
Psychological Support to Refugees in Greece: The experience of Babel Day Center

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Who We Are

- Syn-eirmos NGO of Social Solidarity was founded in 2005 and is active in the fields of social solidarity, social economy, welfare and wellbeing of adults and children.
 - One of Syn-eirmos' main activities is “Babel” Day Centre,
 - “Babel” is a public mental health unit supervised and financed by the Greek Ministry of Health which aims to provide mental health services to migrants, refugees and asylum seekers residing in Athens.
 - It is situated in the centre of Athens in the area of kypseli and is the unique mental health unit that provides specialized mental health services and meets the needs of this population.
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Who We Are

- Babel” started operating in November 2007.
 - Until now has served more than 5,000 people and has gained valuable experience in the care of people with psychosocial problems or mental disorders who come from diverse cultural and linguistic backgrounds.
 - To achieve its objectives "Babel" has set up a interdisciplinary core team, composed of 13 professionals: psychiatrist, psychologists, social worker, nurse, health visitor, interpreters and administrative staff.
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What We Do

- “Babel” addresses its services to both adults and children, trying to be culturally sensitive and competent.
 - For this purpose we organize in-service training programmes and we have permanent and fruitful collaboration with migrant’s organizations and NGOs that serve migrants and refugees.
 - We also offer training and clinical supervision to organizations and NGOs that work with this population.
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What We Do

- Babel also implements other mental health programmes in collaboration with other partners, providing among others services for victims of torture, psychological services for children, adolescent and families, and special therapies to children (speech and language, occupational therapy and special education sessions)
 - All services provided are free of charge.
 - DC Babel employs specially trained interpreters.
 - DC Babel follows the principles of Inter-agency Standing Committee (**IASC**).
 - DC Babel abides to confidentiality
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DC Babel Interventions

- Clinical/diagnostic assessments
- Counselling
- Psychotherapy
- Psychiatric care and medication
- Special therapies (πχ λογοθεραπεία, εργοθεραπεία)
- Psychosocial support
- Community interventions (i.e. schools, shelters, sites etc)
- Training, supervision, staff care and support
- Group activities
- Formulating individualized care plan
- Connection and mediation with other services



Access to DC Babel

- DC Babel accepts referrals from other services as well as self referrals either by phone or in person.
- The potential beneficiary just needs to make a call to Babel's landline (0030**2108616280**, 0030**2108616266**) or to send an email (babel@syn-eirmos.gr) ή or to come to our premises (72 Drosopoulou street, kypseli) and his/her request will be assessed as soon as possible.
- Before any action is taken, we liaise, communicate and collaborate with professionals and services involved with the beneficiary and/or have the role of case management
- Our rule is: **Each person is unique, each case is addressed uniquely** (requires an individualized care plan)



Mental health and refugees



- Asylum, Afganistan





- Psychiatric hospital, Afghanistan
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- Psychiatric hospital,
Syria

Refugees, Trauma and Adversity-Activated Development

Trauma Definition and Meanings

- In Greek, trauma means 'injury' or 'wound' and, metaphorically, in psychology and psychiatry refers to a psychological injury, a deficit, a pathological state.
 - the root verb teiro (which means 'to rub') has two connotations:
 - to rub in and to rub off, or rub away.
 - from 'rubbing in' – an injury, a wound – and from 'rubbing off' or 'rubbing away' – a clean surface where previous marks were erased. (Papadopoulos 2000, 2001, 2002a, 2002b)
 - The first meaning of trauma (rubbing in and resulting in injury) is by far the dominant one in use.
 - The second meaning of trauma (rubbing off, rubbing away, resulting in the acquisition of new perspectives on life) is less noticeable, although not less possible. It is well known that following a difficult and intense experience, people may respond in ways that emphasize the renewing rather than the injurious effects of the experience.
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Categories of Trauma

- the range of possible effects from trauma must fall into three categories: negative, positive and neutral.
 - At the outset it must be emphasized that each possibility may not be exclusive.
 - Despite the fact that a person is traumatized, he or she may also gain from the experience.
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Trauma and Refugees

- Psychologists tend to use trauma theory to approach refugees
 - 'Refugee Trauma' (e.g. Alcock, 2003; Boehnlein & Kinzie, 1995) is a general term that covers the whole spectrum of phenomena connected with the specific refugee reality and range of experiences. The term presupposes that all those who experience this kind of adversity will become psychologically traumatized.
 - Psychological Trauma refers to the psychological effect of being traumatized regardless of the external causes.
 - Not all refugees are traumatized in a psychological or, even less so, in a psychopathological sense.
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- ‘societal trauma’. This kind of ‘trauma’ implies that a whole group of people, a community or even an entire society has been ‘traumatized’. Societal trauma refers to a broader category of disturbance that society may experience as a result of different upheavals that affect (directly or indirectly, materially or psychologically) larger segments of society. These upheavals may be caused either by human intervention (e.g. war, unrest, oppression, persecution, population dislocation, economic collapse) or natural disaster (e.g. flood, earthquake, epidemic).
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Negative effects of trauma (Papadopoulos, 2007)

- The first negative effect is the actual psychological injury that can lead to a genuine pathological condition of shorter or longer duration. within this category we can identify at least three degrees of severity:
 - 1. Ordinary human suffering (OHS): this is the most common and human response to tragedies in life. This does not always amount to a pathological condition;
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Negative effects of trauma (Papadopoulos, 2007)

- 2. Distressful psychological reaction (DPR): this is a more severe form of OHS and it involves a stronger experience of discomfort. However, DPR does not always require specialist attention.
- 3. Psychiatric disorder (PD): this is the severest form of the negative consequences of exposure to adversity and it certainly requires specialist professional treatment. The most common type of this effect is posttraumatic stress disorder (PTSD).
- Not all traumatic experiences are of the PTSD type

Positive effects of trauma (Papadopoulos, 2007)

- There are refugees who not only survive the inhuman and cruel conditions they have endured with a significant degree of intactness but, moreover, they become strengthened by their particular exposure to adversity.
 - It is for this reason that this response has been termed 'Adversity-Activated Development' (AAD) (Papadopoulos, 2004, 2006).
 - AAD refers to the positive developments that are a direct result of being exposed to adversity.
 - There are endless accounts of individuals and groups who found meaning in their suffering and were able to transmute their negative experiences in a positive way.
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Neutral responses to trauma

(Papadopoulos, 2007)

- It is important to emphasize that existing literature does not distinguish between AAD and resilience.
 - it is also important to differentiate between AAD and resilience.
 - Resilience is a term that in physics refers to the ability of a body not to alter after being subjected to different severe conditions – that is why resilience is here classed as a ‘neutral’ response.
 - The key characteristic of resilience is that it retains qualities that existed before, whereas AAD introduces new characteristics that did not exist before the adversity.
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The Trauma Grid (Papadopoulos, 2007)

The trauma grid

Negative effects

INJURY, WOUND

Neutral effects

Positive effects

Psychiatric
disorders
(PD),
PTSD

Distressful
psychological
reactions
(DPR)

Ordinary
human
suffering
(OHS)

RESILIENCE

ADVERSITY-
ACTIVATED
DEVELOPMENT
(AAD)

Levels

Individual

Family

Community

Society/culture

The Trauma Grid (Papadopoulos, 2007)

- Refugees may exhibit different positive and different negative responses simultaneously.
 - The grid does not suggest the existence of absolute and exclusive categories and divisions but it provides a useful framework to be utilized creatively in the therapeutic interaction with refugees.
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Our people

Reasons for referral of children, adolescents and families

- Parental mental health
- Behavioral problems
- Speech issues
- Feeding problems
- Abuse
- Anxiety manifested in different ways i.e enuresis
- Difficulties regarding the parental role
- Lack of social skills
- Belonging in the autistic spectrum



Reasons for referral of unaccompanied minors

- Aggression/violence
 - Illegal behavior (i.e substance abuse)
 - Dissociations
 - Withdrawal
 - Trauma (PTSD symptoms, anxiety, phobias)
 - Self-harming
 - Suicide attempts
 - Absconding
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Soraya, 35, Iran

Sahriyar, 13, Syria

Hasseeb, 17, Pakistan

The Ahmadi Family, Afganistan

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Thank you!

