

Mental health in Samos: the invisible emergency

7th April 2021.

Thousands of people on the move in the Aegean 'hotspots' face the mental toll that is a result of the cumulative exposure to inhumane living conditions, instability, discrimination and violence.

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'Since 2017, we have been dealing with a permanent mental health emergency in the island camps. Among our patients there are children who fall into despair, they stop talking, eating, and playing, and they resort to self-harm. Did you know that last year alone, we treated at least 50 children who were self-harming or had thoughts about suicide on Lesbos? In January, three more kids tried to kill themselves. In 2020, our psychologists in Samos, treated 254 new patients, and half of them mentioned suicidal ideation or thinking about death during their first session. It is not only the harsh conditions that have a detrimental consequence on people's mental health; it is also your containment policy, the lack of safety, on-going limbo, and fear of being returned to unsafe places.'

Médecins sans Frontières, open letter to EU Commissioner Ylva Johansson ([S1](#))

Five years of inhumane reception policy in Samos and across the Aegean

The longstanding humanitarian crisis that is unfolding at the doors of the European Union is a widespread, layered and complex reality that far too often escapes mainstream coverage. In September 2020, the reality of structural inadequacy and normalised overcrowding of the reception centres in the Aegean islands suddenly became an object of public debate, when the infamous Moria camp in Lesbos was consumed by a fire that destroyed the 'shelters' of tens of thousands of asylum seekers in a single night ([S2](#)).

In the weeks that followed, the material deprivation and dangers of the five Greek 'hotspots' drew attention to the inadequacies of the 'mass-containment' practices that are a product of European migration policy ([S3](#)). Both the public and many voices within European governing bodies outspokenly advocated for an immediate solution to this man-made humanitarian disaster—until attention waned, calling for a new topic to be brought in the limelight. The residents of the burned Moria camp were relocated to a hastily built, enclosed camp on the coastline—a location that has by now been widely recognised as just as inhumane as the original centre, if not worse ([S4](#), [S5](#)).

Meanwhile in Samos—much like in the other Aegean islands of Chios, Leros and Kos—people are living in similarly overcrowded reception centres and makeshift spill-off 'jungles' where people seeking international protection were first 'accommodated' as early as March 2016 ([S6](#)).

These camps are places of artificial scarcity where people

are forced to dwell without proper access to running water, electricity, heating, sanitation, waste management and autonomous subsistence. The residents have little to no protection against the elements, pests and diseases, and are often dependent on national authorities' and charitable organisations' arbitrary provisions of services and goods ([S7](#), [S8](#), [S9](#)).

Not least, every winter since the opening of the 'hotspots', tens of thousands of people on the move are systematically left to endure the cold weather and rainstorms without adequate shelter, heating or warm water ([S10](#)). Last year was recorded to be one of the coldest winters of the decade for Greece—and yet, the severity of the conditions on the Aegean for people on the move was not readily covered by mainstream media.

Although often overlooked in the sensationalist representations of the 'hotspots', mental health constitutes one of the main challenges for asylum seekers living in the Aegean islands.

This prolonged disrespect for the basic human necessities and rights weigh down on the mental burden of an all-encompassing 'wait': the bureaucratic wait for the progress of the asylum procedure, which ties in with daily waits for the foodline, clothes distributions, toilets, and so on.

On Samos island, the reception centre and 'jungle' resemble the inadequacy of all the 'hotspots' across the Aegean. Built on a steep hillside above Vathy town, the camp is subject to easy flooding, especially in winter. On

such occasions, due to lack of proper waste management and toilet system, the improvised creeks that run through the camp are often overflowing with water, mud and waste, running freely through the makeshift shelters. These living conditions result not only in a serious risk to the health of thousands of men, women and children—but also inflict a harsh insult on human dignity.

image source: [S11](#)

A mental health crisis: reports from humanitarian organisations

In December 2020, the International Rescue Committee (IRC) published a report on the *mental health crisis* that is developing across the Aegean Islands as a direct result of the ‘mass-containment’ practices governed by the EU ‘hotspot approach’ ([S11](#)).

IRC psychologists have witnessed a 71% increase of psychotic symptoms and a 66% increase in self-harm among asylum seekers confined in the island camps: ‘Of the 904 people who received counselling from the IRC on the Greek islands, 41% reported symptoms of PTSD, 35% reported suicidal thoughts, 18% reported having made attempts to take their own lives’ ([S11](#)).

As commented by IRC’s Director of Policy and Advocacy for Europe, Imogen Sudbery, this ‘overwhelming sense of hopelessness and despair can be traced back to concrete

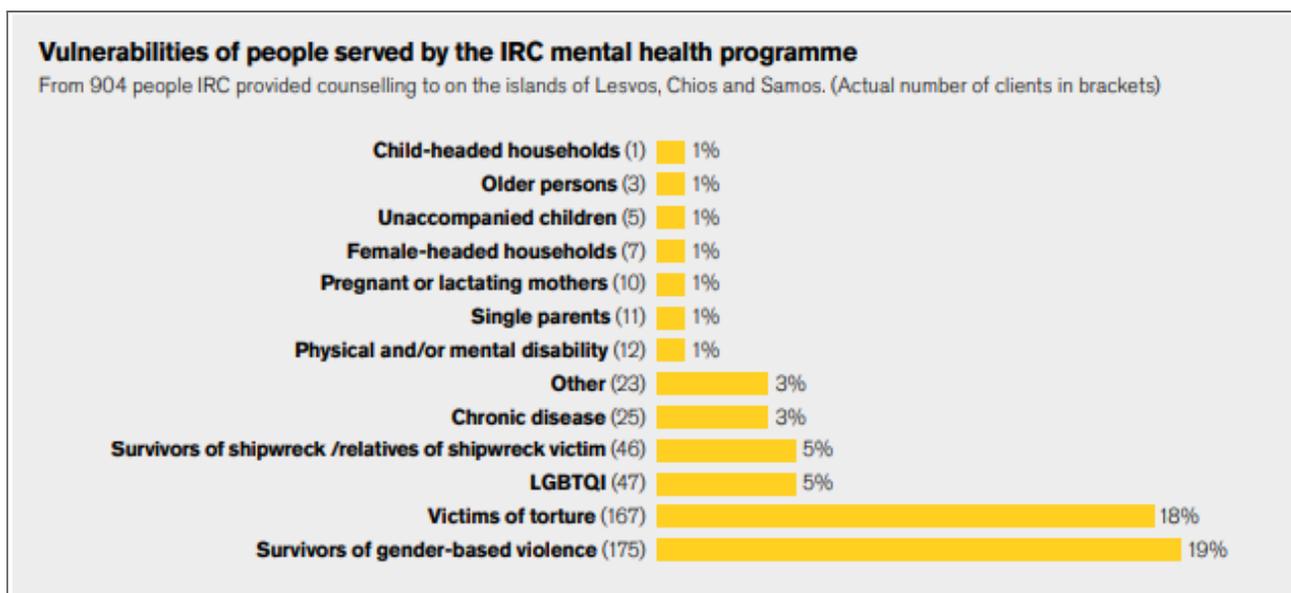
political decisions and policy gaps at both national Greek and EU levels which have left people languishing in overcrowded and under-resourced camps. This is the human face of five years of political stalemate on migration policies’ ([S11](#)).

This is by no means a ‘new’ situation—the many years of abandonment and neglect have been very thoroughly documented by many experts and observers, including Refugee Rights Europe in 2019, and earlier by IRC in 2018 and by Médecins sans Frontières (MSF) in 2017 ([S12](#), [S13](#), [S14](#)).

Limited access to essential services and basic human rights creates an environment that drives people on the move—individuals all ages—towards ‘a state of extreme withdrawal that can last for months or even years and occurs in the context of severe psychological trauma’ known as ‘resignation syndrome’ ([S15](#)).

Not only are people subject to inadequate living conditions, many people on the move experience discrimination and racism—hindering one’s sense of belonging and safety.

In February 2021, local parents in Lesbos protested the attendance of nine children from the refugee and migrant community at the local school, exemplifying how xenophobic narratives and attitudes are present in local communities and are even directed towards children



(S16, S17).

Such discrimination is undoubtedly re-traumatising and are of detriment to one’s mental health (S18). This is further amplified for the many who should be eligible to be led through protected asylum procedures but are subjected to the standard asylum process ‘when Greek authorities rapidly shuffle vulnerable people through border procedures’, as suggested by Minos Mouzourakis, a Greek lawyer at Refugee Support Aegean (S19).

A great number of humanitarian actors and organisations have been voicing concerns and raising awareness about the toll on mental health that the Aegean ‘hotspots’ exerts on all its residents.

Indeed, the absence of proper mechanisms for early screenings of vulnerabilities is a major issue that human rights organisations and medical experts are bringing against the current practices of reception services (S20). To make matters worse, the reform of the Asylum Law (L.4636/2019)² approved by the Hellenic Parliament in October 2019 (S21)—on a bill proposed by the extreme-right wing government as an of Directive 2011/95/EU, art. 20—has further restricted the criteria of ‘vulnerability’ assessment. Accordingly, psychiatric conditions such as post-traumatic stress disorder (PTSD) no longer feature under the ‘vulnerability categories’ and hence affected individuals are no longer eligible for special care and an early transfer to mainland Greece

Earlier in 2021, this systematic re-traumatisation of vulnerable people confined on the Aegean Islands, including victims of torture, has already been the subject of criticism by NGOs (S19). PTSD, together with depressive disorders, are the most common psychiatric illnesses experienced by people on the move. Furthermore, at the end of last year and beginning of this year, MSF reported an increase in diagnoses of such conditions

amongst their patients, expressing their concerns over a large-scale ‘deterioration of mental health’ in the island: ‘Our mental health team in Vathy camp—reads MSF project update in December 2020—has recently seen a concerning rise in patients with severe symptoms as it has done several times already in 2020. In November, 60 per cent of new patients arriving at our clinic expressed suicidal thoughts and our team considered 37 per cent of them to be at risk of suicide’. (S22).

image source: S23

Discrimination, isolation, stigma: the impact of Covid-19

Needless to say, the global pandemic has only exacerbated the negative impact on the mental health of people on the move in the Aegean as a result of reduced mobility as well as increased experiences of racism. This was emphasised by an arbitrary extension of lockdown restrictions that only applied to reception facilities and targeted people on the move (S24).

Racial discrimination and xenophobia against people on the move is a daily occurrence across the Aegean. Such discrimination has been exemplified through the imposition of unlawful travel bans, a lack of access to

Table of COVID19 cases in all Refugees Camps
Last Update: 2021-03-06

| Camp | Covid19 Cases | Covid19 Tests (Camps with Covid19 Tests=0, data are not available yet) |
|--------------------|---------------|--|
| New Camp Kara Tepe | 273 | 7064 |
| Kranidi | 162 | 600 |
| Chios | 54 | 440 |
| Ritsona | 42 | 200 |
| Moria | 38 | 2400 |
| Sparti | 38 | 98 |
| Koutsoxero | 34 | 0 |
| Fillipiada | 30 | 35 |
| Malakasa | 25 | 100 |
| Virona | 22 | 0 |
| Kara Tepe | 17 | 38 |
| Katsikas | 16 | 0 |
| Polykastro | 14 | 500 |
| Samos | 13 | 0 |
| Skaramagka | 11 | 0 |
| Rodos & Tilos | 11 | 0 |

shops and services and individuals being disproportionately targeted by police (S17).

Many people with recognised refugee status in Samos were questioned and banned from travelling despite holding the correct documents and valid tickets. At the same time, *'there were close to zero reports of similar obstructions to Greek nationals or White Europeans'* (S17).

Legal actors working on Samos have also reported that people on the move, as well as people of colour, are disproportionately fined by police (S25). *'It is widely observed by legal actors and human rights defenders in Samos that there is an unfair and obvious targeting by police and authorities towards people on the move and people of colour'* as a *'result of racial profiling and discrimination'* (S17).

Not only does this discrimination violate individuals access to goods, services and rights, and is unlawful under both Greek Law 4443/2016 and EU Council Directive 2000/43/EC, such treatment is also morphing public services in Samos into spaces of anxiety and oppression (S26, S27). With public services being *'far from the safe, inclusive and constructive spaces they were designed to be'* (S17), the mental health of those targeted by such discrimination is heavily affected.

Additionally, pre-existing discrimination, and in turn mental illnesses, have been heightened by the Covid-19 pandemic. IRC testifies of *'a 71% increase in people reporting psychotic symptoms and a 66% increase in self-harm'* since the start of the global pandemic (S11).

The increased restrictions to mobility—coupled with discourses that framed people on the move as 'Covid-19 spreaders'—has only exacerbated the pre-existing discrimination and xenophobia.

The absence of concrete and effective Covid-19 prevention measures is counted among the factors that have amplified experiences of oppression and increased anxieties around personal health (S28). According to

MSF, asylum seekers held *'in quarantine on Samos were reported [...] to be living in 'unacceptable and dangerous' conditions, with some in filthy containers with no access to running water or toilets and forced to sleep on the floor'* (S29).

As a direct consequence of this treatment, *'feelings of abandonment and humiliation'* are common among people living in the camp. As stated by IRC psychologist Georgia Berlemi: *'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'* (S11).

Mental health of 'vulnerable groups': children, women, SBGV survivors, LGBTQI+ refugees

According to UNHCR, children account for around 20% of the total population of Vathy RIC and 'Jungle' (S30): hundreds of children are unable to access regular and stable education provided by the government and are often excluded from opportunities that may support an integration with children from the local community.

'School access is a decisive factor in guaranteeing an organised daily routine and a safe environment in which to learn and grow', reads the open letter to the Greek government signed on the 9th of March 2021 by 33 Greek and international NGOs operating in the education sector; *'[schooling is] of vital importance for the mental health and personality development of children but also for the smooth operation of society as a whole'* (S31).

In a study published in September 2020, MSF highlighted the concerning pattern relations between unstable living conditions such as forced displacement, and cases of sexual- and gender-based violence (S32).

Notably, in the period between September 2017—September 2018, the MSF clinic on Lesbos treated 215 survivors of sexual violence, of which 118 occurred prior to reaching the EU, mainly in Turkey, and 76 in the country of origin. They noted that although the majority of SGBV survivors *'delayed seeking medical care after the incident, it is crucial that access to mental health services is guaranteed for those in need.'*

Despite the obvious need for psychological support, the lack of adequate and suitable mental care and MHPSS provision has been an ongoing reality for people on the move in the Aegean ‘hotspots’.

The UN High Commissioner, Filippo Grandi, has also reported that the pandemic has worsened gender inequalities and the living conditions of people on the move, with an alarming spike in gender-based violence. However, it must be noted that gender-based violence has increased across all social contexts and isn’t limited to displaced communities (S33).

Additionally, according to Dr. Tanjina Mirza (Plan International Canada), refugee women and especially girls are now facing a ‘triple crisis’, one that has been created from the convergence of ‘displacement, the COVID-19 pandemic and the risks they experience simply because they are young and female’ (S34).

In Samos, just as in other contexts of forced displacement, this new reality of prolonged mobility restrictions ‘has brought new and unique challenges, leading to a rise in sexual and gender-based violence (SGBV), mental health problems, and period poverty’, as testified by a recent release by Human Rights Pulse (HRP):

The risk of SGBV against women in the camp is exacerbated by gender-neutral toilets and showers, lack of security, and inadequate lighting. In 2017, Human Rights Watch issued a report describing the camps on the Greek Islands as posing ‘dire risks’ for female asylum seekers, labelling them unhygienic and unsafe, yet three years later conditions remain much the same (S35).

The testimonies of female refugees in Vathy camp, collected by the grassroots NGO Glocal Roots, depict a scenario of constant exposure that permeates every aspect of daily life: ‘I never left the tent by myself and I never left the tent when it was dark. When I had to go to the toilet in the night, I had to wake up my husband so he could walk with me’ recalls a 25-year-old Syrian woman, mother of four who at this point had lived in the camp

for four months. ‘I know women who live in the jungle who don’t sleep in the night because they are scared, only during the day they sleep’ (S35).

A further testimony from a 20-year old Afghan woman once again sheds light on the dangerous situation for women inside Vathy camp:

There is more harassment of women in the camp right now. There is no place for women anymore and women would have to stay in a stressful and insecure environment throughout the whole day. Now, because we are in the camp all day, we are not safe from verbal harassment. Since the Covid-19 lockdown, me and my female friends experience it more often. I prefer not to leave my tent until I really have to.

With lockdown measures in place, women and girls in the refugee and migrant community are unable to access safe spaces facilitated by grassroots organisations’ community centres.—‘it is clear that the reduction in access to psychosocial support run by grassroots organisations has had a significant impact on women’s mental health’ (S35).

Many people on the move in the LGBTQI+ community are also facing difficulties and a lack of access to services, which is taking a real toll on the mental health of such communities. Such exposure to an environment of constant physical threats, added the sexual orientation- and gender identity-based discrimination, can comprehensibly lead to adopting defensive behaviour and self-isolation, and easily to stress, anxiety disorders, and even depression, suicidal thoughts and self-harm (S36).

The ‘pervasiveness of discrimination to LGBTQI+ asylum seekers’ in Samos is thoroughly and comprehensively described in a research report published on 1st March 2021 by the Samos LGBTQI+ Group. One of the testimonies reads: ‘Here in the camp, people don’t like us, we suffer insults, hate, jealousy and other forms of mockery. [...] Since we’re powerless at these types of things, we ask ourselves if this is the situation only in the RIC camp or it’s like this in the whole Europe’ (S36).

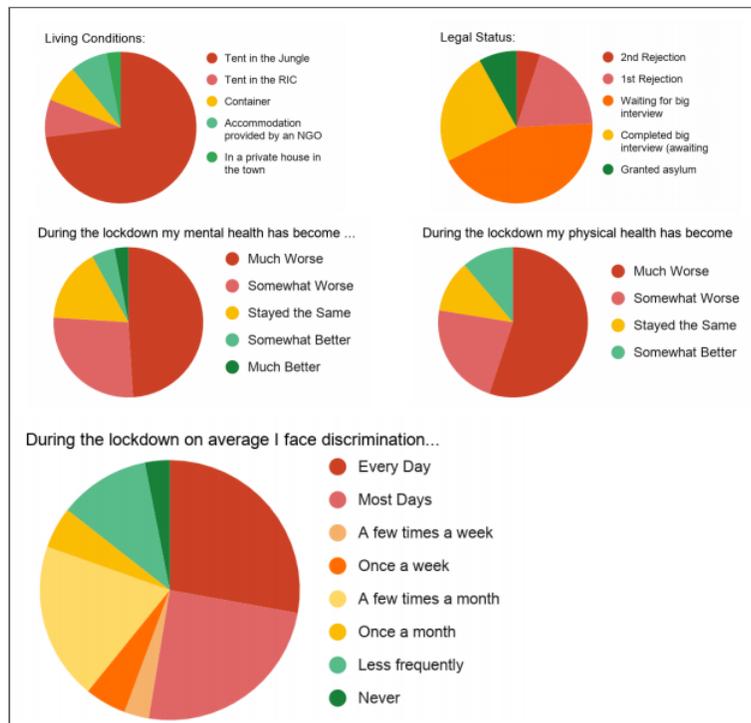
Another testimony stresses precisely on the feeling of constant exposure to surrounding threats: ‘We are exposed to many things here at the Samos camp. It is

very difficult to live in the current condition, with people who branded us as their adversary, as demons, called us a lot of things we wish we could have heard [somewhere else]’.

On average, the 37 participants in the research had spent 1.3 years on Samos—the shortest for almost one year, the longest for a total of 1,128 days (S37). As for what concerns the impact of Covid-19 lockdown on their mental as well as physical health, ‘over 3 in 4 reported that their mental health had got worse, 1 in 2 of those much worse’ and ‘over 75% reported their physical health had also gotten worse’. Moreover, the new reality of mobility restrictions significantly impacted respondents perception of discrimination: ‘68% of people reported an increase in discrimination because of their LGBTIQ+ identity since the being of lockdown measures’ (S36).

To conclude, the amount of overlapping and interconnected threats to mental and physical health that people on the move face on Samos, regardless of their specific ‘vulnerabilities’, amount at the very least to a large-scale, systemic neglect on the behalf of national and European authorities.

image source: S36



Scenarios: ‘shortage’ of psychiatric capacity, new enclosed and isolated camp in Zervou

Future scenarios are not promising in terms of mental health care and psychosocial support for the people seeking international protection on Samos.

According to the IRC, ‘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’ until November 2020 (S11).

At the same time, the constant vacancy of psychiatric positions in the local General Hospital and in the Mental Health Centre in Vathy (Κέντρο Ψυχικής Υγείας), and the reduced capacity within the EODY personnel on the island leave little hope for an improvement in the overall response of authorities to this emergency.

As things stand, the circumstances allow for only extreme, critical cases to receive urgent treatment by medical authorities—if any.

This is clearly as far from a sustainable solution as anything can be, as it also restates a practice of ‘normalisation of emergency’ that systematically leaves neglected and untreated the vast majority of displaced people in conditions of poor mental health.

The upcoming opening of the new reception center in the Zervou area has widely been publicized as the solution to years of inadequate living conditions inside Vathy RIC and the ‘Jungle’.

The so-called Multi-Purpose Reception and Identification Centre (MPRIC) is located approximately 7 km from Vathy town and has an estimated capacity of around 1,500 people, that will eventually be expanded to 1,600. It is important to note that the current reception centre in Vathy was initially built for 648 people, and yet currently

accommodates close to 3'000 people—more than 4.5 times its capacity ([S37](#), [S30](#)).

Both the national government and the European Commission are promoting the opening of new, large-scale isolated camps as the 'solution' for the Aegean islands—the reality is that people on the move will find themselves further away from important services and integration with the wider community.

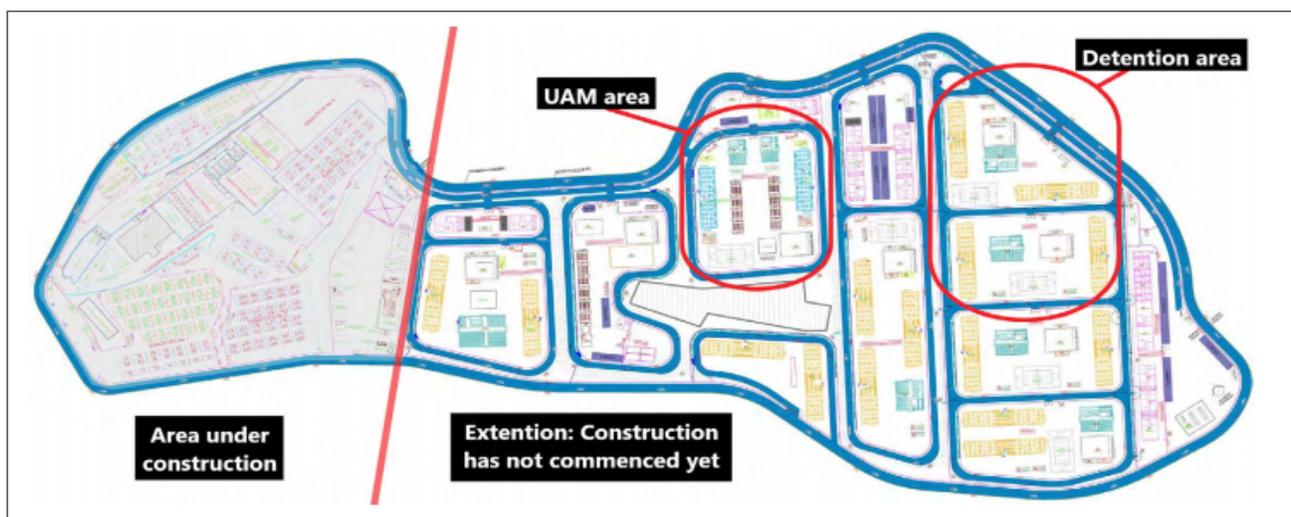
National and European authorities have assured that people residing in the new reception centre will have access to basic services. Yet, many humanitarian workers are already predicting that people in Zervou camp will find themselves without access to support and resources that prioritise mental health and an integral sense of belonging and community.

According to an analysis from Europe Must Act, 'registered asylum seekers and vulnerable groups fall under the 'controlled' category meaning that authorities will have a high degree of control over residents' mobility' and that 'there will be quotas limiting the number of people who can leave the centres at any given moment' ([S38](#)).

Eventually, 'those of the 'controlled' group able to leave the centre will still struggle to access essential services or find much needed reprieve from life under strict surveillance as the MPRICs will be located in remote locations, far from commercial and population centres'. ([S38](#)).

In the often exploited discourse of 'refugee crisis'—and in the logic of 'decongestion' of the Aegean Islands in preparation for the long-awaited touristic season—psychiatric care provision and mental health support are rarely prioritised or taken seriously as a basic human right for people on the move.

image source: [S38](#)



Conclusion: the change expected from the EU and competent authorities

It is with overwhelming urgency that civil society—local, national and international—is pressing for all competent authorities to implement a humane reception for people on the move that includes a comprehensive vulnerability screening (in contrast to the 'fast track procedure' of the New Pact on Migration), together with the immediate transfer of all newcomers to the mainland, in dignified accommodation.

The reception of people on the move should not be provoking poor mental health for people in the refugee and migrant community, instead such policies should be built upon fair and humane procedures that prioritise dignity, respect and safety. It is paramount to engage in mental health support for people on the move that guarantees

individuals with proper access to psychiatric support if needed, as disciplined by WHO guidelines ([S38](#)).

National governments and EU political bodies are urged to adopt a comprehensive and humane approach to the protection of all people that come to Europe asking for international protection. An approach that must include the provision of education, integration and agency as fundamental rights for every human - and necessary steps towards ensuring mental health support.

The current system is not sustainable—not on a human and moral ground, nor on social, political and economic basis - and far too often listens to xenophobic and discriminatory narratives that are inaccurately imposed on the refugee and migrant community.

A migration policy where forced displacement is seen as a threat will never be able to meet people seeking asylum in dignified and humane terms. A migration policy must be implemented that recognises social inclusion, the guarantee of safety and a solid support system to protect mental health as a right, not a privilege.

There is only one way to go, and this necessarily requires:

Dismantling of the ‘hotspot’ approach and of the externalisation of border security (EU-Turkey Deal), together with the unrealistic proposal of fast-track asylum procedure.

Ending of reception procedures that mimic oriented to ‘mass-containment’ practices and (unwarranted) detention of people seeking asylum.

Abolition of the ‘geographical restriction’, responsible for inhumane overcrowding of reception centres in the Aegean.

Restoration and upscaling of small-scale housing projects—in the islands as well as in the mainlands.

Substantial access to information, legal support, medical care, education and employment - prioritising positive integration and mental health.
