Research article
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Mental health and psychosocial factors in young refugees, immigrants and Greeks: A retrospective study

K. Triantafyllou, I. Othiti, G. Xylouris, V. Moulla, V. Ntre, P. Kovani, I. Gertsou, D. Anagnostopoulos

Department of Child Psychiatry, General Pediatric Hospital of Athens "Agia Sofia", Medical School, National and Kapodistrian University of Athens, Athens, Greece

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Since 1989, Greece has accepted thousands of economic immigrants and more recently, since 2010, has been transformed to a host country for refugees mainly from countries at war. Refugees experience a number of serious traumas, i.e. death of family member or a close friend, physical, emotional or sexual abuse, and at the same time have to confront poverty, hostility and racism during and after the settlement in the host country. On the other hand, economic immigrants have mainly to face adaption difficulties in a host country including racism, poverty, different culture, bureaucracy. The aim of the current retrospective study was to examine the differences in psychopathology between immigrants, refugees and natives. We examined differences in psychiatric diagnoses and factors influencing their health status between four groups: (i) 90 files of children whose families referred to the Department of Child and Adolescent Psychiatry (DeCAP), University of Athens, during 2005–2009, (ii) 216 files of children whose families seek for help during 2010–2014. Immigrants who referred to the DeCAP during the first period were mainly economic immigrants, whereas immigrants of the second period were mainly refugees from countries in conflict. These data were matched with age and sex with 151 files of natives who referred to the DeCAP during the aforementioned decade: (iii) 72 Greek families who seek for help during 2005–2009, and (iv) 79 Greek families who seek for help during 2010–2014. The Greek comparison group consisted of children and adolescents whose parents were both Greek. Investigating the differences in psychiatric diagnoses (F) and factors influencing health status (Z) between the groups, young refugees received a greater number of Z compared to Greeks (2010–2014). The proportion of refugees who had at least two Z was greater than that of immigrants and Greeks 2010–20014. Regarding the psychiatric diagnoses, Greek sample after 2010 received a greater proportion of psychiatric diagnoses than refugees. These results highlight that refugee families seek for help mainly not for psychiatric reasons. This could reflect their different needs or their difficulty to have access in public health services comparing to immigrants and natives.

Key words: Refugees, immigrants, Greeks, children, adolescents, psychopathology.

Introduction

Migration has been a major issue of concern in Europe. Since 1989, Greece has been transformed into a host country for immigrants and refugees, accepting hundreds of thousand economic immigrants coming from Balkans and East Europe. Since 2010, the immigration has increased by a high influx of refugees from Middle East and Asia.[1] Given this change of immigration, from economic immigrants mainly to refugees, the current study aims to examine differences in psychopathology in children and adolescents r immigrants/refugees before and after 2010. During that time (2009) Greece was consumed by a socio-economic crisis due to the international financial crisis.[2,3]

Immigration involves a number of stressful events for youth and their families during the process of immigration and even after the settlement.[4,5] Immigrants who deliberately remove to another country, seeking for a new job, in order to improve their life, may differ from refugees. Economic immigrants have mainly to face their adaption in a host country including bureaucracy, different culture, poverty, racism. On the other hand, it is known that refugees experience serious and multiple traumas. In addition to these traumatic events, refugees have to confront poverty, hostility and racism during and after the settlement. It has been suggested that individual, social and family factors have an impact on well being of unaccompanied minors as well as on children and adolescents who have immigrated with their families. The exposure of children and adolescents to violent events is associated with a range of psychosocial problems in child and adolescent refugees.[6]

This study aimed to examine the differences in psychopathology between the two groups of immigrants: (i) those who referred to the Department of Child and Adolescent Psychiatry (DeCAP), National & Kapodistrian University of Athens General Pediatric Hospital of Athens "Agia Sofia" during 2005–2009, and (ii) those who seek for help during 2010–2014. Immigrants who referred to the DeCAP during the first period were mainly economic immigrants,[7] whereas immigrants of the second period were mainly refugees from countries in conflict. It was examined whether the two groups differed in psychiatric diagnoses and factors influencing their health status. Additionally, it was examined whether there were differences between the two groups (immigrants and refugees) and Greeks (2005–2009 and 2010–2014 groups).

Material and method

The present study was retrospective. Files of 306 out of 1182 immigrants were recruited from the records of the DeCAP. Ninety (29.4%) and 216 (70.6%) child and adolescent immigrants came from the period 2005–2009 and 2010–2014, respectively. These data were matched for age and sex with 151 files of natives who referred to the clinic during the aforementioned decade: Seventy two Greek families who seek for help during 2005–2009 and 79 Greek families who seek for help during 2010–2014. The Greek comparison group consisted of children and adolescents whose parents were both Greek.

Measures

Data collected from the patient files included: demographic characteristics (table 1) and psychiatric diagnosis. For the purposes of this study, two child psychiatrists independently reviewed the files in order to re-examine and confirm the initial diagnosis, based on the ICD-10 diagnostic criteria.[8] The diagnoses (F-axis which consists of clinical syndromes) and the factors influencing their health status of the patients (Z-axis) were grouped in categories that are presented in tables 2 & 3 of results section. The total number of F and Z given for each case were also calculated.

Statistical analysis

Changes of total number of F, Z during two periods between Greeks and refugees/immigrants were evaluated using repeated measurements analysis of variance (ANOVA). The ranks were used in analysis of variance due to the skewed distribution of the variables. Estimating equations were used to assess changes in the categorically defined outcomes between the two time periods. Chi-square tests and

Table 1. Sample characteristics.

	Years			
	Total sample	2005–2009	2010–2014	
	N (%)	N (%)	N (%)	p
Age				
0–5	137 (30.0)	56 (34.6)	81 (27.6)	0.196[ii]
6–12	256 (56.1)	82 (50.6)	174 (59.2)	
13–17	63 (13.8)	24 (14.8)	39 (13.3)	
Sex				
Boys	259 (56.7)	88 (54.3)	171 (58.0)	0.452[ii]
Girls	198 (43.3)	74 (45.7)	124 (42.0)	
Country of origin[i]				
Greece	10 (4.5)	7 (12.7)	3 (1.8)	0.021[iii]
Balkans	114 (51.8)	25 (45.5)	89 (53.9)	
Eastern Europe	24 (10.9)	6 (10.9)	18 (10.9)	
Africa	14 (6.4)	3 (5.5)	11 (6.7)	
Middle East	40 (18.2)	7 (12.7)	33 (20)	
Other	18 (8.2)	7 (12.7)	11 (6.7)	
Group				
Refugees	306 (67.0)	90 (55.6)	216 (73.2)	<0.001[ii]
Greeks	151 (33.0)	72 (44.4)	79 (26.8)	

i. concerns only the group of refuges; ii. Pearson's x^2 test; iii. Fisher's exact test

Fisher's exact tests were used for the comparison of proportions. P-values reported are two-tailed. Statistical significance was set at 0.05 and analysis was conducted using STATA 11.0.

Results

A total of 457 participants were analyzed (162 from 2005–2009 and 295 from 2010–2014). Examining the refugees' country of origin, it was found a statistically significant greater proportion of those being from Middle East in years 2010–2014 as compared to years 2005–2009 (see table 1).

Regarding the differences between immigrants and refugees (table 2), the proportion of refugees with psychiatric diagnosis (F-axis) was statistically significant lower than that of immigrants, that is, 42.1% of refugees had no psychiatric diagnosis compared to 30% of immigrants. Refugees (13.9%) had received statistically significant fewer diagnoses related to F40–48 (neurotic, stress-related and somatoform disorders). When we compared refugees with Greeks (2010–2014), refugees had received statistically significant fewer psychiatric diagnoses, that is, 42.1% of refugees had no psychiatric diagnosis compared to 12.7% of Greeks. Greeks (2010–2014) had statistically significant greater proportion of F80-F82-F85 (specific developmental disorders) and F81 (specific developmental disorders of scholastic skills) (27.8% and 27.8% respectively) and showed more comorbidity (F80-F82-F85, 7.6%). The total number of received psychiatric diagnoses was greater in Greeks at years 2010–2014.

Regarding the differences between refugees and immigrants in the Z-axis (table 3), refugees had statistically significant greater number of Z, that is, 33.8% of refugees did not receive Z compared to

Table 2. Percentage of participants with psychiatric diagnoses (F axis) for refugees, immigrants and Greeks according to the two different time periods.

		Immigrants	Refugees	Greeks	Greeks
		2005–2009	2010–2014	2005–2009	2010–2014
Psychiatric diagnosis	**F-axis**	**N (%)**	**N (%)**	**N (%)**	**N (%)**
None		27 (30.0)	91 (42.1)*	15 (20.8)	10 (12.7)**
Mental retardation	F70–79	9 (10.0)	14 (6.5)	4 (5.6)	5 (6.3)
Specific developmental disorders	F80, 82, 85	11 (12.2)	18 (8.3)**	9 (12.5)	22 (27.8)
Specific developmental disorders of scholastic skills	F81	5 (5.6)**	17 (7.9)**	13 (18.1)	22 (27.8)
Pervasive developmental disorders	F84	2 (2.2)	11 (5.1)	5 (6.9)	4 (5.1)
Behavioural disorders	F90, F91	5 (5.6)	6 (2.8)	2 (2.8)	2 (2.5)
Emotional disorders	F92, 93, 94, 98	7 (7.8)	16 (7.4)	11 (15.3)	7 (8.9)
Tic disorders	F95	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Neurotic, stress-related and somatoform disorders	F40–48	21 (23.3)	30 (13.9)*	11 (15.3)	5 (6.3)
Manic episode	F30	0 (0.0)	2 (0.9)	0 (0.0)	0 (0.0)
Schizophrenia	F20	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Eating disorders	F50	0 (0.0)	1 (0.5)	0 (0.0)	0 (0.0)
Mild depressive episode	F32	3 (3.3)	8 (3.7)	2 (2.8)	2 (2.5)
Mental and behavioural disorders due to use of alcohol	F10	0 (0.0)	2 (0.9)	0 (0.0)	0 (0.0)
	F comorbidity				
None		78 (86.7)	191 (88.4)**	61 (84.7)	60 (75.9)
Mental retardation	F70–79	1 (1.1)	1 (0.5)	0 (0.0)	0 (0.0)
Specific developmental disorders	F80, 82, 85	2 (2.2)	4 (1.9)**	4 (5.6)	6 (7.6)
Specific developmental disorders of scholastic skills	F81	4 (4.4)	9 (4.2)	2 (2.8)	3 (3.8)
Pervasive developmental disorders	F84	1 (1.1)	0 (0.0)	0 (0.0)	1 (1.3)
Behavioural disorders	F90, F91	0 (0.0)	4 (1.9)	1 (1.4)	2 (2.5)
Emotional disorders	F92, 93, 94, 98	2 (2.2)	3 (1.4)	2 (2.8)	3 (3.8)
Tic disorders	F95	1 (1.1)	0 (0.0)	0 (0.0)	0 (0.0)
Neurotic, stress-related and somatoform disorders	F40–48	1 (1.1)	4 (1.9)	2 (2.8)	4 (5.1)
Manic episode	F30	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Schizophrenia	F20	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Eating disorders	F50	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Mild depressive episode	F32	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Mental and behavioural disorders due to use of alcohol	F10	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
F total number, median (IQR)		1 (0–1)	1 (0–1)	1 (1–1)	1 (1–1)**

*p-value<0.05 for the comparison between the two time periods for the same group; ** p-value<0.05 for the comparison between Greeks and refugees for the same time period

Table 3. Percentage of participants with factors influencing health status and contact with health services (Z axis) for refugees, immigrants and Greeks according to the two different time periods.

		Immigrants	Refugees	Greeks	Greeks
		2005–2009	2010–2014	2005–2009	2010–2014
	Z-axis	N (%)	N (%)	N (%)	N (%)
None		37 (41.1)	73 (33.8)**	37 (51.4)	55 (69.6)
Observation for suspected mental and behavioural disorders	Z03.2	2 (2.2)	1 (0.5)	0 (0.0)	0 (0.0)
General psychiatric examination, requested by authority	Z04.6	12 (13.3)**	64 (29.6)*	3 (4.2)	5 (6.3)**
Problems related to education and literacy	Z55	2 (2.2)	2 (0.9)	1 (1.4)	0 (0.0)
Problems related to housing and economic circumstances	Z59	0 (0.0)	6 (2.8)	0 (0.0)	0 (0.0)
Problems related to social environment	Z60	3 (3.3)	10 (4.6)	0 (0.0)	1 (1.3)
Problems related to negative life events in childhood	Z61	4 (4.4)	11 (5.1)	4 (5.6)	2 (2.5)
Other problems related to upbringing	Z62	9 (10)	19 (8.8)	6 (8.3)	4 (5.1)
Problems related to primary support group, including family circumstances	Z63	9 (10)	13 (6)	13 (18.1)	9 (11.4)
Problems related to certain psychosocial circumstances	Z64,65	2 (2.2)	0 (0.0)	0 (0.0)	0 (0.0)
Persons encountering health services for other counseling and medical advice	Z71	2 (2.2)	5 (2.3)	3 (4.2)	1 (1.3)
Problems relating to lifestyle	Z72	0 (0.0)	1 (0.5)	0 (0.0)	0 (0.0)
Family history of mental and behavioural disorders	Z81	6 (6.7)	5 (2.3)	5 (6.9)	0 (0.0)
Personal history of malignant neoplasm	Z85	0 (0.0)	1 (0.5)	0 (0.0)	1 (1.3)
Personal history of other diseases	Z86, 87	2 (2.2)	4 (1.9)	0 (0.0)	1 (1.3)
Personal history of risk-factors, not elsewhere classified	Z91	0 (0.0)	1 (0.5)	0 (0.0)	0 (0.0)
	2nd Z				
None		58 (64.4)	105 (48.6)*	55 (76.4)	67 (84.8)**
Observation for suspected mental and behavioural disorders	Z03.2	0 (0.0)	1 (0.5)	0 (0.0)	0 (0.0)
General psychiatric examination, requested by authority	Z04.6	0 (0.0)	2 (0.9)	0 (0.0)	0 (0.0)
Problems related to education and literacy	Z55	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Problems related to housing and economic circumstances	Z59	5 (5.6)	3 (1.4)	0 (0.0)	0 (0.0)
Problems related to social environment	Z60	1 (1.1)	9 (4.2)	1 (1.4)	0 (0.0)
Problems related to negative life events in childhood	Z61	5 (5.6)	30 (13.9)*	3 (4.2)	4 (5.1)**

Continues

Table 3. Percentage of participants with factors influencing health status and contact with health services (Z axis) for refugees, immigrants and Greeks according to the two different time periods *(Continued)*.

		Immigrants	Refugees	Greeks	Greeks
		2005–2009	2010–2014	2005–2009	2010–2014
	Z-axis	N (%)	N (%)	N (%)	N (%)
Other problems related to upbringing	Z62	12 (13.3)	19 (8.8)	2 (2.8)	0 (0.0)**
Problems related to primary support group, including family circumstances	Z63	6 (6.7)	21 (9.7)	6 (8.3)	6 (7.6)
Problems related to certain psychosocial circumstances	Z64,65	1 (1.1)	8 (3.7)	0 (0.0)	0 (0.0)
Persons encountering health services for other counselling and medical advice	Z71	1 (1.1)	5 (2.3)	1 (1.4)	0 (0.0)
Problems relating to lifestyle	Z72	0 (0.0)	2 (0.9)	1 (1.4)	0 (0.0)
Family history of mental and behavioural disorders	Z81	1 (1.1)	8 (3.7)	2 (2.8)	2 (2.5)
Personal history of malignant neoplasm	Z85	0 (0.0)	1 (0.5)	0 (0.0)	0 (0.0)
Personal history of other diseases	Z86, 87	0 (0.0)	2 (0.9)	1 (1.4)	0 (0.0)
Personal history of risk –factors, not elsewhere classified	Z91	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Z total number, median (IQR)		1 (0–2)	2 (0–3)*	0 (0–1)**	0 (0–1)**

*p-value<0.05 for the comparison between the two time periods for the same group; ** p-value<0.05 for the comparison between Greeks and refugees for the same time period

41.1% of immigrants. In particular, Z04.6 (general psychiatric examination, requested by authority) and Z61 (problems related to negative life events in childhood) as a second Z were statistically significant increased (29.6% and 13.9% respectively) compared to of those of immigrants (13.3% and 5.6% respectively). When we compare refugees with Greeks (2010–2014), refugees received more frequently Z, that is, 33.8% of refugees did not receive Z compared to 69.6 of Greeks. Additionally, Z04.6 was statistically higher in refugees compared to Greeks (29.6% and 6.3% respectively). Moreover, Z61 and Z62 (other problems related to upbringing) as second Zs were higher in refugees (13.9% and 8.8% respectively). Refugees received more than one Z per case compared to immigrants and Greeks. Comparing immigrants and Greeks (2005–2009), it was shown that Z04.06 was more frequent in immigrants (13.3% and 4.2%) and the total number of Z was greater in immigrants.

Discussion

This study showed that a significantly greater proportion of refugees who originated from Middle East referred to the DeCAP during 2010–2014, compared to the previous period. This finding is consistent with the current situation in Greece. According to the EU border agency Frontex,[9] in 2010, 9 out of 10 immigrants illegally entered Europe via Greece. Since 2008, Greece is the main host country for African and Asian refugee population. A total of 113,844 immigrants entered Greece during 2011, versus 76,697 during 2010.[10] According to Hellenic Police, the statistical data of illegal immigration 2006 to 2014 show a steady influx of illegal immigrants 50,000–100,000, whereas there was a significant increase in the number of refugees who entered to Greece (i.e. during 2006, 2007, 2011, 2013, a number of 299, 234, 1522 and 8,517 Syrian refugees arrived to Greece respectively).[11]

The results showed that refugees received a greater number of factors influencing health status (Z) compared to Greeks (2010–2014), and the proportion of refugees who had at least two Z was greater than immigrants and Greeks (2010–2014). It is common that refugees are recognized as one of the most vulnerable groups. They have to face multiple stressful events, unhealthy environmental conditions and disrupted access to health care.[12] It seems that after 2010, the majority of refugees who have referred to the DeCAP, seek for help mainly because of factors that related to health status and their social environment. On the other hand, it appears that Greek sample after 2010, receives a greater proportion of psychiatric diagnoses than refugees and this is consistent with studies that suggest the impact of economic crisis on child and adolescent mental health.[2]

Investigating the differences in psychiatric diagnoses between the groups, refugees had received fewer diagnoses related to neurotic, stress-related and somatoform disorders than immigrants. Pre-immigration trauma appears as a complex factor for the post immigration youth mental health, highlighting the role of collective trauma which may serve sometimes as a protective factor.[13] On the other hand, young refugees consist a group which is at risk for stress related difficulties as they experience trauma, forced migration, and stressors related to settlement, these difficulties may not be clinically evident because of their low rate mental health service access.[14] Refugees had also fewer diagnoses related to specific developmental disorders and specific developmental disorders of scholastic skills in comparison with Greeks (2010–2014). Additionally, refugees received less frequently diagnoses related to specific developmental disorders as comorbidity than Greeks at years 2010–2014. Mental health problems may be not their priority, their main concern is to ensure a stable living condition, food and to get a distinct future perspective. Additionally, their access may be disrupted by the restrictions in mental health services; refugees arrived to Greece in a period that mental health services deal with the negative consequences of economic crisis. Consistent to these interpretations are finding in Australia; despite multiple access points for mental health services, young refugees did not use frequently those services, even though the prevalence of refugees' mental health problems was high.[15]

In terms of the particular factors influencing health status (Z-axis), refugees received more often general psychiatric examination, requested by authority than immigrants and Greeks, whereas immigrants were more likely to get the aforementioned examination than Greeks (2005–2009). It appears that refugees have mainly access in mental health services because of their obligatory health examination process upon their arrival into Greece. Child and adolescent refugees face more problems related to negative life events than immigrants and Greeks. Additionally, the results showed that they had more problems related to upbringing than Greeks.

A number of limitations should be taken into consideration. Because of the retrospective study's design, we depended on the availability and accuracy of the medical records. Nevertheless, two child psychiatrists reviewed the files in order to re-examine the initial diagnoses and maximize the accuracy of the medical records. The results cannot be generalized since the data derived only from one health service. Nevertheless, the study was carried out at the DeCAP that belongs to the main pediatric hospital of Greece. An additional limitation refers to the language differences. Refugees who spoke English (even in an elementary level) communicate with child psychiatrists. This might lead to fewer diagnoses, since less information could be elicited. Interpreters were invited only when parents did not speak English. Overall, we examined psychiatric and psychosocial diagnoses in young immigrants and refugees in two time periods for Greece. Refugees after 2010 seek for help mainly because of social factors and factors related to their health status. These results highlight that refugee families seek for help not for psychiatric reasons which could reflect their different needs or their difficulty to have access in public health services comparing to immigrants and natives.

Ψυχική υγεία και ψυχοκοινωνικοί παράγοντες σε νεαρούς πρόσφυγες, μετανάστες και Έλληνες: Αναδρομική μελέτη

Κ. Τριανταφύλλου, Ι. Οθείτη, Γ. Ξυλούρης, Β. Μουλλά, Β. Ντρέ, Π. Κοβάνη, Ι. Γκέρτσου, Δ. Αναγνωστόπουλος

Παιδοψυχιατρική Κλινική, Γενικό Νοσοκομείο Παίδων «Η Αγία Σοφία», Ιατρική Σχολή, Εθνικό και Καποδιστριακό Πανεπιστήμιο Αθηνών, Αθήνα

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Από το 1989, η Ελλάδα έχει δεχτεί χιλιάδες οικονομικούς μετανάστες, ενώ από το 2010 έχει γίνει χώρα υποδοχής προσφύγων από χώρες οι οποίες βρίσκονται σε κατάσταση πολέμου. Οι πρόσφυγες συχνά βιώνουν τραυματικά γεγονότα (π.χ. θάνατο μέλους της οικογένειας ή φιλικού προσώπου σωματική, συναισθηματική ή σεξουαλική κακοποίηση) και ταυτόχρονα προσπαθούν να διαχειριστούν τη φτώχεια, την επιθετικότητα ή τον ρατσισμό κατά τη διάρκεια του ταξιδιού αλλά και μετά την εγκατάστασή τους στη χώρα υποδοχής. Από την άλλη πλευρά, οι οικονομικοί μετανάστες αντιμετωπίζουν κυρίως τις σοβαρές δυσκολίες προσαρμογής στη χώρα υποδοχής, συμπεριλαμβανομένων του ρατσισμού, της φτώχειας, του διαφορετικού πολιτισμού και της γραφειοκρατίας. Ο στόχος της παρούσας αναδρομικής μελέτης μέσω αρχείων ήταν να διερευνηθούν οι διαφορές στην ψυχοπαθολογία μεταξύ μεταναστών, προσφύγων και Ελλήνων. Εξετάσαμε τις διαφορές στις ψυχιατρικές διαγνώσεις και στους παράγοντες που επηρεάζουν την κατάσταση της υγείας σε 4 ομάδες: (i) 90 φακέλους παιδιών μεταναστών τα οποία παραπέμφθηκαν στην Παιδοψυχιατρική Κλινική του Πανεπιστημίου Αθηνών, Νοσοκομείο Παίδων «Η Αγία Σοφία» κατά την περίοδο 2005–2009, (ii) 216 φακέλους παιδιών προσφύγων τα οποία προσήλθαν στην κλινική κατά την περίοδο 2010–2014. Τα παιδιά μεταναστών τα οποία παραπέμφθηκαν στην κλινική κατά την πρώτη περίοδο (2005–2009) προέρχονταν κυρίως από οικογένειες, οι οποίες ήταν οικονομικοί μετανάστες, ενώ τα παιδιά της δεύτερης περιόδου (2010–2014) ήταν πρόσφυγες από χώρες σε εμπόλεμη κατάσταση. Τα δεδομένα αυτά συγκρίθηκαν με 151 φακέλους παιδιών Ελλήνων αντίστοιχης ηλικίας και φύλου, των οποίων οι γονείς απευθύνθηκαν στην κλινική κατά τις αντίστοιχες περιόδους. Ειδικότερα, (iii) 72 φακέλους παιδιών Ελλήνων που απευθύνθηκαν στην κλινική κατά την πρώτη περίοδο, και (iv) 79 κατά τη δεύτερη περίοδο. Εξετάζοντας τους φακέλους των παιδιών αναφορικά με τις ψυχιατρικές διαγνώσεις (F) και τους παράγοντες οι οποίοι επηρεάζουν την κατάσταση της υγείας (Z), τα παιδιά πρόσφυγες έλαβαν μεγαλύτερο αριθμό Z σε σύγκριση με τους Έλληνες της περιόδου 2010–2014. Η αναλογία των προσφύγων που είχε λάβει τουλάχιστον δύο Z ήταν στατιστικά σημαντικά μεγαλύτερη από εκείνη των μεταναστών και των Ελλήνων (2010–2014). Αναφορικά με τις ψυχιατρικές διαγνώσεις, οι Έλληνες (2010–2014) έλαβαν περισσότερες διαγνώσεις συγκριτικά με τους πρόσφυγες. Τα αποτελέσματα της παρούσας έρευνας επισημαίνουν την στάση των προσφύγων, οι οποίοι δεν απευθύνονται στις υπηρεσίες κυρίως για ψυχιατρικούς λόγους, υπογραμμίζοντας τις διαφορετικές υπάρχουσες ανάγκες τους ή την πιθανή δυσκολία τους να έχουν πρόσβαση σε μια υπηρεσία ψυχικής υγείας συγκριτικά με τους μετανάστες και τους γηγενείς.

Λέξεις ευρετηρίου: Πρόσφυγες, μετανάστες, Έλληνες, παιδιά, έφηβοι, ψυχοπαθολογία.

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Corresponding author: K. Triantafyllou, Tel: (+30) 213 2013 258
e-mail: ptriantafillou@hotmail.com