UNIVERSIDADE DE LISBOA
FACULDADE DE PSICOLOGIA



# HOPE(LESSNESS): THE PERCEIVED PSYCHOLOGICAL IMPACT OF LIVING IN A REFUGEE CAMP

**Maria Cifuentes Reis**

## MESTRADO INTEGRADO EM PSICOLOGIA

**Área de Especialização em Psicologia Clínica e da Saúde-Psicologia Clínica Sistémica**

**2020**

UNIVERSIDADE DE LISBOA
FACULDADE DE PSICOLOGIA

U

LISBOA

UNIVERSIDADE
DE LISBOA

# HOPE(LESSNESS): THE PERCEIVED PSYCHOLOGICAL IMPACT OF LIVING IN A REFUGEE CAMP

**Maria Cifuentes Reis**

**Dissertação orientada pela Professora Doutora Maria Picão Fernandes da Gama Minas**

## MESTRADO INTEGRADO EM PSICOLOGIA

**Área de Especialização em Psicologia Clínica e da Saúde-Psicologia Clínica Sistémica**

**2020**

# Acknowledgments

Foremost, I would like to express my sincere gratitude to my supervisor, Professor Maria Picão Fernandes da Gama Minas for the support, knowledge and for never letting me loose hope and motivation.

To Samos Volunteers, for accepting to help me in this research since the beginning. I am deeply grateful to have had the chance to work with such an amazing Organization. Thank you to all the volunteers and coordinators. Thank you to each and every one of the persons that I have met on Samos, you are not forgotten.

To my family, for my education, values, the advice and deep affection. To my mom, for being a safe harbor in my highest flights and teaching me every day what true love and generosity is all about. To my dad, for the conversations and the silences, for the warmest hug. To my stepmother, for being an inspiration, confident and for always teaching me about professionalism and gratitude.

To my friends, for the love, support and for making me laugh and dance.

To HuBB, for being a hope in the dark.

**Abstract**

As the migration flow to Europe increases, thousands of people are forced to live in refugee camps whilst awaiting the conclusion of their asylum request. Considering the inadequate conditions in these camps and that the experience of exile may have harmful consequences for mental health, this investigation aims to understand the perspective of humanitarian workers and volunteers regarding Samos' refugee camp conditions and the psychological well-being of refugees. This research utilized a qualitative methodological approach. Data was collected from 14 participants using semi-structured interviews, sociodemographic questionnaires, photographic analyses and observations within the natural environmental context. The findings suggest that the living conditions, described as the lack of hygiene, shelters, proper food, access to healthcare as well as the overcrowding and lack of safety in the camp, are perceived as having severe psychological implications, including traumas and mental degradation. It is also suggested that the length and uncertainty of the asylum process is a major source of hopelessness and powerlessness. The presence of a support system, resilience and running a business were indicated as coping strategies adopted to deal with the hardships of living in the camp while waiting for the asylum request to be concluded. Finally, the implications of the present investigation are discussed which emphasize the necessity of further research in this area.

*Keywords*: refugees, refugee camps, mental health, coping strategies, asylum procedure

## Resumo

À medida que o fluxo migratório para a Europa aumenta, milhares de pessoas são forçadas a viver em campos de refugiados enquanto aguardam a conclusão do pedido de asilo. Tendo em consideração as condições inadequadas nos campos e as possíveis consequências prejudiciais à saúde mental, a presente investigação visa compreender a perspetiva de trabalhadores humanitários e voluntários relativamente às condições do campo de refugiados de Samos e o bem-estar psicológico dos refugiados. O presente estudo utilizou uma abordagem metodológica qualitativa. A recolha de dados foi realizada através de entrevistas semiestruturadas e questionários sociodemográficos a 14 participantes, análise fotográfica e observações em contexto natural. Os resultados sugerem que as condições de vida, descritas pela falta de higiene, habitação, alimentação adequada, acesso a cuidados de saúde, bem como a superlotação e falta de segurança no campo, são percebidas como tendo implicações psicológicas graves, incluindo traumas e deterioração da saúde mental. Da mesma forma, é sugerido que a duração e a incerteza do processo de asilo são uma importante fonte de perda de esperança e sensação de controlo sobre a vida. A criação e manutenção de uma rede de apoio, a resiliência e a criação de um negócio foram indicadas como estratégias de *coping* adotadas para lidar com as dificuldades de viver no campo enquanto se aguarda a conclusão do pedido de asilo. Finalmente, são discutidas as implicações da presente investigação que enfatizam a necessidade de novas pesquisas nesta área.

**Palavras-chave:** refugiados, campos de refugiados, saúde mental, estratégias de *coping*, pedido de asilo

**Resumo alargado**

A trajetória de uma pessoa que procura refúgio, embora diversificada, é frequentemente marcada por experiências traumáticas nas suas várias fases. Nos últimos anos, o número de refugiados no mundo tem registado um aumento exponencial. Particularmente no que diz respeito ao contexto Europeu, este crescimento não foi acompanhado por uma política eficaz e integradora de asilo (Grosse & Hetnarowicz, 2016). Uma das suas principais consequências, foi a proliferação de campos de refugiados cujas condições e duração da estadia tornam estes lugares possíveis potenciadores de sofrimento psicológico. Existe uma lacuna na literatura relativamente ao impacto das condições dos campos na saúde mental dos refugiados, uma vez que o foco principal na área da psicologia tem sido o estudo de eventos traumáticos e fatores de stress antes da chegada ao campo ou no país de acolhimento (Fazel et al., 2005; Kirmayer et al., 2011; Rasmussen & Annan, 2009). Contudo, os estudos existentes apontam para repercussões ao nível psicológico relacionadas com as condições estruturais dos campos, falta de esperança no futuro, insegurança, entre outras variáveis (de Carvalho & Pinto, 2018; Moreira et al., 2019; Theofanidis & Fountouki, 2018). Por outro lado, as intervenções ao nível psicológico, em campos de refugiados, são descritas como complexas e desafiantes. Dada a complexidade e premência do tema, o presente estudo procura compreender a perspetiva de trabalhadores humanitários e voluntários relativamente ao campo de refugiados de Samos, assim como ao bem-estar psicológico dos refugiados. Neste sentido, tem como principais objetivos: descrever as condições no campo de refugiados da ilha de Samos; compreender a perceção de trabalhadores humanitários e voluntários relativamente à saúde mental dos refugiados, fatores que contribuem para tal, assim como mecanismos de *coping* identificados; explorar a relevância percebida do apoio psicológico e psicossocial neste contexto.

A presente investigação tem um carácter exploratório, de natureza qualitativa. Os dados foram recolhidos através de 14 entrevistas semiestruturadas e questionários sociodemográficos a trabalhadores humanitários e voluntários, análise fotográfica de imagens do campo e observação participante, dado que a investigadora esteve um mês e meio a trabalhar voluntariamente no contexto em investigação. Posteriormente, procedeu-se à análise temática dos dados, com o auxílio do software Nvivo Pro 12 (QSR).

Os resultados da presente investigação, sugerem que as condições inadequadas do campo e a duração e ambiguidade do processo de asilo, são os principais fatores que contribuem para o mal-estar psicológico dos refugiados. As infraestruturas e serviços do campo são, essencialmente, descritos como inadequados face ao número de residentes. A superlotação do

campo pode ser uma explicação para a baixa qualidade dos serviços prestados, uma vez que não estão adaptados ao elevado número de residentes. Não existe nenhum serviço ou infraestrutura fornecido pelas entidades responsáveis do campo descrito positivamente: alimentação de baixa qualidade; falta de eletricidade; sujidade do campo; insuficiência de água corrente; condições de habitação inadequadas e falha no fornecimento das mesmas; apoio psicológico quase inexistente e apoio psicossocial dependente apenas de Organizações Não Governamentais [ONGs]. O trabalho das ONGs é bastante valorizado pelos residentes do campo, e o relacionamento com os voluntários é percebido como positivo e respeitoso. No entanto, é pertinente referir que os trabalhadores humanitários e voluntários têm dificuldade em descrever os serviços prestados pelas ONGs como tendo uma elevada qualidade, uma vez que estas procuram preencher as lacunas existentes, com o apoio de voluntários e recursos limitados, não tendo capacidade para prestar os serviços mais adequados.

De acordo com os participantes, um aspeto essencial da vida no campo é a insegurança e a violência recorrentes. Por um lado, as instalações não são seguras de um ponto de vista estrutural, isto é, estão demasiado concentradas e são geralmente instáveis. Por outro lado, são vários os relatos de violência, conflitos, abuso sexual, violência com base no género e tráfico de pessoas. Os conflitos entre as pessoas podem ser explicados pela falta de recursos disponíveis, racismo e antecedentes históricos entre comunidades, exposição passada e presente a violência e sofrimento psicológico. Em contrapartida, os trabalhadores humanitários e voluntários destacam a importância do sentido de comunidade gerado entre os refugiados. As características positivas associadas ao campo dizem respeito à cooperação e apoio entre as pessoas, o que se reflete em atos de solidariedade, como a construção conjunta de estruturas (nomeadamente de habitação) e criação um sistema de apoio. Ainda no que diz respeito à vivência no campo, esta é percecionada no presente estudo, como um dos principais contributos para o desenvolvimento ou agravamento de traumas passados, podendo causar maiores danos psicológicos do que as experiências passadas. O processo legal é outros dos fatores percecionados pelos trabalhadores humanitários e voluntários como contribuindo para a deterioração da saúde mental. A burocracia e a incerteza associadas ao procedimento de asilo constituem um obstáculo a sentimentos de esperança relativamente ao futuro, criando uma sensação de falta de controlo e dependência de políticas incertas e facilmente alteráveis. Os resultados apontam, também, para a degradação física e psicológica dos refugiados que resulta das condições de vida e do processo legal. A degradação é descrita pelos trabalhadores humanitários e voluntários como sendo visível através da perda da motivação, esperança e presença nos centros comunitários, a frequência de emoções de tristeza, frustração e raiva, assim como de sintomas

como violência, automutilação, insónia e dor física, que surgem com o passar do tempo.

Para além disso, um dos objetivos deste estudo foi compreender melhor as estratégias de *coping* utilizadas pelos refugiados para lidar com o sofrimento psicológico. A principal estratégia mencionada pelos participantes é a criação e manutenção de uma rede de apoio tanto no campo como nos países de origem. Ter um negócio e desenvolver a capacidade de resiliência são, também, substancialmente mencionados. Devido à falta de condições no campo e a duração do procedimento de asilo, os refugiados sentem a necessidade de criar pequenos negócios como forma de prosseguirem com as suas vidas, encontrar dignidade, independência e rotina, o que, por sua vez, conduz a um sentimento de 'normalidade'.

Por último, os resultados da presente investigação sugerem que existe uma necessidade de apoio psicológico e psicossocial no campo, embora sejam percebidos de maneira diferente. Embora todos os participantes tenham concordado com a importância do apoio psicológico e a sua necessidade, nem todos concordam com a intervenção no campo, uma vez que a principal causa de mal-estar psicológico é percecionada como proveniente da vivência no campo. Estes resultados apontam para a necessidade de explorar formas alternativas de apoio, como intervenções em grupo, promoção de estratégias de *coping*, e ferramentas práticas para atenuar o sofrimento psicológico. No que diz respeito ao apoio psicossocial, este tipo de intervenção providencia espaços seguros. Várias atividades desenvolvidas nesta área, como atividades de educação informal, permitem que os refugiados tenham uma rotina, colaborem enquanto voluntários, participem nas atividades e sejam apoiados pelas ONGs.

Embora os resultados da presente investigação apontem para o impacto negativo das más condições de vida e incerteza do procedimento de asilo no bem-estar psicológico dos refugiados, são consideradas várias limitações e sugestões para futuros estudos. Nomeadamente, o facto de as entrevistas terem sido apenas realizadas a trabalhadores humanitários e voluntários e a dificuldade em diferenciar as emoções e sintomas que surgiram durante a estadia no campo ou noutras fases da vida. Em termos de futuras investigações, seria pertinente aprofundar aspetos como as implicações psicológicas da vivência em campos de refugiados na Europa, a perceção dos refugiados relativamente à necessidade de apoio psicológico, tipos de intervenção considerados adequados e a origem e benefícios do sentimento de comunidade gerado neste tipo de contexto.

**Palavras-chave:** refugiados, campos de refugiados, saúde mental, estratégias de *coping*, pedido de asilo

# Table of contents

## List of Illustrations

## List of Appendices

## Introduction

Today, there are 79.5 million forcibly displaced people worldwide, more than half of which are internally displaced people, 26 million are refugees and 4.2 million asylum seekers (UNHCR, 2020a). Although these numbers have been high for a long time, 2015 marked the beginning of what is one of the central themes of the European Union today–the management of refugees. There has been criticism towards Member States due to the lack of consistent decisions and the non-protection of human rights (Brekke & Brochmann, 2014; Trauner, 2016). The absence of a common and integrative policy regarding the protection and asylum of refugees has led to the overburdening of certain countries like Greece, resulting in long-term refugee camps that lack basic living conditions (Afouxenidis et al., 2017).

The existing literature on the psychological impact of the experiences of displacement points to high prevalence rates of mental health disorders in refugees (Bogic et al., 2015; Priebe et al., 2016; Porter & Haslam, 2005; Steel et al., 2009; Vossoughi et al., 2016). However, there is a significant gap in the relevant literature concerning the impact that living in a refugee camp and going through an asylum procedure have on one's psychological well-being. As the time spent in refugee camps increases (I. Feldman, 2015) and the conditions of refugee camps in Europe are negatively described (Amnesty International, 2016; European Union Agency for Fundamental Rights [FRA], 2019; Kalir & Rozakou, 2016; Oxfam, 2019), there is a need for research that would explore the mental health impact of the experience of living in a refugee camp. Moreover, a broader research on this topic will enable the development of more relevant and adequate psychological interventions. In this respect, the present study aims to foster greater understanding on the mental health state of refugees living in Samos refugee camp in Greece, while investigating the main factors contributing to it, coping strategies used by refugees and the relevance of psychological and psychosocial intervention.

## Literature Review

**Fundamental concepts**

It is in the aftermath of the two World Wars and the subsequent humanitarian crisis that the term refugee, as known today, was established (Redondo, 2018). The 1951 Convention was the first legal and political document to be released regarding the rights of displaced people (United Nations Refugee Agency [UNHCR], 1951). According to the UNHCR (2006), one of the key agencies of the United Nations [UN] dedicated to this matter, a **Refugee** is "a person who meets the eligibility criteria under the applicable refugee definition, as provided for in international or regional refugee instruments, under UNHCR's mandate, and/or in national legislation".

UNHCR establishes two other relevant definitions that should be taken into consideration. The definition of **Internally Displaced Persons** (IDPs):

Those persons forced or obliged to flee from their homes...in particular as a result of or in order to avoid the effects of armed conflicts, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border (UNHCR, 2006, p. 12).

and **Asylum-seeker:**

an individual who is seeking international protection. In countries with individualized procedures, an asylum-seeker is someone whose claim has not yet been finally decided on by the country in which he or she has submitted it. Not every asylum-seeker will ultimately be recognized as a refugee, but every refugee is initially an asylum-seeker (UNHCR, 2006, p. 4).

The UN and its agencies, such as the UNHCR and International Organization for Migration [IOM], play an instrumental role in the asylum and refugee system (Cunliffe, 1995).

*Per contra*, these definitions can be controversial. From an anthropologist perspective, the definition of refugee is perceived as too narrow (Malkki, 1995). Malkki (1995), points out how refugees and their experiences are often described as homogenous, leaving aside the diversity of group ethnicities and causes for displacement. Hence, an idiographic perspective is

neglected and being a refugee becomes, in public and political discourse, a sort of identity (Stein, 198; Wood, 1985; Zetter, 1988).

Despite the differences, refugee's trajectories are often marked by long term experiences in confinement (Agier, 2008). The author Agier (2008) uses the term *confinement* and *quarantine* to refer to refugee camps - places of waiting which are ultimate, not temporary. While waiting for the asylum verdict, asylum seekers inhabit reception facilities, which can have different formats and characteristics, such as detention centres or identification centres (International Organization for Migration, [IOM], 2019a).

**Historical and legal framework of refugees in Europe**

Since 2015, Europe has been facing the challenges of what is the largest number of refugees in history. The number has been growing successively for seven years, resulting in a new record in 2019 (United Nations Office for the Coordination of Humanitarian Affairs [OCHA], 2019).

According to the United Nations High Commissioner for Migration, more than one million people arrived in Europe in 2015 and almost 4000 (Clayton & Holland, 2015) died in an attempt to cross the Mediterranean Sea. The fatalities highlight the flaws in the European Union's protection and asylum system, which has been unable to respond effectively by creating safe and legal passages (Steinhilper & Gruijters, 2018). Although the numbers have been declining, the latest 2019 data reports that approximately 1336 migrants died or went missing while trying to reach European soil (UNHCR, 2020b). As for July 2020, 339 fatalities are predicted to have occurred in the Mediterranean (UNHCR, 2020c).

In 2015 and 2016 the main routes of arrival to Europe were from Turkey to the Greek Islands (such as Lesbos or Samos) and from North Africa to the islands of Lampedusa and Sicily in Italy (UNHCR, 2017). From here, people continued their path freely to countries like Sweden, Germany, Denmark, without the proper identification, registration and asylum process as predicted in the Dublin Regulation. The Dublin Convention rules the examining of asylum applications within the European Union [EU] (Nedergaard, 2018) and envisages that the responsibility for analyzing the asylum process lies with the first country in the EU where the asylum seeker arrives (Regulation (EU) No 604/2013 of the European Parliament and of the Council, 2013).

In light of these developments, the topic of asylum and the fatalities in the Mediterranean Sea became the core of the public and media debate, leading to an increased pressure on

the European Member States (Berry et al., 2015). Member States adopted certain measures focusing, mainly, on the control of external borders. One of the main strategies applied by the European Union to prevent the arrival of more refugees was the agreement with Turkey, based on the Joint Action Plan, stipulated in March 2016 (European Council, 2016). The deal was based on a set of cooperation commitments. Despite its complexity, the core of the deal stipulated that Turkey is considered a safe country, therefore it should host Syrian refugees and receive refugees reaching Greece, while increasing control of its borders (Lehner, 2018). In return, the European Union remunerated 6 billion euros and took the pledge of resettling a Syrian refugee registered in Turkey for every Syrian returned to Turkey from Greece (1-to-1 agreement), as well as accelerate the liberalization of Turkish visas (Akkerman, 2018).

Whilst the border of Europe and its meaning to identity and citizenship are being put into question, there has been a reinforcement of protection and security (Balibar, 2002). There is deep engagement from Member States concerning border control and anti-illegal immigration policy (Walters, 2010). On the other hand, a common refugee protection and asylum policy has been neglected (Wolf & Ossewaarde, 2018). Former President of the European Commission, Jean-Claude Juncker stated,

> There is not enough Union in the European Union and not enough Europe in the European Union, with Member States thinking that the refugee crisis can be solved by working alone, as nations. But only a European response can solve a Europe-wide problem that has been imported to Europe from other parts of the globe. (European Comission, 2016, p.4)

**Consequences of the European asylum policies**

The European Union asylum policy and its consequences have been subject to extensive criticism, starting with the non-reform of the Dublin Regulation. By imposing exclusive responsibility of processing asylum claims to the first country where people arrive, whereas not considering mutual assistance from European Union members or resources available within different countries, this regulation has contributed to the, so-called, 'refugee crisis' (Brekke & Brochmann, 2014; Maani, 2018; Trauner, 2016). Despite the fact that there is little agreement on the essence of this term, it is found to have several synonyms. In example it is referred to as 'humanitarian crisis', 'crisis of the asylum system' or in cases when it questions Europe's

legitimacy and core values - 'European crisis' (Augustin & Jørgensen, 2019).

According to Tazzioli and De Genova (2016), there has been an externalization of this crisis, which is reflected in the European approach of externalization of borders, failing to put the crisis in a wider context of endless wars, occupations and military interventions. This external locus of control perpetuates the belief that refugees and migrants are the cause and problem of Europe's crisis (Dahlstedt & Neergaard, 2016). Nevertheless, the fact that Italy and Greece received hundreds of people every day, in addition to the Schengen area that allows the free movement of people, contributed to a chaotic and disintegrated situation (Grosse & Hetnarowicz, 2016). In light of the above, in 2015 the European Commission proposed the creation of "hotspots", that would enable the processes of relocation, return and international protection status (Hotspot Approach - Migration and Home Affairs - European Commission, 2015). These are, essentially, "facilities for initial reception, identification, registration and fingerprinting of asylum-seekers and migrants arriving in the European Union (EU) by sea" (European Parliamentary Research Service [EPRS], 2018). Despite the implementation of some provisional measures, this lack of collective action has been reflected, for instance, in the overcrowding of refugee camps in Greece and Italy and lack of capacity from these countries to ensure refugee protection (Kalir & Rozakou, 2016; Schneider et al., 2017; Trauner, 2016). A great part of the basic needs of refugees in the camps, including but not limited to food, clothes, hygiene, and many others, are dependent on humanitarian aid organizations. This in itself reflects the failure of states and their protection system of refugees and asylum seekers (I. Feldman, 2015). Nonetheless, the implementation of the hotspot approach, aimed to relieve the pressure on countries with high migratory pressure, has proved unsatisfactory (Asylum Information Database [AIDA], 2019; Danish Refugee Council, 2017). Several reports denounce the detention of refugees and migrants in the hotspots, due to deficient conditions and lack of security, failure to screen vulnerable cases, restriction of freedom of movement and lack of legal assistance provided (Amnesty International, 2016; Danish Refugee Council, 2017; FRA, 2019; Kalir & Rozakou, 2016; Oxfam, 2019).

The situation of refugees in Europe received wide media coverage, with particular focus on the refugee camps in Greece. The Aegean Islands have been become known as "prison islands". There the inhabitants await the answer for their asylum request whilst living in overcrowded and insecure camps with dire conditions (Fallon, 2020; Kitsantonis, 2019). By depending on irregular bureaucracy, refugees live in a 'legal limbo', putting their lives on hold for an indefinite period of time (Rozakou, 2017). Moreover, no matter how many borders or barriers European Union puts into action, people are continuing to come to Europe (Human

Rights Watch [HRW], 2020). The Human Rights Watch World Report 2020, expressed criticism on how the EU neglected the establishment of legal channels for migrants or support on the development of the countries of origin (HRW, 2020).

**The Greek case**

For many years Greece, due to its privileged location, has been a gateway for thousands of migrants, refugees and asylum-seekers. However, in 2015, with the massive increase of arrivals combined with the countries' fragile economic and political conditions, Greece reached a situation of humanitarian crisis (Cabot, 2018). Handling these challenges meant that thousands of migrants had to be registered and supported, guaranteed their basic needs (shelter, food, etc.) while making this process fast, effective and human rights oriented (Afouxenidis et al., 2017). Even though over the years the number of people that arrive has been decreasing, 2019 saw a great rise in the arrivals from Turkey to Greece. According to Desperate Journeys, a report by UNHCR (2019a), as of 30 of September, 2019, 46.100 people arrived to Greece, reaching a peak in the months of July, August and September. At the end of 2019, 59.726 people had arrived with over a third of this number being children, of which 16% were unaccompanied or separated from their families or guardians (UNHCR, 2020c). The main entry points were especially the islands of Lesbos, Chios and Samos (IOM, 2019b).    Due to the high number of refugees and the implementation of the Dublin Regulation, Greece holds a vast number of reception centres, making it one of the hotspots managed along with European Union agencies (AIDA, 2019). Once arriving to Greece, asylum seekers stay in reception facilities commonly known as refugee camps (FRA, 2019). These camps are located in deteriorated spaces, usually old military bases, factories and other inoperative sites (Kourelis, 2017; Moreira et al., 2020). Additionally, they provide inadequate conditions in terms of hygiene, food, housing, security, health services, including psychosocial support, which combined with the uncertainty of their futures creates major disturbances (HRW, 2020; Moreira et al., 2020).

Recently, the United Nations High Commissioner for Refugees, Filippo Grandi, visited Greece and advocated for a rapid response from the European Union to address the situation, giving special emphasis to the situation of unaccompanied children (UNHCR, 2019b).  In light of the recent developments regarding the Coronavirus pandemic and the potential consequences of a possible outbreak in Greece's refugee camps, several NGOs and Associations have made public statements reinforcing the need to decongest Greek hotspots (Médecins Sans Frontière, [MSF], 2020; Smith, 2020).

**Situation on Samos island**

Samos, the second-largest of the Greek Aegean Islands after Lesbos, is currently one of the major arrival hotspots in Europe (AIDA, 2019). Although it has the capacity to accommodate up to 648 people, on July 29, 2020, it hosted 6634 (General Secretariat for Information and Communication, 2020) which is around ten times its intended ability. At the moment, in the Aegean Islands, 49% of asylum seekers are from Afghanistan, 19% are from the Syrian Arab Republic, 6% from the State of Palestine, 6% from Somalia, 6% from the Democratic Republic of Congo and 16% from other nationalities (UNHCR, 2020d).

The camp is located outside the official boundaries of the camp, on the outskirts of Vathy, the capital of Samos. As it can be observed (see Appendix A) the blue and yellow areas correspond to the official part of the camp and the Reception and Identification Center. It consists of different levels, with containers and service infrastructures – one specific level for police station, offices of Frontex, Interpol, UNHCR, OIM, and the European Asylum Support Office (EASO), as well as the camp's medical team and Praxis, the Non-governmental organization [NGO] responsible for unaccompanied minors (Migreurop, 2020). Since the camp is overcrowded, the extended area identified in the photo corresponds to the *jungle*, where the majority of people live (see Appendix A). Although the Reception and Identification Service is entitled to provide housing facilities, i.e. tents, a report from the visit by European Union Agency for Fundamental Rights indicated that new arrivals had to buy tents from the local shops for 10€ (FRA, 2019).

According to different sources, water distribution is scarce or nonexistent in the *jungle* with exception to a few tap waters installed by the NGO MSF in September, 2019 (Migreurop, 2020; MSF, 2018). According to Migreurop (2020), the level of hygiene in the camp is very low. The few sanitary facilities designed for the original camp's capacity (648 people) are currently broken and dirty. Food is described as having poor quality. It is distributed three times a day by the army, but due to overcrowding and lack of services, people have to wait in line between three and four hours, resulting in moments of heightened tension (Migreurop, 2020). Lastly, regarding healthcare, there is a lack of qualified staff and refugees end up having to sleep outside of medical centers in order to guarantee they will be examined (Migreurop, 2020; MSF, 2018).

The asylum procedure envisages that once a person registers the asylum claim, he/she will receive an asylum seeker card, broadly known as *ausweis*, and a date for the interview (Ministry of Migration and Asylum, n.d.). After the interview, the asylum office will decide on

the claim's acceptance and whether the person will proceed to a second interview, or not, depending on the answer (UNHCR, n.d.). In theory, Reception and Identification Centers are intended to implement fast-track procedures (AIDA, 2019). In 2019, applicants under the fast-track procedure, had to wait around 7 months until a first instance decision (AIDA, 2019). On Samos, the procedures have been taking months or years, with first interviews being scheduled for 2021 and 2022 (Migreurop, 2020).

The living conditions in the reception facilities have been categorized as substandard (AIDA, 2019). Thus, asylum seekers have been building their own structures or relying on NGO's to fulfil basic needs, as having access to a shelter or a bathroom (Migreurop, 2020). As of December 2019, Samos refugee camp had "one doctor who conducts the screening of new arrivals; four nurses; two psychologists; two social workers; two midwives; and one coordinator. There is also one army doctor who reportedly works at the hotspot for three hours every day" (Refugee Support Aegean, 2019) which warrants the reports of lack of healthcare services (European Court of Auditors [ECA], 2019; FRA, 2019; Migreurop, 2020). Since 2018, UNHCR has been exposing the situation on the islands of Samos and Lesbos and recommending the transference of people to the mainland since every camp resident is now in a vulnerable situation due to the inadequate circumstances they are living in. Once more, in October of 2019, UNHCR has described the conditions on Samos as "inadequate and insecure" and plead for the transfer of 5000 people to the mainland, as well as for the improvement of the shelters, especially with winter approaching (UNHCR, 2019c).

With the continuous arrivals and the non-evacuation of people to the mainland or other countries, there is a permanent overcrowding and a decrease of conditions which leads to clashes between locals, refugees and the police (Refugee Support Aegean, 2019). The local communities of Lesbos, Chios and Samos have organized many protests against the refugee situation in the islands, claiming they are against human rights and negatively affect tourism (Bousiou, 2020).

**Refugees' mental health**

In the constitution of the World Health Organization [WHO] (2006, p. 1) health is defined as a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Migrating and seeking asylum can be a long and arduous process which may have an effect on the several areas of one's health, at mental, physical and social levels (IOM, 2019c).

A refugee's mental health can be affected in different ways and timings (Kirmayer et al., 2011). It can be said that there is a *pre-flight period* (regarding the experience in the country of origin, usually the causes for seeking refuge, and also the process of taking the decision to leave); the *flight period* (the complete journey from the country of origin to the country of the first asylum, which in the majority of cases occur under very dangerous conditions) and lastly, the *reception phase*, which can vary from being installed in the first asylum country, a third country or, what happens to a substantial amount of migrants, staying in refugee camps (Ager, 1993). In a more comprehensive and historical approach to the refugee experience, Kunz (1973) identifies two main kinetic patterns of flight and settlement: *anticipatory refugee movements*–a person that perceives threat earlier and leaves the country of origin before disastrous incidents – and *acute refugee movements*–a person escaping life threatening situations with the main purpose of reaching safety (Kunz, 1973; Stein, 1981).

The three levels mentioned above and the different experiences one has within them, can result in differing mental health harms (Malkki, 1995). One side of the complexity in identifying and handling mental health problems of refugees is consisted in the considerable variation in the trajectories these people experience–from the moment they find themselves in distress in their home countries until they reach safety and begin a new life (Bogic et al., 2015). According to Kirmayer et al., (2011), factors such as language, social and cultural background and beliefs, harsh conditions experienced before and in the present moment, coping strategies, uncertainty regarding the future, specific diseases and many others, make the psychological intervention with refugees very challenging but at the same time fundamental (Kirmayer et al., 2011).

Due to different methodological approaches, as well as the differences in the cultural and social backgrounds of refugees and their trajectories of displacement, there is not a clear and uniform understanding on the mental health outcomes of the experience of exile as a refugee (Bogic et al., 2015; Kane et al., 2014; Priebe et al., 2016; Tol et al., 2013). Nevertheless, the great majority of studies and meta-analysis suggest that refugees, asylum seekers and irregular migrants are exposed to high risks of mental disorders (Bogic et al., 2015; Porter & Haslam, 2005; Priebe et al., 2016; Steel et al., 2009; Vossoughi et al., 2016). The psychological effects of displacement are moderated by anterior and posteriors factors (Vossoughi et al., 2016). However, a meta-analysis suggests that the prevalence of mental disorders in refugees (such as anxiety disorders and psychotic illnesses) are roughly the same as the rates of the populations in the host countries, with the exception of PTSD (Fazel et al., 2005). On the other hand, a systematic review and meta-analysis conducted by Steel et al. (2009) demonstrated that

exposure to torture and other traumatic events are associated with higher rates of PTSD and depression, particularly for populations living in refugee camps. In addition, another meta-analysis focusing on mental health disorders in post conflict settings, revealed high rates of PTSD among people that have experienced major violence and anxiety disorders within those who have not been exposed to such high rates of violence (de Jong et al., 2003).

Nevertheless, a recent meta-analysis about mental disorders in conflict settings, determines that "approximately one in five people in post-conflict settings has depression, anxiety disorder, post-traumatic stress disorder, bipolar disorder, or schizophrenia", showing higher prevalence of mild to moderate and severe mental disorders compared to the prior estimations from the World Health Organization (Charlson et al., 2019). Some studies revealed that women are at greater risk of developing mental disorders (Charlson et al., 2019; Kane et al., 2014; Satinsky et al., 2019) such as, chronic conditions, PTSD and depressions (Gerritsen et al., 2006). Men, on the contrary, have higher probability of developing substance abuse problems and psychotic disorders (Kane et al., 2014). Despite the greater exposure to possible traumatic situations, it is important to note that being a refugee itself does not constitute a psychological condition or implicates particular mental health disorders (Malkki, 1995).

Apart from the idiosyncratic point of view and inconsistencies between studies in this area, the structural and social ecological factors that emerge while living in a refugee camp can cause serious harm on the mental health of refugees (Vossoughi et al., 2016). This is especially relevant considering the increasing length of stay in a refugee camp keeps rising (S. Feldman, 2007). There is a significant lack of research regarding the impact that living in a refugee camp has on mental health, since the main focus in the psychology field has been to study the traumatic events and stressors prior to arrival to the camp (Rasmussen & Annan, 2009) or in the host country (Fazel et al., 2005; Kirmayer et al., 2011). The few studies that have been conducted, have found that daily life stressors in refugee camps can provoke major distress caused by the structural conditions of the camp (regarding space distribution, hygiene, food, education, along with others), lack of hope for the future, insecurity, and many other variables (de Carvalho & Pinto, 2018; Moreira et al., 2019; Theofanidis & Fountouki, 2018). Apparently, factors such as the location of residence inside the camp can cause major safety-related stress and concerns (Rasmussen & Annan, 2009). The few existing relevant studies in this matter, report that a high proportion of refugees living in refugee camps showed symptoms of anxiety, stress, fear and anger. Likewise, the decrease in the quality of the living conditions results in greater need of psychological support (Basheti et al., 2015; Vossoughi et al., 2016). Furthermore, the fact that they depend on humanitarian aid to have access to basic needs as food or housing, the

lack of safety, the feeling of being perceived as refugees and not as individuals, as well as the poor living conditions caused deep pain and negative emotions contributing to the development of mental disorders (de Carvalho & Pinto 2018; Bjertrup et al., 2018) and a feeling of being helpless victims (Agier, 2008).

The interventions in refugee camps by researchers and mental health professionals remain challenging (Rozakou, 2019). Certain examples of the difficulties that challenge the capability of studying mental health inside refugee camps include: ensuring access to a refugee camp as a researcher, getting to the camp (which in the majority of cases are located in remote areas), getting the trust of refugee population to engage in the study or coordinating matters with authorities, are examples of difficulties that challenge the capability of studying mental health inside refugee camps (Harrell-Bond & Voutira, 2007). Furthermore, stigma, cultural beliefs and the preference for seeking help within the social network (family or friends) can hamper the implementation of mental health and psychosocial support inside refugee camps (Kane et al., 2014; Rasmussen & Annan, 2009; Satinsky et al., 2019). Part of the reason for these obstacles is the lack of research in refugee camps (Gonsalves, 1992) as well as their unfavorable safety context (Almedom & Summerfield, 2004). However, this doesn't mean that psychological intervention is not needed, as demonstrated in different contexts of research regarding refugees (de Carvalho & Pinto, 2018; Moreira et al., 2019). Hence, it is important to study coping strategies adopted by refugees such as, finding a support system, religion, creating informal businesses, maintaining traditions, finding a meaning to what they've been through and relying on formal support (Dako-Gyeke & Adu, 2015; de Carvalho & Pinto; Erdener, 2017; Gladden, 2013; Simich et al., 2003).

Therefore, new models of intervention, namely through community healing and using multi-systemic and multi-component approaches are being implemented (Kira et al., 2012). Since there is a potential preference for a group intervention (which decrease the feeling of isolation, creating feelings of mutual understanding and creating informal support groups) over an individual one (Mitschke et al., 2016) and psychosocial intervention instead of psychological, recreational activities, development of communication tools, brain-bending and educational games and providing safe spaces can be utilized as intervention methods (IOM, 2019d).

Despite all this, as the number of refugees and the years they spend in camps increase, alongside the poor conditions they face, it is crucial to understand how and which features of the refugee camps may be affecting refugee's mental health, identifying stressors, new models of mental health intervention and good practices by NGO's and also from refugees themselves.

**Refugees' mental health in Greece and Samos**

Several reports from organizations working in refugee camps in the Aegean Islands have been indicated the severe psychological problems affecting the majority of people in the camps. Subsequent to the EU-Turkey agreement, the conditions of the reception facilities have been deteriorating while the length of asylum procedures has been increasing (AIDA, 2019). According to UNHCR (2018) and FRA (2019), such lack of conditions result with an increased risk of violence (particularly Sexual and Gender Based Violence [SGBV]) and deterioration of psychological well-being, with common feelings of uncertainty and frustration.

In Lesbos, professionals from Doctors Without Borders reported that in July and August of 2019, three children attempted to kill themselves and 17 self-injured. A total of, 73 children were referred to the organization for assistance and in Samos there are complains about violence in several forms, such as sexual violations (MSF, 2019). In addition to the traumas that refugees and asylum-seekers have suffered in the pre-flight and flight periods, the conditions in the camp and the lack of safety lead to a critical deterioration in physical and mental health, instead of providing a safe environment (MSF, 2017). Some of the major causes of distress include the living conditions in the camps and a constant concern about security (MSF, 2017). These reports and news have been published several times and despite having gained attention from the civil society, there is an evident lack of information regarding the mental health situation of refugees in Greece, especially since there are not enough health professionals for the amount of people that need psychological aid (Hermans et al., 2017).

A study that was implemented on several different locations in Greece, pinpointed the uncertainty of not knowing to where and when they would leave and the lack of control over one's life, as the main cause of psychological disturbances of camp residents (Bjertrup et al., 2018). Moreover, this study has also revealed the significant negative impact of loss of social networks as well as the constant feeling of suffering. Thus, depending on study sites, between 73% and 100% of refugees in this study have indicated symptoms of an anxiety disorder (Bjertrup et al., 2018). Furthermore, one study that focused on the experience of Syrian refugees in Greece, including Samos, revealed high levels of anxiety disorders - 92.1% of the participants on Samos (Ben Farhat et al., 2018). The participants in the study, described their current life as painful due to the living conditions and uncertainty of the future, considering that the great majority didn't have information about the state of their asylum claim or access to legal counselling (Ben Farhat et al., 2018). In a similar vein, the results from a study conducted in three reception sites in Greece in the period between 2016 and 2017, suggested that the conditions

in which the refugees lived and the uncertainty regarding the future contributed to the worsening of their mental health and the increasing use of drugs and alcohol (Jauhiainen, 2017). These results are further supported by other studies (Ben Farhat et al., 2018; Brekke, 2010; El-Shaarawi, 2015; I. Feldman, 2015; Laban et al., 2014; Moreira et al., 2019).

## Methods

The present study aims to answer the question: *According to humanitarian workers and volunteers, what is the perceived impact of the conditions in refugee camps on the psychological well-being of refugees?* Thus, it intends to meet the following objectives:
to describe the conditions in Samos refugee camp and to identify the positive and negative factors associated with such conditions; to comprehend the perception of humanitarian workers and volunteers working on Samos regarding the mental health of refugees, factors that contribute to it as well as coping strategies identified; to explore the perceived relevance of psychological and psychosocial support for refugees living in Samos refugee camp.

### Methodologic Framework

The present study is designed as an exploratory research with a qualitative nature, combined with literature review and is based on the postpositivist and constructionist paradigms. The postpositivist paradigm adopts a critical realism, striving to achieve a reality that exists but it cannot be perceived perfectly due to its natural changes and the flaws of human intellectual (Guba & Lincoln, 1994). Thus, it perceives the world as ambiguous and multidimensional, at the same time as seeks qualitative, valuable, idiographic or transferred conclusions (O'Leary, 2004). The constructionist paradigm, considers the reality as socially apprehended and, therefore, takes into account participants' perspectives and constructions that are built in their interactions with the world (Guba & Lincoln, 1994).

This study's qualitative nature comprehends some of its core characteristics: the data was collected in close relation to the studied environment; multiple sources of data were used; and the analysis conducted took into consideration both the perspectives of the participants and the researcher (Creswell, 2009).

### Procedures

Primarily, the research project was submitted and approved by the Deontological Commission of the Scientific Council of the Faculty of Psychology of the University of Lisbon in

January, 2020.

Taking into consideration the literature review, the research aims and field work of the researcher in duration of 3 months on Samos, the envisaged sample was consisted mostly of refugees living in the camp on Samos. Refugees that have experienced camp life and all it entails, are the most appropriate to answer questions regarding the conditions, services, relationships and doubtlessly, emotions, symptoms, coping strategies and perceived necessity of psychological and psychosocial support. In order to guarantee a more diverse perspective, part of the interviews were to be conducted with humanitarian workers and volunteers working in the camp.

At the time the pandemic COVID-19 expended, the recruitment of the sample was already initiated with support of an NGO. In response to the circumstances, the procedures had to be modified. Two main reasons led the researcher to abdicate interviewing refugees. The first one is based on the lack of internet access in the camp. This would hinder the research once it would not be possible to conduct online interviews with refugees. Moreover, the scarce internet access is mainly used for personal matters. Second, apart from the daily stressors refugees have to face, coronavirus is a major stressor for people living in the camp. Coronavirus is perceived as a major threat because the conditions of the camp make hygiene and social restrictions impossible, and also because Greece has imposed restrictions of movement and mandatory closing for almost all NGOs. The researcher has maintained contact with some refugees living in the camp and they mentioned the additional psychological burden from staying inside the camp all the whole time. In order to avoid potential bias of the results and to avoid the involved psychological risks, the researcher considered that it would not be ethical to interview refugees during this time. However, the researcher was able to adjust the study to the circumstances without failing to achieve its main goals.

**Participants**

The sample consisted of 14 participants, 11 humanitarian workers and three volunteers, working in 4 different Non-Governmental Organizations (NGO)'s on Samos.

Ten participants were female and two were male, age range between 20 and 31 years old (Mean=26). Convenience sampling was used and the sample was recruited using a snowball strategy. Due to proximity reasons, 11 participants in the research were working in the same NGO as the researcher.

Seven of the humanitarian workers started working as volunteers and eventually assumed coordinating positions in the respective organizations. 10 participants worked with an

organization that provided psychosocial support and a laundry station; two participants worked for a medical organization; one participant worked for an organization that provided psychological support and one participant worked for an organization that provided both medical and mental health care.

The participants belonged to seven different nationalities, all within Europe. Regarding their fields of expertise, two participants have studied social work and the remaining twelve have studied one of the following: psychology; medicine; international development, research and child protection; public affairs; computer science; peace research and international politics; humanitarian action; international security; ethics and politics; photography and finance.

By the time the interviews were conducted, as a result of the ongoing COVID-19 pandemic, only three participants were still on Samos. Nine participants had left the island in less than a month and two participants left on December 2019. In order to guarantee a well-sustained overview of the camp's conditions as well as about the refugee's psychological well-being, a minimum one month stay on Samos was used as an inclusion criteria.

**Instruments for data collection**
**Semi-structured interview.** In qualitative research, a large majority of data collected is through interviews. According to deMarrais (2004, p. 54), "An interview is a process in which a researcher and a participant engage in a conversation focused on questions related to a research study. These questions usually ask participants for their thoughts, opinions, perspectives, or descriptions of specific experiences."

The particular type of interview used in the present research was the semi-structured interview. It is described as having a script with flexible questions and topics to be addressed, not necessarily in that specific order, although there are specific contents required from all participants (Merriam, 2009). Thus, it allows the interviewer to explore and inquire on certain perspectives of the participants and gain new insights on the subject.

A total of 13 semi-structured interviews were carried out (See Appendix B). The interviews were conducted via Skype ®, lasting between 40 and 70 minutes and a script was followed with the necessary adaptations in the course of the interview and the research. Due to the encountered difficulties in the internet access, one participant that was still on Samos, conducted a written interview. The first minutes of the interview were exclusively to understand how the participant was feeling and to explain the investigation, its objectives, relevance, the changes that have occurred and procedures involved. The participants were given the space to

ask questions and were previously informed about the video and audio recording of the interview and its subsequent transcription and deletion. All the participants signed an informed consent, thus clarifying the voluntary nature of participation and possible withdrawal without any consequences (See Appendix C). The confidentiality of the collected information was highlighted which was achieved by permitting access to the results exclusively to the researcher and her dissertation supervisor.

**Sociodemographic questionnaire**. A sociodemographic questionnaire was sent to the 14 participants with the purpose of collecting relevant data to contextualize and further analyze the content of the interviews. The participants were asked to indicate their age, time spent in the camp, academic qualifications, study field, job in the camp, languages spoken and country of origin (See Appendix D). Special attention was given to their field of study and the NGO with which the participants were associated on Samos.

**Participant observation.** Within the participant observation, the researcher enters information regarding the field of study, participation and collection of empirical data trough observation, inquiry and relevant personal engagement in the context of study (Preissle & Grant, 2004). Since the researcher spent one month and a half as a volunteer and researcher on Samos, it was considered relevant to include participant observation as one of the instruments for data collection in the present investigation. In this respect, it is important to note that the researcher was aware of her personal ideologies, preconceptions and emotions that influence her position while recording data. Additional personal opinions were not included in the analysis.

**Photographic analysis.** Photographs are a useful tool to provide factual information and visually describe data (Bogdan & Biklen, 2007). In the present research it has been considered the analysis of photographs taken by the researcher while on Samos. However, this idea was rejected due to the current restrictions by the Greek law to take photos inside the camp. Therefore, the researcher asked permission to use photographs from Portuguese journalists who attended Samos refugee camp in November 2019. In addition to this, the NGO that was associated with the researcher, kindly provided a map of the camp. These photographs were used in the analysis of the findings of the present research to provide a better description of the conditions in the camp and its structure.
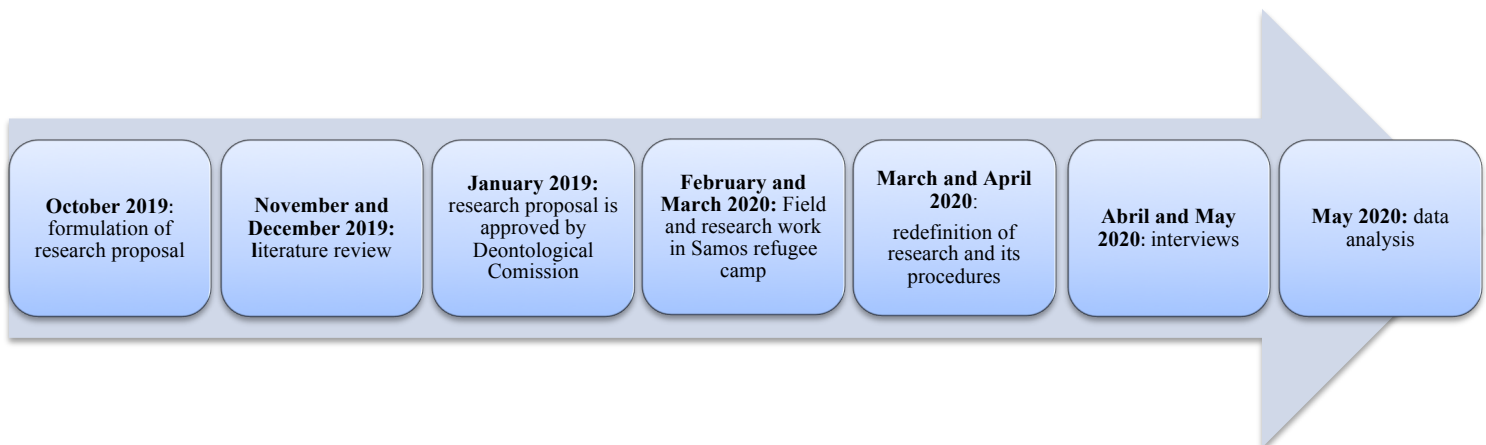
*Figure 1:* Trajectory of the research study

**Data analysis**

The qualitative method chosen to analyze data was thematic analysis. It allows a flexible and detailed analysis, through the organization and extraction of patterns within data (Braun & Clarke,2006). As stated by Braun and Clarke (2006), there are six phases of thematic analysis. These phases were followed in the present research and in addition to these the researcher kept a logbook of insights and reflections regarding the collected data. The first phase corresponds to the familiarization with the data, which involves the rereading of interviews and field notes; the second phase requires initial data codification and organizing major categories of interest; the third phase involves searching for themes, through code clustering; the fourth phase involves reflection and arrangement of the current codes and themes guaranteeing consistency; the fifth phase, defining and naming themes, enabling a general identification of each theme's content; lastly, the sixth phase, producing the report, through reanalysis and possible rearrangements, guaranteeing its relation to the research aims and literature review.

Data analysis was conducted by the researcher, under the guidance of the thesis supervisor and using the program NVivo Pro 12 (QSR) in the analysis. All data including interviews, sociodemographic questionnaires and field notes were imported to the software and subsequently analyzed. The primary focus of analysis was on the content of the interview complemented by field notes. Sociodemographic questionnaires were found not to be of particular interest.

**Findings**

In order to facilitate the presentation of the findings, the number in between parenthesis after the letter "N=" will indicate the number of participants that have mentioned the particular category. The number of references for each category or for the intercrossing of categories will be indicated by "ref=", which refers to the number of times it was mentioned. References may include field notes as sources, but this will be detailed by presenting results with "FN". Citations will be followed by the letter P and a number associated to the respective participant. Despite acknowledging the different legal concepts regarding refugees, in the presentation of findings and in the following discussion, the term refugees will be used to refer to the population in analysis, both living in the RIC and the *jungle*.

Sociodemographic data as sex or age were not relevant to this analysis and, therefore, will not be mentioned. It is also important to note that the term "camp" refers to the RIC and the *jungle*, while it is specifically highlighted when the reference is for only one of both segments. The findings will be divided in two main categories: the first concerns the refugee camp while the second concerns refugee's psychological well-being.

**General impressions of the camp**

As mentioned in the literature review, the Samos refugee camp is consisted of the official camp and the so-called *jungle*, the unofficial part. Thus, the services provided may vary according to the respective area of the camp. The camp is informally <u>organized by communities</u> (N=9; ref=9), according to their countries of origin and language.

<u>Deficient</u> (N=14; FN; ref=182) was the characteristic that described most of the services in the camp, alluding to its insufficiency and inadequacy. This category was associated with every service identified by the participants. <u>Overcrowding</u> (N=14; FN; ref=114), was the second characteristic most associated with the camp, due to the high number of people living there and the consequent lack of services. The third one was <u>unsafe</u> (N=14; FN; ref=96) which was related to the fourth one, <u>violence</u> (N=14; FN; ref=63). The camp was described by participants as being extremely unsafe, from both an infrastructure and societal point of view. There are a lot of fights, tension and riots uprising from different reasons, such as the lack of resources, the tension between different communities and the psychological burden –

A hotbed for creating violence, tension and especially riots when you put people in a

position where physically they're exhausted because it's impossible to get a full good

night's sleep in the camp, mentally you're drained because you're constantly waiting for

news and an answer that you know is probably going to be negative. (P2)

The lack of safety in the camp affects the general refugee population. However, some specific groups are perceived as more vulnerable than others. Women are the most vulnerable group to the insecurity (N=11; ref=19) and violence (N=5; ref=7). Specifically, regarding sexual harassment (N=6; ref=6) – "You're very, very vulnerable. And people take advantage of that, as well. So yeah, I know there are a lot of cases of sexual assault and rape as well in the camp" (P7).

Women saying that they're scared to go to the bathroom, for example, at night, they

don't leave their tent because they feel unsafe. And then again, there's also some do-

mestic violence so it's not also always safe to be inside and there's hardly a way to leave.

(P1)

Children, including unaccompanied minors, are also particularly vulnerable to the insecurity (N=4; ref=5), violence (N=2; ref=3) and sexual harassment (N=1; ref=1) – "For kids it's really not secure, we know a lot of kids have been harassed when they go to the toilets or just when they are walking around" (P3).

Since children are often not supervised, they become easy targets for human traffickers (N=2; ref=2), "there's trafficking going on especially against children" (P5). LGBT people are also a vulnerable group of people regarding insecurity (N=1; ref=1) and violence (N=2; ref=2) – "There were also cases of violence or even sexual gender-based violence, for example, against gay people" (P12).

Regarding insecurity, the existence of dangerous animals (N=7; ref=11) was mentioned that not only destroy some supplies, but that can also be harmful –

Apart from that there's animals, dangerous animals like breads, snakes, scorpions, we

had some scorpion bites in the clinic. That can be very dangerous. Yes. Spiders. And

of course, these animals are also carriers of multiple diseases. So, this also creates a big

issue. (P14)

Participants also perceived the camp conditions as terrible (N=14; FN; ref=58) and inhumane (N=11; FN; ref=55). The fact that all services are described negatively, particularly concerning that it is within the European Union, was emphasized by participants as a human

rights violation – "First of all, the basic needs for people in the camp, food, shelter, hygiene, all of those exist on a level that's below the requirements that any human being should have" (P2)

> All this has a massive effect on your value as a human being, when you're treated as an animal at some point you start feeling as an animal because you're not treated as a human being anymore so it's very degrading. (P5)

The camp was also perceived as <u>dirty</u> (N=13; FN; ref=40), which relates to the lack of hygiene facilities and cleaning, scattered trash and rotten food –

> One student told me he's just going to another part of the camp because you don't want to have to shit near your own tent but you do it like close to other tents where you don't know the people. Everybody knows that's not nice, but what can you do? If you have no chance to go to the toilet, sometimes you can't wait one hour for toilet. (P8)

Another common characteristic was the <u>loudness</u> (N=8; ref=13) which is related to overcrowding, lack of proper housing facilities and the tension felt in the camp,

> It's super loud. That's something that asylum seekers and refugees living inside the Camp will tell you all the time it is so loud that you can't sleep. There's always someone playing music. There is always people shouting, children screaming so yeah, I think all your senses are heightened when you go into the camp. (P13)

**Services provided in the camp**

It should be noted that the order in which the categories are presented is not related to their importance, but is a mere representation of the order in which the researcher analyzed data.

**1.Hygiene**

Hygiene includes availability of toilets, showers and washing services. Hygiene facilities inside the RIC are provided by the authorities and, in the *jungle*, are provided by NGO's or through informal assistance, in other words, built by refugees.

<u>Deficient</u> was the main characteristic associated with this service (N=14; FN; ref=30), along with <u>dirty</u> (N=10; ref=20)- See Appendix E- and <u>overcrowded</u> (N=10; FN; ref=12) –

The sanitary conditions are...just there's no sanitary conditions at all. So, there's very

few bathrooms that are totally not enough for everyone. Most of them are not working

so people just have to go anywhere, which causes a really big sanitary issue. (P14)

According to a participant working in a medical NGO mentioned, there are no washing
services provided within the camp –

So, about the hygiene, one big problem is that there's no option to wash your clothes.

So most of the people are washing the clothes with cold water, by hands. And there are

so many... For example, there are many different sicknesses like scabies where it would

be so necessary to wash your hands as well to wash your clothes with the washing

machine, and that's not possible. (P8).

While doing field work, along with participant observation on Samos, the researcher
was also able to witness the lack of hygiene conditions in the camp. The NGO with which the
researcher was collaborating provided a laundry station outside the camp. However, on average
it was only possible to wash each person's clothes twice a year.

## 2. Food

Food is provided by the camp authorities, three times a day. Camp residents have to
queue in one line for each meal. Food was associated with the following main characteristics:
deficient (N=10; FN; ref=18), unhealthy (N=8; ref=11), terrible (N=6; ref=9), overcrowded
(N=6; ref=8), unsafe (N=4; ref=5) and dirty (N=4; ref=5). In this category, deficient concerns
the lack of an efficient mechanism to distribute food and the food's low quality. Overcrowding,
in this context, refers to the high number of camp inhabitants, which has a direct implication
in the food's distribution and efficiency.  Due to overcrowding and lack of an efficient service,
camp residents have to wait for a long time –

People have to stand in line for the food very long, sometimes for hours, for example,

so they stand in line for breakfast and have to immediately stand in line again for lunch

and then immediately again for dinner, which makes it very difficult to access the food.

And for some people, it's not easy to stand in line so they would not get it. (P12)

Moreover, the food was described as being of poor quality and even improper for hu-
man consumption –

It's awful food. Like I can't even tell you how bad it is, like it's terrible, comes in a

plastic packet with a film lead. And it's got the date written on it. Sometimes they put

stickers over the date to cover that it's out of date, and sometimes they don't even bother.

(P10)

It was mentioned that very often refugees buy food or ingredients and cook with self-made "kitchens" (N=10; ref=12) –

So, the people cook the food that they use, like that they like from their own countries,

for example, and sell them for 50 cents apiece or something inside the camp. And from

what I heard, it's actually very appreciated because people like to have also their own

food from their home countries. (P12)

It's easier for them to just go outside and buy food at the supermarket at the end of the

day, rather than doing the full line. (P13)


## 3. Water

Water refers to running water, either for consumption or hygiene. Within the RIC, water is provided by the camp authorities (N=10; ref=15) and outside the RIC, until recently, there was no provision of water. One NGO had installed water tanks (N=10; ref=15) in the *jungle*. Deficient (N=10; ref=18) was, by far, the most mentioned characteristic related to this service, for both the RIC and the *jungle*. This was also related to the overcrowding (N=6; ref=6). Water was described as insufficient, as it quickly runs out and for some people living further away, it is difficult to obtain – "Water is totally insufficient, many people are dehydrated and there are far too few water taps for the number of people" (P11).


## 4. Electricity

The main characteristic that described electricity was deficient (N=3; ref=5) and was a cause of insecurity (N=4; ref=5). Inside the RIC there is lack of electricity and in the *jungle* there is no electricity at all, which was perceived as liable for unsafe situations – "I would say that the camp can also be a very dangerous place because there's no illumination at night, for example" (P14).

**5.Housing**

Overcrowded (N=10; ref=16) was the main characteristic associated with this category. The containers inside the RIC area are overcrowded and there is no space available for more tents. The majority of camp residents reside in the *jungle*, in tents or in self-made shelters (See Appendix F and Appendix G) – "A lot of people have difficulties sleeping in the camp, just for the practical reason that you are sharing a container with 60 people" (P9); "We have what we call the jungle, so it's the unofficial camp. And it's huge. And you have a lot of tents and like makeshift shelters, basically" (P7).

In addition, housing was also perceived as deficient (N=5; ref=8); lacking privacy (N=5; ref=5); insecure (N=3; ref=4) and dirty (N=2; ref=3) – "The tents are so close to each other and if fire protection would look at it, they would just say like you have to close all of it, basically, because there's no way to escape" (P14). In theory, the authorities are supposed to provide a tent to new arrivals, but that doesn't always happen. NGO's are the main tents distributors (N=3; ref=4) – "Even when they arrive, they don't have any shelter or place to be so they have to wait to get a new arrival package from one of the NGOs which also contains a tent" (P7).

**6.Healthcare**

Authorities provide healthcare for camp residents, yet healthcare was considered deficient (N=14; ref=33) by all participants in relation to the overcrowded camp (N=8; ref=12). Deficient concerns the lack of capacity to assist the number of people in the camp requiring medical care – "There's a doctor but the doctor is not usually there to do consultation based on when you're sick. It's usually part of the asylum procedure. And so, it's quite difficult to get the medical appointment with that doctor" (P13); "A pregnant woman cannot see anyone in the nine months that she's pregnant" (P6).

**7. Psychosocial support**

Regarding psychosocial support, it is entirely provided by NGOs outside the camp. Certain activities used to be conducted by NGOs within (N=2; ref=3) but currently there are none because it's not allowed by the Greek authorities – "Greek authorities made a decision that you need a license permission. It's not really a license, it's just a permission to enter the camp to do any kind of activities, and they can be quite strict with it" (P13).

Once more, the main characteristic associated with this category was deficient (N=4; FN; ref=8), considering that due to the number of refugees living on Samos, there is not enough

psychosocial support – "I think it can make a small difference to the people living in the camp. But I still think it's not enough…the things we offer on Samos. I don't think, in the end, is enough" (P7).

## 8. Psychological support

The availability of psychological support was mentioned as provided by authorities (N=7) and as provided by NGOs (N=11). Regardless of who the provider is, psychological support was mainly characterized as deficient (N=7; ref=20) – "It's very, very hard for people to be able to get help, to see a psychologist, to see a psychiatrist, it's mainly impossible, especially for longer therapies" (P5).

## Relationships

In respect to the relationships in the camp, six types of relationships were identified: between individuals (N=14; ref=77); between communities (N=14; FN; ref=46); between authorities and refugees (N=14; ref=31); between locals and refugees (N=7; ref=9); between volunteers and refugees (N=13; FN; ref=43) and between NGO's and authorities (N=6; FN; ref=16).

### Relationships between individuals

With respect to relationships between individuals, all the participants referred to them as supportive (N=14; FN; ref=47) – "I think for some people to arrive and then to be surrounded by people from their own country can be very, very comforting and make you feel like you belong somewhere, which I think is really important" (P10). This makes the relationships between individuals to be seen as positive (N=12; ref=30)–

I know a lot of people who got to know each other in the camp and they are friends now, they live together, they are supporting each other making food for the other person, playing football, they are living together, so there are a lot of good relationships. (P8)

Another emerging category was the cooperation, brought up by 7 participants (ref=14). On the other hand, this relationship type was also perceived as violent (N=6; ref=8) and tense (N=5; ref=7) – "60% of the times I've been in there, I've seen minor fights and It's kind of a different society logic in there because it's kind of everybody has to, in certain way, survive" (P9).

**Relationships between communities**

Supportive (N=8; ref=10), was a mentioned category to describe the relationship between communities –

By thinking certain situations where people have come together as organized community, whether that's through building a mosque or a church or having community meetings, I think there's gonna be some benefit coming to people from that. Just having that support. (P2)

The category cooperation, was brought up by 5 participants (ref=6). This characteristic illustrates how individuals help each other in a common situation with a common goal and protect each other –

There's a lot of working together from groups that you'd normally not expect, like African people working together with Muslim people or not Muslim people, people from the Middle East. And, for example, I've witnessed African people have been building the mosque, for example. So, I guess you can build friendships with people that you would normally not meet or not communicate because of like their social circumstances. (P4)

On the other hand, all the participants pointed out violent (N=14; ref=17) as a defining feature of this relationship type and a strong majority described it as tense (N=12; ref=23) – "But then you get a lot of violence amongst people from different communities. Because it's not a 100 homogenous group inside the camp. So, you have a lot of different dynamics in a small space" (P13).

**Relationships between authorities and refugees**

The main characteristics associated with this type of relationships were: tense as the main one (N=12; ref=15); distant (N=8; ref=8), untruthful (N=6; ref=6) and violent (N=5; ref=8). Humanitarian workers and volunteers perceived a lack of trust that results from a distant relationship – "The camp residents, at least, don't really trust the authorities, they don't think the authorities are there to help them, of course they are angry and they blame the camp authorities for their living circumstances" (P5).

**Relationships between locals and refugees**

This relationship is described as <u>unstable</u> (N=2; ref=2) throughout the time. In the beginning of the refugee crisis, the local population was very helpful and <u>supportive</u> (N=2; ref=2). After 5 years combined with the worsening of the situation, refugees are facing <u>racism</u> (N=3; ref=3) on Samos by some locals – "A lot of people are facing so much racism when they're living in Greece, in Samos" (P5).

**Relationships between volunteers and refugees**

This relationship was considered generally <u>positive</u> (N=12; FN; ref=17), emphasizing the fact that this relationship brings humanity and dignity to the camp residents. This was related to <u>respect</u> (N=8; ref=12) and <u>gratitude</u> (N=5; ref=8) towards volunteers, who are seen by camp residents as helpful and the work they do is very much appreciated and admired –

I believe that there is a huge degree of respect towards volunteers from camp residents, because it's almost like when you walk through the camp, you're on this side or on you're on this side, you know, are you with us or are you against us? And there's a sense of gratitude towards volunteers definitely. (P9)

On the other hand, <u>damaging</u> (N=5; FN; ref=6) described the perception that the close relationship between refugees and volunteers can be harmful for refugees. Since the volunteers only stay on Samos during a limited period of time.

**Relationships between NGO's and authorities**

As for the relationship between NGO's and authorities, it was perceived as being quite <u>tense</u> (N=4; ref=5) and <u>untruthful</u> (N=1; FN; ref=2). Since NGO's are not allowed to work inside the camp anymore, apart from in exceptional cases, it is harder to establish a cooperation – "And so, the management changed, and therefore the relationship with the management changed as well and it became more difficult. And it was clear that the management didn't want NGOs to work inside" (P1).

**Legal process**

The legal process, as the fundamental basis of the present and future of refugees, was a central matter. This topic was divided in two subtopics: <u>asylum procedure</u> and <u>legal counseling</u>.

Asylum procedure entails the whole procedure from when a refugee arrives to Samos until he/she receives a final decision regarding the granting of asylum. It was perceived as deficient (N=9; ref=12), in terms of lack of staff and efficiency of the process –

That means every two weeks, your call to get your passports renewed, is very stressful because there's three lines or something, it's really not a lot of staff working in this sector, like at the moment. And you have to queue for a really long time. So, a lot of time the best strategy is actually to sleep outside all night. And then you're fresh in line the next day. That means that you sleep outside, it might rain, it might be cold, you still sleep out, and then you get renewed. From what I heard sometimes it can take 15 hours and then it can take the whole day and maybe still won't get your ausweis renewed. (P13)

Moreover, it was also characterized as illogical (N=9; FN; ref=12) and uncertain (N=7; FN; ref=12). Participants referred to the asylum procedure as unclear, nontransparent, inconsistent and difficult to understand, due to lack of logic behind it. Uncertainty was used to describe interview dates and the final decision regarding the asylum process which might mean repatriation to the country of origin or the movement to a third country – "It can change from one day to the next when your interview is, it's a complete mess. There's no structure" (P10);

**Overview of positive and negative features of the camp**

Overall, negative connotations (N=14; FN; ref=316) are far more outlined than positive (N=13; ref=60). The results of the research indicated that none of the services provided in the camp or the camp itself were perceived as positive – "I cannot think of anything specifically positive related to the camp to be honest" (P6).

By far, the two most relevant categories in terms of negative aspects were hygiene (N=14; FN; ref=43) and healthcare (N=14; ref=32). Regarding housing (N=11; ref=23) there were only negative connotations. Food (N=10; ref=26) and water (N=11; ref=17) were also described as negative. The only positive aspects regarding these themes referred to the work developed by NGOs –

I mean, the camp themselves don't provide anything that's remotely positive. Like at

all. They don't give anything very well. Like the few things that they do give they give

really badly, like medical care and water and this kind of stuff. (P10)

The asylum procedure was exclusively described as negative (N=13; FN; ref=23) due to its lack of transparency, ambiguity, unpredictability while at the same time having impactful consequences on refugees – "The adequate asylum services that process people's claims don't exist" (P2).

Twelve participants when asked about positive characteristics related to the camp, referred to the relationships between individuals, the community that comes out of the situation – "I think the positives are that you are living in big community of people who have similar problems. So, you are not alone with your problems" (P8).

Three participants mentioned, in a positive way, the geographic location of the camp, since it is very close to the main town, which enables camp residents to exit the camp without difficulties. Additionally, one participant highlighted that the nature surrounding the camp offers opportunities for camp residents to go hiking – "The only positive characteristic of the camp compared to other Greek islands like Lesbos, is the proximity to the town. Being able to easily access NGOs, pharmacies and supermarkets, the sea, is definitely very advantageous" (P11).

One positive thing also the nature of the camp, Samos has a very nice nature and some

of my students for example, go hiking sometimes and going out of the camp, and after

half an hour, they are in the nicest nature where other people go for holidays. So, I think

also for the mental health, to go out in the nature and to forget the tent. (P8)

While generally referring to NGO's work as positive (N=10; ref=20), most often participants characterized the services provided by NGOs as deficient (N=13; FN; ref=38), considering that the services remain insufficiently provided – "An organization, *MedEquali*, they are doing their very best, every day, to see as many people as possible and to provide medical health care. But it's very, very, very limited" (P7).

Lastly, reference was made to the informal assistance network created by camp residents, which was perceived as positive (N=9; ref=14). This informal assistance was described as developing infrastructures and services in the camp –

Yeah, there's also a small like infrastructure made by the camp inhabitants. And that's very interesting. They have people who are making bread, baking bread. They made the oven by their own and they are baking very good breads and selling it very cheap to other countries. Some people are barbers, they're cutting the hair for others. (P8)

**Refugee's psychological well-being**

The second part of the interview with participants focused on the psychological well-being of refugees on Samos and their perception regarding emotions, symptoms, causes, expectations about the future and coping strategies.

Humanitarian workers and volunteers who participated in the interviews highlighted that the refugees with whom they interact are those who go out of the camp and socially relate, and therefore they are in a better mental health state. During interviews the researched noted certain difficulties in answering questions regarding mental health, since most participants do not have a background in this area and, on the other hand, can only express their perceptions of what they see and hear from refugees. Moreover, during interviews, it was possible to observe that participants struggled to answer questions about the existence and quality of services provided.

**Emotions**

The category emotions was divided in positive emotions and negative emotions. On the subject of positive emotions, four different emotions were noticed in refugees: hope (N=10; FN; ref=21); motivation (N=9; ref=17); happiness (N=4; FN; ref=6) and feeling of safety (N=2; FN; ref=3). Hope was related to the possibility of being granted asylum. On the other hand, new coming refugees to the island were easily observed due to their increased motivation and happiness – "Most people are holding on to the fact of getting asylum and being able to live in Europe. Because that's the only thing that is still holding you up" (P5); "At the very beginning when they reach Greece or Europe, they're still quite positive and happy because it's basically a step further to their journey to Europe" (P7).

The majority of identified emotions were classified as negative. The analysis indicated 22 negative emotions from which nine are highlighted following the criteria of the number of participants that have mentioned them. Hence, hopelessness (N=13 FN; ref=51); anger (N=12; FN; ref=21); frustration (N=10; FN; ref=26); sadness (N=10; FN; ref=23); shock (N=10;

ref=17); tiredness (N=8; FN; ref=23); anxiety (N=8; FN; ref=22); loneliness (N=8; FN; ref=17) and helplessness (N=8; FN; ref=16).

At the same time that hope was the predominant positive emotion, hopelessness is, by far, the dominant negative emotion. Contrary to hope, hopelessness increased with time –

I think one of the worst things I found about the job is when you meet someone who has newly arrived and their full of these expectations, and you know that when you speak to them in a month, they kind of lost that hope because they realize what reality is. (P2)

Anger, frustration and sadness were found to be frequent among refugees, as a response to the situation they are living in – "People arguing just because of the living conditions, they just get out of control with anger and then end up fighting with each other" (P10).

Shock was a result of the fact that no one expected these low living conditions – "I think in the beginning people are kind of shocked of the circumstances" (P4).

Tiredness (both physical and psychological) was also frequently mentioned as well – "People get really, really tired, basically exhausted" (P7).

The emotions described were predominantly perceived as affecting the general refugee population. Nonetheless, women were referred as being in a more vulnerable position, which could lead to fear (N=2; FN: ref=3) of living in the camp, since there is a constant exposure to violence and a risk becoming a victim. One participant and the researcher, highlighted the happiness (N=1; FN; ref=2) of women as a result of places provided by NGOs where they could feel safe and experience happiness – "I also met people in happy moments, or like moments where we offered dancing with the woman and they were dancing" (P8).

It is important to mention participants' perspectives regarding the emotions of children. Namely, children have an increasing aggressive manner as a result of contained anger (N=2; FN; ref=3) – "How the kids behavior changed, how they got aggressive" (P8).

**Symptoms**

The symptoms were categorized in physical: violence (N=10; FN; ref=18); self-harm (N=7; ref=14); insomnia (N=5; FN: ref=9) ; physical pain (N=3; ref=7) and suicidal attempts (N=3; ref=4) and psychological: degradation (N=11; ref=42); traumas (N=10; FN; ref=30); depression (N=9; FN; ref=19); suicidal thoughts (N=8; FN; ref=12), easily triggered (N=4; ref=7), which concerns a disproportional reaction to minor incidents; lack of reaction (N=1;

FN; ref=3); psychosis (N=3; ref=3); inability to concentrate (N=1; ref=1) and low self-esteem (N=1; ref=1).

Similarly to the emotions described by the participants, the symptoms were mostly associated with the general refugee population. However, it is relevant to point out some symptoms that were perceived to be most expressed by specific groups. Youngsters were the group that was most associated with self-harming (N=3; ref=3) – "Self-harm I saw sometimes, especially in younger people, teenager or like between 17 and maybe 30. I saw that sometimes. And yeah, because they were, I don't know, they couldn't show it differently. I saw that regularly as well" (P12).

Violence (N=2; FN; ref=3) and traumas (N=1; FN; ref=2) were connected to children – "A child that has to see persecution against their parents is something that is traumatizing for a child. So, it can have an impact, the whole big impact of insecurity for them" (P13.)

As to the general refugee population, degradation (N=10; ref=21) was the most mentioned symptom. Degradation stands for the worsening of mental health, which is also physically observable, and negatively affects the emotions and symptoms expressed by refugees. Approximately 13 of the 14 humanitarian workers and volunteers who have been on Samos between 4 months and 3 years, have witnessed the deterioration of camp residents.

The participants described degradation as loss of energy, frequent experience of emotions like anger, frustration and sadness, lack of self-care, hopelessness and eventually by dropping out of community centers or recreational activities. The feeling of hopelessness was deeply connected with the degradation of the camp residents and perceived as increasing throughout time –

> When they arrive at the beginning they're really nice, really kind, they try to stay at
>
> the beach, you know, and they thank you all the time. They're really, really grateful
>
> for everything you're doing all the time. And months after months you can see like the
>
> mental health is getting worse, worse, worse, worse, worse. And at one point you
>
> don't see them. (P3)

Depression (N=5; FN; ref=6) was also a common symptom, "People are feeling depressed quite often" (P7). This is also applied for suicidal thoughts (P=4; FN; ref=5) – "There's some serious intentions of suicide and suicidal thoughts" (P2).

> In the past month, I've been noticing that a lot of times people tell me they feel depressed and have suicidal thoughts. While I'm doing my volunteer shifts people come, we start talking and eventually they open up about how they feel. (Field Notes)

In line with the previous finding, <u>suicidal attempts</u> were reported by two participants that stayed on Samos between 1 and 3 years–

> And it's very clear that people did suicide attempts as well in the years I've been here, a couple of times. I've seen this by just community volunteers (refugees volunteering with our NGO), who are mostly even in better situation compared to others. So, I think that's a big sign. (P1)

> <u>Traumas</u> were also mentioned (N=4; FN; ref=5)– *"And if you are not traumatized yet, what I've seen, people will get traumatized from this place here"* (P1). <u>Physical pain</u> was mentioned by two participants working in a medical NGO as a psychosomatic effect –

> This was a big problem, a lot of chronic pain that people would feel, physical pain that in the end it was there and existed but it was caused not only by PTSD (Post-traumatic stress disorder) but also from the conditions that people are living and you can see that it would get worse and worse as long as they were there. At some point paracetamol would not do anything to these people but because nothing changes (…) a lot of chronic pain that we saw was caused by all the psychological traumas, and psychological side that was not being taken care of. (P14)

**Perceived causes of psychological distress**

**Legal process**

The <u>legal process</u> (N=14; FN; ref=89), specifically the long waiting for the interviews and final decisions, was perceived as being the main cause for <u>hopelessness</u> (N=11; FN; ref=17), the most frequent emotion that participants attributed to refugees – "This is not a life they want to stuck in for such a long period of time, they're stuck. There's no going back, there's no going forward" (P6).

I hear stories of someone who is mentally in a very bad place and people tell me like when he first arrived on Samos, he was fine, he was perfectly fine, but now after six months, after one year, maybe after two years you can see him getting into a very bad mental place and I think it has to do with the waiting a lot. (P7)

At this point, two main emotions emerge the sense of unknown and the lack of control resulting from the asylum procedure. The unknown concerns the fact that it is not possible to know what the future will hold, both regarding the course of the asylum procedure and the future prospects. Additionally, the fact that people are not in control of their own lives was perceived as a cause of the feeling of powerlessness (N=7; ref=11) –

People feel so powerless in the camp and in the asylum processes…perhaps their asylum claim will not meet the threshold of what's needed or perhaps they wait another year for asylum. So, this kind of frustration, of not knowing, having any control over your future or your direction. (P9)

The legal process was perceived as one of the causes for the degradation (N=5; ref=16) of refugees –

You have a lot of violence and they just become crazy and they lose their mind which is totally normal I mean spending like three years in this camp without knowing when you will be able to go out. (P3)

In addition, participants also mentioned the legal process as one of the causes for violence (N=3; ref=4), and feelings of frustration (N=5; FN; ref=7). These are a result of rising tension, nervousness and getting easily triggered (N=1; ref=1) – "Like you can feel how that (legal process) weighs heavily on people and it kind of levels of aggression and frustration you can feel it in the atmosphere of alpha (community center)" (P9).

As an outcome of the legal process and what it psychologically entails, it was also mentioned the development of depression (N=1; ref=1) and suicidal thoughts (N=2; ref=2) were mentioned –

I think people once they realize what the situation actually is they're very unsure of what the future can hold. And I think that insecurity, combined with the hopelessness and frustration really contributes to people's mental health and a decrease in mental well-being and how they feel all the time. (P2)

Other emotions and symptoms associated with the legal process were anxiety (N=3; FN; ref=8), as well as shock (N=3; ref=3) and tiredness (N=3; FN; ref=5) –

I think if people knew that they would be here for six months, and then they knew it would end or at least knew that something would happen, they would move on. And people would find a way more easily to deal with it somehow. And even though it's really, really bad, and people would still like, they would not be happy. But I do think that it makes it worse that people not know how long they will be here. (P1)

### Living in the camp

With regards to living in the camp (N=14; FN; ref=136), the participants in the interviews emphasized its relation to the feelings of shock (N=5; ref=8), hopelessness (N=5; FN; ref=9), devastation (N=3; FN; ref=6) and desperation (N=2; FN; ref=3). Shock, devastation and desperation, emerged from the fact that people didn't expect to live in such poor conditions and for such a long time –

I once had a patient that came from Syria, and he was yelling and screaming and crying because he said, 'Well, if I had known what is happening here, I would have never left Syria even though there is war'. (P12)

Many people told me that they lost all the hope they had and that the camp is destroying them from inside very slowly so they feel empty and they feel that the camp is taking everything, every energy they have. (P8)

Living in the condition from the camp contributed to the feelings of anxiety (N=5; FN; ref=7) and constant state of alert (N=3; ref=7). The state of alert is described as constant state of awareness and "survival-mode" due to the lack of resources – "This constant struggle for resources, and just this acute awareness that there will never be enough and I guess the inherent unfairness of the entire system has a terrible, I'd say psychological impact" (P9).

Tiredness (P=3; FN; ref=7) was perceived as being increased by the lack of possibility to rest while living in those conditions. This also gave rise to the feeling of degradation (N=7; ref=16) among camp residents prompted by living in the camp –

> This degrading part of it, that you were a doctor or something else and you are forced to live under these conditions, you can't live in a house anymore, you are forced to live in between garbage basically, you can't clean yourself and so on. (P5)

Handling the present situation becomes more difficult as time goes by and nothing changes. In association with the mental damage, it was emergent violence (N=5; ref=6) and suicidal thoughts (N=3; ref=3)/ attempts (N=1; ref=1) – "But some of them will tell you like "If I knew, I wouldn't have gone from my country. And it's difficult for them because before they were someone with a social status, a job and now they're only animals" (P3).

Traumas (N=7; ref=14) were seen as consequence of living in the camp or a trigger to pre-existing traumas –

> People are exposed to many health problems that would just not exist if they would be living somewhere else, even though all the traumas that people have passed through, there's a huge part of it that is caused by the conditions that they're living in. (P14)

Lastly, there were no positive emotions related to living in the camp or the environment in the camp.

**Past circumstances**

The past circumstances (N=11; FN; ref=27) involve personal circumstances experienced before arriving to Greece. The only emotion perceived as being related to the past was sadness (N=1; ref=1). However, traumas (N=6; ref=10) were described as having roots in the past – "I think everything kind of impacts their health so their past, the displacement period, their travels and living in the camp and not knowing what's next. This whole thing comes kind of together" (P13).

> For Syrian they've only known displacement, violence and war for 10 years now, that's just one example of many. So, I guess you're bringing all of that with you, but the fact is that people are still in an active state of trauma because living in that camp is not a safe space. (P9)

**Expectations for the future**

The expectations about the future and their relations to feelings of hope and hopelessness, vary depending on factors such duration of stay in the camp, the duration of the asylum procedure, their country of origin, emotions, symptoms and coping strategies.

Some refugees hope they can get to <u>another country</u> (N=10; ref=15) in Europe, and some start having language classes (e.g. German). Other people, don't have specific expectations about the country they want to reach, but have certain <u>goals</u> (N=7; ref=10) they want to accomplish. Both are perceived as coping strategies, since they maintain feelings of hope while on Samos.

<u>Inexistent</u> expectations (N=7; ref=9) were described as expectations that decreased with time spent in the camp as well as with the realization of the length and uncertainty of the asylum procedure – "And then this was very clear, like, the longer they stayed, the longer they realized that nothing is happening. They lost their expectations of the future" (P12).

**Coping strategies**

Coping strategies were divided in <u>adaptive</u> and <u>maladaptive</u>, according to participant's perceptions. Having a <u>support system</u> (N=13; ref=33); <u>running a business</u> (N=11; ref=30); <u>resilience</u> (N=11; FN; ref=48) and <u>going to a community center</u> (N=9; ref=10) were considered as the main <u>adaptive behaviors</u> implemented by refugees.

Having a <u>support system</u>, not only implies keeping in touch with family and friends from the country of origin, but also the main positive factor from living in the camp, which is the feeling of community belonging that comes out of it – "The sense of community may slightly help the mental health of individuals, in feeling supported and connected" (P14*).* Running a <u>business</u> primarily resulted from the lack of quality services, but also as a way of adapting to the circumstances, which was related to <u>resilience</u> –

There are people that try very much to adapt to the situation, just recreate their normal life inside the camp. That's why these social structures are evolving because people just try to adapt and try to have a normal life. (P5)

Going to <u>community centers</u> run by NGOs was a perceived coping mechanism. It was described as refugees engaging in recreational activities (educational and physical) and benefiting from the services provided (such as chargers or tea offering) – "Some people stay in

Alpha (community center) for the morning until evening because they don't want to go back to the camp because they know that it is hard there" (P6).

For instance, going out of the camp (N=9; ref=10); setting small goals (N=5 ref=6); volunteering (N=4; FN; ref=10) with NGOs working on Samos and exercising (N=4; ref=5) were also frequently mentioned as adaptive coping mechanisms.

In respect to maladaptive coping strategies, participants mentioned drinking (N=7; FN; ref=14); consuming drugs (N=7; ref=9); having violent behaviors (N=5; ref=7); doing nothing (N=4; ref=5); self-harming (N=2; ref=4) and smoking (N=1; ref=3). Addictions were perceived by participants as a mechanism to cope with the living conditions, the asylum procedure and all it entails – "There's also a lot of people that go by drinking alcohol every day, you have people very easily coming into an addiction because the conditions are not bearable" (P6).

**Perceived need of psychological and psychosocial support**

All participants, (N=14; FN; ref=32) regardless of the NGO with which they were collaborating on Samos and its scope of action, highlighted the necessity of psychological support for camp residents – "I think psychological aid is really, really important. So important, it's invaluable. I just wish there was more of it" (P10).

I am noticing that when I tell people I'm studying psychology they start talking and asking for advice. I reinforce that I'm still a student, I'm not a professional and I cannot help them like this. But they start talking, they say they need to unburden themselves, to get things off their chest. People showed a lot of desperation, they didn't mind If I wasn't already a psychologist, they just needed help. (Field Notes)

It is relevant to stress that the only psychologist who participated in this research, underscored cultural differences regarding psychology and how they have to be taken into account.

On the other hand, participants also mentioned the necessity of psychosocial support (N=12; FN; 31) as a tool to give people a routine, a purpose to go out of the camp and a feeling of dignity –

I think for people that are not in a crucial bad mental state like hurting themselves, harming themselves, doing suicide attempts, that the first start is to have psychosocial support, definitely. To distract your mind to keep yourself busy to have a purpose. (P1)

**Discussion**

The purpose of this study was to gain a better understanding of the current panorama regarding refugee's lives and mental health while living in Samos refugee camp, based on the perceptions of interviewees and researcher's observations. The discussion will follow the order used above, interconnecting the different topics.

Findings from the present dissertation suggest that refugees living in Samos refugee camp are perceived to have poor mental health. The poor conditions provided, and the lengthy, uncertainty and inconsistency of the asylum procedure appear to be the main contributing factors to the lack of mental health. The findings also highlight refugees' resilience and sense of community, as main coping strategies and positive outcomes from living under these circumstances. Finally, the findings suggest that an investment in psychological and psychosocial support, although having different scopes of action, can contribute to the development of strategies in response to both past and present problems. This is particularly relevant to psychological intervention, since there is a need to consider an approach adequate to the population, while taking into consideration the cultural backgrounds and beliefs.

Since the agreement between Europe and Turkey, the lengthy of asylum procedures and the conditions of reception facilities, including on Samos, have been deteriorating and causing major mental health problems, which has been documented before (Moreira et al., 2019; UNHCR, 2017). With respect to the living conditions on Samos, the findings of the present study confirm and reinforce previous literature, in terms of the inadequacy of services and lack of living conditions.

Together, the present findings suggest that the services provided in the refugee camp on Samos, are described as *deficient*, as they do not guarantee minimum requirements due to inadequacy and lack of resources in relation to the number of people living in the camp. The results highlight *hygiene* and *healthcare* as the main *deficient* services. A previous study by Hermans et al., (2017), found that the lack of hygiene services in refugee camps contribute to different physical illnesses. This goes in line with the findings in our study. The poor hygiene and healthcare conditions, described by all participants as deficient is consistent with the literature regarding conditions on Samos (ECA, 2019; FRA, 2019; Migreurop, 2020). There is no existing service or facility provided by the camp authorities, described as positive: poor quality *food*; lack of *electricity*; dirtiness; insufficiency of running *water*; inadequate *housing* conditions and failure to provide *housing* facilities; *psychological support* is almost non-existent and *psychosocial support* relies only on NGOs. These findings seem to coincide with previous

literature on Greece's hotspots conditions. These studies highlight the overcrowding of the hotspots, unsanitary conditions, lack of safety and inefficient asylum procedures as the main negative aspects (Amnesty International, 2016; FRA, 2019; HRW,2020; Kalir & Rozakou, 2016; Moreira et al., 2019). NGO's work is seen as very much appreciated by camp residents, and the relationship with volunteers is perceived as *positive* and *respectful.* However, it is interesting that participants have difficulties to describe the services provided by NGOs as positive, since they are mainly filling in existing gaps with the help of volunteers and struggle with limited resources. Taking into consideration previous literature by I. Feldman (2015), one interpretation of these findings is the acknowledgment that the high demand of humanitarian action reflects a failure from governmental institutions and it can hardly satisfy the real needs.

The *overcrowding* observed by all participants is consistent with the official population statistics of Samos refugee camp (UNHCR, 2020a) and in line with the characteristics reported concerning the camp's excessive number of inhabitants and lack of space (ECA, 2019; FRA, 2019; Migreurop, 2020). Under these circumstances, infrastructures come very close together. These findings are consistent with previous research in other Greek refugee camps, where due to lack of space and increase in the number of inhabitants, the camp becomes limitless, with never-ending borders (I. Feldman, 2015; Moreira et al., 2019; Rozakou, 2017). The fact that the camp is currently almost ten times its capacity may be an explanation for service's poor quality, since the facilities and services are not adapted to the large numbers of residents.

According to participants, one key aspect of living in the camp is the *insecurity* and constant *violence*, which is consistent with previous findings (Amnesty International, 2016; FRA, 2019; Oxfam, 2019; Rasmussen & Annan, 2009). On the one hand, the facilities are not secure from a structural level, i.e. no space between them, and informal structures are often unstable. On the other hand, the current investigation notes several reports of fights, sexual abuse, SGBV and human trafficking. In line with research in other hotspots in Greece (Moreira et al., 2019; Schneider et al., 2017), conflicts between people exist on a general level and may be explained by the lack of resources available, racism and historical background between communities, past and present exposure to violence and existing psychological burden. Confirming with previous reports, sexual abuse and SGBV particularly affect women and are aggravated by the insufficient protection of vulnerable groups (FRA, 2019; UNHCR, 2018). In line with this argument, Rasmussen & Annan's (2009) work suggests that the location inside the refugee camp can cause feelings of insecurity and stress to particular vulnerable groups.

Contrasting with the findings about violence and conflicts between refugees, the sense

of community that is generated between refugees living in the camp seems to be of high importance. Whereas past researchers have found that "both in Kara Tepe and in Moria, people with different nationalities and cultural backgrounds were forced to live together, a situation which sometimes caused conflicts" (Moreira et al., 2019, p. 97), the present study suggests that people support and rely on each other. Thus, the *positive* features of the camp are associated with *cooperation* and people being *supportive* towards each other, which is reflected in acts of solidarity, building structures together and creating a support system. These findings may be connected with the fact that a great part of the refugees are alone and the fact that they are living similar situations, which becomes a basis for a bond based on a common experience of exile. Although there is limited research in this area, findings from previous research conducted in host countries demonstrate the importance of creating close relationships with people living under the same circumstances in order to deal with feelings of stress, social isolation and other mental and physical problems (Simich et al., 2003).

Concerning life in the camp, *deficient*, *overcrowding*, *insecure*, *terrible* and *violent* are characteristics referred by all participants and the researcher, which strongly imply that, according to humanitarian workers and volunteers, living in the camp can have a negative impact on health and psychological well-being. *Living in the camp* is the most frequently stated cause of psychological disturbance in refugees. When refugees first arrive to the camp, there is a sense of *shock* and *devastation* since they did not expect such bad conditions, crushing their hopes and dreams of coming to Europe and starting a new life, which in turns leads to *hopelessness*. The present findings are consistent with the findings of Moreira et al., (2019), regarding the feelings of refugees upon arrival in Moria refugee camp, in Greece. Related to this topic, two other results merit comment. Seven participants expressed their perception that living in the camp contribute to the development or worsening of *traumas*. Past experiences were related to *traumas* and *sadness* especially considering the individual differences in the experience and cause of exile. However, several participants perceived the present situation as causing more psychological damage than these past experiences, which might be explained by the mental and physical wear of facing constant difficult situations. Secondly, the *legal process* is perceived by humanitarian workers and volunteers as prompting the worsening of mental health. The *bureaucracy* and *uncertainty* related to the asylum procedure, hindered the feelings of hope regarding the future, created a sense of *powerlessness* from not having control over their own lives and being dependent on uncertain and easily alterable policies. The humanitarian workers and volunteers perceive the legal process as generating a feeling of *hopelessness* (reflected in the loss of expectations for the future) and a *degradation* of mental health. One of

the reasons why the legal process results in degradation in the psychological state of refugees, is the realization on how the procedure works and the length of time it requires. The asylum procedure seems to weigh heavily on refugees and to be perceived as one of the major causes for psychological burden. In case if it was faster and clearer, people would cope better with the living conditions. The degradation that comes out of the living conditions and the legal process is observed by the transformation of the *motivation*, *hope* and attendance to *community centers* upon arrival, to the emotions of *sadness*, *frustration*, *anger* and symptoms such as *violence*, *self-harm*, *insomnia* and *physical pain,* that arise as time passes. This pattern is consistent with previous literature. Nervous system disorders, feelings of anger, anxiety, hopelessness, insomnia, aggression and sadness have been previously documented in research in several refugee camps (Basheti et al., 2015; Ben Farhat et al., 2018; Bjertrup et al., 2018; de Carvalho & Pinto, 2018; Moreira et al., 2019; Vossoughi et al., 2016). However, the results regarding psychological distress at the camp, cannot provide a clear distinction between problems emerging while living in the camp and prior experiences. Ben Farhat et al., (2018), Bjertrup et al., (2018) and Moreira et al., (2019) work have focused on refugee camps in Greece and enhanced how powerlessness and uncertainty regarding the future, as a cause of the asylum procedure, highly contributed to refugee's lack of psychological well-being and possible traumatic outcomes, depression and suicidal thoughts. In agreement with previous literature, these findings also suggest that the long waiting periods for every service, generate mental and physical tiredness (Bjertrup et al., 2018).

Additionally, one of the purposes of this study was to gain a better understanding of coping strategies used by refugees to deal with psychological distress. In connection with the community sense discussed above, the main coping strategy used is to have a *support system* both in the camp and in the countries of origin. This might be explained by the need to feel understood and supported. These findings are consistent with previous literature, highlighting the necessity of creating physical and emotional forms of support with family, friends and neighbors (Erdener, 2017; Gladden, 2013). *Running a business* and *resilience* are also substantially mentioned. Due to the lack of conditions in the camp and the duration of the asylum procedure, refugees feel the need to go forward with their lives, to find dignity, independence and routine, which in turns leads to a feeling of 'normality'. Past researchers, Dako-Gyeke and Adu (2015) and de Carvalho and Pinto (2018), have also found that engaging in income businesses and activities promoting independent living and economic self-sufficiency are common coping strategies in refugee camps. These strategies are employed in order to relieve some stress regarding money, contributing to a sense of power over one's life and occupying free

time (Dako-Gyeke & Adu, 2015; de Carvalho & Pinto, 2018). As observed in this study, *going to a community center* in order to engage with a formal support system is also perceived as a coping strategy in past research (Gladden, 2013).

Whereas past researches in refugee camps have focused on adaptive coping strategies, (Dako-Gyeke & Adu, 2015; de Carvalho & Pinto, 2018; Gladden, 2013), the present study has shown that maladaptive coping strategies, such as consuming *alcohol* and *drugs*, having *violent behaviors, doing nothing* and even causing *self-harming* emerge from the need to manage the current circumstances and psychological distress. One interpretation of these findings is that the feelings of shock and desperation along with the uncertainty for the future, leads refugees to engage in behaviors that can either make them forget reality or expel their anger and frustration.

Finally, our findings suggest that there's high demand of *psychological* and *psychosocial* support in the camp, although they are perceived differently. With respect to *psychological support*, there is both a lack of support available and a perceived need of it. The need of psychological support does not seem to be congruent within literature. While some researchers emphasize the role of the request from refugees for psychological intervention (de Carvalho & Pinto, 2018), in other studies people living in unsafe contexts, such as refugee camps, do not find necessary this type of intervention if they are still living in a place which is the main cause of distress (Almedom & Summerfield, 2004; Bjertrup et al., 2018). This inconsistency was also noticed in the present study. Although all participants agreed on the importance of psychological support and its necessity considering the experience of exile, not all participants agree with its introduction since the main cause of stress is consistently present. This points towards the idea of exploring alternative ways of assistance, such as group interventions, support in developing coping strategies, practical tools to mitigate stress, which is consistent with previous literature (IOM, 2019d; Kira et al., 2012; Mitschke et al., 2016; Moreira et al., 2019). Associated with previous research (Kane et al., 2014; Rasmussen & Annan, 2009; Satinsky et al., 2019), it is also worth mentioning the need stressed by the only psychologist participating in the present investigation, to find psychologic interventions which are adapted to cultural and social backgrounds, considering that the western psychology is not universal.

Regarding *psychosocial support*, this type of intervention provides safe spaces. Several activities which are present in the camp, such as informal education, enable refugees to have a routine, volunteer, engage in activities and be supported by NGOs. Although the findings highlight the high necessity of this service, there is a limited scope of this action since the NGOs are the only formal institutions providing it. Past literature (Gladden, 2013; IOM, 2019d;

Moreira et al., 2019) have also emphasized the role of this kind of intervention in displacement contexts. IOM's Manual on Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement (2019d), emphasize the importance of the implementation of social and recreational activities to bring together different communities, building a support system and developing empathy through exchange of experiences.

**Reflection from the researcher**

Given the researcher's work on Samos refugee camp for one month and half, considerable concerns were felt while working in the field and developing the present investigation. The researcher has felt an internal struggle of having to present findings in an assertive manner, whilst the topic in question involves a lot of difficult personal experiences, which are harder to communicate following an academic thesis style. The researcher felt the mission to expose the struggles of living in such poor conditions from a psychological point of view. Thus, the researcher has come to the conclusion that an action research methodology, which combines theory and practice, including critical views and perspectives of the researcher and participants (Zuber-Skerritt & Fletcher, 2007), might be an approach more in line with the concerns mentioned above. This will be taken in consideration, if the researcher decides to embark in future researches.

## Conclusion

The present research has focused on the main aspects related to Samos refugee camp and its relation to refugees' psychological well-being. Therefore, it enabled a detailed description of the services provided in the camp, the characteristics associated to them, as well as the perception of humanitarian workers and volunteers regarding refugee's mental health. In line with previous research, the findings point towards the severe psychological burden experienced by refugees in this context, in which depression, psychological degradation and traumas are frequent. Results suggest that the main factors contributing to psychological disturbance are the camp living conditions and the legal process. The living conditions reflect the deficiency of the services provided, which are aggravated by the overcrowding of the camp. Inadequate food, lack of access to healthcare and psychological support, poor hygiene facilities and a sense of lack of safety might cause psychological and physical damage. With respect to the legal process, findings highlight the uncertainty, length and lack of transparency of the asylum request. Moreover, the present study has explored the main coping strategies utilized by refugees,

from the point of humanitarian workers and volunteers. Findings suggest that having a support system, running a business or participating in a community center, can positively contribute to refugees' well-being. On the other hand, substance abuse can also be frequently used as a coping strategy. These coping strategies should be taken into consideration in psychological interventions. Despite the perceived necessity of psychological support, participants in this study have highlighted the fragilities of this type of intervention. These fragilities are related with the cultural differences in terms of psychological approach and the fact that refugees are still living in a vulnerable context that has implications in their present and future life. In this respect, psychosocial support, although not having a direct therapeutic intervention directly, is perceived as having a positive impact on refugees' mental health.

Although the present findings strongly suggest the negative impact of poor living conditions and the uncertainty of the asylum procedure on the psychological well-being of refugees, it is appropriate to recognize several potential limitations. First and foremost, the interviews were conducted with humanitarian workers and volunteers, which do not live in the camp and weren't exposed to a process of exile. This means that assumptions can only be retrieved from the perception of those working in the field but who at the same time did not have a direct experience with the situation. Secondly, it is difficult to differentiate which emotions and symptoms appeared during life in the camp or from other sources, as refugee's psychological wellbeing is not continually assessed during their stay in the camp. Lastly, a vast amount of data was collected and the researcher opted to present the findings in an extensive way. However, this option did not allow a profound focus on one specific category of data such as coping strategies or expectations about the future, losing depth in the analysis.

Despite these limitations, we hope that the current research will stimulate further investigation of this important area. Thus, in terms of future research, it would be useful to extend the current findings by examining more deeply the psychological implications of living in refugee camps in Europe. Most studies regarding refugee's psychological well-being have not extensively explored the European context or collected data in countries of resettlement. It would be an important contribution to have a baseline enabling a better understanding of mental health illnesses from the moment refugees arrive to a camp and throughout their stay there. Concerning the community sense that is built in emergency settings such as a refugee camp, it would be useful to explore how it is created and its benefits. In addition, there is a need for research that explores which coping strategies are used by refugees while living in refugee camps and their perception regarding psychological intervention and how it should be implemented. Our research might be a useful aid to implement more diverse therapeutic approaches.

Considerable insight has been gained with regard to the need to focus on the development of strategies that minimize the psychological consequences of living in a refugee camp.

**Bibliography**

Afouxenidis, A., Petrou, M., Kandylis, G., Tramountanis, A., & Giannaki, D. (2017). Dealing with a Humanitarian Crisis: Refugees on the Eastern EU Border of the Island of Lesvos. Journal Of Applied Security Research, 12(1), 7-39. https://doi.org/10.1080/19361610.2017.122802

Ager, A. (1993). Mental health issues in refugee populations: a review. Retrieved 5 July 2020, from https://www.academia.edu/32952651/Mental_health_issues_in_refugee_populations_a_review.

Agier, M. (2008). On the margins of the world (pp. 1-62). Polity.

Akkerman, M. (2018). Expanding the Fortress. Amsterdam: Transnational Institute and Stop Wapenhandel. Retrieved from https://www.tni.org/en/publication/expanding-the-fortress

Almedom, A., & Summerfield, D. (2004). Mental Well-being in Settings of 'Complex Emergency': an overview. Journal Of Biosocial Science, 36(4), 381-388. https://doi.org/10.1017/s0021932004006832

Amnesty International. (2016). Our hope is broken: European paralysis leaves thousands of refugees stranded in Greece. Retrieved from https://www.amnesty.org/en/documents/document/?indexNumber=eur25%2f4843%2f2016&lan%20guage=en

Asylo.gov.gr. (2020). Retrieved 5 July 2020, from http://asylo.gov.gr/en/?page_id=72.

Asylum Information Database (AIDA). (2019). Country Report: Greece. Retrieved from https://www.asylumineurope.org/reports/country/greece

Balibar, E. (2012). Politics and the other scene (pp. 75-103). Verso Books.

Basheti, I., Qunaibi, E., & Malas, R. (2015). Psychological Impact of Life as Refugees: A Pilot Study on a Syrian Camp in Jordan. Tropical Journal Of Pharmaceutical Research, 14(9). https://doi.org/http://dx.doi.org/10.4314/tjpr.v14i9.22

Bell, B. (2020). Greece migrant crisis: Islanders strike over crowded camps. BBC News. Retrieved 5 July 2020, from https://www.bbc.com/news/world-europe-51204084.

Ben Farhat, J., Blanchet, K., Juul Bjertrup, P., Veizis, A., Perrin, C., & Coulborn, R. et al. (2018). Syrian refugees in Greece: experience with violence, mental health status, and access to information during the journey and while in Greece. BMC Medicine, 16(1). https://doi.org/10.1186/s12916-018-1028-4

Berry, M., Garcia-Blanco, I., & Moore, K. (2015). Press Coverage of the Refugee and Migrant Crisis in the EU: A Content Analysis of Five European Countries. UNHCR. Retrieved from https://www.researchgate.net/publication/325763556_Press_Coverage_of_the_Refugee_and_Migrant_Crisis_in_the_EU_A_Content_Analysis_of_Five_European_Countries

Bjertrup, P., Bouhenia, M., Mayaud, P., Perrin, C., Ben Farhat, J., & Blanchet, K. (2018). A life in waiting: Refugees' mental health and narratives of social suffering after European Union border closures in March 2016. Social Science & Medicine, 215, 53-60. https://doi.org/10.1016/j.socscimed.2018.08.040

Bogdan, R., & Biklen, S. (2007). Qualitative Research for Education: An Introduction to Theory and Methods (5th ed.). (pp. 117-150). Pearson Education.

Bogic, M., Njoku, A., & Priebe, S. (2015). Long-term mental health of war-refugees: a systematic literature review. BMC International Health And Human Rights, 15(1). https://doi.org/10.1186/s12914-015-0064-9

Bousiou, A. (2020). From Humanitarian Crisis Management to Prison Island: Implementing the European Asylum Regime at the Border Island of Lesvos 2015-2017. Journal Of Balkan And Near Eastern Studies, 22(3), 431-447. https://doi.org/10.1080/19448953.2020.1752560

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research In Psychology, 3(2), 77-101. https://doi.org/10.1191/1478088706qp063oa

Brekke, J. (2010). Life on hold: the impact of time on young asylum seekers waiting for a decision. Diskurs Kindheits- Und Jugendforschung / Discourse. Journal Of Childhood And Adolescence Research,, 5(2), 159-167. Retrieved 5 July 2020, from https:// nbn-resolving.org/urn:nbn:de:0168-ssoar-354603.

Brekke, J., & Brochmann, G. (2014). Stuck in Transit: Secondary Migration of Asylum Seekers in Europe, National Differences, and the Dublin Regulation. Journal Of Refugee Studies, 28(2), 145-162. https://doi.org/10.1093/jrs/feu028

Cabot, H. (2018). The European Refugee Crisis and Humanitarian Citizenship in Greece. Ethnos, 84(5), 747-771. https://doi.org/10.1080/00141844.2018.152969

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, 394(10194), 240-248. https://doi.org/10.1016/s0140-6736(19)30934-1

Clayton, J., & Holland, H. (2015). Over one million sea arrivals reach Europe in 2015. UNHCR News. Retrieved 4 July 2020, from https://www.unhcr.org/news/latest/2015/12/5683d0b56/million-sea-arrivals-reach-europe-2015.html

Convention Relating to the Status of Refugees, 28 July, 1951, https://www.unhcr.org/3b66c2aa10

Creswell, J. (2009). Research Design: Qualitative, Quantitative, and Mixed Methods Approaches (3rd ed.). SAGE Publications Ltd.

Cunliffe, A. (1995). The Refugee Crises: A Study of the United Nations High Commission for Refugees. Political Studies, 43(2), 278-290. https://doi.org/10.1111/j.1467-9248.1995.tb01712.x

Dahlstedt, M., & Neergaard, A. (2016). Crisis of Solidarity? Changing Welfare and Migration Regimes in Sweden. Critical Sociology, 45(1), 121-135. https://doi.org/10.1177/089692051667520

Dako-Gyeke, M., & Adu, E. (2016). Challenges and coping strategies of refugees: Exploring residual Liberian refugees' experiences in Ghana. Qualitative Social Work: Research And Practice, 16(1), 96-112. https://doi.org/10.1177/1473325015596218

Danish Refugee Council. (2017). Fundamental Rights and the EU Hotspot Approach. Retrieved from https://reliefweb.int/report/world/fundamental-rights-and-eu-hotspot-approach-october-2017

de Carvalho, C., & Pinto, M. (2018). Refugee camp as an immediate solution: Response and its psychological meanings. Peace And Conflict: Journal Of Peace Psychology, 24(3), 277-282. https://doi.org/10.1037/pac0000318

de Jong, J., Komproe, I., & Van Ommeren, M. (2003). Common mental disorders in postconflict settings. The Lancet, 361(9375), 2128-2130. https://doi.org/10.1016/s0140-6736(03)13692-6

deMarrais, K. (2004). Qualitative Interview Studies: Learning Through Experience. In K. deMarrais & S. Lapan, Foundations for Research: Methods of Inquiry in Education and the Social Sciences. Lawrence Erlbaum Associates, Inc.

El-Shaarawi, N. (2015). Living an Uncertain Future: Temporality, Uncertainty, and Well-Being among Iraqi Refugees in Egypt. Social Analysis, 59(1). https://doi.org/10.3167/sa.2015.59010

Erdener, E. (2017). The ways of coping with post-war trauma of Yezidi refugee women in Turkey. Women's Studies International Forum, 65, 60-70. https://doi.org/10.1016/j.wsif.2017.10.003

European Comission. (2016). 14th Norbert Schmelzer lecture – Lecture by European Commission President Jean-Claude Juncker, 'The European Union – a source of stability in a time of crisis. Retrieved from https://ec.europa.eu/commission/presscorner/detail/en/SPEECH_16_58

European Council. (2016). EU-Turkey statement, 18 March 2016. Retrieved from https://www.consilium.europa.eu/en/press/press-releases/2016/03/18/eu-turkey-statement/

European Court of Auditors. (2019). Asylum, relocation and return of migrants: Time to step up action to address disparities between objectives and results. ECA. Retrieved from https://www.eca.europa.eu/en/Pages/DocItem.aspx?did=51988

European Parliament, Council of the European Union. Regulation (EU) No 604/2013 of the European Parliament and of the Council (2013).

European Parliamentary Research Service. (2018). Hotspots at EU external borders. Retrieved from https://www.europarl.europa.eu/thinktank/en/document.html?reference=EPRS_BRI(2018)623563

European Union Agency for Fundamental Rights. (2019). Update of the 2016 Opinion of the European Union Agency for Fundamental Rights on fundamental rights in the 'hotspots' set up in Greece and Italy. Viena: Luxembourg: Publications Office of the European Union. Retrieved from https://fra.europa.eu/sites/default/files/fra_uploads/fra-2019-opinion-hotspots-update-03-2019_en.pd

Fallon, K. (2020). Child killed in Lesbos refugee camp fire. The Guardian. Retrieved 5 July 2020, from https://www.theguardian.com/world/2020/mar/16/child-killed-in-lesbos-refugee-camp-fire?fbclid=IwAR08YQ-PYVQbB4IG1IxISUCF0858U3UJkOP-PukXXCf3qubT6QvUX2Xh9xNc.

Fazel, M., Wheeler, J., & Danesh, J. (2005). Prevalence of serious mental disorder in 7000 refugees resettled in western countries: a systematic review. The Lancet, 365(9467), 1309-1314. https://doi.org/10.1016/s0140-6736(05)61027-6

Feldman, I. (2015). What is a camp? Legitimate refugee lives in spaces of long-term displacement. Geoforum, 66, 244-252. https://doi.org/10.1016/j.geoforum.2014.11.014

Feldman, S. (2007). Development Assisted Integration: A Viable Alternative to Long Term Residence in Refugee Camps?. PRAXIS The Fletcher Journal Of Human Security, XXII. Retrieved 4 July 2020, from.

García Agustín, O., & Jørgensen, M. (2019). Solidarity and the 'refugee crisis' in Europe (pp. 1-21). Palgrave Macmillan.

Gerritsen, A., Bramsen, I., Devillé, W., van Willigen, L., Hovens, J., & van der Ploeg, H. (2006). Physical and mental health of Afghan, Iranian and Somali asylum seekers and refugees living in the Netherlands. Social Psychiatry And Psychiatric Epidemiology, 41(1), 18-26. https://doi.org/10.1007/s00127-005-0003-5

Gladden, J. (2013). Coping Strategies of Sudanese Refugee Women in Kakuma Refugee Camp, Kenya. Refugee Survey Quarterly, 32(4), 66-89. https://doi.org/10.1093/rsq/hdt017

Gonsalves, C. (1992). Psychological stages of the refugee process: A model for therapeutic interventions. Professional Psychology: Research And Practice, 23(5), 382-389. https://doi.org/10.1037/0735-7028.23.5.382

Greece: MSF activity update – March 2018 | MSF. Médecins Sans Frontières (MSF) International. (2020). Retrieved 5 July 2020, from https://www.msf.org/greece-msf-activity-update-%E2%80%93-march-2018.

Grosse, T., & Hetnarowicz, J. (2016). The Discourse of Solidarity and the European Migrant Crisis. Yearbook Of Polish European Studies, 19. Retrieved 5 July 2020, from.

Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), Handbook of qualitative research (pp. 105-117). Thousand Oaks, CA: Sage.

Harrell-Bond, B., & Voutira, E. (2007). In Search of 'Invisible' Actors: Barriers to Access in Refugee Research. Journal Of Refugee Studies, 20(2), 281-298. https://doi.org/10.1093/jrs/fem015

Hermans, M., Kooistra, J., Cannegieter, S., Rosendaal, F., Mook-Kanamori, D., & Nemeth, B. (2017). Healthcare and disease burden among refugees in long-stay refugee camps at Lesbos, Greece. European Journal Of Epidemiology, 32(9), 851-854. https://doi.org/10.1007/s10654-017-0269-4

Hotspot Approach - Migration and Home Affairs - European Commission. Migration and Home Affairs - European Commission. (2015). Retrieved 3 July 2020, from https://ec.europa.eu/home-affairs/what-we-do/networks/european_migration_network/glossary_search/hotspot-approach_en.

Human Rights Watch. (2020). World Report 2020. HRW. Retrieved from https://www.hrw.org/world-report/202

International Organization for Migration. (2019a). Reception Facilities. In Glossary on Migration. IOM (2019). https://www.iom.int/glossary-migration-2019

International Organization for Migration. (2019b). Mixed Migration Flows in the Mediterranean. IOM. Retrieved from https://migration.iom.int/reports/europe-%E2%80%94-mixed-migration-flows-europe-monthly-overview-november-2019

International Organization for Migration. (2019c). World Migration Report 2020: Chapter 7 - Migration and Health: Current Issues, Governance and Knowledge Gaps [Ebook]. Retrieved 5 July 2020, from https://migrationhealthresearch.iom.int/world-migration-report-2020-chapter-7-migration-and-health-current-issues-governance-and-knowledge.

International Organization for Migration. (2019d). Manual on Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement. IOM, Geneva.

Jauhiainen, J. (2017). Asylum Seekers in Lesvos, Greece, 2016-2017. Department of Geography and Geology of University of Turku. Retrieved from https://www.researchgate.net/publication/317231201_Asylum_Seekers_in_lesvos_Greece_2016-2017

Kalir, B. & Rozakou, K. (2016). "Giving Form to Chaos": The Futility of EU Border Management at Moria Hotspot in Lesvos. Web publication/site, Society+Space . Retrieved from http://societyandspace.org/2016/11/16/giving-form-to-chaos-the-futility-of-eu-border-management-at-moria- hotspot-in-lesvos/

Kane, J., Ventevogel, P., Spiegel, P., Bass, J., van Ommeren, M., & Tol, W. (2014). Mental, neurological, and substance use problems among refugees in primary health care: analysis of the Health Information System in 90 refugee camps. BMC Medicine, 12(1). https://doi.org/10.1186/s12916-014-0228-9

Kira, I., Ahmed, A., Wasim, F., Mahmoud, V., Colrain, J., & Rai, D. (2012). Group Therapy for Refugees and Torture Survivors: Treatment Model Innovations. International Journal Of Group Psychotherapy, 62(1), 69-88. https://doi.org/10.1521/ijgp.2012.62.1.69

Kirmayer, L., Narasiah, L., Munoz, M., Rashid, M., Ryder, A., & Guzder, J. et al. (2011). Common mental health problems in immigrants and refugees: general approach in primary care. Canadian Medical Association Journal, 183(12), E959-E967. https://doi.org/10.1503/cmaj.090292

Kitsantonis, N. (2019). Greek Refugee Camps Are Near Catastrophe, Rights Chief Warns. The New York Times. Retrieved 5 July 2020, from https://www.nytimes.com/2019/10/31/world/europe/migrants-greece-aegean-islands.html.

Kourelis, K. (2017). If Place Remotely Matters: Camped in Greece's Contingent Countryside. Journal Of Contemporary Archaeology, 3(2), 215. https://doi.org/10.1558/jca.31948

Kunz, E. (1973). The Refugee in Flight: Kinetic Models and Forms of Displacement. International Migration Review, 7(2), 125. https://doi.org/10.2307/3002424

Laban, C., Gernaat, H., Komproe, I., Schreuders, B., & De Jong, J. (2004). Impact of a Long Asylum Procedure on the Prevalence of Psychiatric Disorders in Iraqi Asylum Seekers in The Netherlands. The Journal Of Nervous And Mental Disease, 192(12), 843-851. https://doi.org/10.1097/01.nmd.0000146739.26187.15

Lehner, R. (2018). TheEU-Turkey-'deal': Legal Challenges and Pitfalls. International Migration, 57(2), 176-185. https://doi.org/10.1111/imig.12462

Maani, L. (2018). Refugees in the European Union: The Harsh Reality of the Dublin Regulation. Notre Dame Journal Of International & Comparative Law, 8(2). Retrieved 5 July 2020, from https://scholarship.law.nd.edu/ndjicl/vol8/iss2/7.

Malkki, L. (1995). Refugees and Exile: From "Refugee Studies" to the National Order of Things. Annual Review Of Anthropology, 24(1), 495-523. https://doi.org/10.1146/annurev.an.24.100195.00243

Médecins Sans Frontière. (2020). Evacuation of squalid Greek camps more urgent than ever over COVID-19 fears. Retrieved from https://www.msf.org/urgent-evacuation-squalid-camps-greece-needed-over-covid-19-fears?fbclid=IwAR05v5PLitO1KevZVvy-EgY-HKvENaAjVBlOHUvs6PGs3oJAwfCgMZxjOxB

Médecins Sans Frontières. (2017). Confronting the mental health emergency on Samos and Lesvos. MSF. Retrieved from https://reliefweb.int/report/greece/confronting-mental-health-emergency-samos-and-lesbos

Médecins Sans Frontières. (2019). Greek and EU authorities deliberately neglecting people trapped on islands. Retrieved from https://www.msf.org/deliberate-neglect-greek-and-eu-authorities-towards-those-trapped-islands

Merriam, S. (2009). Qualitative research: a guide to design and implementation. Jossey-Bass.

Migreurop. (2020). L'enfer à la frontière Gréco-Turque. Retrieved from http://www.migreurop.org/article2986.html?lang=fr

Mitschke, D., Praetorius, R., Kelly, D., Small, E., & Kim, Y. (2016). Listening to refugees: How traditional mental health interventions may miss the mark. International Social Work, 60(3), 588-600. https://doi.org/10.1177/0020872816648256

Moreira, A., Barbosa, M., Maia, M., Veiga, E., Martins, F., & Santos, M. (2020). Lives on hold: The experiences of asylum seekers in Moria refugee camp. Community Psychology In Global Perspective, 6(1), 92-107.

National Situational Picture Regarding the Islands at Eastern Aegean Sea (1/7/2020) - SECRETARIAT FOR CRISIS MANAGEMENT COMMUNICATION. General Secretariat for Information and Communication. (2020). Retrieved 5 July 2020, from https://infocrisis.gov.gr/9517/national-situational-picture-regarding-the-islands-at-eastern-aegean-sea-1-7-2020/?lang=en.

Nedergaard, P. (2018). Borders and the EU legitimacy problem: the 2015–16 European Refugee Crisis. Policy Studies, 40(1), 80-91. https://doi.org/10.1080/01442872.2018.153311

O'Leary, Z. (2004). The essential guide to doing your research project. SAGE.

Oxfam. (2019). Vulnerable and abandoned: How the Greek reception system is failing to protect the most vulnerable people seeking asylum. Retrieved from https://reliefweb.int/report/greece/vulnerable-and-abandoned-how-greek-reception-system-failing-protect-most-vulnerable

Porter, M., & Haslam, N. (2005). Predisplacement and Postdisplacement Factors Associated With Mental Health of Refugees and Internally Displaced Persons. JAMA, 294(5), 602. https://doi.org/10.1001/jama.294.5.602

Porter, M., & Haslam, N. (2005). Predisplacement and Postdisplacement Factors Associated With Mental Health of Refugees and Internally Displaced Persons. JAMA, 294(5), 602. https://doi.org/10.1001/jama.294.5.602

Preissle, J., & Grant, L. (2004). Fieldwork Traditions: Ethnography and Participant Observation. In K. deMarrais & S. Lapan, Foundations for research : methods of inquiry in education and the social sciences. Lawrence Erlbaum Associates, Inc. Retrieved 5 July 2020, from.

Priebe, S., Giacco, D., & El-Nagib, R. (2016). Public health aspects of mental health among migrants and refugees: a review of the evidence on mental health care for refugees, asylum seekers and irregular migrants in the WHO European Region. Copenhagen: WHO Regional Office for Europe. Retrieved from https://www.euro.who.int/en/publications/abstracts/public-health-aspects-of-mental-health-among-migrants-and-refugees-a-review-of-the-evidence-on-mental-health-care-for-refugees,-asylum-seekers-and-irregular-migrants-in-the-who-european-region-2016

Rasmussen, A., & Annan, J. (2009). Predicting Stress Related to Basic Needs and Safety in Darfur Refugee Camps: A Structural and Social Ecological Analysis. Journal Of Refugee Studies, 23(1), 23-40. https://doi.org/10.1093/jrs/fep044

Redondo, E. (2018). World War II Refugees and the Origin of the International Organization for Migration. In War and Population Displacement: Lessons of History (pp. 158-175). Sussex Academic Press. Retrieved 4 July 2020, from https://www.researchgate.net/publication/327752478_World_War_II_Refugees_and_the_Origin_of_the_International_Organization_for_Migration.

Refugees trapped on Samos: A humanitarian crisis with no end in sight - R.S.A.. R.S.A. (2020). Retrieved 5 July 2020, from https://rsaegean.org/en/refugees-trapped-on-samos/#foot-notes.

Rozakou, K. (2017). Nonrecording the "European refugee crisis" in Greece. Focaal, 2017(77), 36-49. https://doi.org/10.3167/fcl.2017.770104

Rozakou, K. (2019). 'How did you get in?' Research access and sovereign power during the 'migration crisis' in Greece. Social Anthropology, 27(S1), 68-83. https://doi.org/10.1111/1469-8676.12620

Satinsky, E., Fuhr, D., Woodward, A., Sondorp, E., & Roberts, B. (2019). Mental health care utilisation and access among refugees and asylum seekers in Europe: A systematic review. Health Policy, 123(9), 851-863. https://doi.org/10.1016/j.healthpol.2019.02.007

Schneider, T., Shraiky, J., Wofford, D., & Awad, R. (2017). Cultural and Structural Violence in the Lives of Syrian Refugees. Journal Of Health And Human Experience, 3(2). Retrieved 5 July 2020, from https://www.researchgate.net/publication/326059776_Articles_Cultural_and_Structural_Violence_in_the_Lives_of_Syrian_Refugees.

Simich, L., Beiser, M., & Mawani, F. (2003). Social Support and the Significance of Shared Experience in Refugee Migration and Resettlement. Western Journal Of Nursing Research, 25(7), 872-891. https://doi.org/10.1177/0193945903256705

Smith, H. (2020). 'Coronavirus doesn't respect barbed wire': concern mounts for Greek camps. The Guardian. Retrieved 5 July 2020, from https://www.theguardian.com/global-development/2020/apr/07/coronavirus-doesnt-respect-barbed-wire-concern-mounts-for-greek-camps?fbclid=IwAR2GZfpsPg0ZMB7dDilGQ_oxlt-PHq0cPFcQKFkkXL5MHlXnYsmtxXQp3w_M

Steel, Z., Chey, T., Silove, D., Marnane, C., Bryant, R., & van Ommeren, M. (2009). Association of Torture and Other Potentially Traumatic Events With Mental Health Outcomes Among Populations Exposed to Mass Conflict and Displacement. JAMA, 302(5), 537. https://doi.org/10.1001/jama.2009.1132

Stein, B. (1981). The Refugee Experience: Defining the Parameters of a Field of Study. International Migration Review, 15(1/2), 320. https://doi.org/10.2307/2545346

Steinhilper, E., & Gruijters, R. (2018). A Contested Crisis: Policy Narratives and Empirical Evidence on Border Deaths in the Mediterranean. Sociology, 52(3), 515-533. https://doi.org/10.1177/0038038518759248

Tazzioli, M., & De Genova, N. (2016). Europe / Crisis: New Keywords of "the Crisis" in and of "Europe". Zone Books.

Theofanidis, D., & Fountouki, A. (2018). Refugees and Migrants in Greece: An Ethnographic Reflective Case Study. Journal Of Transcultural Nursing, 30(1), 26-31. https://doi.org/10.1177/1043659618781699

Tol, W., Rees, S., & Silove, D. (2013). Broadening the scope of epidemiology in conflict-affected settings: opportunities for mental health prevention and promotion. Epidemiology And Psychiatric Sciences, 22(3), 197-203. https://doi.org/10.1017/s2045796013000188

Trauner, F. (2016). Asylum policy: the EU's 'crises' and the looming policy regime failure. Journal Of European Integration, 38(3), 311-325. https://doi.org/10.1080/07036337.2016.1140756

United Nations High Commissioner for Refugees. (2006). Asylum-Seeker. In Master Glossary of Terms. UNHCR, Status Determination and Protection Information Section (2006). https://www.refworld.org/docid/42ce7d444.html

United Nations High Commissioner for Refugees. (2006). Internally Displaced Persons. In Master Glossary of Terms. UNHCR, Status Determination and Protection Information Section (2006). https://www.refworld.org/docid/42ce7d444.html

United Nations High Commissioner for Refugees. (2017). Desperate Journeys. Retrieved from https://www.unhcr.org/desperatejourneys/

United Nations High Commissioner for Refugees. (2018). Country Report Greece 2018. UNHCR. Retrieved from https://data2.unhcr.org/en/documents/details/66441

United Nations High Commissioner for Refugees. (2019a). Desperate Journeys. Retrieved from https://data2.unhcr.org/en/documents/details/71703

United Nations High Commissioner for Refugees. (2019b). Head of UNHCR calls for urgent response to overcrowding in Greek island reception centres, Europe to share responsibility. Retrieved from https://www.unhcr.org/news/press/2019/11/5ddfc2ea4/head-unhcr-calls-urgent-response-overcrowding-greek-island-reception-centres.html?query=greece

United Nations High Commissioner for Refugees. (2019c). Greece must act to end dangerous overcrowding in island reception centres, EU support crucial. Retrieved 5 July 2020, from https://www.unhcr.org/news/briefing/2019/10/5d930c194/greece-must-act-end-dangerous-overcrowding-island-reception-centres-eu.html?query=greece.

United Nations High Commissioner for Refugees. (2019d). Sea Arrivals Dashboard. UNHCR. Retrieved from https://data2.unhcr.org/en/documents/details/7344

United Nations High Commissioner for Refugees. (2020a). Figures at a Glance. UNHCR. Retrieved from https://www.unhcr.org/figures-at-a-glance.html.

United Nations High Commissioner for Refugees. (2020b). Refugee and Migrant Arrivals to Europe in 2019. Retrieved from https://data2.unhcr.org/en/documents/details/74670

United Nations High Commissioner for Refugees. Situation Mediterranean Situation. Data2.unhcr.org. (2020c). Retrieved 4 July 2020, from https://data2.unhcr.org/en/situations/mediterranean

United Nations High Commissioner for Refugees. (2020d). Aegean Islands Weekly Snapshot. UNHCR. Retrieved from https://data2.unhcr.org/en/documents/details/77379

United Nations Office for the Coordination of Humanitarian Affairs. (2019). Global Humanitarian Overview 2020. United Nations Office for the Coordination of Humanitarian Affairs. Retrieved from https://www.unocha.org/global-humanitarian-overview-2020

Vossoughi, N., Jackson, Y., Gusler, S., & Stone, K. (2016). Mental Health Outcomes for Youth Living in Refugee Camps: A Review. Trauma, Violence, & Abuse, 19(5), 528-542. https://doi.org/10.1177/1524838016673602

Walters, W. (2010). Imagined Migration World: The European Union's Anti-Illegal Immigration Discourse. In M. Geiger & A. Pécoud, The Politics of International Migration Management. Migration, Minorities and Citizenship. Palgrave Macmillan, London.

What happens after I apply? - UNHCR Greece - Help for refugees and asylum-seekers. Help.unhcr.org. (n.d.). Retrieved 5 July 2020, from https://help.unhcr.org/greece/applying-for-asylum/what-happens-after-i-apply/.

WHO. (2006). Constitution of the World Health Organization [Ebook]. Retrieved 5 July 2020, from https://www.who.int/about/who-we-are/constitution.

Wolf, M., & Ossewaarde, M. (2018). The political vision of Europe during the 'refugee crisis': missing common ground for integration. Journal Of European Integration, 40(1), 33-50. https://doi.org/10.1080/07036337.2017.1404054

Wood, G. (1985). The Politics of Development Policy Labelling. Development And Change, 16(3), 347-373. https://doi.org/10.1111/j.1467-7660.1985.tb00214.x

Zetter, R. (1988). Refugees and Refugee Studies — A Label and an Agenda. Journal Of Refugee Studies, 1(1), 1-6. https://doi.org/10.1093/jrs/1.1.1

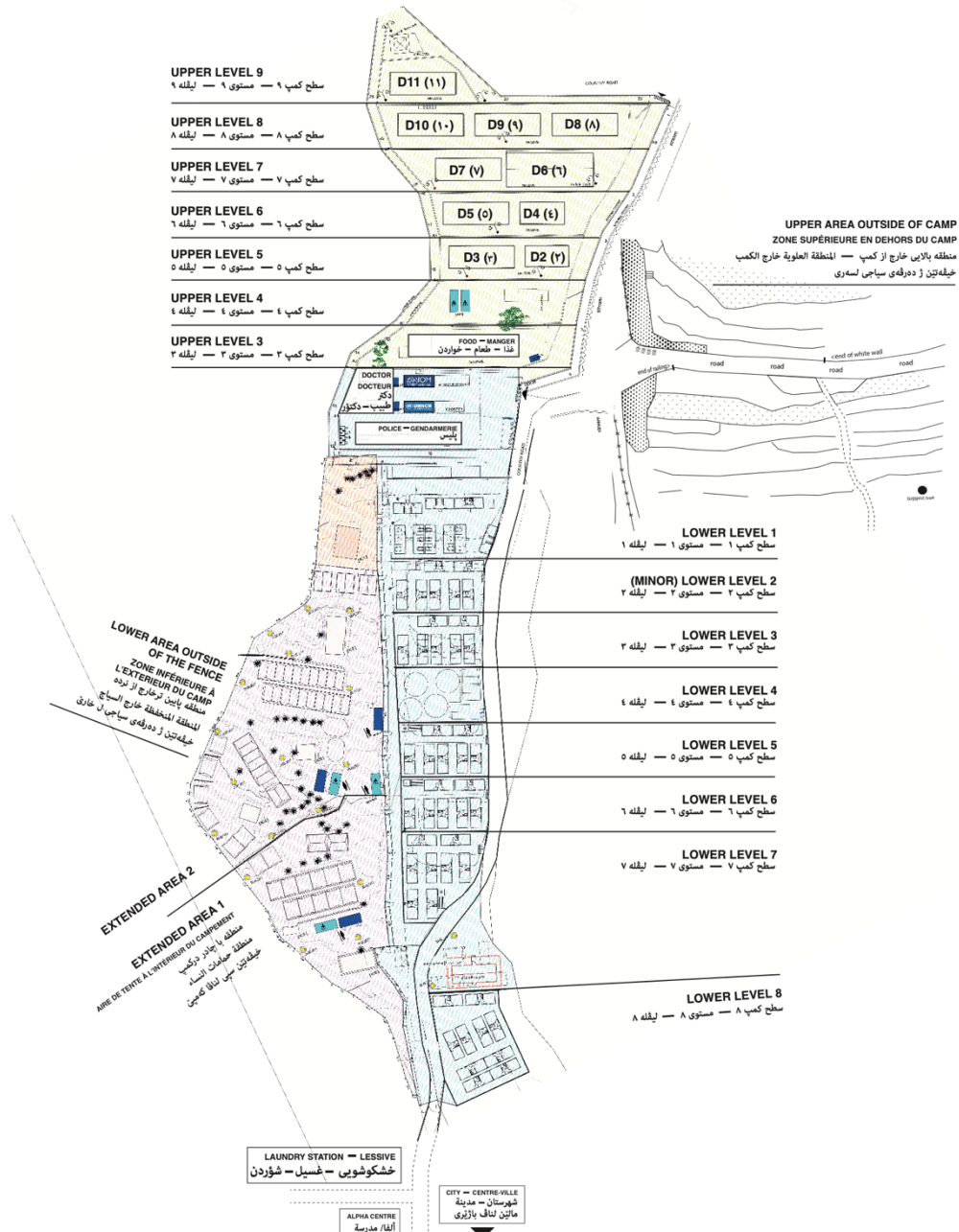Zuber-Skerritt, O., & Fletcher, M. (2007). The quality of an action research thesis in the social sciences. Quality Assurance In Education, 15(4), 413-436. https://doi.org/10.1108/09684880710829983

# Appendices

**Appendix A.** Samos Identification and Reception Center Map



*Note.* © 2020 Samos Volunteers, all rights reserved

**Appendix B**. Interview script

| Section | Specific objectives | Questions |
|---|---|---|
| **Introduction** | • Presentation of the researcher, the purpose and goals of the research and asking permission to audio record;<br><br>• Informed consent and explanation of any possible doubts. | • *When did you arrive to Samos? How long are you staying?*<br><br>• *What is your job here?*<br><br>• *Have you ever been in other refugee camp or other humanitarian action fields?* |
| **Refugee camp conditions** | • Understand structural conditions of the camp and organization;<br><br>• Comprehend how is the daily life in the camp;<br><br>• Identify activities and services provided;<br><br>• Explore positive and negative characteristics of the camp | • *Can you describe how is the structure and the organization of the camp?*<br><br>• *How is living in the camp regarding the environment?*<br><br>• *How are the conditions in the camp?*<br><br>• *Can you explain me how the services provided in the camp work? Regarding food, education, legal processes, hygiene, water, clothes, health care and daily activities.*<br><br>• *What are the positive and negative characteristics of the camp?* |
| **Psychological well-being** | • Perceptions regarding the psychological state of refugees;<br><br>• Perceptions regarding refugee's expectations for the future;<br><br>• Explore the relationships inside the camp;<br><br>• Perceived need and availability of psychological intervention; | • *In your perception, how have the camp residents been feeling?*<br><br>• *Which are the main emotions and symptoms refugee show?*<br><br>• *In your perception what are refugee's expectations about the future? Does that influence their mental health?* |

| | | |
|---|---|---|
| | • Comprehend the community and environment in the camp and its influence;<br><br>• Perceptions about the relation between conditions and psychological well-being;<br><br>• Explore coping strategies used by refugees | • *How would you describe the relationships inside the camp? Between camp inhabitants, between communities, between refugees and volunteers, between locals and refugees and between NGO's and authorities?*<br><br>• *What kinds of support available in the camp? Is there psychological support available?*<br><br>• *In your opinion, do people need either psychological, psychosocial or other type of support? If yes, how should it be held?*<br><br>• *How do you think the environment in the camp influences mental health?*<br><br>• *Can you describe, in your point of view, the relationship between the conditions in the camp and the psychological wellbeing of refugees?*<br><br>• *In your perception, the mental health state of refugees is more related to the past experiences or the present?*<br><br>• *What are the main coping strategies refugees use?* |
| **Conclusion** | • Sociodemographic questionnaire;<br><br>• Appreciation for the openness and availability;<br><br>• Reminding how important it is his/her participation;<br><br>• Explain possible doubts. | • *Is there anything else you would like to talk about related to these subjects?*<br><br>• *Do you have any question?* |

**Appendix C**. Informed consent



Faculdade de Psicologia
UNIVERSIDADE DE LISBOA

**INFORMED CONSENT**

The present research project, ***The Perceived Impact of the conditions in a refugee camp in the psychological well-being of refugees***, in the context of a master's degree dissertation in Psychology, Faculty of Psychology, University of Lisbon, of Maria Cifuentes Reis, has as its main goal to Describe the conditions of a refugee camp and the perception of refugees and professionals working in the camp, regarding the mental health of refugees. The content of the interviews will focus on the organization, conditions and structure of refugee camp. Questions will also be asked regarding the current physical and psychological well-being of refugees and its relation to the experience in the camp.

**We deeply thank you for your participation, which is crucial in order to contribute to the increase of scientific knowledge in this very important field.**

Your participation is **voluntary** and you may withdraw at any time without any consequences for you. The interview will be recorded in audio and video format and it will take approximately 60-90 minutes. All data collected is confidential and protected and will be deleted upon completion of the study. Only the interviewer and her dissertation supervisor, Doctor Maria Picão Fernandes da Gama Minas, will have access to the interview content. You can have access to the overall results of the study if you wish. Participation in this research involves completing a sociodemographic questionnaire.

If you have any doubt please contact me through mariacreis@campus.ul.pt.

I have read and understood the goals of the study and the conditions presented and agree to participate in the study.


Signature _____


Date: _____

**Appendix D.** Sociodemographic questionnaire

| SOCIODEMOGRAPHIC QUESTIONNAIRE |
|---|
| 1.**Filling Date** __.__.____ |
| 2. **Age:** _____ |
| 3. **Time spent in the camp:** _____ |
| 4. **Academic qualifications:**<br><br>None<br>Primary School<br>Secondary School<br>Bachelor<br>Post-Graduation<br>Master<br>PhD |
| 5. **Study field:** _____ |
| 6. **Job in the camp:** _____ |
| 7. **Languages** spoken: _____ |
| 8. **Country of origin**: _____ |

**Appendix E.** Hygiene facilities

**Appendix F**. Housing facilities in the jungle



*Note.* © 2020 Até ao Fim do Mundo, all rights reserved

**Appendix G**. Informal housing structures



*Note.* © 2020 Até ao Fim do Mundo, all rights reserved