



# PSYCHOSOCIAL CARE IN MIGRATION: THE CASE OF UNACCOMPANIED MINORS IN CYPRUS

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# EXECUTIVE SUMMARY

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**Keywords:** unaccompanied minors | mental health | psychosocial interventions | support services | child protection

This report examines the status of Mental Health and Psychosocial Support Services for Unaccompanied Asylum-Seeking Minors in Cyprus.

Unaccompanied minors constitute a vulnerable group, and they require complex reception and treatment procedures to meet their protection needs.

Therefore, the humanitarian response to ensure their rights is multifaceted and represents a challenge both for the national authorities and NGOs operating in the sector.

"Hope for Children" CRC Policy Center is an International, Humanitarian and Independent Institution, based in Nicosia, Cyprus, founded on the principle of promoting and protecting the rights of children, on the standards of the UN Convention on the Rights of the Child and European Union Law. It focuses on prioritizing their well-being and education and takes measures for the prevention of any kind of violence against children. The organization provides a safe place, psychosocial and legal support to unaccompanied minors across the island.



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This study has been conducted between March and October 2021 by Federica Migliaccio and Arianna Tortelli, interns at the Research & Development Department of "Hope for Children" CRC Policy Center, within the framework of the European Solidarity Corps programme.

# KEY TERMINOLOGY AND ACRONYMS

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## ASYLUM SEEKER

A third-country national or stateless person who has made an application for protection under the Geneva Refugee Convention and Protocol in respect of which a final decision has not yet been taken. [1]

## MHPSS

Mental Health and Psychosocial Support is a composite term used to describe any type of local or outside support that aims to protect or promote psychosocial wellbeing and/or prevent or treat mental disorder. [2]

## PSYCHOSOCIAL NEEDS

They refer to an interrelation between psychological and social factors intervening on the well-being of an individual. [3]

## REFUGEE

Someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion. [4]

## UASC

Unaccompanied Asylum-Seeking Children who have fled their country of origin without the care or protection of their parents. When in EU Member State they are taken into care by local authorities. [5]

## CRC

Convention on the Rights of the Child

## EU

European Union

## HFC

"Hope for Children" CRC Policy Center

## IASC

Inter-agency Standing Committee

## IOM

International Organization for Migration

## NGO

Non Governmental Organization

## TRCN

Turkish Republic of Northern Cyprus

## UNHCR

United Nations High Commissioner for Refugees

## UNICEF

United Nations Children's Fund

## WHO

World Health Organization

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[1] Art. 2(b) of Council Directive 2005/85/EC (Asylum Procedures Directive).

[2] IASC, IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007.

[3] Art. 2(l) of Directive 2011/95/EU, Recast Qualification Directive.

[4] UN High Commissioner for Refugees (UNHCR), The 1951 Convention Relating to the Status of Refugees and its 1967 Protocol.

[5] Art. 2(l) of Directive 2011/95/EU.

# I. INTRODUCTION

## a. The Cypriot context

Over the past decade, political, socio-economic and security crises in Africa and Middle East continued to fuel massive displacement, with many children seeking asylum in the “Fortress Europe” making their way across the perilous Mediterranean.

Cyprus suffers from a long-standing ethnic issue and, due to its strategic geopolitical position in the south-eastern Mediterranean, it historically faces major challenges, including waves of human mobility.

Asylum and migration processes must be analyzed within the context of its geographical position and its turbulent political and historical setting, in which the “Cyprus dispute” as an matter of ethnic conflict between the two communities - Greek Cypriots and Turkish Cypriots - has prevailed over all other social and political issues since the 1950s. [6] With the Turkish invasion of the North of Cyprus and the partition of the island in 1974, Cyprus has been divided and new borders have been set. The northern area unilaterally declared its independence on November 15th 1983 under the name of the Turkish Republic of Northern Cyprus (TRNC): Turkey is the only country that recognizes the TRNC since the United Nations rejected this declaration via the Security Council Resolution 541. [7]

The two territories are divided by a buffer zone known as the “Green Line”, an area under control of the UN which in March 2021 has been reinforced by the Cypriot administration with a barbed wire fence attempting to cut the illegal migration flow from the Northern territories.



Figure 1: The migration routes towards Cyprus  
Source: infomigrants.net

[6] Trimikliniotis N., Cyprus as a New Refugee Hotspot in Europe? Challenges for a Divided Country, Friedrich-Ebert-Stiftung, 2019, p. 2.

[7] United Nations, Security Council Resolution 541, available at: [https://en.wikisource.org/wiki/United\\_Nations\\_Security\\_Council\\_Resolution\\_541](https://en.wikisource.org/wiki/United_Nations_Security_Council_Resolution_541).

The Cypriot Minister of the Interior, Nicos Nouris, recently stated that the installation of the barbed wire doesn't constitute a border demarcation. [8] Nonetheless, it represents a gateway to asylum and it constitutes a "new" pressure point on the EU.

The main routes of illegal access to the Republic of Cyprus are through the buffer zone and by sea from Lebanon, as shown in Figure 1.

The arrival and presence of migrants, together with the island's accession to the EU in 2004 and the failure to find a solution to the Cyprus dispute, are relevant factors that shaped the contemporary institutional and political framework. [9] The entrance of Cyprus into the EU has led to a new legal frame demanded by the EU Acquis in order to align the asylum system with EU law, ensure protection to vulnerable people and effectively combat illegal migration. Nowadays, Cypriot migration policy is intimately tied to the EU policies with respect to the south and to Turkish policy with respect to the north. This creates a situation whereby migration dynamics and demographics vary substantially between the two sides, who don't coordinate on joint policy to tackle illegal border crossing. [10]

## b. Spotlight on the Southeastern Mediterranean route

In recent years, mainly since the 2015 crisis, patterns relating to irregular migration in the region of the Eastern Mediterranean have changed dramatically. Even though Greece was the main hotspot, with an estimated one million people arriving on its shores in 2015 and the opening of the Balkan Route, other Mediterranean countries started to witness mass arrivals.

Cyprus is one of the countries where such changes have been slower and less impactful, however, over the last years the number of asylum applications started rising significantly, and they even appear to double each year: from 2,936 applications in 2016 to 4,582 in 2017 and eventually 7,761 in 2018. [11] For 2019, the number is 13,200, the highest ever recorded. [12] UNHCR reported that in 2020 Cyprus has received more than 7,036 asylum applications. So far in 2021, the requests reached are 10,350. [13]

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[8] Theodoulou N., article available at: <https://cyprus-mail.com/2021/03/08/local-farmers-condemned-placement-of-barbed-wire-in-buffer-zone/>.

[9] Trimikliniotis N., "Rethinking Migration, Discrimination and Multiculturalism in a Post-tourist Society" in *The Cyprus Review*, Volume 20, Number 2, 2008, p. 17.

[10] Demetriou O., *Migration into the Cyprus conflict and the Cypriot citizenship regime*, PRIO Cyprus Center, 2019, p. 6.

[11] Trimikliniotis N., *Migration and Refugee Dissensus in Europe: Borders, Insecurity and Austerity*, London: Routledge, 2020.

[12] Demetriou O., *op. cit.*, p. 3.

[13] InCyprus article, available at: <https://in-cyprus.philenews.com/1702-asylum-seekers-in-october-85-from-green-line/>.

The rejection rate of asylum cases in the country stands at 72.8% and the refugee rate at 2.48%; in 2020 only 155 people were granted refugee status on Cyprus and 1,544 were granted subsidiary protection. [14]

According to UNHCR, in 2021 around 14,000 refugees are living in Cyprus. [15] The Operational Data Portal provided by the High Commissioner for Refugees reported that, from January 1st, 2021, until August 24th, 2021, almost 1,190 refugees and migrants arrived in Cyprus via the Eastern Mediterranean route with 5 dead and missing reported along the journey. [16] While, referring to the statistics of the Cyprus Asylum Service and the Reception Centre managing officials, 3,500 migrants have reached Cyprus since the beginning of 2021, 14% of whom (494) came by boats. The afore-mentioned numbers indicate a 350% increase in migration arrivals since the respective period of 2020 [17] when 1,371 persons accessed the country. [18]

## II. MIGRATION TRENDS

In most studies on migration, the starting point is numbers and statistics. Since the focus of this report is on Unaccompanied Asylum-Seeking Children (UASC), it's important to analyze the data related to this target group at national level.

In 2020, almost 7,094 migrants sought asylum in Cyprus, with around 19,660 pending applications including minors at the end of the year. [19] IOM-Cyprus reported that 271 children arrived by sea in 2020, including 86 UASC.

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[14] Wallis E., Sent back: 56 migrants were refused entry to Cyprus at the weekend, May 2021, article available at: <https://www.infomigrants.net/en/post/32269/sent-back-56-migrants-were-refused-entry-to-cyprus-at-the-weekend>.

[15] Data available at: [https://www.migrationdataportal.org/datacm49=196&focus=profile&i=stock\\_abs\\_&t=2020](https://www.migrationdataportal.org/datacm49=196&focus=profile&i=stock_abs_&t=2020).

[16] This data has been gathered by adding the monthly arrivals in Cyprus reported in the UNHCR monthly update "Europe Situation: data and Trends. Arrivals and Displaced Populations", available at: [http://data2.unhcr.org/en/situations/mediterraneanID=13#\\_ga=2.68990232.883902505.1625656896-1918155069.1625656896](http://data2.unhcr.org/en/situations/mediterraneanID=13#_ga=2.68990232.883902505.1625656896-1918155069.1625656896).

[17] IFRC, Emergency Plan of Action – Cyprus: Population Movement, June 2021, p. 2-3, available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/MDRCY002do.pdf>.

[18] Since January 2021 there have been 14 boats, while during the same period in 2020, there were only 3 boats. Source: Ibidem.

[19] ECRE-AIDA, Country report: Cyprus, 28/04/2021, p. 7., available at: [https://asylumineurope.org/wp-content/uploads/2021/04/AIDA-CY\\_2020update.pdf](https://asylumineurope.org/wp-content/uploads/2021/04/AIDA-CY_2020update.pdf).

According to the Social Welfare Services, 308 UASC applied for international protection in 2020; 66 were referred to the Asylum Service for age assessment, of which 43 were found to be adults through additional medical age assessment tests. [20] In 2019, the number has been even higher with 535 UASC applied for asylum out of which 203 UASC were referred for age assessment and 194 were found to be adults. [21]

Referring to the data collected by IOM, UNHCR and UNICEF between January and June 2020, the proportion of boys arriving unaccompanied remained high: 63% of boys and 37% of girls. [22]

As stated by Natasa Xenophontos Koudouna, head of IOM's office in Cyprus, most of the unaccompanied migrant children arriving in the country are 16-17 years old. [23]

Most asylum-seeking children in Cyprus originated from the Syrian Arab Republic and Somalia. [24]

### III. MENTAL HEALTH: THE VULNERABILITY OF UASC

This research aims to explore the interrelation between migration and mental health, understanding which are the drivers of psychosocial distress for UASC, their needs and the support services available at local level.

When dealing with human mobility and mental health issues, it is essential to realize that migration is not a single event, but a process made up of a series of spatial and temporal phases, in which psychological trauma can occur leading to severe mental health conditions and chronic disorders. [25]

Each phase can generate a psychological dysfunction, specifically for vulnerable groups such as children on the move.

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[20] Cyprus Refugee Council for ECRE-AIDA, Country Report: Legal representation of unaccompanied children, 28/04/2021, available at: <https://asylumineurope.org/reports/country/cyprus/asylum-procedure/guarantees-vulnerable-groups/legal-representation-unaccompanied-children/>.

[21] IOM, IOM Supports the Transition to Adulthood of Unaccompanied Migrant Children in Cyprus, 15/04/2020, available at: <https://cyprus.iom.int/news/iom-supports-transition-adulthood-unaccompanied-migrant-children-cyprus>.

[22] UNHCR, UNICEF and IOM, op. cit.

[23] IOM, op. cit.

[24] Ibid.

[25] King, R., Towards a new map of European migration. *Int. J. Pop. Geog.* 2002, pp. 89-106.



Mental health is defined by the World Health Organization as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to her or his community. [26]

Good mental health is related to mental and psychosocial well-being, which in children and adolescents results from the interplay of physical, psychological, cognitive, emotional, social, and spiritual aspects that influence a child's and adolescent's ability to grow, learn, socialize, and develop to their full potential. [27]

Unaccompanied minors require complex reception and treatment procedures since they have specific care and protection needs. They are often victims of violence, conflicts, exploitation, stigma, deprivations, and loss of their cultural references. [28]

The migration journey of unaccompanied asylum-seeking children implies the loss of everything that is familiar: home, language, social and parental networks. Moreover, they incur high risks while facing complex asylum procedures when they reach the host country and an uncertain future.

We know that refugees are at increased risk of mental health problems and it has been indicated that social determinants of health, stigma, discrimination, adverse events, and other challenges in the host society can be as important for mental health as traumatic events experienced during displacement or travel. [29]

Hence, while physically "being safe" in the host country is important in the short term, it is not enough to promote good mental health in the long term. [30]

Unaccompanied minors, if not properly supported, may develop risky habits, often worsened by already existing psychosocial issues, such as social isolation, anxiety, depression, behavioral problems, and syndromes related to trauma. [31]

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[26] WHO, available at <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>.

[27] Chan, E.Y., Mercer, S.W., Yue, C., Wong, S., Griffiths, S.M., Mental health of migrant children: An overview of the literature, *Int. J. Ment. Health*, 2009, pp. 44–52.

[28] Preibisch, K., Hennebry, J., Temporary migration, chronic effects: The health of international migrant workers in Canada., *Can. Med. Assoc. J.* 2011, pp. 1033–1038.

[29] Sheath, D., Flahault, A., Seybold, J., & Saso, L., Diverse and Complex Challenges to Migrant and Refugee Mental Health: Reflections of the M8 Alliance Expert Group on Migrant Health, *International journal of environmental research and public health*, 2020, available at: <https://doi.org/10.3390/ijerph17103553>.

[30] Ibid.

[31] United Nations Children's Fund, *The State of the World's Children 2021: On My Mind – Promoting, protecting and caring for children's mental health*, UNICEF, New York, October 2021, pp. 54-56.

The arrival in the host country represents a critical moment since hazardous behaviors could be exacerbated, if the reception system and the integration support services do not immediately consider these issues in a systematic and proper manner.

The European Union asylum law offers special protection to such children [32] and the UN Inter-Agency Standing Committee (IASC) [33] developed several guidelines and identified key actions for the protection of all children in migration and emergency contexts. Mental health remains among the key challenges to migrant and refugee health [34], and it is a complex issue to address. [35]

## a. IASC Guidelines on Mental Health & Psychosocial Support in Emergency Settings

The Inter-agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings were published in 2007 and still represent the main reference for those organizations operating in emergency settings. The technical term Mental Health and Psychosocial Support (MHPSS) is used in the guidelines to describe “any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorders”. [36] This document marked a turning point in addressing mental health issues globally, providing a series of recommendations to protect the psychosocial well-being of populations in emergency settings, better defined as “situations arising from armed conflicts and natural disasters (including food crises) in which large segments of populations are at acute risk of dying, immense suffering and/or losing their dignity”. [37] It is important to underline that this definition includes the phenomenon of migration.

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[32] Radjenovic, A., Vulnerability of unaccompanied and separated child migrants, European Parliamentary Research Service, April 2021. Available at: European Parliamentary Research Service.

[33] IASC constitutes a unique inter-agency forum for coordination, policy development and decision-making involving the key UN agencies and non-UN humanitarian organizations.

[34] Bempong, N.E., Sheath, D., Seybold, J., Flahault, A., Depoux, A., Saso, L., Critical reflections, challenges and solutions for migrant and refugee health: 2nd M8 Alliance Expert Meeting. Public Health Rev. 2019.

[35] Sheath, D., Flahault, A., Seybold, J., & Saso, L., op. cit., p. 2.

[36] IASC, IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007, available at: <https://interagencystandingcommittee.org/iasc-task-force-mental-health-and-psychosocial-support-emergency-settings/iasc-guidelines-mental-health-and-psychosocial-support-emergency-settings-2007>.

[37] Ibid.

These operational recommendations target all humanitarian actors and strive to actively involve communities and local authorities at every stage. The participation of a wide range of actors is essential for successful interventions, coordinated actions, and the enhancement of local capacities and sustainability. The IASC Guidelines are based on 6 core principles [38]:

- **Human rights and equity:** humanitarian actors should always promote and protect fundamental human rights and dignity of affected populations. Specifically, it's crucial to maximize fairness in the availability and accessibility to MHPSS services in emergency contexts without any discriminations.
- **Participation:** humanitarian interventions should activate the existent resources of the affected populations in delivering the aid response, foster resilience and engage them in relief and reconstruction efforts.
- **Do no harm:** humanitarian aid is an important means of helping people affected by emergencies, but aid can also cause unintentional harm. Work on mental health and psychosocial support has the potential to cause harm because it deals with highly sensitive issues, so humanitarian workers must reduce the risk of harm at the minimum.
- **Building on available resources and capacities:** all the actions should strive to build up local capacities, activate internal resources, support self-help, and strengthen the resources already present at local level.
- **Integrated support systems:** instead of implementing stand-alone services, it's essential to integrate programs into wider systems (such as existing community support mechanisms, formal/non-formal school systems, general health services, general mental health services, social services, etc.). This approach allows to reach more people, to ensure sustainability and to fight mental health stigma.
- **Multi-layered support:** a key to organizing mental health and psychosocial support is to develop a layered system of complementary supports that meets the needs of different groups.

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[38] Ivi, pp. 9-11.

## b. Pyramid of MHPSS Services

In this framework, the MHPSS intervention pyramid (Figure 2) has been developed. It shows the four layers in the system of support for children's recovery and well-being. The pyramid begins with community foundations and works its way up to specialized care, with fewer people needing the services at each layer. [39]

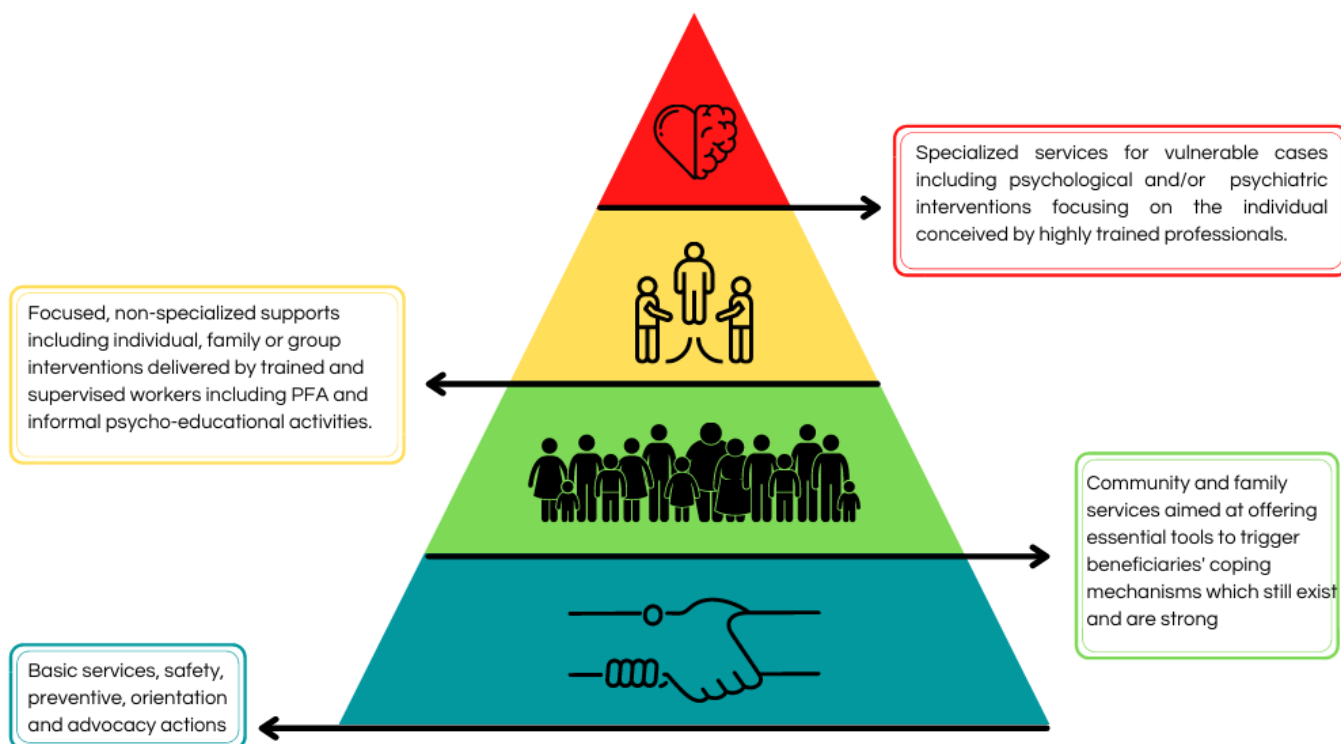


Figure 2: The IASC pyramid of intervention in emergency settings

Source: Infographic created by Arianna Tortelli according to the contents of the IASC Guidelines, pp. 11-13.

**Layer 1** represents the majority of children and caregivers who function normally and they have not been identified to be at risk.

Appropriate interventions are preventative including advocacy, awareness raising on mental health and psychosocial issues, mobilizing community networks, and sharing information about care services through school and/or community platforms.

In humanitarian settings, the main aim at this level is to provide services to meet basic survival needs – food, water, shelter, and disease control – and restore safety and security.

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[39] UNICEF, Mental Health and Psychosocial Technical Note, op. cit., available at: <https://www.unicef.org/media/73726/file/UNICEF-MH-and-PS-Technical-Note-2019.pdf>.

**Layer 2** represents children, adolescents, and caregivers who have lost family and community support and they need assistance. They often exhibit social or psychological risk factors associated with mental, emotional, or behavioral disorders. Interventions include family and community-based support groups for children and psychosocial activities (for example in child friendly spaces).

**Layer 3** represents a smaller number of children and caregivers who need more focused individual, family or group interventions by community workers trained in specialized care, psychological first aid and basic mental health care, or by structured psychosocial groups. This layer targets for example survivors of gender-based violence or recruitment into armed conflict, and children presenting behavioral problems.

**Layer 4** represents the small percentage of the population who, despite the support already above-mentioned, may have significant difficulties in basic daily functioning and have diagnosable conditions. In humanitarian contexts, this includes children with crisis-related mental health problems, or pre-existing mental health conditions that were worsened by the conflict or the migration process. The interventions must be delivered by specialized professionals with extensive experience in the field of MHPSS.

The implementation of MHPSS programs in the field of migration is challenging and it's hard to identify standard and universal good practices given the uniqueness of each emergency context, the cultural background of the population to serve and the socio-historical settings. Nevertheless, experience from many different emergencies indicates that some actions are advisable, whereas others should typically be avoided. [40]

Psychosocial well-being should always be protected starting from the re-establishment of the sense of safety to the provision of services which meet basic physical needs (food, shelter, water, healthcare, etc.) [41] and psychic health. At these levels, humanitarian organizations like "Hope for Children" operate providing targeted services, such as shelters for unaccompanied minors where several support activities are offered according to the national law, international guidelines and detected needs. A wide range of actors (from non-profit associations to governmental departments and UN agencies) are involved in the delivering of support services and NGOs often work to facilitate communication between these entities and migrants, so that everyone's activity can be based on the full respect of people's dignity and integrity. [42]

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[40] IASC Guidelines, op. cit., p. 13.

[41] Terre des Hommes Italy, Faro Model Handbook, May 2017, p. 21, available at: <https://reliefweb.int/report/world/faro-model-handbook-mental-health-and-psychosocial-support-unaccompanied-minors-and>.

[42] Ivi, p. 20

# IV. THE LEGAL FRAMEWORK IN CYPRUS

In Cyprus, the protection of UASC is regulated by two main legal instruments: the Refugee Law and the Children's Law.

According to the art. 9KE par. 1 of the Refugee Law, the Social Welfare Services is the authority responsible for the care of minor applicants. The guiding principle in all the actions concerning minors is the respect of their best interests, therefore, the competent authority shall ensure to the maximum extent possible the physical, mental, moral, and social development of the minor. [43]

The Social Welfare Services, in accordance with the art. 9KE par. 4, shall ensure that minors who have been traumatized receive the necessary support, as well as specialized treatment if required. [44] In case the applicant is an unaccompanied minor, the Director of the Department of Social Welfare Services shall act as his/her legal guardian and work in his/her best interests. [45]

The Refugee Law foresees the possibility for applicants, including minors, who do not have sufficient resources to be entitled to free medical care in all public medical institutions, including at least first aid and necessary treatment for illness and serious mental disorders; and the free provision of necessary medical or other assistance, including psychiatric care for an applicant with special reception needs. [46]

The Social Welfare Services is responsible for referring the applicants to other specialized services to receive the necessary support and information, for example in case of support for psychosocial problems. [47]

In accordance with art. 9KG of the Refugee Law, the competent authorities shall consider the special situation of vulnerable persons, such as minors and UASC. [48] In order to determine if an applicant is in need of special reception, an individual assessment must be carried out by the relevant authorities within a reasonable time at the initial stages of the application. [49]

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[43] Republic of Cyprus, "The Refugee Law", No. 6(I) of 2000, part II art. 9KE par. 1, (2000).

[44] Ivi, part II art. 9KE par. 2.

[45] Ivi, part II art. 10 par. 1-1A.

[46] Ivi, part II art. 9IG par. 1.

[47] Ivi, part II art. 9H.

[48] Ivi, part II art. 9KG.

[49] Ivi, part II art. 9KD par. 1-2.

Once this process is concluded, the Asylum Service must be informed about the results of the assessment and shall subsequently decide, within a reasonable time, on the need to provide for special reception and/or procedural needs and shall refer the applicant to the competent authorities.

[50] It is then within the capacity of the competent authorities to provide support that consider the specific reception and/or procedural needs of the applicant and ensure that his/her condition is duly monitored. [51]

The Republic of Cyprus has ratified the Convention on the Rights of the Child in 1990 through the “Ratification Law of the Convention L. 243/90”. [52]

As part of the Convention on the Rights of the Child, the State shall ensure, according to the art. 19, that all the appropriate legislative, administrative, social, and educational measures have been taken to protect the child from all forms of physical or mental violence, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child. [53]

Furthermore, in the par. 2 of the same article, it is specified that the protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment, and follow-up of instances of child maltreatment. [54]

In addition, the art. 24 of the CRC aims at guaranteeing the enjoyment of the highest attainable standard of health and the access to facilities for the treatment of illness and rehabilitation of health. The State is therefore responsible for ensuring the right of every child to access health care services.

[55] The State, as for the provision of the art. 25, shall periodically review the treatment provided to a child who has been placed under care, protection, or treatment of his or her physical or mental health. [56]

Finally, the art. 39 states as follows:

*“States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of any form of neglect, exploitation, abuse, torture or any other form of cruel, inhuman, degrading treatment, punishment or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.”* [57]

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[50] Ivi, Ibid., part II art. 9KD par. 4.

[51] Ivi, part II art. 9KD par. 6.

[52] Republic of Cyprus, “The Convention on the Rights of the Child (Ratification) Law”, (L. 243/1990), (December 1990).

[53] UN General Assembly, “Convention on the Rights of the Child”, United Nations, Treaty Series, vol. 1577, art. 19, (20 November 1989).

[54] Ivi, art. 19 par. 2.

[55] Ivi, art. 24.

[56] Ivi, art. 25.

[57] Ivi, art. 39.

# V. LOCAL SUPPORT SERVICES

The support and care services for children, both nationals and migrants, in the Cypriot context are provided by the Mental Health Services of the Ministry of Health, responsible for ensuring high quality care for mental health cover, including prevention, treatment and rehabilitation, in addition to mental health promotion. [58]

Since 1990, the Mental Health Services for Children and Adolescents have been the department responsible for handling the cases of minors in Cyprus. Among the services offered, psychological and psychiatric diagnosis and evaluation as well as therapeutic services and interventions both to children and adolescents and their families. Moreover, in 2012, the Mental Health Inpatient Unit for Adolescents' hospitalization was established by the Mental Health Services at the Makarios III Hospital to offer specialized services for minors with severe mental health difficulties or in a situation of crisis. [59]

Concerning the mental health support for UASC, as it has been previously stated, the Director of the Welfare Services is responsible for guaranteeing the best interests of the children and, therefore, shall ensure a standard of living suitable for their physical, mental, moral and social development.

The Director of the Welfare Services, as legal guardian of the UASC, shall refer any cases of mental health issues to the Mental Health Services that will provide psychological and/or psychiatric assessment and therapy to any child in need. In addition to the Director of the Welfare Services, other relevant services can be responsible for referring the minors to the care of the Mental Health Services. Once the minors are in the care of the Mental Health Services, they are received in outpatient child-friendly units that can be found across most districts in the country. The first step undertaken is the assessment of the child and his/her needs carried out by a specialized clinician (clinical psychologist/child psychiatrist), thereafter, the responsible clinician will refer the child and his/her family or legal guardian for specialized treatment and help. This might include the involvement of other specialists, including medical staff (e.g. pediatricians, child neurologists), social workers, educators, and psychotherapists.

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[58] Ministry of Health, Mental Health Services, available at: [https://www.moh.gov.cy/moh/moh.nsf/page17\\_en/page17\\_en?OpenDocument](https://www.moh.gov.cy/moh/moh.nsf/page17_en/page17_en?OpenDocument).

[59] Mental Health Services, available at: <https://shso.org.cy/>.



Among the specialized programs offered by the Mental Health Services, there is the therapeutic program for sexually abused children, adolescents and young adult victims run by the Psychotherapy Centre. A comprehensive team of clinical psychologists, psychotherapists and social workers provides diagnostic evaluation and therapeutic planning and intervention to children and adolescents, as well as parental support and counselling. In the framework of this program, the victims participate in individual or group therapeutic interventions to promote their psychological recovery and social reintegration. If the case requires it, the therapy can continue until young adulthood. [60]

Cases of migrant children and adolescents with mental health issues, both accompanied and unaccompanied, are given special priority when they visit the Children and Adolescents Department of the Mental Health Services. In order to facilitate the communication between the professionals and the minors, the presence of an interpreter is highly foreseen. [61]

Complementing the work carried out by the governmental support services regarding children and adolescents' mental health wellbeing, in Cyprus there are several NGOs offering services with the aim of providing psychosocial support and counseling to minors who found themselves in stressful situations. Among these, we mention the following.

In 2002 the Cypriot Society of Child and Adolescent Psychiatry was established. The association works to improve the mental health services for children and adolescents in Cyprus through various national and European projects. The Society follows the core objectives of prevention, care and therapeutic intervention, promotion and awareness, and activities against stigmatization. [62]

The 1410 Helpline for children and adolescents aims at providing counsel on psychological issues. It has operated since 1990 and provides information, counselling and help on various issues. It also might refer to other services and agencies for further evaluation and intervention. [63]

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[60] Committee on the Rights of the Child, "Combined Fifth and Sixth Reports Submitted by Cyprus Under Article 44 of the Convention, due in 2018, CRC/C/CYP/5-6," cap. X par. 229, (7 May 2019).

[61] Ivi, cap X par. 232.

[62] Cypriot Society of Child and Adolescent Psychiatry, available at: <https://www.escap.eu/members/cyprus>.

[63] Commissioner for the Protection of the Rights of the Child, 2018, available at: [http://www.childcom.org.cy/ccr/ccr.nsf/All/BE61572D1BA7AE50C225863A003995FB?](http://www.childcom.org.cy/ccr/ccr.nsf/All/BE61572D1BA7AE50C225863A003995FB?OpenDocument) OpenDocument.

The European Child and Adolescent Support Line 116 111 gives the opportunity to minors to talk anonymously to specialists about any topic that might concern their wellbeing. It operates under the coordination of the Association for the Prevention and Response to Domestic Violence (SPAVO) and "Hope for Children" CRC Policy Center. [64]

## a. Homes for Hope by "Hope for Children"

Since 2015, "Hope for Children" CRC Policy Center is responsible for the operation of private shelters for UASC, following the approval of the Social Welfare Services and the funding from the European Funds Unit of the Ministry of Interior. As foreseen in the Refugee Law, the Director of the Department of Social Welfare Services acts as legal guardian for all the minors hosted in the shelters. [65] The services offered at the Home for Hope shelters are provided through the close cooperation and monitoring of the Social Welfare Services and HFC. These services are divided in three macro areas [66]:

### REHABILITATION SERVICES

- Intake of social history
- Age assessment procedure
- Legal and social counselling
- **Psychological support and therapy**

### INTEGRATION SERVICES

- Language classes
- Educational activities and seminars
- Supporting access to the public education system
- **Psychological support and therapy**

### DURABLE SOLUTION SERVICES

- Family tracing, possibility of family reunification and/or of voluntary return to the country of origin
- Possibility of placement in foster care
- Legal and social counselling
- **Psychological support and therapy**
- Support during the procedures for integration in the community during transition to adulthood

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[64] Ibid.

[65] Republic of Cyprus, (2000), "The Refugee Law", No. 6(I) of 2000, part II art. 10 par. 1-1A.

[66] Homes for Hope, available at: <https://www.uncrcpc.org.cy/en/project/homes-for-hope/>.

The multi-disciplinary approach adopted in the daily work at Homes for Hope shelters has the aim not just to offer an accommodation, but rather provide a comprehensive range of services that will cover all the needs of the minors and support them in their daily lives.

A particular focus is given to psychosocial assistance thanks to the work of specialized professionals, such as psychologists and social workers, that constantly monitor the well-being of the unaccompanied minors and provide counselling and therapy sessions.

Furthermore, when deemed necessary, the operators at the shelters might refer the unaccompanied minors to specialized services offered by the Mental Health Services to provide the best care and establish the most efficient course of action, always keeping in mind the best interests of the child.

## VI. PRIMARY RESEARCH: GAPS AND NEEDS

According to different studies and meta-analyses, UASC are at a higher risk than the general population for a variety of mental disorders and are exposed to diverse psychosocial issues. A broader range of psychological interventions are being offered in frontline European host countries, however the accessibility and the availability of MHPSS is often inadequate as well because of socio-cultural barriers to accessing care including language, cultural understanding of mental health, different interpretation of mental disorder symptoms, stigma and discrimination. [67]

Lack of awareness of MHPSS services in European countries have also been reported as barriers to accessing care, in addition to health systems obstacles such as long waiting times for treatment, lack of appropriately trained staff and of interpreters. [68]

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[67] Fuhr, D.C., Acarturk, C., Sijbrandij, M. et al. Planning the scale up of brief psychological interventions using theory of change, *BMC Health Serv Res* 20, 801, 2020, p. 2., available at: <https://doi.org/10.1186/s12913-020-05677-6>.

[68] Satinsky E., Fuhr D.C., Woodward A., Sondorp E., Roberts B., Mental health care utilisation and access among refugees and asylum seekers in Europe: A systematic review, *Health policy*, 2019.

As mentioned previously, MHPSS is an umbrella term consisting of a wide range of interventions to improve people's resilience and mental health outcomes [69]; the services delivered by HFC at Homes for Hope can be included into this category.

At the shelters, psychosocial services mainly focus on individual and group activities, emphasizing the importance of active listening, empathy, open communication, and relaxation techniques to establish trustful relations with the minors. The fruitful collaboration between HFC psychologists and specialized doctors is essential to manage highly vulnerable cases.

An online survey [70] was conducted in August 2021 to collect information and feedback on MHPSS services among "Hope For Children" CRC Policy Center professionals working at Homes for Hope.

A variety of profiles operating daily at the shelters, including social workers and psychologists, participated by highlighting gaps and needs of the minors' support system.

The questionnaire focused on 3 dimensions:



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[69] Tol W.A., Barbui C., Galappatti A., Silove D., Betancourt T.S., Souza R., et al. Mental Health and Psychosocial Support in Humanitarian Settings: Linking Practice and Research, Lancet, 2011, pp. 1581-91.

[70] Survey's official link: <https://forms.gle/YiGa2qhsJ82eCoMb7>.

Starting from these anonymous data and previous research, recommendations, gaps and needs have been developed.

According to the 3 dimensions analyzed through the survey, the results show the following:

The **accessibility** to MHPSS services for UASC in Cyprus is still limited. The public system presents shortcomings because it is not registered in the GESY system (Cypriot public health system), and it is hard to book appointments in public hospitals. The main **weaknesses** identified are **language barriers, lack of intercultural awareness** and **adequate trainings for professionals** dealing with fragile and traumatized individuals.

Despite NGOs and Governmental Services are coordinated in delivering MHPSS interventions, cooperation should be strengthened to scale-up psychosocial programmes by **reducing the gap between supply and demand** and **reaching more people in need**.

Most of the professionals stated that they have appropriate **skills, tools** and **knowledge** to adequately deliver MHPSS activities for UASC, but **specific training seminars** would help them to keep updated on national and EU procedures and evidence-based programmes, **deliver higher quality trauma-informed services**, and **better assess the minors' needs**. Additionally experiential and interactive trainings would **boost professionals' creativity** and **cultural awareness**, both highly required to deliver successful sessions with migrant adolescents.

The respondents reported some **implementation barriers** during the phases of intervention, such as difficulties to **manage cultural differences, understand minor's background** including appropriate/inappropriate gestures, non-verbal communication and cultural habits and **inform about procedures, services, and rights**. Finally, professionals **call upon** more immediate and **targeted interventions** to identify situations of vulnerability and detect care and psychological needs. Also, the presence of **cultural mediators** and **interpreters** would facilitate the psychological action on site and ease the minor's needs assessment.

## VI. CONCLUSION

This report tried to monitor the status of mental health services and psychosocial interventions for UASC in Cyprus and it highlighted the complexity and urgency of the topic. Too many times, even though there are specific national or international regulations, local care systems are not adequate to meet the different needs of each minor.

This study outlined how the Cypriot case is defined by a specific national protection legislation and a close collaboration between the Government and NGOs for delivering psychosocial interventions for minor asylum seekers suffering from psychosocial stress. However, it has been also pointed out that some services are difficult to access due to bureaucratic procedures, and this could result in delayed specific treatments for the minors.

As analyzed, traumas linked to the migration phenomenon are various and could even go undetected. If the right assessments are not carried out by professionals once the minor arrive in the destination country, there is a higher chance he/she will suffer from long-lasting negative effects on his/her health and general wellbeing.

Therefore, it is necessary to guarantee a suitable and barrier-free screening to all the newly arrived migrant minors. When talking about barrier-free procedures, it entails the need to ensure the presence of cultural mediators trained to build a bridge between the minor and the professional that is assessing him/her.

Fighting the mental health stigma is an ongoing collective battle. Many migrant minors are afraid to seek help and open about some personal issues because of the stereotypes associated to mental wellbeing.

The consequence is that professionals might find hard to assess their needs and, therefore, help the minors to overcome their traumas. This calls for targeted awareness raising campaigns and educational activities to break down barriers and facilitate effective help-seeking.

When looking at the professionals' side, it has been highlighted how specialized trainings would help them enhancing the quality of their interventions.

Professionals call for a more coordinated collaboration between the different services in Cyprus to scale-up the interventions and fully meet the needs of all vulnerable individuals. Eliminating any administrative gaps and reducing the long procedures to enter the services would ensure an easier access and adequate treatment to unaccompanied minors.

In conclusion, promoting and improving MHPSS for UASC represent a priority and a pressing issue to tackle in Cyprus. Although many steps have been taken in the right direction, many more are required to guarantee an accessible and satisfactory system of care for all unaccompanied minors seeking help.