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# “More Alike Than Unalike?” A Personal Reflection on Working to Support the Mental Health and Wellbeing of Unaccompanied Refugee Minors in Greece

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## Abstract

*In late 2018, motivated (and intrigued) by the scale of one of the largest and long-standing humanitarian crises in history, we embarked on two separate but related journeys to the island of Lesbos to work with unaccompanied refugee and asylum-seeking minors and to link in with NGOs working in the region. Peering through the prism of the current pandemic, the aim of this paper is to reflect on this life changing experience to share the on-the-ground reality and the true stories of war, violence and displacement as narrated by the children/young people with whom we worked and whom we met. In particular, we suggest that the integration of culturally appropriate and creative mental health and psychosocial support interventions in schools/educational settings might provide one way of supporting these children, as suggested by several authors in the international literature, but also in the context of a number of key learning based on our own experiences.*

**Keywords:** psychosocial interventions, refugee mental health, unaccompanied refugee minors

## Introduction

Currently, 71 million refugees and forcibly displaced children and adults in 134 host countries/areas worldwide are living with the reality of COVID-19, thereby making their everyday lives more challenging than ever before. In “pre-COVID” times, these people fled their home countries to escape war, armed conflicts, population displacement, violence, persecution and human rights violations, seeking better lives and a safe haven elsewhere (Amnesty International, 2020). Now, they face multiple emergencies, including restrictions on their right to seek asylum, poor physical and mental health, increased gender-based violence, especially against women and girls, and extreme poverty, all of which can lead to the “erosion of their livelihoods” (UNHCR, 2020a).

Motivated and intrigued by one of the largest refugee crises in history – and the mostly negative media representations of refugees and migrants arriving daily in hundreds or even thousands in Greece, we made two separate but related journeys to Lesbos in 2018. One of us, a native Greek with a background in psychology and psychotherapy, but with only limited knowledge of refugees and migrants, took up a 4-month position as a practising psychologist to work with unaccompanied refugee minors (URMs). The second, a senior

academic, made a short research visit to Lesbos to meet and engage with NGOs and other stakeholders who were working with these vulnerable children and young people.

Our shared aim was to improve our understanding of what these young people needed in terms of their mental health and psychosocial wellbeing and to try to ascertain how best they might be supported, based on our own collective experience, but also drawing on some of the relevant policy and literature in the field.

## Working with Unaccompanied Refugee Minors

More than half of the world’s refugee population are aged under 18 (Blackmore et al., 2020). The UN children’s

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agency (UNICEF, 2018b) reported that in 2018, more than 7000 migrant and refugee children arrived in the Greek islands – a number that has increased by approximately one third since 2017. Children continue to make up one quarter of all refugees and migrants arriving through Mediterranean migration routes (UNICEF, 2020). It is estimated that 13,800 are URMIs that is, any young person under 18 “who has been separated from both parents and is an asylum seeker, recognised refugee, or other displaced person” (Mitra & Hodes, 2019; EUROSTAT, 2020).

According to UNICEF (2020), most refugee and migrant children in Greece live in very poor conditions and do not attend school. These children have typically endured unimaginable pain and many traumatic experiences including war, armed conflict and violence, as well as the loss/death of their families and friends and destruction of their homes. Such humanitarian crises have been linked to increased levels of psychological distress and mental disorders, such as stress, anxiety, depression and many behavioural and emotional reactions, as well as posttraumatic stress disorder (PTSD; Fazel et al., 2015; Hodes et al., 2008; Blackmore et al., 2020). Indeed, children disproportionately experience the mental health consequences of these crises, at a time when they are undergoing rapid physiological, cognitive and emotional change in their lives (Kamali et al., 2020).

However, despite a reportedly high prevalence of psychiatric symptoms in URMIs, there is limited access to services and poor recognition of the need for help (Mitra & Hodes, 2019). Perhaps unsurprisingly, therefore, there is an urgent need for appropriate and effective psychological support to help promote their mental health, strengthen their coping strategies and enhance their resilience, as they try to rebuild their new lives away from their home countries and often also, from their families. All of the children with whom we worked/met, struggled with their mental health and we witnessed firsthand, the kinds of factors that negatively impact their mental health and wellbeing. The absence of their parents and the uncertainty as to whether they were ever going to see them again, was, naturally, a source of constant distress and anxiety. This lack of communication in the context of COVID-19 can be even more frustrating as children worry about the health of their families, most of whom live in very poor conditions and do not have access to healthcare services.

Many of the children whom we met were coping with severe mental health issues. For some, even minor daily inconveniences could trigger suicidal thoughts and behaviours. For example, “Abdul”, a 15-year-old boy from Syria, tried to take his own life when he was wrongfully accused of theft by other Syrians. Likewise, “Hussein”, a 16-year-old boy from Afghanistan, made repeated suicide attempts in an effort to relieve the emotional pain of his father’s brutal murder. Tragically, these children/young people have begun to see violence, physical and emotional abuse, bullying and harassment as a “normal” part of everyday life. In many cases, they are offered money for sex or are sexually assaulted. For example, “Pianga”, a 17-year-old girl from the Congo, had been subjected to

repeated rapes and sexual assaults by her stepfather, but had never found the courage to speak up for fear of not being believed. “Zainab”, a 17-year-old girl from Syria, had been forced into prostitution and was threatened and physically abused when she denied her activities. UNICEF and Save the Children have expressed deep concerns about the extent to which refugee children are at significant risk of engaging in such exploitative activities due to limited access to education and little knowledge of their rights and responsibilities (Lansdown, 2011).

Most of the children/young people with whom we worked/met did not really understand the role of a psychologist, but importantly, they were willing to share their stories and discuss their thoughts and feelings, fears and concerns, their daily lives as well as their future plans and so much more. “Khaled”, a 13-year-old boy from Afghanistan, described his life back home and wondered what his parents would want him to do now that he is alone and so far away from them. “Mohammed”, a teenage boy from Syria, said that his entire life had changed in a few minutes, when upon his return from school, he found his home bombarded and all his family buried amongst the ruins.

“Amirah”, a 15-year-old girl from Syria, said she missed going to school in the mornings and spending her afternoons doing her homework and she wondered where her teachers and classmates were now. She felt upset and tearful when these memories came flooding back and read the Koran five times a day in an attempt to relieve her stress.

“Hassan”, a 12-year-old boy from Afghanistan openly discussed his difficulty in learning new languages – Greek and English – at school. In the afternoon, he used to turn to the caregivers/child protection staff with whom he had developed close relationships, seeking help with his homework. He entrusted us with his struggles, but said that the thought alone – that his parents would wish to see him finishing school and going to college – was sufficient to motivate him to succeed.

All of these children were, in our view, in need of intensive mental health and psychosocial support (MHPSS) that has been described as, “. . . any type of local or outside support that aims to protect or promote psychosocial wellbeing and/or prevent or treat mental disorder” (UNICEF, 2018a p.10). The IASC (2007) guidelines sensibly advocate for multilayered MHPSS supports including (i) basic services and security; (ii) community and family supports; (iii) focused, nonspecialised supports and (iv) specialised services, all of which are important and should be implemented concurrently in order to best meet the needs of different groups. Furthermore, according to UNICEF (2018a), multilayered or multitiered interventions that engage children, families (or caregivers) and the wider community can generate positive change for children and families/caregivers. A recent systematic review found that MHPSS programmes may help to reduce emotional problems, PTSD symptoms, psychological distress, conduct problems and somatic complaints in children and young people affected by humanitarian emergencies, whilst also

marginally increasing hope (Bangpan et al., 2017). However, the evidence on the implementation and effectiveness of these programmes in conflict settings is limited (Kamali et al., 2020).

Most of the programmes in the Bangpan et al. (2017) review were implemented in schools, which may provide ideal settings for MHPSS delivery. According to Cowley and Snider (2019), education in and of itself, "when . . . delivered in safe, nurturing environments, is critically protective for children in conflict, and has the potential to support their mental health and psychosocial development". Education has the potential to (re)establish safety and structure in the lives of school-aged children, through organised psychosocial activities which provide opportunities for creativity, play and recovery from stressful events (UNICEF, 2018a, pp. 20-21).

We were privileged to visit two schools in Lesvos set up specifically for refugees (i.e. "Tapuat" and "Gekko") where we could learn about the daily routines of these children. Tapuat (meaning 'the protection of mother and child' from the Indian Hopi dialect), in particular, is located close to the notorious Moria camp which, until its deliberate and devastating destruction in a recent fire (allegedly following a lock down due to a coronavirus outbreak; Harlan & Labropoulou, 2020) housed almost 1100 unaccompanied minors who were forced to live in dangerous, unsanitary and overcrowded conditions. The camp was described by "Omar", a Syrian refugee, as a "nightmare" and a "living hell" – a place where privacy, respect and dignity were sadly absent. Tapuat provided the "Moria children" with an opportunity to escape, at least temporarily, the painful reality of their lives. Their happiness every morning, when they were meeting their friends and preparing for another school day, was palpable and will remain with us for a long time. Sadly, however, due to recent events, and as vividly illustrated in footage from the island, these children may not be returning to school for some time. They and thousands of others have experienced yet another trauma, having been left – in what has become an increasingly hostile situation – without shelter, food, water, sanitation or medical care. Clearly, collective and coordinated efforts are urgently needed to accommodate these families, young children and unaccompanied minors as soon as possible in safe spaces (in Greece or elsewhere) to meet their basic human needs (in the first instance), but also to support in whatever way possible, their mental health and psychological wellbeing needs into the future.

It is now perhaps even more imperative that these children can return to school at the earliest opportunity so that they can regain some semblance of normality. The child protection staff whom we met, were cognisant of the vital role of school, not only in educating children and preparing them for work, but also in establishing relationships/socialising and promoting social integration. Indeed, the role of education in children's development is also reflected in the ICRC's (2004) guidelines for URM that indicate that "efforts should be made in all situations, including emergencies, to ensure that separated children participate in

structured activities for recreation and continued learning" (p. 49).

Our experiences suggest that schools can indeed provide an important source of psychosocial support for children and young people who are at increased risk of experiencing social and/ or psychological problems in the face of adversity, especially if they are separated or unaccompanied (IASC, 2007, p. 3). Indeed, the school closures due to COVID-19 illustrate the important socialising role of schools in the lives of children across the world. The lack of a school routine, playing with friends and limited recreational activities – especially in humanitarian settings – as well as the inability to access safe spaces, may create feelings of worry, anger, sadness, uncertainty and frustration for refugee children (IASC, 2020, p. 26). Even in the absence of a pandemic, 10%–20% of children and adolescents worldwide experience poor mental health, a proportion which alone highlights the urgent need for MHPSS during the COVID-19 pandemic (IASC, 2020, p. 26).

However, we quickly realised that formal and informal education are not sufficient to meet the needs of this vulnerable population. 'Fimi', a 17-year-old mother of a 3-month-old baby, originally from the Democratic Republic of Congo, mentioned how much help and support young refugee mothers need in order to cope with the stress of parenting in a foreign country. Fimi was spending considerable time on the phone, communicating with other young mothers from her country, seeking advice on how to effectively raise her baby while going to school, attending Greek classes and investing in a better future for her and her daughter. Often, she found herself struggling to keep the balance between being a teenager and a mother and highlighted the need for support for teenage mothers, in terms of being taught basic parenting /communication skills to meet their children's needs, whilst allowing them to "be children themselves".

Furthermore, it was clear to us that social and emotional learning (SEL) in the form of life skills training, needs to be implemented in schools, not only to give children the opportunity to learn essential social skills and emotional competencies, but also to improve their relationships with others from different cultures and backgrounds. SEL education-based interventions, delivered either on a stand-alone basis or in combination with mindfulness, have been found to be effective in improving social emotional competencies, psychological wellbeing and academic performance in children living in challenging circumstances in postconflict areas (Matsuba et al., 2020).

Thus, school-based MHPSS interventions, as illustrated by a number of authors, can play a potentially important role in preventing the development of adverse mental health outcomes among conflict-affected adolescents and in promoting resilience, socio-emotional learning skills and academic performance whilst alleviating conduct problems and emotional distress (Taylor et al., 2017 in Bennouna et al., 2019). In a systematic review of school and community-based interventions for refugee and asylum seeking children, Tyrer and Fazel (2014) concluded that refugee

children arriving in a new country (with or without their families), are likely to benefit from schools and services that can enable them to settle in their new environment and help them to overcome difficulties associated with forced migration. In addition, Abdeen et al. (2008) argue that school-based interventions are the best way to reach a large number of children suffering from conflict-related distress and to target youth in their natural school environment by training professionals in the educational system. Moreover, school-based programmes allow young people to be supported in a non-stigmatising environment with little disruption to their daily schedules (Tyrer & Fazel, 2014), which is important for mitigating posttraumatic stress. Early intervention is not only crucial for the immediate relief of suffering, but also for preventing and mitigating the longer term effects of untreated mental distress.

However, our experience suggests that a number of factors need to be carefully considered when implementing (and evaluating) these kinds of interventions. For example, these young people face many language and cultural barriers in their host country, not to mention the expectations of their own cultures amidst the 'intercultural proximity' that naturally arises within heterogeneous refugee populations. This can pose an important barrier to successful outcomes. Thus, MHPSS programmes need to be socially and culturally meaningful and promote engagement through the provision of varied, culturally relevant and creative activities. Establishing good relationships with parents may also be important in terms of helping to communicate the value to children and young people of their participation in such programmes (Dickson & Bangpan, 2018).

For example, "Amena", a 17-year-old unaccompanied minor and single mum from Syria, was the subject of considerable criticism from other Syrians for going to school and participating in activities, and leaving her young son at her home with caregivers. She gratefully acknowledged the help she had received from the caregivers/child protection staff to raise her son, and indicated that although she had been encouraged and motivated to attend school and receive vocational training, her family/friends did not see her education as a priority, thereby illustrating the role of 'own (vs. other) culture' factors in the delivery and uptake of education and attendant school-based interventions. This is also demonstrated in the case of "Aisha", a 16-year-old girl, also from Syria, who described having been threatened by other Syrians because she was seeing a boy from Afghanistan. Another important factor to consider, based on our own experience, is the extent to which these interventions can be developed or adapted to incorporate, for example, novel approaches relating to, for example, mindfulness and/or art therapy. Previous research in schools has shown that mindfulness is well accepted and effective in alleviating emotional distress whilst it may also be useful for URMs living in refugee shelters (Van der Gucht et al., 2019). Creative arts therapies (CATs), such as music, dance/movement, drama and play therapy, also allow the expression of thoughts and feelings in a therapeutic relationship. CATs can promote the integration of young refugees and support the maintaining of

their cultural identity, provide safe 'spaces' to heal, enable their voices to be heard, help them to regain control, build strategies for safety, support their resilience and help them to work with loss following traumatic experiences (Akthar & Lovell, 2018, Dieterich-Hartwell & Koch, 2017; Kalmanowitz & Ho, 2016). The combination of mindfulness and art therapy, in particular, in meeting the needs of refugees and asylum seekers, is a novel approach that acknowledges human suffering and that may enable these young people to develop a greater sense of safety and resilience, whilst also helping them to overcome loss (Kalmanowitz & Ho, 2016).

We identified how several young people had found comfort, refuge and "therapy" in art. For example, "Jawed", a 13-year-old boy from Afghanistan who was violently separated from his mother and two younger siblings during their journey to Turkey, created (during one of many tearful and sleepless nights) a beautiful and powerful drawing of his mother holding his younger brother; he also wrote a poem to express his loneliness and grief (Figure 1). "Zahrah", a 16-year-old Syrian girl (who managed to avoid the Moria camp), took comfort in long evening walks down to the pier of Mytilene where she

**Figure 1:** Picture and poem by "Jawed", a 13-year-old unaccompanied minor who was separated from his mother and siblings during their journey from Afghanistan to Turkey. *My mother! I never got used to the idea of losing you. How I wish you were here with me. Wouldn't it be lovely if I could still wrap my arms around your neck? Every time I hear your name, my whole body is shaking. Whenever I encounter a mother holding her child, I whisper... Oh once, I too had a mother and could feel her warmth and her protection. My mother! I wish I could still put my head in your shoulders. Late in the night, I miss your presence, your shoulders, your care, your stories and your songs . . . I wish you knew that these days I need you more than ever. But somehow I know, I still believe that you help me find solutions to my problems with God's help. Oh mother! I miss you with all my heart. I know that you fill my breath for a moment, that moment it smells like home. When you were with me, I wasn't old enough. When you left, I wasn't big enough. I wish you could take me with you, wherever you are. I miss you. Love you always and forever. Oh mother! Please keep coming to my dreams like you do every night. I love you so much my mother.*



**Figure 2:** Photo of Mytilene, the Capital of Lesbos, Taken by “Zahrah”.



took photos to share with her family and friends back home (Figure 2). She also expressed herself through beautiful portraits and paintings that adorn the walls of her sheltered accommodation (Figure 3). These illustrate well the potentially therapeutic effects of harnessing the arts to support and promote positive mental health either alone or in combination with more traditional approaches.

### Moving Towards a “New Normal”

After spending considerable time with unaccompanied minors and listening to their life stories, their concerns and life aspirations, we came to realise that the one thing they miss most is a sense of stability and normality in their lives. These young people do not differ much from their western peers when it comes to their needs, dreams and life aspirations. They want to live in peace, in safe environments/countries, be united with their families (if they have family members in other EU countries), receive education and vocational training and perhaps later go on to college and working life. However, there is, of course, one important difference – their sociocultural backgrounds and current life situations/circumstances – which largely determine their future personal and professional development, not to mention the continuing uncertainty about the future, a dissatisfaction with the typically impoverished, living conditions and a sad realisation that their lives are so different from what they were promised before they left their home countries. Added to this mix are their typically entrenched mental health and psychosocial issues that require urgent attention beyond a “one-size-fits-all” approach.

At a time when health and social inequalities between and within Eastern and Western countries and across societies

**Figure 3:** One of “Zahrah’s” Paintings.



and nations are more evident than ever before, we need to be reminded that children are children anywhere, should be treated accordingly and be afforded opportunities to fulfil their potential, to heal and to grow. The education system has a critical role to play in providing safe, nurturing and healing environments, whilst also offering considerable potential for the integration and delivery of MHPSS interventions.

As we reflect on our, at times, life-altering experiences, we were left with an overwhelming sense of feeling embraced by the children and young people whom we met and with whom we could barely communicate verbally – as well as a sense of nourishment and fulfilment. There was also an attendant recognition that if we are willing to tackle xenophobia and discrimination, to shift the boundaries of our cultural spaces and embrace multiculturalism and diversity, sooner or later we will all realise that, in the words of Maya Angelou, “We are more alike than unalike”.

However, in the context of the recent Moria tragedy, there is arguably a real danger of a ‘them versus us’ mentality emerging, which may serve only to exacerbate an already volatile situation. In the words of Philippe Leclerc, the UNHCR representative in Greece, “*solutions cannot be found in violence, xenophobic voices and political exploitation. Solutions demand assuming of responsibility and an effort to apply changes so that the dead-end is not perpetuated*” (UNHCR, 2020b).

Arguably, it is during these strange and uncertain times that we should seize the opportunity to make meaning of the situation in which we find ourselves, embrace our deep human interconnectedness and focus on all those things that we as human beings have in common, rather than the

things that set us apart. As we move towards a "new normal", perhaps we should consider the effects not only of the worldwide pandemic, but also of the mental health "epidemic" embedded in a global humanitarian crisis and how we might best support the most vulnerable children in our society.

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## References

- Abdeen, Z., Qasrawi, R., Nabil, S., & Shaheen, M. (2008). Psychological reactions to Israeli occupation: Findings from the national study of school-based screening in Palestine. *International Journal of Behavioral Development*, 32(4), 290-297.
- Akthar, Z., & Lovell, A. (2018). Art therapy with refugee children: A qualitative study explored through the lens of art therapists and their experiences. *International Journal of Art Therapy*, 24(3), 139-148.
- Amnesty International (2020, June 10). *Refugees, asylum seekers and migrants*. <https://www.amnesty.org/en/what-we-do/refugees-asylum-seekers-and-migrants/>
- Bangpan, M., Dickson, K., Felix, L., & Chiumento, A. (2017). *The impact of mental health and psychosocial support interventions on people affected by humanitarian emergencies: A systematic review*. Humanitarian Evidence Programme. Oxfam GB. <https://oxfamilibrary.openrepository.com/bitstream/handle/10546/620214/tr-mental-health-psychosocial-support-programmes-160317-en.pdf?sequence=8&isAllowed=y>
- Bennouna, C., Khauli, N., Basir, M., Allaf, C., Wessells, M., & Stark, L. (2019). School-based programs for supporting the mental health and psychosocial wellbeing of adolescent forced migrants in high-income countries: A scoping review. *Social Science & Medicine*, 239, 112558.
- Blackmore, R., Gray, K. M., Boyle, J. A., Fazel, M., Ranasinha, S., Fitzgerald, G., & Gibson-Helm, M. (2020). Systematic Review and Meta-Analysis: The Prevalence of Mental Illness in the Child and Adolescent Refugees and Asylum Seekers. *Journal of the American Academy of Child & Adolescent Psychiatry*. 59 (6), 705-714.
- Cowley, A., & Snider, L. (2019). *Healing and recovery through education in emergencies*. Save the Children. [https://resourcecentre.savethechildren.net/node/15211/pdf/ecw\\_briefing\\_aw\\_2\\_lr\\_1.pdf](https://resourcecentre.savethechildren.net/node/15211/pdf/ecw_briefing_aw_2_lr_1.pdf)
- Dickson, K., & Bangpan, M. (2018). What are the barriers to, and facilitators of, implementing and receiving MHPSS programmes delivered to populations affected by humanitarian emergencies? A qualitative evidence synthesis. *Global Mental Health*, 5, e21. <https://doi.org/10.1017/gmh.2018.12>
- Dieterich-Hartwell, R., & Koch, S. C. (2017). Creative arts therapies as temporary home for refugees: Insights from literature and practice. *Behavioral Sciences*, 7(4), 69.
- EUROSTAT (2020, April 28). *Almost 14 000 unaccompanied minors among asylum seekers registered in the EU in 2019*. News release 71/2020. <https://ec.europa.eu/eurostat/documents/2995521/10774034/3-28042020-AP-EN.pdf/03c694ba-9a9b-1a50-c9f4-29db665221a8>
- Fazel, M., Reed, R., & Stein, A. (2015). Refugee, asylum-seeking and internally displaced children and adolescents. *Rutter's Child and Adolescent Psychiatry*, 44, 573-585.
- Harlan, C., & Labropoulou, E. (2020, September 9). *Fire destroys Europe's largest migrant camp, which had been under coronavirus lockdown*. The Washington Post. [https://www.washingtonpost.com/world/europe/fire-destroys-europes-largest-migrant-camp-which-had-been-under-coronavirus-lockdown/2020/09/09/023dc254-f275-11ea-8025-5d3489768ac8\\_story.html](https://www.washingtonpost.com/world/europe/fire-destroys-europes-largest-migrant-camp-which-had-been-under-coronavirus-lockdown/2020/09/09/023dc254-f275-11ea-8025-5d3489768ac8_story.html)
- Hodes, M., Jagdev, D., Chandra, N., & Cunliffe, A. (2008). Risk and resilience for psychological distress amongst unaccompanied asylum-seeking adolescents. *Journal of Child Psychology and Psychiatry*, 49(7), 723-732.
- Inter-Agency Standing Committee (IASC) (2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. IASC. [https://www.who.int/mental\\_health/emergencies/guidelines\\_iasc\\_mental\\_health\\_psychosocial\\_june\\_2007.pdf](https://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf)
- Inter-Agency Standing Committee (IASC) Reference Group MHPSS. (2020). *Operational considerations for multisectoral mental health and psychosocial support programmes during the COVID-19 pandemic*. <https://reliefweb.int/sites/reliefweb.int/files/resources/Operational%20considerations%20for%20multisectoral%20mental%20health%20and%20psychosocial%20support%20programmes%20during%20the%20COVID-19%20pandemic.pdf>
- International Committee of the Red Cross (ICRC). (2004). *Inter-agency guiding principles on unaccompanied and separated children*. [https://www.icrc.org/en/doc/assets/files/other/icrc\\_002\\_1011.pdf](https://www.icrc.org/en/doc/assets/files/other/icrc_002_1011.pdf)
- Kalmanowitz, D., & Ho, R. T. (2016). Out of our mind. Art therapy and mindfulness with refugees, political violence and trauma. *The arts in psychotherapy*, 49, 57-65.
- Kamali, M., Munyuzangabo, M., Siddiqui, F. J., Gaffey, M. F., Meteke, S., Als, D., Jain, R. P., Radhakrishnan, A., Shah, S., Atallahjan, A., & Bhutta, Z. A. (2020). Delivering mental health and psychosocial support interventions to women and children in conflict settings: A systematic review. *BMJ global health*, 5(3), e002014.
- Lansdown, G. (2011). *Every child's right to be heard: A resource guide on the UN committee on the rights of the child general comment no.12*. [https://www.unicef.org/french/adolescence/files/Every\\_Childs\\_-\\_Right\\_to\\_be\\_Heard.pdf](https://www.unicef.org/french/adolescence/files/Every_Childs_-_Right_to_be_Heard.pdf)
- Matsuba, M. K., Schonert-Reichl, K. A., McElroy, T., & Katahoire, A. (2020). Effectiveness of a SEL/mindfulness program on Northern Ugandan children. *International Journal of School & Educational Psychology*, 1-19. <https://doi.org/10.1080/21683603.2020.1760977>
- Mitra, R., & Hodes, M. (2019). Prevention of psychological distress and promotion of resilience amongst unaccompanied refugee minors in resettlement countries. *Child: care, health and development*, 45(2), 198-215.
- Tyrer, R. A., & Fazel, M. (2014). School and community-based interventions for refugee and asylum-seeking children: a systematic review. *PloS one*, 9(2), e89359, 1-12.
- UNHCR (2020a, May 15). *COVID-19 revised emergency appeal: Key facts and figures*. <https://data2.unhcr.org/en/documents/details/76318>
- UNHCR (2020b, September 14). *We can't let the value of life be lost in the ashes*. <https://www.unhcr.org/gr/en/16447-we-cant-let-the-value-of-life-be-lost-in-the-ashes.html>
- UNICEF (2018a). *Operational guidelines on community based mental health and psychosocial support in humanitarian settings: Three-tiered support for children and families (field test version)*. New York. <https://www.unicef.org/media/52171/file>
- UNICEF (2018b, September 21). *Refugee and migrant children arriving on Greek Islands up by one-third in 2018*. <https://www.unicef.org/press-releases/refugee-and-migrant-children-arriving-greek-islands-one-third-2018-unicef>
- UNICEF (2020, April 3). *Protecting the most vulnerable children from the impact of coronavirus: An agenda for action*. <https://www.unicef.org/coronavirus/agenda-for-action>
- Van der Gucht, K., Glas, J., De Haene, L., Kuppens, P., Raes, F. (2019). A mindfulness-based intervention for unaccompanied refugee minors: A pilot study with mixed methods evaluation. *Journal of Child and Family Studies*, 28 (4), 1084-1093.