulted in increased insecurity, stress, depressive moods, hopelessness, helplessness, and even aggression, which all have a harmful effect on parenting and on the critical relationship between children and parents. All these factors have a devastating influence on children's wellbeing."

Dukas Protogiros, Psychologist.
Working with IRC on Lesbos since March 2019.

2 The severe toll of containment policies on people's mental health

IRC data from two and a half years of mental health programming on three islands reveals how the protection crisis and humanitarian situation in the hotspots exacts a severe mental health toll on people seeking protection, and how the response to COVID-19 has further exacerbated this distress.

a) The IRC mental health and psychosocial support programme: data and findings

The IRC's Mental Health Programmes on the Greek islands

IRC Hellas started a mental health and psychosocial support programme on the island of Lesbos in March 2018, providing services to asylum-seekers that reside in the local hotspot. This later expanded to the islands of Chios in April 2018 and Samos in November 2019 to meet growing and evident needs.

The IRC programme offers wrap-around services, which include individual and group counselling sessions by psychologists, as well as case management. This comprises the identification of needs and, where necessary, referrals to private psychiatrists, neurologists and the local hospital, as well as to the UN refugee agency (UNHCR) for safe accommodation and to other NGOs for legal support. The IRC covers the costs of appointments with private psychiatrists and neurologists when needed, as well as the costs of psychiatric medication if someone does not have access to relevant national Greek documentation (PAAYPA)⁴² to purchase medicine for free or at low cost.

The sessions are held at the IRC mental health centres which are located in the towns of the three islands, away



I think that the most important method, which helped me a lot, was the attention IRC gave me. The attention they gave me, this encouraged me, this motivated me. I wanted to open my heart.

For me, it [counselling session] was like living in paradise. It was a place where I could talk and open my heart. [The IRC] coming to Moria to pick me up with the shuttle — it was a proof of love and respect for the patient. In the shuttle, it is quiet. You can relax and sleep. For a moment, you forget that you are a refugee. It is like being a Greek citizen.

Audrey, 32-year old woman from Cameroon.
Moria camp, Lesbos, Greece. September 2020.

COVID-19 Impact

The impact on the IRC MHPSS programming: adapting to tele-therapy, helplines and the challenges of remote counselling support

Since the onset of the pandemic, the majority of the IRC's mental health support services have been provided remotely, through tele-therapy, as part of an adapted programming response. This aims to continue offering essential mental health services while adhering to public health guidelines.

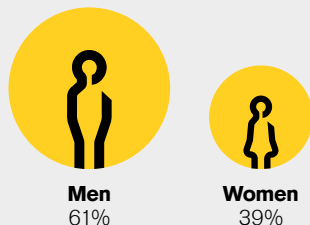
IRC teams offer psychological first aid (PFA), individual psychological support and psychiatric care remotely. They rely on a variety of communications, including phone calls, WhatsApp messages or SMS. At the same time, the IRC established an online referral system and provided capacity building to IRC staff, better equipping them to offer counselling services using technology.

The IRC also extended its programme to support frontline protection and health care workers, including Greek state doctors, NGO workers or community volunteers with a medical background. This was through the provision of a confidential support helpline for a pilot period of one month, a series of webinars on emotional resilience during the pandemic and training for frontline aid workers on PFA interventions.

While the programme adapted and innovated, nevertheless, it did experience challenges as a result of the pandemic. When movement restrictions were first introduced, people missed in-person appointments. Even with remote counselling made available, many people had difficulty transitioning from in-person therapy to tele-therapy, and IRC psychologists needed to provide considerable motivation to encourage them to stay engaged. The IRC also provided clients with top-up cards for the mobile phones, to better ensure people had sufficient credit to attend their appointments.

Working remotely with an interpreter also has limitations, as psychologists are not able to observe nonverbal signs and have to rely on people's words alone. Moreover, without the opportunity to come to an IRC mental health centre, many people struggle with the lack of privacy in the hotspots, as it is extremely difficult to find somewhere they can speak in confidence with their counsellor. Beyond the lack of confidentiality, phone calls and Whatsapp messages are also less reliable and can be affected by unstable connectivity.

Gender breakdown of people served by the IRC mental health programme on all islands, March 2018-October 2020



Nationality breakdown of people served by the IRC mental health programme on all islands, March 2018-October 2020



from the camps. This helps ensure confidentiality and safety, as well as providing people with the chance to escape the difficult environment of the camps, even for a short while.

IRC teams accept referrals by UNHCR, the National Organisation for Public Health (EODY), medical NGOs and other protection and legal organisations. IRC staff, in collaboration with other organisations, also conduct mental health awareness sessions for refugees on selected topics, such as anxiety, stress management and sleeping problems. They also provide mental health training to humanitarian workers from different NGOs.

Since July 2020, the IRC mental health centre on Lesbos has also begun to provide a safe space for the children of people attending its counselling sessions. A specialised child protection officer provides childcare, enabling more parents to attend.

IRC Data: overview of main findings

IRC collected data from 904 people attending IRC sessions on the islands of Lesbos, Chios and Samos, over a period of 32 months, from March 2018 to October 2020 (see boxes above). The data is broadly representative of the refugee populations living in the island camps. According to November 2020 data from UNHCR, the population of the camps consisted of 33% women and girls and 67% men and boys. The total IRC cohort comprised 40% women (365) and 60% men (539).⁴³ The IRC data also reflects the reality that the majority (72%)⁴⁴ of people living in the island RICs are from conflict-affected countries, such as Afghanistan, Syria and the Democratic Republic of Congo. At least three out of five of the people the IRC counselled (63%, 570 people) come from countries such as Afghanistan (35%, 315 people), the Democratic Republic of Congo (13%, 117 people), Syria (8%, 71 people) and Iraq (7%, 67 people).

People in need of support: main 'vulnerabilities'

In this report, the term 'vulnerability' is used to describe categories of people who may encounter additional difficulties if they are forced to flee and seek protection.

The term in the Greek asylum system is encompassed in legislation,⁴⁵ and acknowledges that some groups of people, such as unaccompanied children, pregnant women, or those with mental health conditions, are likely to be exposed to higher risks of rights violations or serious harm.⁴⁶ It also recognises that they may need more immediate or specialised support upon their arrival.

Large numbers of the displaced people living on the Greek islands have experienced violence, abuse and



Many of the people we see are haunted by past incidents they have survived, feeling despair about their present situation and are deeply worried about their future. For example, victims of torture may avoid the food lines in the camp that take place three times a day for breakfast, lunch and dinner. Coordinated by the Greek army, these queues can be traumatic for people who have experienced torture, as the army's presence can trigger fearful memories of harm at the hands of a military group.

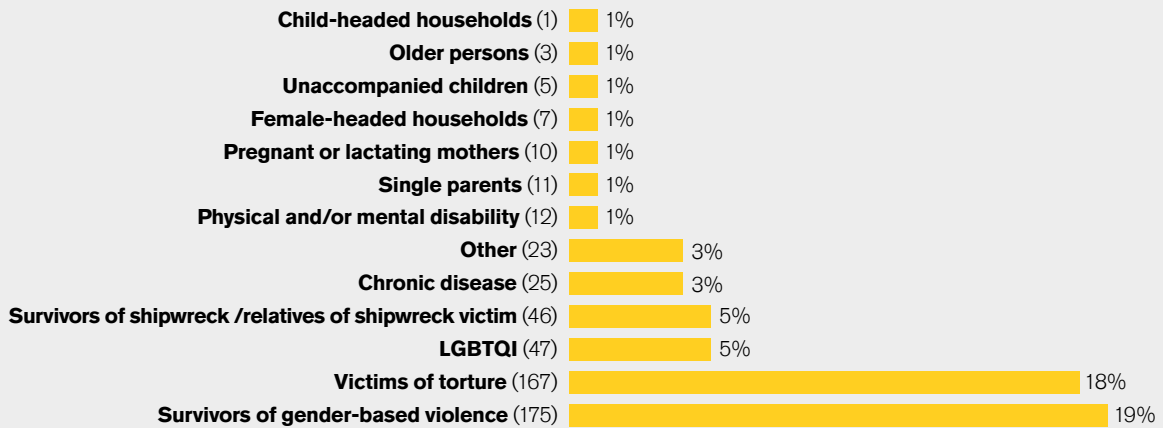
Single parents may be unable to stand for a long time in lengthy queues for the toilet or for food, as they have nowhere to leave their children, and thus face additional stress or deprivation. People with chronic diseases or disabilities often despair when they cannot get access to the medical services they need as they are not available in the hotspots.

Survivors of gender-based violence feel they cannot report the abuse they are experiencing as there is no adequate protection system in place to keep them safe, and so they are afraid that things will get worse if their perpetrator who lives in the same camp knows they went to report."

Dimitra Mantzari, Senior IRC Psychologist, Samos island. Working with IRC since March 2018.

Vulnerabilities of people served by the IRC mental health programme

From 904 people IRC provided counselling to on the islands of Lesbos, Chios and Samos. (Actual number of clients in brackets)



neglect. Many before their journey began, others on route, and more still following their arrival. While the people living in the Greek island hotspots have survived much and endured more, their resilience is repeatedly undermined by difficult experiences in the camps and the reality of life in limbo. This is particularly true for people with additional vulnerabilities, such as those who experienced violence before they arrived, including sexual or gender-based violence, or those who were victims of torture. Increased vulnerability is also the reality for members of discriminated groups, such as the LGBTQI community. In addition, people who are single parents, those with chronic diseases and unaccompanied children face additional risks. Also relevant to the context of the Greek islands is the reality that most people arriving travelled across the sea: survivors of shipwrecks and the relatives of those who have been victims of sea crossings are also considered vulnerable.

Three out of five (60%) of the people who attended the IRC mental health programme were categorised as presenting with a vulnerability or multiple vulnerabilities. About one in six (16%, 142 people) had survived at least one incident of gender-based violence, either in their country of origin or during their journey. At least one in six (15%, 139 people) were victims of torture. A further 29 people (3%) reported being subjected to both gender-based violence and to torture. Of those referred to the IRC for psychosocial support, one in twenty (5%, 47 people) identified as members of the LGBTQI community and explained that they had faced difficulties as a result, while another one in twenty (5%, 46 people) were survivors of shipwrecks or relatives of shipwreck victims.

Impact of containment in the camps: mental health consequences

People contained in the Greek islands hotspots experience an array of complex and often multiple mental

health symptoms. Despite the diversity of populations who accessed the IRC mental health programme across the two years (see box above), the data clearly demonstrates that people from a range of backgrounds, ages, genders and nationalities face similar obstacles and hardships, as well as similar and often severe mental health symptoms.

Three quarters of the people (74%, 735/904) IRC assisted on the three islands reported experiencing symptoms of mental health conditions (see box opposite). Out of 904 people the IRC provided counselling to, two in three people (602, 67%) reported sleeping problems, three out of five people (553, 61%) reported symptoms of depression, and three in five people (546, 60%) reported experiencing anxiety. At least two out of five people (368, 41%) reported symptoms of post traumatic stress disorder (PTSD), while more than one in ten people (112, 12%) were experiencing psychotic symptoms, and close to one in ten people (78, 9%) reported self-harm. Alarmingly, an average of one in three people (313, 35%)

“

In Afghanistan we were afraid of suicide bombers and I thought leaving there would be my salvation. But it is worse here... I have witnessed many suicide attempts [here]. I even tried to hang myself but my son saw me and called my husband. I think about death a lot here: that it would be a good thing for the whole family, that if I could add a medicine in our food and we all died it would be a deliverance. But then I look at my daughter and I think it is not her time yet.'

Fariba, 32-year old woman from Afghanistan, mother of two young children. Vathy camp, Samos, Greece. September 2020.



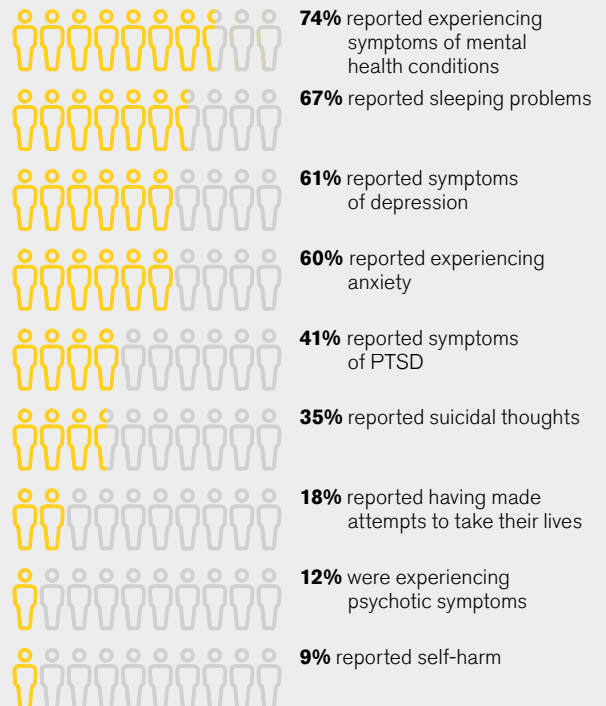
After losing my baby, I told the doctors: 'I did all this trip for her'. I felt it was the end.'

Audrey, 32- year old woman from Cameroon.
Moria camp, Lesvos island, Greece. September 2020.

reported suicidal thoughts and one in five (166, 18%) reported having made attempts to take their lives, either before arriving in Greece, while residing in the hotspot, or both.

High levels of distress and severe symptoms of mental health conditions such as those mentioned above, negatively impact people's ability to cope with the many challenges they face in the RICs, including standing in line for hours to get food or understanding and preparing for complex asylum procedures. Furthermore, people with mental health issues can face high levels of stigma and discrimination,⁴⁷ and increased vulnerability to exploitation or violence, including sexual violence.⁴⁸

Main symptoms of people served by the IRC mental health programme





COVID-19 Impact

The impact on the people the IRC assists through its mental health programme

There is a striking difference in the number of mental health symptoms recorded on the three islands before the COVID-19 pandemic and those recorded immediately after the first lockdown in March 2020. The increase reflects a marked and general worsening of people's wellbeing (see box, right).

The pre-lockdown data refers to 506 people who had received counselling up until 15 March 2020, before lockdown measures were introduced. The post-lockdown data refers to a smaller number of 150 people assisted after 15 March 2020 until end July 2020.

The data reveals that anxiety among those being supported by the IRC increased from nearly three in four before the lockdown to nearly four in five afterwards. Those experiencing depression rose from 74% to 81%. Worryingly, those with symptoms of PTSD increased by 34%, from just under half of all IRC's mental health clients before the lockdown to more than three in five. Those reporting self-harm rose by a shocking 66%, from 9% to 15% and those experiencing psychotic symptoms climbed by 71%, from 14% to 24%.

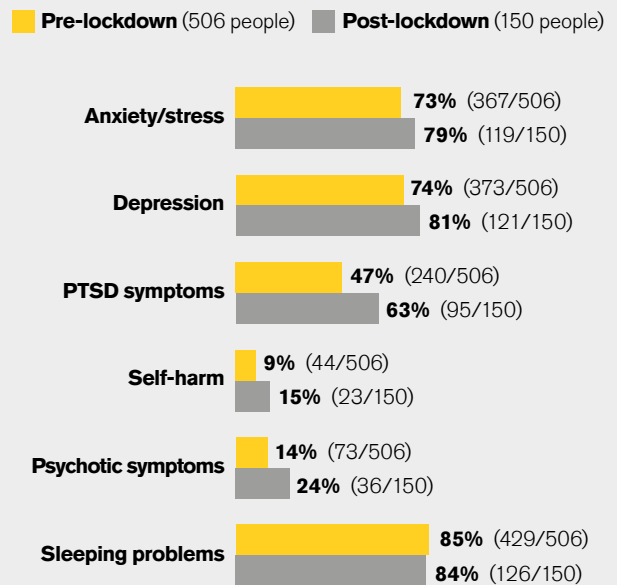
The worsening of people's mental health during lockdowns is corroborated by multiple scientific and media reports since the onset of the pandemic. Research and reports from humanitarian agencies⁴⁹ show that worldwide there have been increased levels of stress and anxiety among refugees. Research has also shown that as quarantine measures are introduced among the general population, there are corresponding spikes in levels of depression, self-harm and suicidal behaviour, while negative coping mechanisms such as alcohol and drug abuse can also be expected to rise.⁵⁰



When the pandemic started all the people the IRC interviewed reported feelings of abandonment and humiliation. Some of the people we counsel reported feelings of fear because there was no way for them to practically protect themselves and practice physical distancing in the camps"

Georgia Berlemi, Psychologist.
Working with the IRC on Samos since January 2019.

Pre-lockdown and post-lockdown symptoms of people served by the IRC mental health programme



b) Impact of gaps in access to medical services, particularly mental healthcare

There is a chronic lack of adequate access to healthcare for asylum-seekers on the Greek islands.⁵¹ While all people seeking asylum in Greece have the right to access the public health system for medical care, psychological support and psychiatric services, the system's capacity has consistently been unable to meet their needs.⁵²

This is greatly concerning given the additional healthcare risks, or 'double burden', people in the RICs face as a result of their living conditions. Life in the hotspots reduces the chances of successful outcomes for treatment of chronic diseases, such as diabetes or hypertension, which require diet, rest and lifestyle adjustments that are impossible for those living in the camps. At the same time, camp conditions mean people are at greater risk from communicable diseases, such as respiratory infections, scabies, and gastroenteritis.

Under-resourced national healthcare system: Island hospitals struggle to meet health and mental health needs

For many years the public hospitals on the islands have been struggling as a result of both limited resources and capacity,⁵³ including a chronic lack of medical specialists.⁵⁴ Severe budget cuts (€5.4bn / 23.7%) were made to the health sector between 2009 and 2013.⁵⁵ The slashed budgets combined with a serious lack of specialised staff have adversely impacted access to healthcare for everyone on the islands.⁵⁶

Despite efforts to recruit additional doctors and specialised staff to the local hospitals, key positions remained vacant.⁵⁷ As a result, the capacity of the island hospitals never managed to match with the increased numbers of people they need to assist. The strain of these additional numbers is also compounded by the reality that many people in the RICs have multiple and serious health issues. As a result, significant additional pressure was placed on the system, leading to increased wait times and frequent bed shortages. The lack of capacity was a source of immense stress for hospital staff and of growing discontent for the local populations, who could also no longer rely upon their own health service to meet their needs.

Limited availability of basic healthcare in the hotspots

Backlogs and shortages of staff in the hospitals are mirrored at the primary healthcare level in the hotspots. The National Organisation for Public Health (EODY) is responsible for providing healthcare in the RICs. However, it has consistently had to deal with staffing deficits⁵⁸ and



I have a catheter so I need to sleep in a clean place, but where I live here in the camp is filthy. I need regular medical follow-up, which I don't get here. The hospital [on the island] would not see me during the COVID lockdown. I need medication for my infections, as I get wounds because I'm always seated [in my wheelchair]. I need check-ups, x-rays, regular follow up by a doctor. But here I get nothing"

Karam, 23-year old man in a wheelchair from Syria. Moria camp, Lesvos, Greece. August 2020.

EODY staff on the islands consistently report a lack of treatment space, medicines, and equipment. This creates significant delays and backlogs, which adversely impacts the health and mental health outcomes for asylum-seekers in the hotspots.

EODY staff are responsible for carrying out the medical assessments of all people who arrive on the islands seeking protection, to determine which of these people have vulnerabilities or medical conditions requiring special attention. With limited numbers of EODY staff to conduct these assessments, people's symptoms, especially the more 'invisible' ones, including those related to mental health, are often missed.⁵⁹ When people are identified later, their symptoms have frequently worsened.

EODY staff⁶⁰ have explained to the IRC that their organisation lacks sufficient numbers of specialised medical staff, such as psychiatrists, child psychiatrists, dermatologists, pulmonologists and dentists, to meet some of the most urgent needs identified in the hotspots. EODY also reported a lack of essential equipment, such as x-ray machines, defibrillators and gynaecological chairs. This means that doctors have to make referrals from the camp to the hospital for examinations they should have been able to perform in the hotspots. This delays critical diagnoses and treatments and creates further backlogs in hospitals. In addition, as a result of poor layout and consistent overcrowding in the camps, there is insufficient space to see and treat the numbers of people who require basic care there. So even when there are more staff available, limited space prohibits concurrent appointments.

For the last four years, the medical response on the islands has relied heavily on volunteer medical staff and NGOs who have sought to fill critical staffing gaps. In Moria camp, for example, all primary health care was provided by NGOs before the September fires.⁶¹ However, the number of volunteers and funding for NGOs can fluctuate, so this is not a sustainable response to the real healthcare needs of asylum-seekers on the



I couldn't sleep. I cried all the time. I was lost, and other refugees were sad for me. The doctor was really worried about me. I was exhausted. I even thought about suicide."

Audrey, 32-year old woman from Cameroon.
Moria camp, Lesvos island, Greece. September 2020.

islands. Added to this, doctors who are not registered in the Greek system do not have permission to perform some key duties, such as making referrals to hospitals or providing prescriptions for medicine.

Critical gaps in mental health service provision

As IRC's mental health programme data has revealed, there is a significant need for robust mental health care provision for asylum-seekers on the islands, to treat both pre-existing trauma (including from war, conflict, displacement or violence) as well as mental health issues triggered or aggravated by the dire conditions in the hotspots.

There are insufficient counselling services available externally to meet the needs of all the people who require this support. While there are state-provided psychologists in the hotspots who can refer people to counselling services outside, such as those run by the IRC, they do not provide any counselling themselves. However, one of the most glaring gaps in mental health care provision is the shortage of psychiatrists for people in the RICs. As of November 2020, there were no psychiatrists working inside any of the island hotspots, while NGOs providing mental health services that included support from

a psychiatrist continued to operate at full capacity and with considerable waiting lists.

The situation is equally serious outside of the RICs. This reflects the reality that there is a shortage of mental health staff and specialists throughout Greece.⁶² In June 2019, there were only four psychiatrists and one child psychiatrist in the public hospitals for all of the Aegean islands hosting hotspots.⁶³ These five positions were split between Lesvos and Chios, catering for both the local and refugee populations. At that same time, there were significant recruitment gaps, with vacant positions for nine psychiatrists and two child psychiatrists. Despite financial incentives, many doctors do not want to move to the islands to work there.⁶⁴

On Lesvos, a persistent shortage of psychiatrists to cover shifts in the local hospital has resulted in extremely limited capacity to hospitalise patients from the RICs in need of urgent care. This has been the case since the IRC first began running its mental health programme on the island in 2018. On Samos and Chios, both the General Hospitals have no in-patient psychiatric services. This lack of psychiatric care capacity in the hospitals means many people in the hotspots are left untreated for far too long, placing their health in greater danger. While local

people living on the islands can be referred to a hospital on the mainland for psychiatric care, this is rarely ever possible for those who reside in the camps. Due to the geographical restriction and the policy of containment, asylum-seekers in urgent need of psychiatric care are kept on the islands. When there are no hospital spaces for them, they have even been held in police cells under 'protective custody', which is clearly distressing for both these patients and their families.⁶⁵



COVID-19 Impact

Reduced access to healthcare services

During the first 42-day COVID-19 lockdown in Greece, from late March to early May 2020, the national health services' ability to cope with their regular workload decreased and the referral system for residents of the RICs suffered. Only urgent cases were treated in hospital and all out-patient scheduled appointments were cancelled or postponed.⁶⁴

At the same time, most NGO and volunteer medical teams downsized, while travel restrictions meant that new staff and volunteers could not join teams on the islands, drastically reducing the capacity to respond to asylum-seekers' needs.

In addition, the attention of medical staff was divided between their usual busy daily schedule and the addition of COVID-19 preparedness work. Activities supporting mental health were suspended, including in-person counselling, yoga or meditation, as well as school and sports activities. This led to a deterioration of some people's mental health conditions, and an accumulation of people needing mental health and psychosocial support.

c) Impact of gaps in access to protection, essential services and an effective asylum system

i) Unsafe past: Lack of protection

Safety and being able to meet basic needs are the foundations of wellbeing for all people.⁶⁶ However, those living in the island camps frequently report living in constant fear of violence, and often disclose experiences of violence, as victims or witnesses.

During counselling sessions with the IRC, many people shared experiences of theft, fighting in the camp, stabbings, or sexual violence.⁶⁷ This is consistent with multiple media and NGO reports,^{68,69} about the unsafe conditions in the camps and the many threats people face. For example, before the September fires destroyed Moria camp, in the first nine months of 2020 alone, at least 50 people had been injured in brawls while seven had been stabbed to death.⁷⁰

Violence is a reality in all European societies, but in the camps there is a distinct absence of effective protection, and victims of abuse are often forced to continue living where the violence they experienced took place, surrounded by the perpetrators. People living in the hotspots have also told IRC counsellors that they feel police are sometimes unwilling to intervene when needed, and that additional policing in the camps is required.



The residents of the RICs are exposed to violent attacks on a daily basis, including assaults or thefts of their food and basic items. They also endure substandard living conditions, including rats in the camps and little access to sanitation or electricity. This results in high and prolonged levels of distress and fear.

When stress becomes overwhelming and prolonged, it increases the risks of mental health and medical problems. Long-term stress increases the risk of anxiety and depression, substance use, bodily complaints such as muscle tension and pain, and serious sleep difficulties. Cumulative stress, such as that which the people in the camps are forced to endure, has been associated with weakened immune systems and chronic illnesses such as cardiovascular disease. Simply put, life in the camps can destroy your health.'

Dr. Georgia Karoutzou, IRC's Senior Mental Health Manager since April 2020.

Vulnerability and the complexity of violence in the hotspots

Additional risks facing women, members of the LGBTQI community and survivors of sexual and gender-based violence

Women⁹⁵ and LGBTQI individuals face additional dangers in the RICs as they are at higher risk of exposure to threats and violence, including sexual violence.⁹⁶ Reports of sexual harassment and assault in the RICs are high.⁹⁷

In all the hotspots, risk mitigation and response measures for sexual violence are inadequate. Everyday activities, such as taking a shower or going to the toilet are dangerous missions, as many facilities in the camps do not have locks. Many people who attend the IRC mental health services avoid leaving their shelters or using the toilets, washing facilities, or waiting in food distribution lines because they fear harassment or assault. Poor lighting in the camp and a lack of sufficient police assistance make fetching water or simply walking around at night unsafe. While enduring these conditions, many women and LGBTQI refugees are also trying to come to terms with the trauma of past abuse they may have experienced. The ongoing insecurity and dangers experienced in the camps are a constant reminder of the violence they sought to escape.

The total number of people in the hotspots who have experienced sexual violence is unknown, as this type of violence is hugely underreported for multiple reasons. Insufficient resources and a lack of specialised staff in the camps mean that survivors of sexual violence are frequently not identified and therefore not provided with the protection they need. Moreover, many people, especially LGBTQI individuals, are reluctant to come forward with formal complaints due to social stigma, fear of reprisal from perpetrators or a lack of trust in the protection system. Making a report to the police is also difficult, as it cannot be done inside the RICs, but only in person at the local police station on the island.

There is also a lack of safe shelters for those who have been victims of violence inside the hotspots. The need for alternative accommodation that could provide protection to victims of violence far exceeds the available spots on the islands.⁹⁸ A UNHCR accommodation scheme that provides apartments for vulnerable asylum-seekers on all islands can, in the case of an emergency only, also provide safe shelter for some male and female survivors of sexual



The first thing I would ask the police to do is to help more and create a feeling of safety because it is very dangerous in the camp. The police need to intervene more. I was beaten in front of them but they didn't do anything.

Once, my sister was attacked [here]. Someone put a knife against her and said that if she didn't go with him, he would cut her face. At night, there were single men hanging around the toilets wanting to touch us."

Fara, 16-year old girl from Afghanistan.
Moria camp, Lesvos island, Greece. August 2020.

or gender-based violence. However, the limited number of places, combined with the low turnover of people leaving this type of accommodation, means that people referred may have to wait for months to escape the RICs and some may never be relocated. Moreover, this programme does not accept asylum-seekers with mental health issues at potential risk of harming themselves, therefore excluding many people in great need, including male and female survivors of sexual violence.

Throughout Greece, there are a total of 21 public shelters for female survivors of gender-based violence. These shelters fall under the responsibility of the General Secretariat for Family Planning and Gender Equality and are mainly run by municipalities. The North Aegean has only one such shelter, located on Lesvos island, which caters for all women on Lesvos, Chios and Samos. Although refugee and asylum-seeking women can in principle also access these shelters, in practice many barriers prevent this. This includes the limited capacity in terms of the number and size of shelters, interpretation issues, and the difficulties of obtaining health certificates required to prove the violence occurred. As a result, access for asylum-seeking women is extremely limited in practice. During the March to May lockdown, for example, the public shelter for survivors of violence on Lesvos was full, which meant that women from the RICs could not be referred there.

There is a clear need to guarantee and increase the provision of safe shelters for survivors of violence, as well as for other vulnerable categories of people on the islands. However, on 30 October 2020, the Greek government closed PIKPA, an independent shelter on Lesvos that catered for many of the male survivors of violence, and moved its residents to Kara Tepe, the municipal camp considered by many as a model camp. Since then the Ministry of Migration and Asylum has announced the closure of Kara Tepe on 31 December 2020, without specifying where its 900 current residents will be transferred to.



I am often insulted in the showers because of my sexual orientation. I was even attacked by strangers in my own tent because there were rumours I was homosexual."

Charisma, 32-year old man from the DRC, living in Vathy camp.
Samos, Greece. September 2020.



You live like an animal. It's not humane conditions that we are living in."

Baimba, 24-year old man from Sierra Leone.
VIAL camp, Chios island, Greece. October 2020.



You can get stabbed any time. Even inside your tent, people can come in and ask for your phone or money, holding a knife. They come at 3am or 4am, when you are deep asleep.

It is difficult living in these conditions. You have to be alert 24/7: when you go to the toilet, when you go to sleep. I sleep with a metal bar next to me. Since the police will not protect me, I have to protect myself."

Henri, 32-year-old man, Cameroon, living in Moria since December 2019.
Lesvos, Greece. August 2020.

ii) Undignified present: Basic needs unmet

The dire reception conditions, including substandard shelters and severe gaps in the provision of essential services, including water and sanitation, as well as education, information and general support, both create and exacerbate mental health issues for people living in the hotspots.

In each of the three islands where the IRC runs its mental health programme, informal settlements are spilling out of the RICs onto the muddy hillsides and olive groves

surrounding the camps. Residents call this the 'jungle'. In the absence of suitable shelter and sanitation, thousands of people are living in summer tents or have made their own shelters out of wooden pallets and tarpaulin, and dug their own toilets. People living in these tents are exposed to rodents, snakes, insects and scorpions. Tents also mean that people are exposed to extreme cold in the winter and scorching heat in the summer. In winter 2017, three people died in Moria camp as a consequence of the cold and lack of safe heating.⁷¹ There is no electricity, so no heating for most, and no light at night. With a new winter now here, it is disheartening to see that despite calls by humanitarian organisations every year since 2016,^{72,73,74,75} 2020 will be another year when thousands of people will sleep out in tents.

The overspill areas around the formal camps are densely populated. In August 2020, according to a Water, Sanitation and Hygiene (WASH) assessment,⁷⁶ the Moria camp provided enough usable toilets for a population of approximately 5,200 residents, while it hosted over 12,000. The conditions are similarly worrying in Samos and Chios. The 'jungle' around Vathy RIC in Samos is located on steep topography with limited access by vehicle, and with vast sections lacking any water supply or sewage connections. The lack of toilets and basic sanitation results in long queues, and then inevitably in increased open defecation. In turn this creates not only health risks but is also a serious assault on people's dignity.



“

We wait for food for hours. My mother would go to the food line at 5 in the morning and come back at 9 or 10: 1,500 people queue there. Sometimes the food is not enough for those at the end of the line.”

Fara, 16-year old, girl from Afghanistan.
Moria camp, Lesvos island, Greece. August 2020.

At the new Lesvos RIC, significant efforts have been made to try to improve conditions. However, a 10 November assessment by organisations responsible for WASH in the camp found that at least one in three (35%) of the 422 chemical toilets available for more than 7,500 people residing there, were considered unfit for use, while none were accessible for people with physical disabilities. There is severely limited access to hot water or meaningful access to electricity in the camp.^{77,78} The camp is not yet connected to the island water system, so people must use a 'bucket' showering system or wash themselves in the cold sea, as the temperatures plummet.

“

You can take two or three steps forward here but something will always push you back. I sleep in a tent with snakes, rats, the cold. If you see me alive now after the last winter, it is something to celebrate.”

Charisma, 32-year old man from the DRC, living in Vathy camp.
Samos, Greece. September 2020.

iii) Uncertain futures: Lack of information, legal support and early integration

The entire asylum procedure is a cause of significant stress for people in the hotspots, and there is an alarming absence of sufficient support to help them through the process. The lack of access to reliable information creates much confusion and uncertainty. While leaflets describing the process are available in various languages, such a complex and constantly changing procedure requires more in-depth support and guidance. The Greek asylum system does not offer legal assistance before the asylum interview and there are very few NGO lawyers to help asylum-seekers with their cases. As a result, people do not know what to expect or what is expected from them; they cannot fully understand the procedure that will determine their entire future,

Recent legal reforms⁷⁹ have had a severe impact. Previously, people seeking asylum and categorised as vulnerable by state authorities would be exempted from fast-track, truncated border procedures. These people, including those with mental health conditions, would also then be exempted from the geographical restriction that forces asylum-seekers to stay on the Greek islands. However, since January 2020, this is

no longer the case: even if identified as vulnerable, people may have to go through a fast-track procedure with its substantially diminished safeguards, without the chance to leave the islands.

Navigating asylum procedures can prove nightmarish for people who need to focus so much of their energy on mere survival each day. Realistically, asylum-seekers living in desperate situations in the hotspots, worrying about having enough food and water, or keeping themselves and their families safe and healthy, have little chance of being able to properly focus on their asylum claim, particularly without a lawyer to guide them. As a result, it is hard to accept that this process offers a fair chance to asylum-seekers to meet the rigorous requirements of an asylum interview. Without reliable legal advice or dignified reception and living conditions, it is impossible for many people to both fully understand or fully focus on the protection claim process, where they must detail every date and sequence of events that led them to Greece and offer a robust case for international protection.

Greek legislation requires that authorities provide “adequate support” to applicants with vulnerabilities. This includes information provision on the procedure and their rights, interpretation and access to information on their individual case. However, a fast-track border

procedure is unlikely to enable people to feel safe or adequately supported when discussing their claim, as people need time and safety to disclose traumatic personal history, even to their lawyer. Furthermore, the interview process needs to adequately consider mental health conditions that may impact an applicant's memory and ability to articulate their claim in a way that meets requirements.

Even if someone obtains a positive decision on their protection claim, their uncertainty continues. Until May 2020, every asylum-seeker's hope was to be granted refugee status. Once this happened they would receive up to six months of financial and accommodation support to help them adapt to life beyond the RICs. They could then use this financial safety net to navigate often complex national systems, including obtaining a tax number, bank account, secure accommodation and searching for work. This meant they could put an end to their refugee journey, finally leaving the islands, and restarting their lives. However, since May, legislative changes have meant that receiving a positive decision on an asylum claim adds additional and significant stress. Now, recognised refugees receive just one month of support following notification of a positive status decision. People are left to fend for themselves after just four weeks.⁸⁰



Every day is a waiting day, accepting your request or not accepting your request. You think about it every day — you don't have anything to do.”

Hassan, 46-year old man from Syria.
VIAL camp, Chios island, Greece. October 2020.

This is particularly problematic as people do not receive any integration support throughout the asylum process. Despite a welcome emergency measure introduced in September 2020 to provide recognised refugees from the islands with accommodation in hotels on the mainland for two months, this was never a sustainable solution. It simply delays the destitution many inevitably end up experiencing.⁸¹ Moreover, all accommodation in hotels will cease as of 31 December 2020.⁸² Failing to provide sufficient integration support undermines people's coping skills once they have received their refugee status. This is counterproductive, not only for the refugees, but also for the receiving community.⁸³ Given the length of time asylum procedures last in Greece, integration support measures should start at the reception stage in order to decrease the risks of setting people on a path towards social exclusion, and of putting their mental health under even greater duress.



I have been here [in the camp] for one year and four months. Now that I have my refugee status I was told by the refugee support programme HELIOS⁸¹ that I will have to get a house and pay two months upfront for the rent. I will have to get a bank account and then get papers so I can be reimbursed for that rent.

But where am I going to find the money to rent a house for two months? Where? I don't sleep because of this. It stresses me so much. I will have no roof and no money to buy food."

Jerome, 34-year old man from Togo.
Moria, Lesvos, Greece. August 2020.



COVID-19 Impact

Pandemic leads to serious delays in asylum procedures

The pandemic created further delays in asylum applications and led to the suspension of registration of new claims and interviews in late March and throughout April 2020. As the system shut down, it resulted in zero registrations of asylum applications in Greece in April.⁸⁹

Delays and cancelled appointments left people in limbo, increasing anxiety and uncertainty for those with key deadlines for their registration, interview or family reunification requests. As a result, people's mental health, already under strain from the threats of COVID-19, was further negatively impacted.

It was not until May that the asylum service began to resume its public operations. However, people in the camps still had to comply with movement restrictions. Practically, this created significant barriers to accessing legal aid. Lawyers were severely restricted from entering the camps, and when they could, it was to see their existing clients. Those who did not yet have legal support struggled to obtain it, as they could not travel to the lawyers' offices outside the camps. Nor could they reach the asylum office in some cases, causing even greater stress. The recent resumption of asylum interviews remotely, on Lesvos, has raised concerns about the quality of the process.⁹⁰ Indicatively, on several occasions applicants were pressured into conducting interviews at extremely short notice and in a language other than their native language, depriving them of their lawful right to prepare properly prior to the interview and to consult a legal or other counsellor. Furthermore, significant technical difficulties, such as poor sound quality and poor connectivity, have led to the frequent interruption of interviews, forcing asylum seekers to relive their traumatic experiences multiple times.

3 The EU's new Pact on Migration and Asylum

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I thought Europe would be better than where I was. For me, Europe was what I saw on TV – a different culture, a different lifestyle. And I thought I would finally have my freedom here. I thought that no one would be able to hurt me in Europe. People immigrate everywhere in the world, all the time. And it seems that for some, they can go to an airport and someone will be there when they arrive to take care of them, to bring them somewhere safe. And if they are children, to make sure they can go to school, and go on to have a good life. Now I know the reality is different. Still, I hope the rest of Europe is different from here [the island camp]. Even if they don't accept refugees in the rest of Europe, I hope they would still put them in a good place. Not in a tent – not in a place like here.

Aram, 20-year old woman from Iraq.
Vial camp, Chios, Greece. October 2020.

Preventing past mistakes to guarantee a fresh start

The much-awaited new EU Pact on Migration and Asylum promised a 'fresh start' to Europe's approach to forced migration. It was an important opportunity to break the political deadlock around much-needed reforms, overhaul the current system and begin to end the ongoing humanitarian crisis faced by people seeking asylum at Europe's borders.

In September 2020, when the European Commission presented the Pact outlining its new framework for managing asylum and migration,⁹² there were important steps forward but also causes for concern.⁹³

In particular, there were positive suggestions to introduce greater elements of responsibility sharing, plans to strengthen family ties with an expanded definition of family (to include siblings, and a broad range of family members in the case of unaccompanied children) and to create new criteria, such as educational diplomas, when assigning responsibility for asylum-seekers between member states. There was also a welcome and constructive emphasis on the reality that migration is needed and positive for Europe, as well as clear momentum around the new Action Plan on Integration and Inclusion, later published in November 2020.⁹⁴ In addition, following multiple reports of illegal pushbacks of people seeking protection from a number of countries, including Greece,⁹⁵ Hungary, Croatia⁹⁶ and Malta,⁹⁷ the Pact proposed to place EU countries with external borders under closer monitoring to ensure they respect

the right to seek asylum and do not violate the law or rights of people on the move.

Furthermore, the establishment of a dedicated EU-Greek Taskforce to improve the situation on Lesbos was a promising development. Charged with improving the situation on the island in a sustainable way, the joint Taskforce was given a mandate to “ensure that migration is managed in an effective way, including adequate living conditions, more certainty through faster procedures and more balanced responsibility-sharing and solidarity.”⁹⁸ The IRC has been calling for such a taskforce for years, and it will now be critical to ensure that this body is fully resourced and focused on addressing the glaring gaps in the support of asylum-seekers. It needs to ensure that the rights of those seeking protection, as well as their access to basic services, are fully upheld. This is a real opportunity to tackle the issues set out in Section 2 of this report, in particular by guaranteeing the adequate provision of safe shelter, water and sanitation, access to health care and mental health care, risk mitigation and response measures for sexual violence, as well as comprehensive legal advice and support throughout the asylum process. However, effective coordination between local, national and EU actors will be critical, in particular to ensure that people are moved quickly out of the camps and receive adequate integration support. Otherwise, rather than becoming a positive solution, these camps could remain as long-term holding pens, preventing rather than fostering social cohesion.

The legislative proposals linked to the Pact, which must now make their way through the legislative process in the European Parliament and the EU Council, are a chance to demonstrate that Europe's approach to migration upholds key EU values of human dignity, equality and human rights. Its effective implementation is more needed than ever. Yet the spectres of past problems still loom large.⁹⁹ Despite long-standing evidence of the harmful effects of current policies, including the wide-ranging impacts on people's mental health outlined in this report, the Pact's new proposals on the reform of the Common European Asylum System (CEAS) provide worrying signs that many elements of Europe's current, flawed response to forced migration will continue to be replicated.

In particular, the new EU Pact appears to repackage the failed 'hotspot' model, by tightening time limits for asylum procedures in such a way that they risk both undermining access to a full and fair asylum process and increasing grounds for detention to manage new arrivals along the length of the EU's external border. If this becomes a reality, it would represent the institutionalisation of an emergency measure, one which has clearly and consistently proven its faults. As testimonies from Lesbos, Chios and Samos illustrate, this could have a serious impact on the lives and mental health of those who undergo these new procedures.



“

Before getting on the boat, I decided not to look at the water. If you look at the sea before getting on the boat you can't get on. I imagined that I was crossing a small river in Africa.”

Audrey, 32-year old woman from Cameroon.
Moria camp, Lesvos island, Greece. September 2020.

a) New pre-screening and border procedures: the need to guarantee safeguards and a fair process

The EU's recognition that Europe can no longer allow people to languish for months, sometimes years, awaiting a decision on their asylum application, is essential and welcome. However, the new European Commission proposals on compulsory pre-entry screening¹⁰⁰ and border procedures, raise serious questions about safeguarding and the fair assessment of individual protection claims. These proposals include the increased use of accelerated border procedures where decisions are made within 12 weeks, and swift returns for failed applicants. Proposing that member states should issue an asylum and return decision simultaneously risks undermining international legal obligations.¹⁰¹ It ignores important safeguards relating to non-refoulement, the best interests of the child, and the protection of family and private life. Many also fear that the new approach could result in more people being held for more time, in more locations, including beyond the EU's physical territory.¹⁰²

The uniform border procedure is a cornerstone of the Commission's legislative proposals. One of its goals

is to speed up asylum procedures, but there is little to suggest how this will be achieved, beyond the reduction of safeguards and introducing a system of triage. In the new border procedure, asylum-seekers¹⁰³ will be treated as if they are not yet on EU territory. They will be screened and undergo an asylum procedure. If rejected, the return procedure will take effect with short time-limits and limited safeguards, within what are likely to be closed centres. This carries risks not only to fundamental rights but also to people's wellbeing. In addition, the process proposed may not be realistic. The length and fairness of border procedures will largely depend on the national capacities of immigration authorities, lawyers and judges, which vary significantly across EU member states.

Rather than offering a more fair and timely asylum process, the new proposals for expedited procedures risk exacerbating, rather than alleviating, the stress and suffering that people experience. As this report has detailed, the people the IRC works with already face significant uncertainties under the current asylum process regarding their rights and prospects. Limited and ad hoc access to legal aid already provokes great anxiety for those seeking international protection. The suggestion in the new proposals that those undergoing pre-entry screening may not have any access to a lawyer

or interpretation would further impact people's ability to navigate stressful processes.¹⁰⁴ The new proposals could restrict an asylum-seeker's fundamental rights, such as immediate access to an asylum procedure, to reception conditions, to an effective remedy, to liberty and to remain on the territory of the host country pending an examination of their claim.¹⁰⁵

These new pre-screening and fast-track border procedures could also undermine efforts to effectively identify and assess people with vulnerabilities. Addressing mental health is complex in any setting, and requires time, trust and resources. However, the focus of the new EU pre-screening provisions on 'immediately identifiable' and 'visible' trauma could lead to systematic gaps in the identification of people with mental health conditions or of vulnerable groups, such as LGBTQI individuals and survivors of sexual violence, trafficking or torture. In the hotspots there have already been serious issues with identifying these more 'invisible' vulnerabilities, and in 2020 new Greek legislation removed critical safeguards for people with vulnerabilities.¹⁰⁶ The new Pact proposals could create even wider cracks in the system for such people to fall through. It is critical that the need for speed does not overshadow the need for the EU and its member states to guarantee a full and fair asylum process.

b) No more Morias? The need for dignified reception conditions

As the situation on the Greek islands has starkly illustrated, hosting asylum-seekers in processing centres and camps for long periods of time creates enormous stress and uncertainty. Politics, policy gaps, complex asylum processes and insufficient resources to deal with people's needs have trapped many thousands in undignified living conditions, with dire mental health consequences. The absence of meaningful EU responsibility-sharing, and failure by the Greek government to live up to its EU and international obligations, have led to a consistent and extensive lack of respect for human rights standards and for EU Directives on asylum and reception.¹⁰⁷

In September 2020, Ylva Johansson, the EU's Home Affairs Commissioner, said the Pact would ensure there are "no more Morias" or overcrowded camps.¹⁰⁸ This commitment was very welcome; Moria served as a wake-up call to the reality that people should no longer be hosted in such appalling conditions. However, while the latest proposals of accelerating border and asylum procedures are aimed at swiftly moving people on from Europe's borders, there is little to suggest how this will be achieved. There is no guarantee that member states, especially those at the EU's already overstretched external borders, will be able or willing to abide by the shorter timeframes proposed. It appears more likely that the new border procedure will result in de-facto detention for those awaiting the outcome of their asylum claims.

The proposal for the new 'pre-screening' procedure at the border means people seeking asylum will likely remain at an external border. Similarly, those identified for the three-month border procedure will be kept at the external borders or in their proximity.¹⁰⁹ In cases of 'force majeure', as advocated by the Greek government,¹¹⁰ the length of both asylum and border procedures, and the time permitted for detention, can be extended to 20 weeks.¹¹¹ Added to this, with border countries likely to continue having the highest numbers of cases to process, and with returns difficult to execute,¹¹² the risks of repeating the serious mistakes so evident on the Greek islands and detaining people for long periods of time are high. If that is the case, the many promises of 'no more Morias' will ring hollow.

c) A fresh start: The need for meaningful solidarity and responsibility-sharing

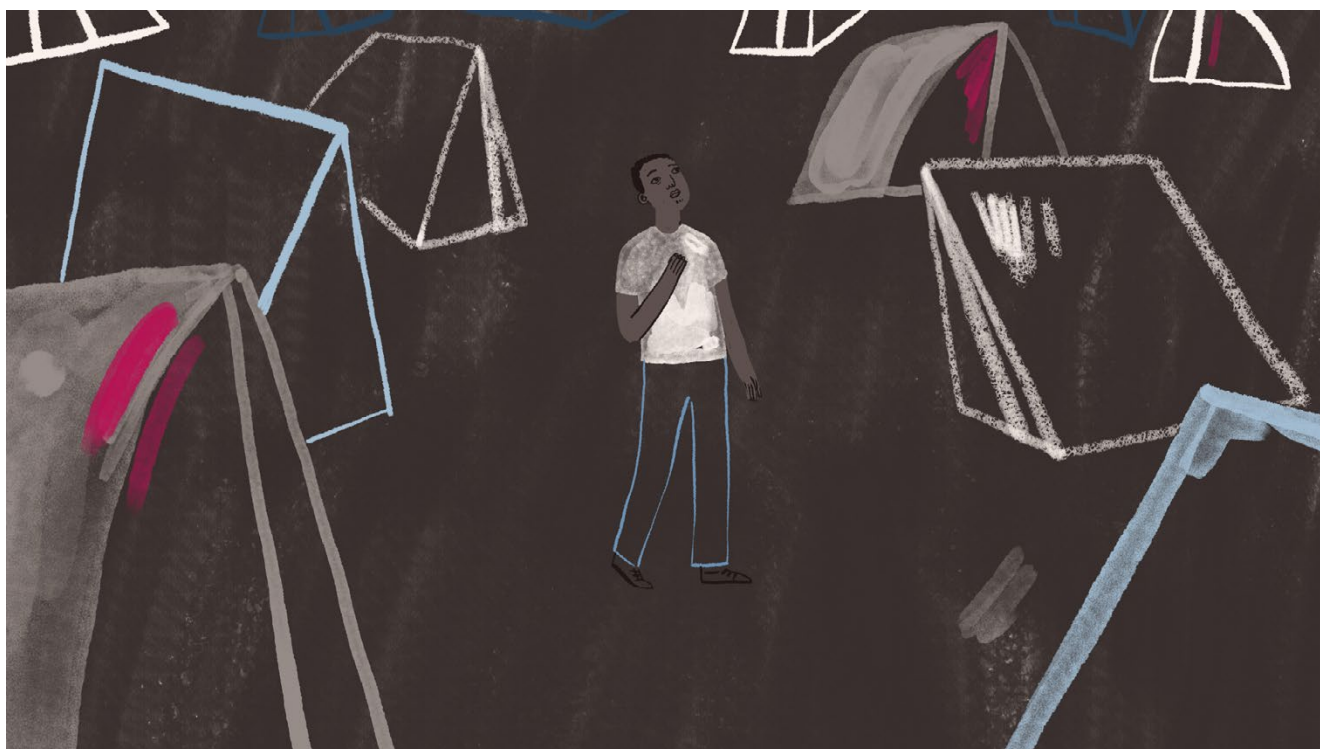
In a Union without internal border controls and which takes pride in solidarity as a founding value, geography alone should not determine responsibility for welcoming new arrivals. Instead, all EU member states should accept responsibility for assessing asylum claims, and relocate new arrivals from frontline member states. However, this has not been the case to date. Instead, current ad-hoc schemes are small in scale, and the recent proposals stop short of introducing large-scale and automatic relocation.

Indeed, earlier proposals for a mandatory system to redistribute asylum-seekers, long favoured by southern countries, have been removed due to the lack of support from a sufficient number of member states. Instead, they have been replaced with a more complex system in the new Pact, in which different forms of solidarity can be triggered.¹¹³ Closer to a voluntary approach, the new solidarity measures can be expressed flexibly, depending on the circumstances. This can be done through relocation, operational support (also to third countries)

or return sponsorship. Solidarity measures only become compulsory in situations of 'migratory pressure' (high numbers of people arriving) and disembarkation from search and rescue operations.¹¹⁴

While Commissioner Johannsson has confirmed that the current situation in Greece would qualify as one of migratory pressure,¹¹⁵ the new proposals still stop short of fundamentally reforming the Dublin system, so the default responsibility for assessing asylum claims would likely continue to remain with the first country of arrival.¹¹⁶ It will therefore be a significant challenge to overcome the first country of entry principle as a go-to option. This reality, coupled with the newly introduced border procedures, will probably increase rather than decrease the pressure on border countries. This overshadows positive plans within the Pact to strengthen family ties and to include new criteria such as educational diplomas when identifying member states for relocation.

In addition, the new proposal for 'return sponsorships' as an option for demonstrating solidarity raises numerous practical, human rights and legal concerns.¹¹⁷ Returns of people to third countries often flounder due to lack of robust agreements between both states. This increases



The winter is very, very cold and my tent fills with rain water. In the summer, it is very hot inside the tent during the day but very cold during the night. I am terrified about having to spend another winter here.”

Sayo, 17-year old boy from Sierra Leone.
Vathy camp, Samos island, Greece. September 2020.

the risk that people will be forced to stay in de-facto detention while their return is negotiated. It could also place people subject to return decisions at further risk of refoulement if a country takes the approach of "return at all costs". This risk is heightened, as the 'sponsoring' member state has to assume responsibility for a person after eight months if they have not managed to return them.

Equally concerning is the reality that a transfer to the 'sponsor' EU state could take place after the eight-month deadline for return has passed. However, under the Return Directive, the definition of a 'country of return' also includes a transit country and 'another country'. Thus, returnees might be pressed by a sponsoring state to return to a partner country where they have never been before and where they may end up in legal limbo. For example, what happens to an asylum-seeker from the Greek islands, who is sent to a European 'sponsor' country whose government has not accepted to relocate her as a solidarity measure, but chosen to return her? What incentive does this 'sponsor' state have to treat her well once she arrives on their territory after eight months, and who monitors this process? It raises real risks that she ends up being moved from de-facto detention in the first member state to indefinite immigration detention in the sponsor state. In short, contrary to the objective of alleviating pressure on countries of first entry and ensuring all EU member states do their fair share, this option runs the risk of creating further bottlenecks and increasing uncertainty and vulnerability of people arriving in Europe. Meaningful safeguards, monitoring and accountability will be essential to prevent such a scenario. It will be equally critical to ensure that the EU guarantees that there is a clear balance struck between reinforcing social solidarity through relocation to EU member states and bolstering the asylum process on the one hand, and investing in dignified return and reintegration support on the other, guaranteeing a fully rights-based approach.

All of this has critical ramifications for people's physical and mental health. Those arriving in Europe hoping to find safety and protection for themselves and their family risk finding themselves trapped in an endless cycle of bureaucratic delays and detention, under the constant threat of return. There needs to be a stronger balance to ensure that member states do not focus on sponsoring returns above other meaningful solidarity measures, such as relocating asylum-seekers from frontline states or improving reception conditions.

This year, following the onset of the pandemic and the September fires that ripped through Moria camp,^{118,119} the relocation of 724 unaccompanied children from the Greek islands, including 495 to EU member states, was proof that political will and coordinated action can transform the lives of people held in the island camps. However, several proposals in the new Pact, the current construction of new compounds on the Greek islands and the failure of member states to support a permanent

relocation scheme, all suggest a worrying continuation of the current containment model. The negotiations on the Pact are the final chance for the European Parliament and member states to take the EU down a different path.

Conclusion

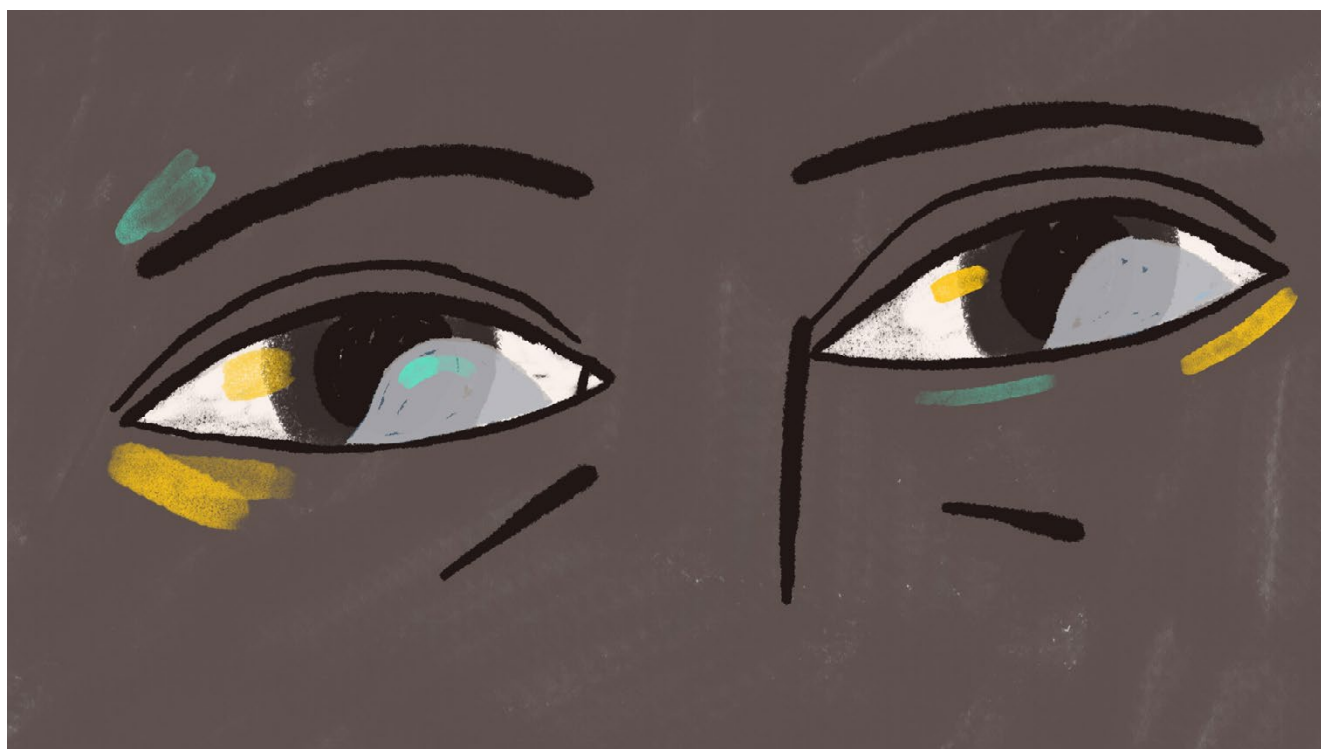
This report shows how asylum-seekers on the Greek islands are suffering the consequences of political choices. These choices have inflicted serious harm and placed the mental health, dignity and rights of asylum-seekers at great risk.

The sense of hopelessness and despair experienced by people trapped in the hotspots can be traced back to concrete political decisions and policy gaps at both the national Greek and EU levels. This situation is a direct result of years of increasingly restrictive and short-sighted migration policies in Europe; serious gaps in the Greek state response, including failures to comply with existing EU and international obligations; and insufficient solidarity from EU member states with frontline countries.

As illustrated by the catastrophic mental health situation for people seeking protection in the hotspots, a new approach is needed. Holding people in closed camps, many of whom are already traumatised, inevitably leads to the emergence or exacerbation of mental health conditions for far too many. IRC's data, testimonies and interviews verify what asylum-seekers, local residents and aid groups have long emphasised: policies of detention and deterrence at the expense of an improved, fair and humane common European asylum system do not work and create immense suffering.

Life in the Greek hotspots has alarming consequences for people and also holds them back from contributing fully to their new communities once they receive their refugee status. This approach must not be replicated in the implementation of the new Pact on Migration and Asylum. The EU needs to make a clear commitment, ensuring that the hotspots will not be allowed to become the blueprint for its future approach to migration.

Now is the time for Greece and the EU to truly move away from a crisis-driven, ad hoc approach towards one that meets the needs of people on the move and fits the realities of migration, both within and beyond the EU. This will require real political courage, but, done correctly, it could establish the fair, humane and predictable system the EU desperately needs and finally put a definitive end to the cruelty of containment.



I miss the word ‘papa’. I miss the words ‘my love’ from my wife, sometimes. I even miss hearing the footsteps of my kids at home.”

Hassan, 46-year old man from Syria.
VIAL camp, Chios island, Greece. October 2020.

Recommendations

The IRC, based on its experience working in 40 countries around the world, including its programming work in Europe, makes the following recommendations to address the mental health crisis on the Greek islands and the past, present and future dangers facing those seeking safety and protection in Europe.

Unsafe past

The majority of the people who reach Greece have fled conflict or war. Many others have also experienced violence, abuse and deprivation on their journey. As the world's largest humanitarian and development donor, the EU and its member states can contribute to addressing the root causes of conflict, poverty and insecurity. To do so they must:

- **Expand and coordinate safe and regular migration pathways for all migrants and asylum-seekers**

Focusing on preventing irregular migration without providing regular pathways for people in need of protection is neither fair nor effective. While people will always retain the right to request asylum at the border, expanding safe and legal pathways would reduce the number of people who feel they have no choice but to embark on perilous journeys. In particular, the EU must implement current resettlement commitments and increase targets across 2021 to resettle 250k people by 2025.

- **Ensure comprehensive cooperation with third countries**

Guaranteeing that EU policy frameworks are coherent, rights-based and built on mutual trust. EU policy frameworks must also align with the interests of partner countries in order to address complex interrelated economic, development and displacement challenges.

- **Focus on progress towards the Sustainable Development Goals (SDGs) for vulnerable and displaced people**

Strengthening the resilience of people and communities in the places where they live is essential. Funding should be used to meet the long-term goal of achieving the SDGs, with an increased focus on the potential of human mobility to drive development outcomes.

- **Evaluate the long-term impact of the EU's external migration policies and ensure a 'do no harm' approach**

It is essential to evaluate the impact of EU policies on peace, rights and sustainable development to ensure they are conflict sensitive and do not inadvertently increase vulnerabilities or contribute to human rights violations in countries of origin or transit.

- **Increase robust humanitarian diplomacy**

The EU has a key role to play in addressing the root causes of displacement. Robust diplomacy should address the promotion of human rights, trade, development, humanitarian aid and multilateral aid. The EU should prioritise humanitarian diplomacy to remove obstacles to humanitarian action. This includes increasing its role in leading and supporting peace talks to facilitate solutions in conflicts, and working multilaterally to break the cycle of impunity for civilian harm by restoring accountability for violations of International Humanitarian Law.

Undignified present

Both the EU and the Greek government can and must urgently do more to address the undignified conditions experienced by people held in the Greek hotspots. To do so they must:

- **Fully resource and support the new joint EU-Greece Taskforce on Lesbos**
This will need to strengthen coordination with all relevant actors on the islands, including UNHCR and IOM, humanitarian organisations and local authorities. It should also develop a long-term strategic plan that moves away from a crisis-led, ad hoc response to a more comprehensive, consistent and well-managed response that meets the needs of people on the move, from reception of asylum-seekers to the integration of recognised refugees.
- **End overcrowding on the islands and accelerate safe transfers of people from the hotspots, protecting their health and wellbeing**
Harsh winter conditions and threats to health, including mental health, exacerbated by the ongoing pandemic, mean that the transfer or relocation of people from the hotspots must be an urgent priority in the short to medium term. This includes increasing transfers to more appropriate accommodation on the Greek mainland in addition to scaling up the relocation of people to other EU member states, prioritising the most vulnerable, such as unaccompanied children, families with children, and those with health conditions, until such time as a more permanent, fair and workable relocation mechanism is in place.
- **Guarantee access to quality healthcare, including mental healthcare, for all**
This requires significantly improving the capacity of the national Greek health system. This can be done by increasing the numbers of adequately trained personnel available to perform mandated duties such as medical assessments in the asylum process and the provision of primary health care, expanding the physical space available for healthcare staff to work and providing medical staff with essential equipment. It also means boosting the capacity of Greek island public hospitals to match the medical and mental healthcare needs of the refugee and local populations, including significantly increasing the number of specialised staff, such as psychiatrists, to assist people in the hotspots. This is a matter of priority.
- **Ensure all hotspot residents are provided with increased support and capacity to protect themselves from COVID-19**
This will require a more coordinated approach that matches the response in the hotspots with the response for the wider population in Greece. This includes increasing access to essential services such as water and sanitation and affording people in the RICs the same rights to movement and access to healthcare as other people in the country.
- **Provide safe and dignified accommodation for all asylum-seekers in Greece**
All accommodation conditions must be in line with the EU Reception Conditions Directive, meet minimum humanitarian standards and no longer put people's health at risk. This will include supporting and increasing the capacity of alternative and emergency accommodation for survivors of sexual and other forms of violence, as well as for other vulnerable categories of people, such as LGBTQI, people with disabilities, unaccompanied children and those with mental health conditions.
- **Guarantee balance between the need for speed and efficiency and the responsibility of the EU and member states to provide access to a fair and full asylum procedure**
This will mean fully resourcing the asylum system with key trained personnel to speed up the processing of asylum applications; ensuring all necessary safeguards for fair procedures are in place, including access to information; guaranteeing that health needs and vulnerabilities are detected and swiftly acted upon; providing support to all people in all stages of the asylum procedure, including ensuring access to legal aid and interpretation to guide people through complex processes, help mitigate stress and prepare and support them for any potential 'reliving' of traumatic experiences during asylum interviews.
- **Provide regular training on psychological first aid and basic refugee rights for all asylum personnel, medical and paramedical staff working with refugees**
Further training is also needed to increase the capacity of staff working in the hotspots, including police, in relation to key protection issues, including best practice in responding to sexual and gender based violence, and protection from sexual exploitation and abuse.
- **Increase protection measures and safety for people in the hotspots**
Take the necessary measures to protect people from acts of violence, victimisation and racism. Increase protection measures in the camp, including access to adequate lighting, locks on latrines and on showers.
- **Provide integration support to all asylum-seekers from the reception stage**
This is required to decrease the risks of setting people on a path towards social exclusion and placing their mental health under greater stress once they receive their refugee status.
- **Create a coherent and long term housing strategy for recognised refugees**
This needs to address the reality that new Greek legislation now requires newly recognised refugees to leave accommodation within 30 days instead of six months, significantly reducing the time for people to prepare themselves.

Uncertain futures

The EU and member states must urgently address the uncertain futures facing asylum-seekers on the Greek islands, and all those seeking protection who are yet to arrive in Europe. They also must ensure that any new system that arises from the Pact does not replicate the current hotspot model in Greece.

To do so they must:

- **Fully resource the asylum system and procedures**
The EU must make substantial investments to deploy sufficient numbers of trained asylum professionals, translators, interpreters and other further support staff needed to ensure that asylum claims are examined fairly and efficiently. This includes ensuring that those undergoing pre-entry screening will have access to sufficient support, including legal aid or interpretation.
- **Work towards ending migration-related detention**
Setting up large closed centres at the EU's borders must be avoided. EU law specifies that detention must only ever be used as a measure of last resort, but current practice does not match this requirement. Detention is proven to cause significant harm, and bringing it to an end is essential to uphold EU values of dignity, respect and human rights. The EU must also prohibit migration-related detention of children as per the Convention on the Rights of the Child and dedicate sufficient resources to appropriate non-custodial solutions for children and their families.
- **Ensure full impact assessments are carried out on EU asylum and migration policies, taking into account the potential consequences for mental health**
This requires conducting in-depth research into the mental health impacts of policies at the EU's borders to ensure that future responses to support and address people's needs are fit-for-purpose, evidence-based, effective and humane.
- **Increase effectiveness of the proposed monitoring mechanism for fundamental rights at EU borders**
This requires ensuring that the mechanism remains truly independent from national authorities, is well-resourced and contributes to accountability. The mechanism must also be broad in scope, to cover all fundamental rights violations at the border, cross-border events and any allegations of pushbacks.
- **Revise the EU-Turkey Statement**
EU member states should revise the EU-Turkey Statement and its implementation, which has resulted in legal lacunae and overcrowding due to its associated geographical limitations. This deal has so far proven to be an unpredictable and unsustainable political tool for border management.
- **Work towards fundamental reform of the way responsibility for people seeking asylum is organised across the EU to guarantee an equitable and reliable working solidarity mechanism**
Frontline member states such as Greece cannot continue to face migratory pressures alone. These should be shared across EU member states. This requires addressing the first country of entry principle, in order to create meaningful and predictable mechanisms for solidarity that are assigned in fair and predictable ways; continuing to support Greece through providing relocation places for the most vulnerable asylum-seekers and recognised refugees. It also requires member states to agree to a fair, humane and sustainable system of sharing responsibility for all people seeking international protection in Europe.
- **Ensure full implementation of the EU's new action plan on integration and inclusion**
When refugees and asylum-seekers are given the opportunity to contribute socially, culturally and economically it benefits everyone – both receiving countries and refugees. The new six-year Action Plan launched in November 2020 contains many positive proposals, but member states, including Greece, are ultimately responsible for their integration laws and policies. Fully implementing the new Action Plan in Greece is essential to help empower refugees to regain control of their futures. This would be transformative for new arrivals and local receiving communities alike.
- **Uphold the EU's role as guardian of the treaties**
The EU has substantial responsibilities for protecting people on the move in a manner that demonstrates respect for human dignity and the law. The European Commission has a vital role to play, both in supporting member states to uphold their legal obligations and in condemning any violations of EU law. This includes any violations of the right to asylum or the principle of non-refoulement, both fundamental elements of international and EU law.

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“

The main thing my psychologist taught me is to be brave — the way that she explained things gave me the opportunity to feel comfortable, to face life.”

Hassan, 46-year old man from Syria.
VIAL camp, Chios island, Greece. October 2020.

Brussels

Square de Meeûs 5-6
1000 Brussels
Belgium

<https://eu.rescue.org/>
<https://eu.rescue.org/hellas-en>
+32 (0) 2 511 43 00
@RESCUE_EU