

# Evaluation of the pilot-project “Intervention for mental health care of asylum seekers and refugees in Attica and Thessaloniki” - 2018 and 2019

Bengt Karlsson  
 Marit Borg  
 Trude Klevan  
 Michalis Lavdas  
 Chrysanthi Tatsi  
 Stelios Stylianidis



Evaluation of the pilot-project “Intervention for mental health care of asylum seekers and refugees in Attica and Thessaloniki” - 2018 and 2019.

ISBN: 978- 82 – 8290 – 033 – 1.

Layout:

© SFPR – Centre for Mental Health and Substance Abuse, Department of Health-, Social- and Welfare Studies, Faculty of Health and Social Sciences, University of South-Eastern Norway.

Centre for Mental Health and Substance Abuse,  
Department of Health-, Social- and Welfare Studies,  
Faculty of Health and Social Sciences,  
University of South-Eastern Norway.

Postboks 7053  
3007 Drammen  
Norway

E-mail: [postmottak@usn.no](mailto:postmottak@usn.no)

Homepage: <http://www.usn.no/sfpr>

The publications from the Centre can be cited freely by clearly stating the source. Publications from SFPR that are mentioned, reviewed or referred to are requested to be sent to the Centre.

## **Preface**

This research project is based in a collaboration between EPAPSY, Refugee Outreach Mental Health Team (ROMHT) and the Centre for Mental Health and Substance Abuse (SFPR), Department of Health, Social and Welfare Studies, Faculty of Health and Social Sciences, University of South-Eastern Norway. The study was conducted within the frame of EPAPSY's project «Intervention for mental health care of asylum seekers and refugees in Greece» that is being implemented by EPAPSY with the support of UNHCR, the UN Refugee Agency, as part of the ESTIA – Emergency Support To Integration and Accommodation Programme, funded by the European Union. We would like to express our gratitude to the participants in this research project. Many people have generously given their time and experiences and contributed to the development of important knowledge. We would also like to thank everyone else who uses or works in the various participating parties in the project and who has contributed with important input and reflections in the planning and implementation of the project.

We want to thank UNHCR, who made this study possible.

Drammen/Athens, July 31st, 2020.

Authors: Bengt Karlsson<sup>1</sup>, Marit Borg<sup>2</sup>, Trude Klevan<sup>3</sup>, Michalis Lavdas<sup>4</sup>, Chrysanthi Tatsi<sup>5</sup>, Stelios Stylianidis<sup>6</sup>

(1) Professor, Faculty of Health and Social Sciences Department of Health, Social and Welfare Studies, Center of Mental Health and Substance Abuse, University of South Eastern Norway (USN)

(2) Professor, Faculty of Health and Social Sciences Department of Health, Social and Welfare Studies, Center of Mental Health and Substance Abuse, University of South Eastern Norway (USN)

(3) Associate Professor, Faculty of Health and Social Sciences Department of Health, Social and Welfare Studies, Center of Mental Health and Substance Abuse, University of South Eastern Norway (USN)

(4) Psychologist, Scientific Responsible, EPAPSY, Refugee Outreach Mental Health Team (ROMHT)

(5) Sociologist, Project Manager, EPAPSY, Refugee Outreach Mental Health Team (ROMHT)

(6) Professor, Faculty of Psychology, Panteion University, Athens.

## **Center of Mental Health and Substance Abuse, University of South Eastern Norway**

Centre for Mental Health and Substance Abuse (SFPR), Department of Health, Social and Welfare Studies, The Faculty of Health and Social Sciences at the University of South-Eastern Norway (USN) works to develop a solid research environment in collaboration with people with user experience, family experience, clinical experience, researchers and policy makers. The Centre wishes to contribute to the strengthening and developing of the national and international knowledge in the field of mental health and substance abuse with special emphasis on four areas; 1) Recovery and community approaches, 2) Dialogical and collaborative practices, 3) Child and adolescent issues, and 4) Collaborative research in and with practice.

In addition, the Centre performs an advisory and consultative function with municipalities, user organizations, health organizations and the authorities. The Centre contributes to the development and implementation of education and skills. It serves as a hospitable arena for visiting researchers and collaborators, as well as helping to strengthen the research expertise of the Faculty of Health and Social Sciences, USN. The research at the Centre emphasizes the importance of context in the understanding of mental health and mental health problems, and in the practice of mental health work. Thus, the local environment is understood as the context where mental health work is to be developed. Key areas are work, housing, school, leisure, the local environment and the social and material living conditions. The public health perspective with an emphasis on promoting health and social life at an individual, group and community level through well-being and welfare, also has a fundamental impact on people's mental health and mental health work. Research at the Centre for Mental Health and Substance Abuse also intends to highlight that the relationships and situations in which people live can help alleviate or enhance mental health problems and that social and cultural diversity has an impact on mental health and possibilities for recovery. The Centre places great emphasis on interdisciplinarity and user involvement in project development and implementation. The Centre has expertise in qualitative, quantitative and triangulating and mixed methodologies.

<b>Project number</b>	
<b>Name of the Company</b>	Centre for Mental Health and Substance Abuse, Department of Health-, Social- and Welfare Studies, Faculty of Health and Social Sciences, University of South-Eastern Norway. Post box 7053, 3007 Drammen, Norway.
<b>Visiting address</b>	Papirbredden - Drammen kunnskapspark Grønland 58, 3045 Drammen. Norway.
<b>Phone</b>	31 00 80 00
<b>Email &amp; person to contact</b>	Professor Bengt Karlsson, leader of SFPR: bengt.karlsson@usn.no phone nr.: +4790649078
<b>Homepage</b>	<a href="http://www.usn.no/sfpr">http://www.usn.no/sfpr</a>

## Content

<b>Chapter 1: Introduction</b> .....	6
<b>1.1. Brief background about the pilot-project Refugee Outreach Mental Health Team (ROMHT)</b> .....	6
<b>Chapter 2: Background</b> .....	8
<b>Chapter 3: The research methodology</b> .....	10
<b>3.1 Purpose of the Evaluation – Part 1</b> .....	10
<b>3.2 Purpose of the evaluation – part 2</b> .....	10
<b>3.2 The research methodology and context – part 1 and part 2</b> .....	10
<b>3.2.1 Part 1 of the study</b> .....	11
<b>3.2.2 Part 2 of the study</b> .....	13
<b>3.3 Data analyses in Part 1 and Part 2</b> .....	16
<b>3.4 Research Ethics</b> .....	17
<b>Chapter 4: Findings</b> .....	18
<b>4.1 A brief comment on the demographic data of the profile of those referred to EPAPSY</b> ....	18
<b>4.2 Findings in Part 2- Evaluation of the pilot-project “Intervention for mental health care of asylum seekers and refugees in Attica – 2018.</b> .....	19
4.2.1 The perspective of professionals in ROMHT – Part 1.....	19
<b>4.3 Findings in Part 2- Evaluation of the pilot-project “Intervention for mental health care of asylum seekers and refugees in Attica and Thessaloniki – 2019</b> .....	23
4.3.1 The perspective of professionals in ROMHT - Part 2 .....	23
4.3.2 The perspective of service users .....	25
4.3.3 The perspectives of accommodation partners.....	26
<b>References:</b> .....	30
<b>Appendix 1. Declaration of consents.</b> .....	32
<b>Appendix 2. Interview guides –</b> .....	35

## **Chapter 1: Introduction**

This report presents the research-based evaluation of the project Refugee Outreach Mental Health Team (ROMHT). The evaluation was conducted by Centre for Mental Health and Substance Abuse from the University of South-Eastern Norway in close collaboration with EPAPSY<sup>1</sup> and UNHCR partners.

The evaluation was carried out in two parts with Part 1 focusing the ROMHT in Attica and Part 2 focusing both the team in Attica and the newly established team in Thessaloniki. *Part 1* was carried out in June 2018 and explores the perspectives of the professionals working in ROMHT and service users. *Part 2* was carried out in July 2019 and explores the perspectives of professional accommodation partners, in addition to a further exploration of the perspectives of service users and professionals from ROMHTs in Attica and Thessaloniki.

Initially in this report, the background for the ROMHT project and some key areas related to refugee mental health and mental healthcare, will be presented. Following that, the methodology of part 1 and 2 will be presented jointly. The findings will be presented through the three perspectives that have been explored: 1) Team members, 2) Service-users and 3) Accommodation partners. The report will be wrapped up with a short discussion and concluding remarks.

### **1.1. Brief background about the pilot-project Refugee Outreach Mental Health Team (ROMHT)**

The aim of the pilot-project is to provide mental health services for asylum seekers and refugees with severe mental health conditions. The services offer assessment, short-term treatment, in-patient treatment if required, and tailored support through outreach teams.

A multidisciplinary mobile team was established in March 2018 consisting of 1 psychiatrist, 1 child psychiatrist, 2 psychologists and 1 social worker, 2 interpreters and cultural mediators. 2 experienced clinicians facilitate the clinical supervision of the project. The plan of the Refugee Outreach Mental Health Team (ROMHT) was to be responsible for a caseload of an average of 35 refugees with mental health problems (30 adults and 5 children/adolescents) who are beneficiaries of the ESTIA program as delineated by the UNHCR accordingly. The initial goal in terms of service provision was fully met and the project was extended for 4

---

<sup>1</sup> EPAPSY stands for Association for Regional Development and Mental Health (ΕΠΑΨΥ) and is an NGO providing services in public mental health in Greece since 1988.

more months raising the caseload to 60 beneficiaries which was surpassed at the final outcome.

The team approach is inspired by Assertive Community Team (ACT) methodology emphasizing outreach, relational and communicational work, social and practical needs and what the person and his/her family find most urgent. Safety and continuity of care is emphasized. Integration of refugee mental health care in the generic mental health and social care systems is also a central part of the team approach, including needs of networking, capacity building and supervision.

The Refugee Outreach Mental Health Team (ROMHT) has in its two years of functioning contributed and facilitated autonomy and promoting mental health within the refugee population in Attica. From 1/4/2019, another team was set up in Thessaloniki aiming at providing outreach mental health services and capacity building activities. The above teams have been continually expanding in 2020 as well integrating a component for Community Psychosocial Workers in line with UNHCR Community Based Protection (CBP) approach, inspired by the Peer Support model following the respective training that took place from SPFR as well as other relevant training activities.

## **Chapter 2: Background**

On a global scale, the refugee situation has reached an alarming number without prior precedence of 70.8 million people, according to the estimates of the Office of the United Nations High Commissioner for Refugees (UNHCR) in June 2019. The “case of Greece” is of major importance relating to the refugee situation in the Mediterranean. More than 1 million refugees and migrants have passed through Greece since 2015. Currently, it is estimated that close to 90.000 refugees and asylum seekers are accommodated in the country. A recent update (October, 2019) calls for immediate action for refugees and asylum seekers who are accommodated in overcrowded camps or other precarious conditions throughout Greece.

### *Exposed to developing mental health problems*

Recent evidence (Charlson et al., 2019) shows an increased prevalence of mental disorders for populations in emergency settings and conflict-afflicted areas, significantly higher than in the general population. Refugee populations have shown to be more vulnerable to develop mental health problems in a wide evidence-base (Reed, Fazel, Jones, Panter-Brick & Stein, 2012; Sundram & Ventevogel, 2017). Forced migration, according to Patel et al. (2018) can have adverse effects on mental health through different risk factors (exposure to war and conflict, traumatic experience of migrating, acculturation in new living conditions). The lack of human rights-based policies and the increased detention settings for people on the move is impacting psychosocial wellbeing and mental health (UN, 2019). Their mental health situation is thus often associated with the socioeconomic conditions and the unsafe and challenging environment that this diverse population lives within. The Lancet Commission on Global Mental Health and Sustainable Development (Patel et al., 2018) stress the need to “listen to and engage people with lived experience” in order to provide effective rights-based approaches in mental health.

According to the World Health Organization (2018) there are certain areas of refugee mental health interventions that are developed and others that still lack research. Risk and protective factors for refugee mental health are often identified while research focuses on areas of social integration, barriers of access to mental health services, engagement to care and psychological treatments. Still, there is lack of research on what kind of interventions that are helpful for refugees, when they can be most beneficial, how good practices should be translated into effective mental health care and how linguistic, cultural and transition-relevant barriers are addressed when talking about refugee mental health care. There is also a need to explore and



describe subjective experiences of what refugees and asylum seekers themselves find helpful and supportive in recovery to build evidence for recovery-oriented services tailored to forcibly displaced people and people of a different culture (Brijnath, 2015; Slade et al., 2014). Already Ness, Borg & Davidson (2015) are arguing that recovery can be well adapted to other groups of vulnerable people such as those facing mental health and substance abuse issues. Lastly, a large body of evidence supports the effectiveness of peer support and the beneficial effects on service users (Watson, 2017; Ochocka, Nelson, Janzen & Trainor, 2006)

## **Chapter 3: The research methodology**

### **3.1 Purpose of the Evaluation – Part 1**

The research questions of the part 1 of the evaluation were focused on the treatment and support offered by the team in their daily work and the experiences of working with refugees and asylum seekers. In addition, they also focused the experiences of the families receiving services from the team.

The evaluation of the six months intervention consisted of the following steps:

- 1) A Quantitative part including standard demographic data and the mental health assessment measures the team uses.*
- 2) Qualitative part consisting of a focus group-interview with the intervention team exploring their support and practices with refugees. In addition, it consists of field work and interviews with two refugee families.*

### **3.2 Purpose of the evaluation – part 2**

The purpose of the second part of the evaluation was to continue to build and provide evidence for a model of practice for mental health in the refugee population. The purpose was explored through the following topics:

- 1) Explore useful elements of the intervention with service users of the ROMHT in Attica and Thessaloniki. Themes in focus: a) experiences of receiving mental health care services from EPAPSY's ROMHTs, b) barriers and challenges and c) suggestions about the future of the project*
- 2) Explore how partners from Accommodation Scheme in Attica and Thessaloniki experience: a) collaboration with ROMHTs, b) challenges and c) suggestions to improve the collaboration and the service provision.*
- 3) Explore and reflect on the ways the teams work and if there are some core issues in relation to knowledge base, relational competences, contexts and collaborations with various providers.*

### **3.2 The research methodology and context – part 1 and part 2**

Part 1 and part 2 consisted of qualitative and quantitative elements. The quantitative part consisted of demographic data. Having lived experience, meaning and the person's life world as the focus of attention, the qualitative part of the study was carried out within the framework

of a phenomenological hermeneutical method for research (Borg, Kim & Karlsson, 2010; Lindseth & Nordberg, 2004).

### 3.2.1 Part 1 of the study

#### *Demographic Data – Part 1.*

The pilot project ran from the beginning of March 2018 until December 2018. During this period, EPAPSY developed the following two monitoring tools (for quantitative data) in order to ensure data quality for sustainability reporting.

- Output tracker: records data from the inter-agency referral form (which was filled in by the partners of the accommodation scheme of the Urban area of Attica) and the proGres database of UNHCR.
- Follow-up case note: collects data about session’s frequency and outcome.

The EPAPSY ROMHT is piloting the intervention in collaboration with the accommodation partners of UNHCR who provide access to rented housing to vulnerable asylum-seekers and refugees in Greece, additionally supporting them to access services, including medical services, legal aid, employment, language courses and recreational activities as part of the ESTIA – Emergency Support To Integration and Accommodation Programme. EPAPSY NGO is responsible to respond to refugees and asylum seekers requests for mental healthcare services. Table 1 (see below) displays some demographic data about the time period 01.03.18. – 31.12.18.

**Table 1. Demographic data of the beneficiaries (March 2018 – December 2018)**

<b>Population Planning Group:</b>		<i>Attica</i>					
<b>Age Group</b>	<b>Male</b>		<b>Female</b>		<b>Total</b>		
	<b>in numbers</b>	<b>in %</b>	<b>in numbers</b>	<b>in %</b>	<b>in numbers</b>	<b>in %</b>	
0-4	1	1,5 %	1	1,5 %	2	3 %	
5-11	12	17,6 %	0	0 %	12	17,6 %	
12-17	6	8,8 %	0	0 %	6	8,8 %	
18-59	28	41,1 %	19	28 %	47	69,1 %	
60+	1	1,5 %	0	0 %	1	1,5 %	
<b>Total:</b>	<b>48</b>	<b>70,5 %</b>	<b>20</b>	<b>29,5 %</b>	<b>68</b>	<b>100 %</b>	
<b>Major Sites:</b>	Urban area of Attica						

A total of 48 (70,5 %) male and 20 (29,5%) female beneficiaries received Mental Health and Psychosocial Support (MHPSS) services. As can be seen, the majority of them were adult males (42,6%) 18-60+ years old with severe mental illness. However, the ROMHT project also supported 20 minors (19 males and 1 female) with behavior difficulties, mental disabilities and signs of abuse and neglect. Table 2 (see below) presents data about the ethnicity of the beneficiaries. It should be noticed that most of the beneficiaries come from Arabic speaking countries (76,5 %) mainly from Syria (52,9 %), while 19 % come from Farsi speaking countries such as Iran and Afghanistan.

**Table 2. Data about the countries of origin and the speaking language of the beneficiaries.**

Country of origin	N (n %)
Syria	36 (52,9 %)
Afghanistan	7 (10,2 %)
Iran	6 (8,8 %)
Iraq	12 (17,6 %)
Palestine	1 (1,5 %)
Stateless	1 (1,5 %)
Lebanon	1 (1,5 %)
Morocco	1 (1,5 %)
Egypt	1 (1,5 %)
Eritrea	1 (1,5 %)
Ethiopia	1 (1,5 %)
<b>Total</b>	<b>68 (100%)</b>

### ***Qualitative data - part 1***

In part 1, the qualitative part of the evaluation was explored through a focus group interview and fieldwork observations. A focus group with six multidisciplinary team members was carried out. The researchers explored experiences of supporting asylum seekers, attending to issues of mental health crisis as well as social and family challenges. Furthermore, we explored experiences of partnerships and collaboration with various stakeholders. The team's practices in means of knowledge base, cultural awareness, working with interpreters, supervision and support were also explored. The field work was carried out by visiting and talking with two families in their homes, having their consent.

### ***Data collection***

One focus group interview was held in June 2018. The interview involved semi-structured discussions based on the research themes described above. The meeting was audio-taped and transcribed. The duration of the meeting was about one 1.5 and was led by the researchers. The duration of both fieldwork visits was about one hour. The field notes were written individually by each researcher and then brought together in one text for analysis.

### ***Participants – Part 1***

The participants were recruited by the team manager, who also participated in the interview. Six women and two men participated in the focus group. The majority was in their 30s, one was 43 and one 57. There were four psychologists, one social worker and one translator. All had worked in the team from the start. They had comprehensive experiences from work in the mental health field in Greece and several had many years of experience from work with asylum seekers. They described their main tasks in their work as psychosocial interventions, case manager work, psychotherapy, assess needs and strengths, offer ongoing support, coordination with various providers, supervision, capacity building, organise training meetings with other providers. All were Greek except for one who came from another country.

In the fieldwork we visited two families in their flats. All three researches participated together with one team member and the translator. In one home we visited two parents and three children between 11 and 3 years old. In the other family we visited a mother and three children between 15 and 7 years old. The father was not at home.

The researchers were all Norwegian; one man and two women working at the Centre for mental health and substance abuse, University of Southeast-Norway.

### **3.2.2 Part 2 of the study**

#### ***Demographic Data – Part 2***

The ROMHT consists of two teams in Attica and in Thessaloniki which are both constituted by the following specialties: Interpreter (Arabic and Farsi), psychiatrist, child psychiatrist, psychologist and social worker. Both teams are coordinated by a Scientific Responsible and a Project Manager along with a Project Officer and a Field Coordinator who are responsible for the regional administration of the ROMHT activities and team coordination. During 2019, the Refugee Outreach Mental Health Teams (ROMHTs) in Attica and Thessaloniki provided their

services to 81 adult females, 60 adult males, 22 minor females and 26 minor males PoCs with severe mental health issues.

**Table 1. Demographic Data for Population of Concern (Affected Persons)**

.Age Group	Male		Female		Total	
	in numbers	in %	in numbers	in %	in numbers	in %
0-4	-	-	-	-	-	-
5-17	18	40%	10	23%	<b>28</b>	<b>32%</b>
18-59	28	60%	33	77%	<b>61</b>	<b>68%</b>
60 and >	-	-	-	-	-	-
<b>Total:</b>	<b>46</b>	<b>52%</b>	<b>43</b>	<b>48%</b>	<b>89</b>	<b>100%</b>
<b>Major Sites:</b>	<i>Attica</i>					

Age Group	Male		Female		Total	
	in numbers	in %	in numbers	in %	in numbers	in %
0-4	-	-	-	-	-	-
5-17	8	20%	12	20%	<b>20</b>	<b>20%</b>
18-59	32	80%	47	78.3%	<b>79</b>	<b>79%</b>
60 and >	-	-	1	1,7%	<b>1</b>	<b>1%</b>
<b>Total:</b>	<b>40</b>	<b>40%</b>	<b>60</b>	<b>60%</b>	<b>100</b>	<b>100%</b>
<b>Major Sites:</b>	<i>Thessaloniki</i>					

**Table 2a. Data about the countries of origin and the speaking language of the beneficiaries (Urban area of Attica)**

Country of origin	N
Syria	43
Afghanistan	17
Iran	1
Iraq	18
Palestine	3
Stateless	3
Cameroon	1
Congo	1
Somalia	1
Lebanon	1
<b>Total</b>	<b>89</b>

**Table 2b. Data about the countries of origin and the speaking language of the beneficiaries (Urban Area of Thessaloniki)**

Country of origin	N
Syria	14
Afghanistan	24
Iran	6
Iraq	31
Palestine	1
Stateless	1
Pakistan	1
Togo	1
Yemen	1
Algeria	1
Burkina Faso	1
Nigeria	1
Cameroon	4
Cote D' Ivoire	1
Ghana	1
Non Specified	11
<b>Total</b>	<b>100</b>

### ***Qualitative data - part 2***

Collaboration with USN academic experts in 2019 had a two-fold purpose of both evaluation of the practice as well as training and building a foundation of evidence relating to recovery and peer support. In the end of 2019, this led to the expanse of the EPAPSY projects to involve refugees as “community psychosocial workers”, taking up active roles in mental health care provision. The part 2 of the qualitative evaluation used focus group interviews, fieldwork observation and reflective teams as methods for generating data, with the ROMHTs in Attica and Thessaloniki as contexts for the study.

### ***Data collection***

The data consisted of: One focus group interview with service users, field work observations from two home visits, two focus group interviews with accommodation partners (one from each site), and two team interviews using reflective team (one from each site). All interviews were documented using audio recording. Field work observations were documented through field notes.

## ***Participants – part 2***

Participants for the focus group interviews with accommodation partners for refugees who collaborate with the ROMHT teams were recruited by the Project Officer of the ROMHT team in Attica and the Field Coordinator of the ROMHT in Thessaloniki. The focus group in Thessaloniki consisted of three participants; 2 psychologists and 1 social worker. The focus group in Attica also consisted of three participants; 2 social workers and 1 psychologist.

2 reflective teams took place with EPAPSY team members. The one in Thessaloniki had five participants: 1 psychologist, 1 child psychiatrist, 2 interpreters / cultural mediators and 1 project Manager. The reflective team in Attica had four participants: 1 social worker, 1 psychologist, 1 scientific responsible and 1 project manager

Additionally, one focus group with seven refugees who received services from EPAPSY ROMHT took place in Thessaloniki, with the help of three interpreters (Arabic, Farsi, and French). Both genders were represented in all interviews.

In Attica, 2 home visits were conducted with 2 Arabic speaking beneficiaries and their family members (1 single woman in a family of three; 1 adolescent boy in a family of five) with the participation of an Arabic interpreter and a psychologist.

### **3.3 Data analyses in Part 1 and Part 2**

#### ***Quantitative data analysis in part 1 and 2:***

The analysis of the quantitative data was processed through statistical, descriptive analysis.

#### ***Qualitative data analysis in part 1 and 2:***

The transcription from the focus group interviews and the field notes were analyzed separately by the same procedure. A stepwise approach was used in the process of identifying themes (Borg, Kim & Karlsson, 2010; Brinkman, 2013). Each text was analysed in four stages: 1) Naive reading; 2) Structural analysis; 3) A holistic understanding; and 4) Formulating the findings. The findings from each text were organised into themes that expressed a summarized understanding of the analysis. The transcripts were analyzed for units of meaning separately by each researcher. This was followed by comparing and modifying findings and agreeing on major themes. Finally, the researchers returned to the texts to verify and supplement findings and discussions.



### **3.4 Research Ethics**

EPAPSY NGO shares the same ethical values with all the UN agencies (such as integrity, accountability, and respect for human rights) and this statement became formal when EPAPSY and UNHCR signed the Project Partnership Agreement (PPA). A well written code of conduct was developed and signed by all employees in order to clarify the project's mission, values and principles, and to ensure the protection of the beneficiaries. EPAPSY NGO respects the principle of beneficiaries' permission before they receive any support/services. The academic professionals who work for the University of South-Eastern Norway (USN) and who conducted the evaluation, were also bound by the same principles and ethical values, officially under the abovementioned agreement with UNHCR. All Persons of Concern (PoCs) have given an oral or written consent as an important action to be undertaken during the referral process. EPAPSY NGO is governed by a Board of Directors and a Scientific Advisory Board who were up to date concerning the research and evaluation methods followed in the project. The qualitative data were collected through the process of anonymization by the researchers, concealing any identifiable details concerning the PoCs, while maintaining the integrity of data as best as possible following the standard operating procedures already in place.

## **Chapter 4: Findings**

### **4.1 A brief comment on the demographic data of the profile of those referred to EPAPSY**

The profile of those referred to EPAPSY involves a serious mental health condition that is mostly related to the past and ongoing adversities that the population is facing. Having a diagnosis is not a prerequisite to receive EPAPSY services and many of those referred are treated by a psychologist without necessarily involving psychiatric assessment. Although symptoms of mental illness are present in the majority of those referred to the ROMHTs, it is understood through clinical practice that most of them relate to the adverse conditions that refugees have faced in the past and are continuing to face in their journey and stay in Greece; in addition, the enforced “exits” of recognized refugees after a maximum of 6 month period in supported apartments coupled with the lack of a concrete integration plan and measures by the Greek State have impact in their mental health conditions. Also, the lack of systematic integration and support adds to the burdening factors related to mental health for refugees in Greece. Additionally, a number of referrals relate to gender-based violence that refugee women experience in their households or in society. Another important note for this report is that the ESTIA project which is the only source of referral to EPAPSY is an EC funded Programme that UNHCR runs with partners in the context of the obligation of the Greek State to ensure appropriate reception conditions to vulnerable asylum seekers and refugees. However, the long waiting times in the asylum procedure in a “transition process”, the lack of certainty for the future (also after being recognized as refugees or subsidiary protection beneficiaries), as well as the lack or limited support from a central system for integration are contributing to burdening of mental health. EPAPSY has been an implementing partner of UNHCR since 2018. Having the above in mind, collaboration with USN during 2019 aimed towards building a practice that could give a more “empowered role” to refugees. Through a small scale project, several refugees have since this undergone training and have taken up an active role in the mental health response to asylum-seekers and refugees. USN expertise contributed in building a solid evidence base to promote both training and implementation of peer supported projects later on.

## **4.2 Findings in Part 2- Evaluation of the pilot-project “Intervention for mental health care of asylum seekers and refugees in Attica – 2018.**

### 4.2.1 The perspective of professionals in ROMHT – Part 1

Six main themes were identified through the analysis, exploring experiences of collaboration and support from the perspective of professionals in ROMHT: (1) Cultural issues, (2) Relational work, (3) Being part of the person’s everyday life, (4) Being a team, (5) Living and dealing with the big system, (6) An agency of change.

#### *Cultural issues*

Cultural issues related to diverse cultural backgrounds, language, religion and gender were important contexts for *understanding, building relations* and for *practices* of help and support. Thus, cultural knowledge and sensitivity was important.

*What I found very, very challenging in the practise is to have in mind always that there’s a different culture behind the person you have in front of you (...) This boy that I used to work with. First, I had to meet his aunt who is responsible for him and then to discuss and take his permission to explain to them why we think this is important or not. So it’s a country with a family-background which is very strong. And we need to respect this.*

Though cultural sensitivity was described as important, the participants also stressed that although belonging to a culture, people were also different individuals within that culture. Simply assuming knowledge about a service user based on cultural belonging was something that needed to be avoided. Though cultural competence was important, it was equally important to treat people as individuals.

*It depends on the family, on the person. Because you can go there, there’s a risk there, you can’t go there and see... oh, they are Muslims, and say that we have to do this and that. No. It depends on the person you see.*

#### *Relational work*

Focusing on relational aspects appeared to be at the heart of the work conducted by the team. Three dimensions of relational work were emphasized as particularly important. These dimensions were connected to location, attitudes and pace.

The *location* of the meetings between the team members and the service users was crucial. Meeting service users in their homes rather than at the teams’ office was described as a completely different point of departure in terms of establishing a relationship. It enabled a

contextual understanding of what people were struggling with, and thus, entailed the possibility of commencing a relationship with the service user's life world and point of view as the starting point.

*And as I meet, week by week the families, which I go in their homes, I feel more comfortable with them and they feel more comfortable. They're always welcoming to give me water, to do something. So, I think that personally, if you build a more personal relationship with them, this may give you hope and strength to work with them.*

In order to provide helpful support, an atmosphere of trust had to be established. This atmosphere was closely connected to the professionals' *attitudes* when meeting the service users. The participants described how being calm and respectful were key elements.

Being respectful and developing trust was closely entangled with the *pace* of how the relationship developed. The study participants described how "things take time" and that building relationships cannot be rushed. In order to provide helpful support, team members needed to have the time to listen out how the service users understood their situation and what they considered to be most important. Having the time to listen was in itself described as helpful support.

*We have one job. In my opinion, it is to listen to them. We cannot give them money, we cannot give them clothes. We do not do those things. We can do one thing and this is listen and try to support.*

#### *Being part of the persons' everyday life*

Everyday life was important as a context for *understanding* the situation and difficulties of the service users and as a context for developing *practices* of help. Team members and service users alike shared how mental health issues were deeply entangled with diverse challenges of daily life. In many cases, being part of the service users' everyday life and collaborating in a daily life context would give different perspectives and understandings of the referred problem. In spite of service users being referred to the team because of mental health issues, the team often focused on mainly on providing practical help.

*There you go, you meet the person, you talk with them and you find out it's not mental health issues. They need a fan for the flat because it's very hot. They were not given a fan. They complain about the conditions in the flat. Understandably. They're angry. And that's frustration but there's no mental health issues.*

Having an everyday life perspective and approach to the service users' difficulties also meant that the team could reach out and give help to a wider scope of people. Not focusing exclusively on diagnosis and mental illness enabled the team to reach out and help service users' who would otherwise have been "invisible".

*On the door, there was a man with nine children. And he was there to say that he had problems with practical issues, with the money that had been cut off and everything. And this person, says that okay, we have to do something for them. There are so many people who are in need and do not shout about it. And these people are invisible. So our idea would be to help people who do not reach the doctor.*

#### *Being a team*

The participants described how the work of the team was in many ways demanding. Being part of a team was described as crucial both in terms of the team members getting *personal support* and in order to do a develop a *service of high quality* for the service users.

The opportunity for regular team meetings was described as crucial. As the work was often lonely and carried out individually, having the possibility of sharing and reflecting with other members of the team was important. This entailed that the individual team members were seen and recognized for their job. It also served the purpose of "building a team spirit".

*In reality, it's kind of lonely. You go out, you do your visits... everybody goes their own directions. So it's very important for us to meet. You know, and say "how did it go with you? How is your new case?" That's very, very important.*

In setting up a team, the participants described how building a culture of mutual trust within the team was important. Furthermore, in order to deal with the complicated situations and experiences of the service user and provide helpful support, the importance of being a multidisciplinary team was pinpointed. This included different professions with health and social work. In addition, interpreters were also considered to be important parts of the team. Multidisciplinary was in this context emphasized as entailing the possibility for providing help that was tailored for the unique service user with his/her unique problems.

*Setting up the team, and the trust between the team. I mean, this is also a very important thing. Because I think, it plays a very important role in handling different cases. That there is trust between all the members. And sometimes when we treat a family, X is going to be working with Y, who is a psychiatrist. So, we do different kinds of combinations.*

### *Living and dealing with the «big system»*

In their work with supporting asylum seekers and refugees, the team collaborated with a wide range of other services. This was considered part of the job and required skills in negotiating and coordinating. Though being a necessary part of the job, dealing with the bigger system was also experienced as demanding.

*My experience, the work itself, is very interesting. But it has a lot of challenges, the cultural issues. But the most difficult thing, has to do with all the systems around. The persons we have to meet, the bureaucratic things.*

Being part of the “big system” involved experiencing that others defined the purpose and practices of the team. This could be in conflict with how the team defined itself and the purposes of their work. It could also hinder relational work and be an obstacle for providing help.

*It is the whole set up. It's experiencing the bureaucratic side of things. Because you know, there is a lot of agencies involved in this game. A lot of people, a lot of stakeholders. And that I have found a bit difficult. It is as if you're trying to establish a relationship with a refugee, with somebody who ostensibly needs something. But this relationship is always already mediated by the stakeholders who have their own agendas.*

The team wanted to be recognized as a humanistic and contextual service, as opposed to services that could appear as “procedural”. As such, working in the team involved balancing the necessary collaboration and demands from other services with striving for autonomy and the aim to be “something different”.

### *An agency of change*

This theme describes how the team aimed to be a service that should focus and strive for *change* and *humanizing* at a level beyond their daily practices. Being part of a fairly new team, the participants described how they had the ability and capacity to have an outsider view on some of the potential risks and pitfalls connected to the refugee situation. One of the major concerns was how the work with refugees affected young and newly educated people working in the frontline, with little or no support.

*They work very hard, they visit flats, they deal with all sorts of queries, problems, complaints and as anhedonia, this is the setup. They get no supervision, no support; they are at the front line. They get all the understandable aggression, complaints from the people who are in the*

*accommodation. And they burn out. They become very defensive, they become angry themselves. They end up treating the people who are refugees and asylum seekers in a very inappropriate way.*

The concern was not only related to the young professionals, but also to the possible larger consequences of the developing anger and lack of humanity. Thus, an important task for the team was to address these concerns and advocate for a system that also helped and cared for the helpers.

*We work with refugees, but if you say that you're going work only with refugees you are going to fail. Because you have to work, with people who work with the refugees as well. Because it's much interconnected with each other.*

### **4.3 Findings in Part 2- Evaluation of the pilot-project “Intervention for mental health care of asylum seekers and refugees in Attica and Thessaloniki – 2019**

#### **4.3.1 The perspective of professionals in ROMHT - Part 2**

The two teams had different experiences as one had functioned one month only and the other about one and a half year.

##### *The value of being a team*

The new team revealed some key approaches to establishing the new practice. They had focused on getting to know central partners in the city, discuss collaboration on a concrete level, liaison with public services and develop useful and effective procedures for their work. Meeting people in the refugee population was a part of this. The initial time had also included training and the mediators and interpreters took part in this. The team had a limited experience of working with refugees and families. The participants talked a lot about the importance of being a team and having the interdisciplinary competencies available. One expressed: *Just the value of a team. I couldn't do this alone.* They also emphasized on the value of meeting families in their homes, where the family felt safer. In their homes the families typically received team members with warmth and hospitality. One said: *Visiting the family you should respect their cultural background as well as how their family is structured and the habits they follow.*

##### *Cultural variations and cultural mediators*

In the new team the role of the cultural mediators was highlighted. This concept was often used instead of interpreter as it encompasses a broader meaning and competence. The cultural

mediators explained their role as interpreter and additionally as explaining the cultural context of Greece. They presented themselves as a human being and interpreter. A health professional said: *At least in the cases we treated together, I think it is the first person they trust.* As a mediator, you get strong stories. One had a refugee background himself and said that he had to keep the emotions from meetings inside. He had to live with his own pain and memories and keep going: *But I do not forget. I do not forget their problems.* The common experiences of bombings, fighting and coming to a strange country, had relational values. The mediator could say “I have been there. I know that. I feel your pain, but you have to continue”. The stories of the refugees were often very hurtful for whole team and they supported each other through meetings and supervision.

#### *Experiences of developing and upholding a team*

The more experienced team described how they had developed as a team, dealing with challenges and tailoring working procedures. They felt they had become more stable with regular meetings and clinical supervision. There were also some ideas of needing to establish a more specific supervision related to team functioning, such as communication, group dynamics and dealing with disagreements. Although they had become more familiar with each other as persons and the work, there were challenges related to being mobile and “on the road” most of the days. The instability of the field, with their unstable target group, who were changing and leaving, was also difficult at times. Cultural variations were discussed. Family traditions could vary from village to village or to a specific city. Other issues attended were impressions of growing bureaucracy and a need for better accessibility, through an available phone number. One theme was related to that the great majority of people they served have no psychopathology: *You know. Serious problems people face when they are here, and we’re trying to mediate, support.....* A question was asked: *How can we evaluate what we actually do?* The participants talked about themselves as a dedicated team facing many systemic problems. They were also able to have open discussions in the team about challenges and disagreements.

#### *Common aspects*

Both teams shared experiences of being dedicated, genuinely wanting to help and the need of cultural awareness in their daily work. Knowledge of society at large and local community, finding ways of coping with procedures and bureaucracy and partnerships with public services



and various organizations was also emphasized. Being a team and team supervision was valued. One team raised the question of having more tailored supervision

#### **4.3.2 The perspective of service users**

The findings explore and describe service user's experiences with receiving services from the ROMHTs, collaboration with the ROMHTs and the ways the teams develop and work through the following themes: 1) Helpful services from ROMHT, 2) Barriers and challenges and 3) Suggestions for future change

##### *Helpful services from ROMHT*

The accessibility of the teams was emphasized as important in terms of being able to get support quickly when needed. The service users described traumatic experiences related to the refugee situation, both in the past and the present. Many struggled with trauma, feelings of insecurity, isolation and sense of depression. Having someone to talk to and being listened to was described as very helpful. Being able to express and share traumatic experiences with the team contributed to an increased sense of safety and self-worth. One said: *"I was feeling comfortable and I was desperate to tell. And I was feeling happy because I had someone to speak to, and I could tell whatever I had inside."* It was also important that the team practiced home visits. In this way, they could meet and work with the whole family in their own context when necessary. Some had received help for the children in the families. They described it as helpful that the team could talk to the children, advice and support the parents and collaborate with the school, if necessary. The possibilities for the team to contribute in various ways, including psychological support, family and network-oriented work and medical support was emphasized as important.

##### *Barriers and challenges*

Language barriers were described as an overall problem. Language related issues often lead to difficulties in receiving health support for the families. In this regard, the role of the interpreter in the ROMHTs was crucial. The complexity of the refugees' situation characterized by unpredictability was in itself a challenge and made it difficult to plan for the need for services. One said: *We know nothing, we wait for nothing. We just feel that we are here for nothing."*

### *Suggestions for future change*

The service users' experiences with the ROMHTs were mainly positive. They hoped to be able to continue receiving support from the team for as long as they needed it, as trust and continuity were important aspects. One expressed it this way: *"I hope not to finish talking, because it would break the trust that we have built together."* Some wished for more help with practical issues like housing and economics, as these were issues that caused distress and influenced mental health and well-being for the families.

### **4.3.3 The perspectives of accommodation partners**

The accommodation services' experiences of collaboration with ROMHT had a varied background as at Thessaloniki the team had functioned one month and the other about one and a half year. The experiences of the accommodation partners were analyzed into three themes: 1) *Key areas of support from ROMHT*, 2) *Barriers and challenges* and 3) *Suggestions for the future*.

#### *Key areas of support from ROMHT*

Both sites valued the opportunity to collaborate with ROMHT. These experiences were related to having available certain key competences. ROMHT was helpful through home visits, case conferences, prescription on medication and available competence like child psychiatrist and interpreters. ROMHT was seen as offering a holistic approach and understanding the needs of the persons through building relationships gradually. Their opportunity to represent continuity helps the refugees to feel less lost. Building trust was also related to the accommodation services who felt they were included and partner of a cross-sectional team.

#### *Barriers and challenges*

Both sites experienced a general lack of access to public services like social services as a barrier in order to carry out their work in a satisfactory way. This included a lack of clear treatment and support-pathways for refugees and limited access of interpreters. Challenges that were encountered by the accommodation partners also consisted of fragmented services. The participants mentioned that many services they collaborated with did not have expertise in the refugee- area. They did not understand how vulnerable the persons were, neither how to

support them in a helpful way. Communication problems due to unavailable interpreters were discussed as a major problem.

*Suggestions for the future*

Future wishes were related to regular follow ups, more trained specialist staff available like social workers, psychologists and interpreters, clear pathways in services and supervision to avoid burnout among staff. That related to the experience that collaborating actors with EPAPSY expressed.

## **Chapter 5: Discussion and concluding remarks**

The objective of this evaluation was to explore and describe the experiences of and with the Refugee Outreach Mental Health Team (ROMHT) in their practices of treatment and support for refugees and asylum seekers.

The evaluation reveals a comprehensive and flexible service developed by ROMHT during a very short period of time. They have developed a specific emphasis on carefully engaging with the person and his/ her family in order to understand their present situation, their mental health issues, social issues and what is most urgent to attend. The team describes it as essential to have an approach that combines cultural sensitivity and relational work. They carefully explore ways of understanding and attending the person's traumatic background and current critical situation with mental health as well as complex social challenges. At the same time, they describe the importance of responding to and valuing the person's dreams and hopes for the future and a "new life". The teams and service users highlight the importance of trust and helping the persons and their families to feel safe and secure. This involves sensitivity to the individual and his/her situation, careful planning together with the persons and other providers involved, making concrete arrangements and making sure that everyone understands decisions and plans. The role of the interpreters and cultural mediators is essential in relation to safety and security. Respect, sensitivity, giving time and predictability are core issues.

Meeting the families at home is also a valued practice from both the professional and service user perspective. This offers a better understanding of the families 'previous lives, contexts, cultures, vulnerability and challenges. Being in people's homes also facilitate awareness of all the practical issues in need of attention and how difficult everyday life can be in a new country. Particularly the children's situation can better be grasped and care for in the home situation. The teams reveal that the persons and their families need a lot of practical support that is important to take care of in order to make them feel better and more hopeful for the future. This view is supported by the service users who address the important connection between practical and economic issues and physical and mental health and well-being. The team members also describe the need to have a good overview and contact network of providers that can help with practical issues. Being a ROMHT practitioner requires skills and competencies beyond the key mental health problems. Possibilities for collaboration and

jointed effort between services and professions appears to be crucial in order to support refugees with complex life situations and to avoid burn-out among staff.

The ROMTH team has emphasis on integrating the support and treatment to refugee and asylum seekers in ordinary mental health and social services. They describe various collaborative challenges and strategies in developing partnerships with central providers. On one hand, it is highly demanding to spend time trying to sort out a person's civil and social situation as well as attending mental health issues in a much-pressured Greek system. On the other hand, the team has developed strategic ways of negotiation and coordination as they find that sorting out practicalities is a way of creating safety for the person and establishing helpful relationships. The team wants to be seen and experienced as someone who cares and makes a difference in a chaotic situation. The team also describes the need of offering supervision and support to providers and colleagues particularly those working in frontline services.

The evaluation reveals that in a short time the ROMTH team has developed an advanced and tailored service for refugees and asylum seekers. The service is valued by service users and accommodation partners who otherwise would have little or no support. The team is skilled and experienced in clinical outreach work and has established a well working organization caring both for the service users and the professionals. A system of supervision and training as well as reciprocal support among colleagues and central collaborative providers has been facilitated. The team reveals engagement and sensitivity for people in a critical and often distressful situation. Furthermore, the team have made important experiences of interest for many other providers nationally and internationally in developing services in a community for refugees and asylum seekers with severe mental health problems.

## References:

- Borg, M., Kim, S. H. & Karlsson, B. (2010). Double helix of research and practice—developing a practice model for crisis resolution and home treatment through participatory action research. *International Journal of Qualitative Studies on Health and Well-being*, 5:1, 4647. DOI: <https://doi.org/10.3402/qhw.v5i1.4647>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.
- Brijnath, B. (2015). Applying the CHIME recovery framework in two culturally diverse Australian communities: Qualitative results. *International Journal of Social Psychiatry*, 61(7), 660-667.
- Brinkmann, S. (2013). *Qualitative interviewing*. Oxford university press.
- Charlson, F., van Ommeren, M., Flaxman, A., Cornett, J., Whiteford, H., & Saxena, S. (2019). New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis. *The Lancet*.
- Guribye, E., Sandal, G. M., & Oppedal, B. (2011). Communal proactive coping strategies among Tamil refugees in Norway: A case study in a naturalistic setting. *International Journal of Mental Health Systems*, 5(1), 9.
- Hummelvoll, J. K., Karlsson, B., & Borg, M. (2015). Recovery and person-centredness in mental health services: roots of the concepts and implications for practice. *International Practice Development Journal*, 5.
- Kulberg, J. H. & Sande, S. C. (June, 2018) USN-forskere blant flyktninger i Hellas, retrieved from: <https://www.usn.no/aktuelt/nyhetsarkiv/usn-forskere-blant-flyktninger-i-hellas-article215588-7457.html>
- Leamy, M., Bird, V., Le Boutillier, C., Williams, J., & Slade, M. (2011). Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis. *The British Journal of Psychiatry*, 199(6), 445-452.
- Lindseth, A. & Norberg, A. (2004). A phenomenological hermeneutical method for researching lived experience. *Scand J Caring Sci*; 2004; 18; 145–153.  
<https://doi.org/10.1111/j.1471-6712.2004.00258.x>
- Marshall, C & Rossman, G. B. (2006). *Designing Qualitative Research*. Thousand Oaks, CA: Sage.
- Ministry of Foreign Affairs of Netherlands (2019). International Conference on Mental Health & Psychosocial Support in Crisis Situations 2019. Background Document and Recommendations. Retrieved from: <https://www.government.nl/ministries/ministry-of-foreign-affairs/documents/publications/2019/09/30/international-conference-on-mhps-in-crisis-situations-background-document-and-recommendations>
- Ness, O., Borg, M., & Davidson, L. (2014). Facilitators and barriers in dual recovery: a literature review of first-person perspectives. *Advances in Dual Diagnosis*, 7(3), 107-117.
- Ochocka, J., Nelson, G., Janzen, R., & Trainor, J. (2006). A longitudinal study of mental health consumer/survivor initiatives: Part 3—A qualitative study of impacts of participation on new members. *Journal of Community Psychology*, 34(3), 273-283.

- Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., ... & Herrman, H. (2018). The Lancet Commission on global mental health and sustainable development. *The Lancet*, 392(10157), 1553-1598.
- Reed, R. V., Fazel, M., Jones, L., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children resettled in low-income and middle-income countries: risk and protective factors. *The Lancet*, 379(9812), 250-265.
- Repper, J., & Carter, T. (2011). A review of the literature on peer support in mental health services. *Journal of mental health*, 20(4), 392-411.
- Slade, M., Amering, M., Farkas, M., Hamilton, B., O'Hagan, M., Panther, G., ... & Whitley, R. (2014). Uses and abuses of recovery: implementing recovery- oriented practices in mental health systems. *World Psychiatry*, 13(1), 12-20.
- Sundram, S., & Ventevogel, P. (2017). The mental health of refugees and asylum seekers on Manus Island. *The Lancet*, 390(10112), 2534-2536.
- Tay, A. K., Riley, A., Islam, R., Welton-Mitchell, C., Duchesne, B., Waters, V., ... & Silove, D. (2019). The culture, mental health and psychosocial wellbeing of Rohingya refugees: a systematic review. *Epidemiology and psychiatric sciences*, 1-6.
- United Nations (April, 2019). Right of everyone to the enjoyment of the highest attainable standard of physical and mental health. Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. Retrieved from: [https://www.un.org/en/ga/search/view\\_doc.asp?symbol=A/HRC/41/34](https://www.un.org/en/ga/search/view_doc.asp?symbol=A/HRC/41/34)
- United Nations High Commissioner for Refugees in Greece (June, 2019). Fact Sheet. Greece, 1-30 June 2019. Retrieved from: <https://data2.unhcr.org/en/documents/download/70447>
- United Nations High Commissioner for Refugees in Greece (October, 2019). [in Greek] Greece must take immediate action to stop the dangerous overcrowding at the centers for reception in the islands. The support from the EU is crucial. Retrieved from: [https://www.unhcr.org/gr/13070-i\\_ellada\\_prepei\\_na\\_drasei\\_amesa.html](https://www.unhcr.org/gr/13070-i_ellada_prepei_na_drasei_amesa.html)
- World Health Organization (2018). Mental health promotion and mental health care in refugees and migrants; Technical guidance. WHO Europe. Retrieved from: [http://www.euro.who.int/\\_data/assets/pdf\\_file/0004/386563/mental-health-eng.pdf?ua=1](http://www.euro.who.int/_data/assets/pdf_file/0004/386563/mental-health-eng.pdf?ua=1).
- Watson, E. (2017). The growing pains of peer support. *Mental Health and Social Inclusion*, 21(3), 129-132.

## Appendix 1. Declaration of consents.



### Consent form participation **Evaluation ROMHT Project**

**I want to participate in the meeting about the evaluation of ROMHT project.**

**I understand the purpose of this meeting.**

**I understand nobody will be informed about my participation or my name.**

**I know I can walk out at any time I want.**

Name \_\_\_\_\_

Signature of Participant \_\_\_\_\_

Date and place \_\_\_\_\_



## Consent in Arabic.



### استمارة موافقة بالمشاركة في تقييم مشروع رومات ROMHT

أريد أن أشارك في الاجتماع حول التقييم بمشروع رومات ROMHT  
أنا أفهم الغرض من هذا الاجتماع.  
أنا أفهم أنه لن يتم إبلاغ أي شخص بمشاركتي أو بإسمي.  
أعلم أنه يمكنني الخروج في أي وقت أريده.

الاسم: \_\_\_\_\_

توقيع المشترك : \_\_\_\_\_

التاريخ والمكان: \_\_\_\_\_



فرم مشارکت ، رضایت و ارزیابی

من می‌خواهم در جلسه که مربوط به ارزیابی  
است شرکت کنم

من می‌فهمم فرم جلسه را

من می‌فهمم که هیچ کس اطلاعی در مورد مشارکت من و یا نام من ندارد

. من میدانم که هر وقت که بخواهم میتوانم خارج شوم.

نام :

امضاء شرکت

: کننده

: تاریخ و مکان

## **Appendix 2. Interview guides – Service users and family members:**

### **Intervention for Mental Health care for asylum seekers and refugees in Attica and Thessaloniki – 2019. Evaluation – Interview guide for interviews with service users and family members**

The questions are to be understood as issues and themes for further elaboration and conversation throughout the interview. Initially, the purpose of the interview will be presented, how the different questions will be introduced, the participants rights related to the informed consent and finally that the interview will be audio taped if accepted by all.

#### **Current situation:**

How do you experience your current situation? Do you experience your current problems as mental health issues, social issues, cultural issues, other issues, or a mixture?

What are your most important problems/ life challenges?

What do you miss most in your current situation?

#### **Help from the team:**

How do you experience the help and support provided by the team (ROMHT)?

What do you experience as the most important forms of support and help?

What kinds of help and support have you missed or would you have wished for? Do you have concrete examples?

#### **Collaboration:**

How do you experience your collaboration with the team and team members?

How do you experience your collaboration with other services or NGO's?

Are there others who offer important help and support – like peers, friends, family members, neighbors, interpreters, significant others?

What are your thoughts about being offered help and support from someone with lived experiences as a refugee / asylum seeker (peer worker)?

**Future:**

In your understanding, are there issues that could improve the help and support the team offers?

Are there issues that could improve the collaboration with the team?

What are your dreams, hopes and wishes for the future?

**Reflections on the interview:** How did you experience participation in the interview? Are there anything you would like to add before we finish?

## **Professionals.**

### **Intervention for Mental Health care for asylum seekers and refugees in Attica and Thessaloniki– 2019. Evaluation –Interview guide for focus group interviews with Accommodation partners.**

The questions should be seen as issues and themes for further elaboration and conversation throughout the interview. Initially, the purpose of the interview will be presented, how the different questions will be introduced, the participants rights related to the informed consent and finally that the interview will be audio taped if all accept this.

#### **The accommodation partners / case workers**

How would you describe your job?

What are the most important parts of your work?

What do you experience as the service user's most crucial problems? (Mental health issues, cultural issues, traumas)

What are the most challenging situations or issues in your job?

How do you experience your current knowledge base related to what the refugees and asylum-seekers needs?

#### **The ROMHT**

How do you experience the help and support the team (ROMHT) is providing?

What do you experience as the most important forms of support and helpful help provided by the team?

Are there other forms of help and support the team should be able to offer?

What are the most important outcomes of the help provided by the team?

In your experience, what are the facilitators and barriers related to helpful help?

#### **Collaboration**

How do you experience collaboration with service users and their families?

Who are your most important collaborative partners?

How would you describe your collaboration with the ROMHT?

Could you give some concrete examples?

What are the barriers and facilitators of collaboration?

What are your thoughts about the possibility of collaborating with persons with lived experiences as a refugee / asylum seeker (peer worker)?

### **The future**

Looking at the future, what are your suggestions to improve the collaboration with the ROMHT?

What are your suggestions to improve the service provision from the team?

What do you see as possible barriers for these changes to take place?

What are the facilitators?

**Reflections associated to the interview:** What has every person experienced as important in the focus group? How did you experience your own participation? Is there anything you would like to add before we finish?

## **Demographic data**

**Intervention for Mental Health care for asylum seekers and refugees in Attica and Thessaloniki– 2019. Evaluation – demographic data in focus group-interviews –**

### **Professionals:**

Age:

Gender: Female... Male...

Nationality:

Profession:

What kind of basic education do you have?

What kind of postgraduate education or training do you have?

What is your current position?

What are your main tasks in your job?

For how long have you been employed in your current position?

For how long have you been working in mental health care?

For how long have you been working with asylum seekers and refugees?

**Intervention for Mental Health care for asylum seekers and refugees in Attica and Thessaloniki– 2019. Evaluation – demographic data in focus group-interviews –**

**Service users and family members:**

Family member.....

Service user.....

Age:

Gender: Female..... Male .....

Nationality:

Length of being in a refugee situation? .....days.....months.....years

Length of contact with the team:.....days.....months.....years

How did you get in touch with the team?.....  
.....



# Evaluation of the pilot-project “Intervention for mental health care of asylum seekers and refugees in Attica and Thessaloniki” - 2018 and 2019

Bengt Karlsson  
 Marit Borg  
 Trude Klevan  
 Michalis Lavdas  
 Chrysanthi Tatsi  
 Stelios Stylianidis

