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ORIGINAL ARTICLE

Reporting mental health problems of undocumented migrants in Greece: A qualitative exploration

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KEY MESSAGES

- Greek GPs are engaged in providing good mental healthcare for undocumented migrants.
- They have to operate under difficult conditions that prevent them from the delivery of appropriate care.
- However, even under these conditions, Greek GPs keep looking for creative solutions to address and treat UMs' mental health problems.

ABSTRACT

Background Mental health problems are highly prevalent amongst undocumented migrants (UMs), and often part of their consultations with general practitioners (GPs). Little empirical data are available of how GPs and UMs engage around mental health in Greece, a country with a lack of balance between primary and secondary care and limited healthcare provisions for UMs.

Objectives To acquire insight in the barriers and levers in the provision of mental healthcare for UMs by GPs in Greece.

Methods This was a qualitative study using semi-structured interviews with 12 GPs in Crete, Greece with clinical expertise in the care of UMs. All interviews were audio-taped and transcribed verbatim and were analysed using thematic content analysis.

Results Greek GPs recognized many mental health problems in UMs and identified the barriers that prevented them from discussing these problems and delivering appropriate care: growing societal resistance towards UMs, budget cuts in healthcare, administrative obstacles and lack of support from the healthcare system. To overcome these barriers, Greek GPs provided UMs with free access to care and psychotropic drugs free of charge, and referred to other primary care professionals rather than to mental healthcare institutions.

Conclusion Greek GPs experienced substantial barriers in the provision of mental healthcare to UMs and political, economic and organizational factors played a major role.

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KEYWORDS

Psychological problems; general practice/family medicine; gender and diversity; immigrants; irregular migrants; Greece; mental health

Introduction

In the European Union, 1.9 to 3.8 million migrants reside without a permit.[1] These so-called undocumented migrants (UMs) include rejected asylum seekers, individuals who have entered a country illegally, and visa 'over-stayers'. [2] They often live in harsh circumstances and with insufficient income for their basic needs.[3] Their perceived health status is low, UMs report poor health three times more often than the general European population.[3] In particular, their psychological well-being is low: many feel lonely, lack

emotional support, and suffer from anxiety, depression and stress.[3–5] Mental health is the most frequently reported health need but their access to professional care for mental health problems varies widely between the EU-member states, owing to differences in the healthcare system and legislation.[6–8] In Greece, UMs are entitled to receive only emergency care in case of life-threatening conditions; they are not entitled to have health insurance.[7] Greek GPs act, just as the other GPs in the European Union, as the first point of contact for many health problems, and provide

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comprehensive care, including mental health services.[9,10] Their ambition to play a gatekeeping and coordinating role for patients is difficult to fulfil because of a shortage of GPs in the unbalanced medical workforce in Greece.[10] The drastic health reforms have created a huge burden on primary care, with rising healthcare needs and higher utilization of primary care by the Greek population.[11]

Greece is a popular destination for migrant populations; although the exact numbers of UMs is unclear, they comprise almost 9% of the total population.[12] If UMs can find work, this is usually 'informal' employment, in the agricultural and construction sectors.[13,14] In case of medical needs, they visit primary care centres or NGO services, but many undocumented patients give up on seeking healthcare, according to a study by *Medicins du Monde*. [3]

Mental health problems in UMs are reported in the international (primary healthcare) literature, but little is known about the problems Greek GPs encounter in UMs.[3,5,15–17] The aim of the study was to gain insight in how Greek GPs cope with UMs with mental health problems, the barriers and levers encountered and solutions applied. We anticipate that the results of this study will be useful for the policy makers when the primary healthcare reform is under development.

Methods

Recruitment and sampling

This study focussed on Crete with a population of 600 000 citizens and approximately 241 GPs.[18] Semi-structured in-depth interviews were performed with GPs who had experience in caring for UMs. GPs were recruited from the Cretan practice-based primary healthcare network of the clinic of social and family medicine of the University of Crete.[19] Sampling was purposive, striving for maximum variation regarding age, location, work experience, and practice organization.[20] By a snowball method, GPs outside the network were recruited as well. Inclusion continued until no new information was imparted, and theoretical saturation had been reached. The study took place between November 2012 and April 2013.

Data collection

For the interviews, the Dutch topic guide was used, translated and culturally adapted to the Greek context (see Supplementary online material).[16] It included topics about GPs' experiences with UMs, in particular with mental health problems, and the barriers and

facilitators UMs and GPs face regarding accessing to and delivery of healthcare to UMs with mental health problems. The same medical student (AT), trained by two senior researchers (MvdM, EvW), interviewed all GPs. The interviews lasted between 35 and 60 min, and were audiotaped, processed anonymously and transcribed verbatim.

Data analysis

The analysis was based on the constant comparative method.[21] Interviews were open-coded by two researchers (AT and MT). A list of themes was generated, and conflicting interpretations were discussed with other team members (AS, CL). Once consensus was reached on the themes, a more selective coding was applied from which the core categories emerged, looking for plausible explanations to enable the drawing of conclusions and to develop further theoretical insights about the impact of economy, society and health system on the access and the provision of (mental) healthcare for UMs. During all stages, close attention was paid to deviant cases. Permission to perform this study was obtained from the Bioethical Committee of the University Hospital of Crete (bio-ethics approval number 7729/14-11-2012).

Results

Fourteen GPs were recruited, and 12 GPs participated in the study; the characteristics of the participants are presented in [Table 1](#). The GPs estimated that 1–30 UMs visited their practice every month with an average of seven per month. Most UMs were male, came from Albania, Pakistan, Afghanistan, India, Bulgaria, African countries and the former Soviet Union, and spoke their native language. The following main themes emerged:

UMs often avoid contact with general practice

Most GPs observed that, because of the current economic crisis, UMs visited their healthcare centres even less frequently than before. Austerity measures in primary care, in particular a recent consultation fee of five euros, stricter governmental measures towards UMs, like measures to restrict UMs' freedom of movement in society, and a hardened attitude of the population towards UMs were mentioned as reasons. At the same time, the participating GPs emphasized that racism was less prevalent in Crete than in the urban areas of Athens and that the Greek health system is one of the most accessible systems within the European Union. GPs had the impression that UMs

Table 1. Characteristics of the GPs, working area, work experience, practice organization.

GP	Gender	Location	Work experience (years)	Practice organization
1	M	Rural	11	Group practice
2	F	Rural	10	Duo practice
3	F	Rural	7	Duo practice
4	M	Urban	12	Duo practice
5	M	Rural	22	Group practice
6	M	Rural	2	Solo practice
7	F	Rural	10	Group practice
8	M	Rural	2	Group practice
9	M	Rural	1	Group practice
10	M	Urban	15	Duo practice
11	F	Rural	9	Solo practice
12	M	Urban and rural	8	Solo practice

M: Male, F: Female

were very reluctant to visit for mental health problems. Cultural and language barriers, the UMs' dependency on the employer to bring UMs to a healthcare centre, and their fear that the employer would find out that they suffer from mental health problems were mentioned as important reasons.

Some of the GPs mentioned that they had been instructed by the government to report UMs to the authorities, but considered it highly unethical and refused to adhere to these instructions. Others were not aware of this letter, and never received instructions to report UMs (Box 1).

Barriers in disclosure and engagement

Most GPs recognized mental health problems in most UMs in the consultation through an anxious or depressed symptom presentation, or through the presentation of symptoms linked to distress like headache or stomach pain. The mental health problems they encountered most were depression and anxiety disorders, acute stress reactions, post-traumatic stress disorders, chronic alcohol and other substance abuse, and domestic violence. According to GPs, uncertainties about their job and dependency on the goodwill of the employer were the main sources of stress for UMs. GPs reported that these problems were seldom directly mentioned by UMs, presumably due to feelings of shame, lack of trust in healthcare professionals, other priorities (often urgent physical problems) and fear. Some GPs reported that UMs mentioned their mental health problems more readily than documented migrants, presumably because of their precarious situation and lack of confidantes to discuss their mental health problems (Box 1).

The lack of UMs' knowledge about the GPs' role in mental health, the presence of the employer in the consultation room, and language and cultural barriers were listed as additional reasons why mental health problems

Box 1. Quotations of GPs about barriers in access of UMs' care and problems in disclosure and engagement with UMs.

Opinions about the access of care for UMs:

'Illegal migrants wait longer to present psychological issues compared to other migrants. I believe this is because they are worried of being arrested and handed over to the authorities.' (GP7)

'I believe however that the Greek health system is the most accessible system in the world. Migrants can approach the healthcare system very easily. They can go to any primary healthcare centre or hospital, or go to a private doctor; nobody will tell them that they are not allowed to come there.' (GP8)

Opinions about presentation mental health problems:

'Illegal migrants wait longer to present psychological issues compared to other migrants. I believe this is because they are worried of being arrested and handed over to the authorities.' (GP7)

'All these migrants are people who have difficulties in opening up. They are very cautious, very closed, especially under current circumstances of crisis in Greece. The current situation can create a melancholic and a depressed mood, which can lead them into actions we have to suspect before they actually do them. This is not always easy, having opposite you a patient who displays signs of psychological burden.' (GP4)

'From my experience, illegal immigrants mention their problems more easily than legal immigrants. Legal migrants already are living some years in the country and the region, they have worked or still work, resulting in relative economic comfort, they also have a social life with fellow Greeks, families have adapted to the manners and customs of the area, and they face no problems in daily situations.' (GP2)

Opinions about the role of the government:

'What the government did, to send a paper to hospitals and health centres that they must record immigrants and report them to the police, in my opinion this is illegal! How can you make a doctor do this?

Hardly any doctor reports these UMs to the police, thumbs up to all my colleagues that keep doing this!' (GP3)

'I do not know anything about this letter, so I cannot answer your question about this. Honestly, in my experience I have never heard of this.' (GP8)

GPs experienced problems in engagement: High workload:

'Sometimes you see that something is wrong. ... But we have a very high workload; there is not much time for me to look very deeply into other problems.' (GP10)

Language problems:

'The biggest problem in the care for migrants is the fact that I cannot speak to the patient to figure out exactly what problem it is. Sometimes you just need to guess. In addition, even when there is somebody available who acts as a translator, I am still not sure whether the translation is right. It has happened to me that the translator says something, which has nothing to do with the case and what I see.' (GP3)

Opinions about the mental health problems of UMs in relation to the Greek population:

'I believe I see more psychological problems in the Greek patient population than in the migrant population. Immigrants generally have passed the most difficult times before coming here, instead of passing them now. They do not have psychological problems in particular. Those who have psychological problems are the Greeks, who saw their lives torn apart due to the crisis. I see many Greek patients with depressions, anxiety and too much stress. We all experience too much stress the last years.' (GP10)

'Compared with the Greek patients, the illegal patients certainly have more psychological problems. And not just simple psychological problems, but also heavier mental illnesses, like psychoses.' (GP5)

were not mentioned more often. Translation services are not available in the Greek primary healthcare setting. In some cases, somebody was available for translation, usually a fellow patient, and a few GPs asked their own staff members to translate, often with limited success. GPs explained that these barriers in disclosure hampered a meaningful engagement with UMs. However, the high turnover of UMs, the lack of time to discuss mental health problems and the presentation of other more urgent problems made this engagement

even more problematic. Sometimes, GPs ignored mental health problems and focused on other problems they could help the patients with. Some GPs thought that UMs' mental health problems were less urgent problems, and mentioned the psychological burden of the Greek population, caused by the economic crisis, as a problem of main concern (Box 1).

Recording by GPs

GPs explained that, since the introduction of the Electronic Medical Record (EMR) in 2012, they stopped recording the UMs' health problems as it was impossible to register UMs in the EMR. The absence of administrative personnel out of hours, the time when UMs usually came to the practice, and the low follow-up rates of UMs were additional reasons why GPs often avoided making a medical file of the UMs. In some practices, the data and insurance number of the employer was used for the UMs, and, therefore, no personal file was made for the UM (Box 2).

Problems in treatment

Although they were convinced that the UMs' mental health needs were high and that GPs should play a role in the treatment of these needs, GPs frequently mentioned not doing so. Besides the previously mentioned barriers in disclosure and engagement, they encountered problems in the prescription of psychotropic drugs and referrals to mental healthcare institutions. Some GPs seldom prescribed psychotropics to UMs because they could not prescribe electronically, and costs were not reimbursed, while others mentioned this did not prevent them from prescribing the same psychotropics.

Referrals to mental health institutions often failed because of the required co-payment by patients and the inability for UMs to travel to these institutions. A few GPs also mentioned that UMs were not welcome in these institutions. In general, after referral, mental health institutions did not report back, so GPs were not sure if the UMs had received adequate care after referral (Box 2).

Strategies to provide mental health

GPs described some solutions to the barriers encountered. They improved the accessibility of primary care by not charging a consultation fee, by asking the employer or others to pay this fee, by allowing UMs to visit anonymously, and/or to use the insurance card of

Box 2. Quotations of GPs about problems in the recording and treatment of UMs' mental health problems.

Recording UMs' mental health problems:

'We treat all patients equal. Besides, we do not have an official registration in particular for migrants in our health centre. Even though we try, sometimes they are not recorded at all, and we do not keep their data, since the employer that accompanies them or a fellow migrant sometimes gives us false data, especially if the undocumented patient does not have an official identification document.' (GP1)

'Visits of undocumented migrants are only recorded in the big registration book of our GP office. In any other way, we do not record them; they do not have a medical file, in that way it is as if they do not exist. The main reason for not keeping medical records is because many of them I see only once or twice.' (GP4)

Treatment and referral:

'We treat every patient the same, write the same drugs and dosages to all patients. Sometimes however it is difficult for them to pay the medications due to lack of money. Then we have contact with the public pharmacies, to see if they have in stock the medication that is required. If so, the patient will get this for free.' (GP12)

'When an UM needs therapy, we try to do as much as possible by ourselves. Sometimes we ask our social worker, but illegal immigrants usually do not want to go to the social worker, they do not want to get in trouble with social services.' (GP10)

'Recently we had an extreme case of an UM with an acute psychosis. . . We sent him by ambulance and police escort for admittance at the closed psychiatric ward. However until now we did not hear back what happened to this case, we almost never do.' (GP3)

'After leaving free primary healthcare, the secondary hospital care needs money: there illegal immigrants and many not insured Greek patients face the same problems. There are some social structures by the Medical Association like social pharmacies or social practices, but in the case of hospitalization or specialized examinations, this is purely a question of money. All physicians who work in the hospitals could consider seeing these illegal immigrants, because we are doctors and we do not care whether the patient is illegal or not. But when we come to the subject of more thorough examination and intervention, the problem of the money ends it all.' (GP4)

their employer. Problems with the reimbursement of costs for psychotropics were solved by asking employers to pay for the treatment, by prescribing cheaper (generic) medication or by providing the psychotropics for free. Problems in referrals were overcome by using the resources available in the local community, for example, non-governmental organizations or social workers. When referral was not possible, GPs mentioned that they provided care and support without revealing further details of the interventions they applied (Box 3).

Required changes to improve care

According to the GPs, fundamental changes are needed, in the community setting and the healthcare system to improve the access and quality of mental healthcare of UMs. Reflecting on these changes one GP said:

First of all, I would like to have GPs offices equipped with more doctors, more nurses and the support of a secretary. . . I believe the problem is political, it is very large and not improving. . . The situation is getting worse every day! (GP10)

Box 3. Quotations of GPs about strategies to provide mental healthcare.

'The costs for every consultation, medications and referrals, are usually covered using the health insurance of the Greek employers of the undocumented migrants or the health insurance of a fellow patriot who is legally here.' (GP1)

'We GPs should cooperate with local social organizations, to give UMs that solidarity needed to enable them to cope with this difficult part of life. The slightest improvement in any of these mentioned problems will give them the strength to continue. It is very important to help these people in their many problems, and NOT to treat them like any other Greek patient who has a life, a family, a job, in general another background from the immigrant. The Greek patient you need to help more with medication and some other interventions, the undocumented migrants you need to help in every aspect of their lives to improve their health.' (GP4)

'We collaborate with social workers in the community, we refer to them; the collaboration is very good. We are a close community and we are far away from other institutes.' (GP5)

GPs frequently mentioned as solutions a more positive societal attitude towards UMs; better information about their rights and means to access care; abolishment of the consultation fee; strengthening of Greek primary healthcare; better collaboration between primary care and mental health institutions; and free access to psychotropics.

Discussion

Main findings

GPs recognized mental health problems in most UMs, but mentioned serious barriers in providing appropriate care: UMs' problems in access to care and problems in disclosing mental health problems; while GPs faced major difficulties to create patient files for UMs to document their health needs and care provided, and more in general, experienced barriers to providing treatment. To overcome barriers in accessibility and quality of mental healthcare GPs agreed that fundamental changes are needed in the community setting, policy level, and the health system. At the same time, the GPs presented creative solutions to overcome these barriers and serve the needs of UMs as well as they could.

Comparison with existing literature

Cretan GPs were, just as GPs from other European countries, very engaged in providing good mental healthcare for UMs, as they considered this part of their responsibility.[15,16,22] Most barriers in the access to care had also been reported by GPs from countries where access to primary mental healthcare is legally possible: UMs' lack of knowledge of their rights, means to access primary care, fear of being reported, and lack of trust in healthcare professionals. It indicates

that many barriers were unrelated to the healthcare system.[3,5,23,24] The role of the employer, the obligatory consultation fee and the profound impact of austerity measures on the accessibility and quality of primary care are more specific for the Greek context.[19] As has also been reported in the Netherlands, Cretan GPs mentioned societal resistance to work with UMs and governmental measures to criminalize UMs.[25] There is general apprehension about immigration and integration in the European Union, with variations between countries.[26] It is particularly strong in Greece since the economic crisis (May 2011 posting by S. Alexandridis to <http://emigtatsocl.blogspot.nl/2011/05/social-inequality-and-immigration-in.html>). The harsh approach of the Greek authorities towards UMs, including operations to restrict their freedom of movement, have been criticized.[27,28] Besides political and economic factors, the healthcare system also plays an important role as Greek GPs mentioned a lack of support from their healthcare system to provide mental healthcare to UMs and reported barriers in providing high-quality primary care services during the economic crisis.[29]

Our findings signal that Greek GPs share their professional values with other European GPs. But throughout Europe GPs have to put these values into effect under health systems that vary in what is allowed for UMs, from 'no access at all' through 'only to access emergency care' to the right to access more extensive care.[7,9] It may explain why the creative solutions of Cretan GPs differ from the ones of Dutch GPs, for example.[16,30] All these attempts can be categorized as patient and community centred approaches by committed GPs, and are essential creating more equal access and quality of mental care for this 'hard-to-reach' group, regardless of the primary healthcare setting these GPs are working in.[31–34]

Strengths and weaknesses of the study

As far as we know, there is very limited research focusing on GPs' experiences with UMs' mental health problems in Greece. Even though the qualitative methodology and relatively small number of GPs could be seen as limitations of this study, they are also a strength. We were able to get access to a group of Cretan GPs who were prepared to stick-out their neck to discuss openly how they acted in a controversial area, where they had often to act against regulations.[7] This study was based on GPs from Crete, and although it is likely that GPs elsewhere in Greece experience comparable problems in the mental healthcare of UMs; this requires further study.

As this was the first exploration of experiences of GPs with the UMs' mental healthcare in Crete, for which a short period of a three-month student research internship was available, the best approach possible was to build on a thorough study in the Netherlands on UM mental healthcare. That study had identified relevant topics, which served to structure the interviews. Alternatives like an open interview format would have exceeded the time constraints for this study. This time constraint was also the reason to refrain from member checking and triangulation. A student researcher in an internship with limited time could be seen as a limitation as well. However, this Dutch student had intimate knowledge of the social and primary care context in which GPs in Crete are working. This made it possible to build on research experience in the Netherlands, to conduct international research collaboration and to engage Cretan GPs in a study of a sensitive nature. This, we are inclined to see as a strength of the study.

Implications for clinical practice

First, we recommend that UMs will have full privacy in the consultation room to discuss their mental health problems with the GP, without the presence of their employer. Second, GPs did strive to provide the best mental healthcare that was possible, and they considered it a key component of their professionalism. Although the circumstances for providing mental healthcare were less than ideal, this should be seen as a constructive contribution. Third, there is a lack of specific services for vulnerable groups in Greece, and guidelines for common mental health problems was introduced and disseminated only recently.[35] With this study, a clear message is sent to regional and healthcare policy makers to fill this gap in clinical practice as mental health services are not well integrated in primary healthcare services in Greece.[36] Despite this setback, GPs can become aware of locally available mental health services and community services for UMs and start an active horizontal collaboration to refer their patients. This is also an issue for the vocational scheme for general practice, which can also benefit from the experiences in cross-cultural healthcare.[37] Fourth, mental health problems should be recorded more actively by GPs during regular consultations. This might be achieved by informing UMs about the GP's role in mental health.

Conclusion

Greek GPs were committed to help UMs with mental health problem problems; they looked for creative

solutions but experienced substantial barriers preventing them from delivering appropriate care.

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Declaration of interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

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