



Clowning in emergency contexts

How arts and humour can support the mental health of refugees and aid workers in crisis settings



Research
Nugget



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Introduction

Numerous studies have shown the positive impact of the arts, including healthcare clowning, in improving the health and wellbeing of people living in extremely stressful situations. For the past eight years RED NOSES has worked in the humanitarian field, sending professionally trained healthcare clowns to bring humour, laughter and access to cultural activities to people living in refugee centres, war-affected countries, and remote areas with no or very little access to mental health services.

Our programme for supporting people living in crisis context is called Emergency Smile. It consists of a team of clowns and a Head of Mission visiting crisis contexts and involving people of all ages in a number of artistic activities linked to the world of clowning and circus.



Why this research nugget?

In this research nugget we want to explore why it is important to implement artistic activities for people living in crisis contexts, and what benefits healthcare clowning brings to them.

In the first section we will review the scientific research and the literature on the impact of the arts on mental health and well-being. We will then dive into the specifics of healthcare clowning and analyse the impact of professional clowns on people's wellbeing. We will bring the example of our Emergency Smile programme to understand how humour and artistic activities can support the mental health of not only people involved in forced migration, but also those humanitarian workers who take care of them on a daily basis.

In the second part, we will explore why migrants and people working in crisis settings can be highly affected by mental health issues. We will take a look at the global trends of migration and people in movement, and see how migration processes can intensify pre-existing medical conditions, and bring up new ones. In a world where many people are constantly on the move, taking care of their mental health brings benefits to our societies and communities at large.

Some of the key data mentioned in this Research Nugget include:



- According to [UNHCR](#), by the end of 2021 at least 89.3 million people worldwide were forced to leave their home due to conflict, natural hazard, human right violations, violence or persecution.
- The [World Health Organisation](#) explained that refugees are exposed to many stressors which affect their physical and mental health.
- COVID-19 has exacerbated the mental health conditions of many people involved in forced migration, as a [World Health Organisation](#) study reveals.
- A growing number of rigorous, peer-reviewed studies are concluding that healthcare clowns have a genuine, quantifiable impact on the mental and even physical health of people – see the [RED NOSES Research Database](#) for more about the impact of healthcare clowning.
- The [World Health Organisation](#) call all those working in humanitarian settings to invest in the arts as a means of social integration and cohesion and as a tool to improve mental health and well-being, bringing RED NOSES' intervention in Greece as a positive example.

Part One

The Arts for health and well-being

Over the past two decades, there has been an increase in understanding the major role of the arts in improving people's health and well-being¹.

One of the main characteristics of the arts and art therapy in general, is its ability to circumvent linguistic, cultural and cognitive barriers. In crisis contexts, where words cannot fully grasp the complexities and the realities of conflict and displacement, **the arts give children and other vulnerable groups a different means of expression**. It allows children to explore memories and emotions **“subtly and symbolically”**² in a safe space, where they can move freely and feel in control of the situation – as opposed to the everyday hardship, isolation and passiveness experienced by forcibly displaced persons. This is why more and more practitioners have been turning their attention to the restorative, therapeutic and empowering qualities of arts-based techniques.

There is a robust body of literature on the positive impact of creative interventions in emergency contexts. Art therapy has been shown not only to mitigate the post-traumatic stress of refugee children, but also to **encourage “post-traumatic growth” by improving feelings of self-worth, increasing resilience, and promoting bonding within the group**³. At the same time, Governments and International Organisations over the years have acknowledged the importance of addressing mental health promoting people's holistic wellbeing, which include both physical and mental health (see p 7).

¹ Fancourt, D. and Finn, S. (2019). What is the evidence on the role of the arts in improving health and well-being? A scoping review. *Nordic Journal of Arts, Culture and Health*, 2/1:77–83.

² Malchiodi, C. A. (2008). *Creative interventions with traumatized children*. New York: Guilford Press.

³ Rowe, C., Watson-Ormond, R., English, L., Rubesin, H., Marshall, A., Linton, K., Amolegbe, A., Agnew-Brune, C., Eng, E. (2017). Evaluating Art Therapy to heal the Effects of Trauma Among Refugee Youth: The Burma Art Therapy Program Evaluation. *Health Promotion Practice* 18(1), 26-33.





Access to mental health, arts and play in the International Development Agenda

In 2019 the WHO issued a review report called “What is the evidence on the role of the arts in improving health and well-being? A scoping review”. The report explained the major role of the arts in preventing ill health, promoting health, and managing and treating illness. Results from the findings include that the arts support people to manage stress and anxiety, and reduce the risk of developing mental illness and depression. Art also helps build self-esteem and self-acceptance, confidence and self-worth, which all protect against mental illness⁴.

The report indicates how the arts are beneficial also to caregivers and staff working in healthcare settings. On the one hand, arts activities can reduce symptoms of post-traumatic stress disorder, exhaustion and death anxiety for those working in end-of-life care. On the other, the arts support interactions between carers and those receiving care and “can help with humanisation of the person being cared for, thereby improving care strategies”⁵.

For people involved in forced migration, the arts have proven to be a powerful tool for community building and improving resilience.

Artistic activities, the report explains, can help to “reduce feelings of powerlessness, humiliation and anger (common issues in forced migration) and promote social inclusion, mental health, social acceptance and belonging”⁶. In another research mentioned in the report, which was conducted among refugees and asylum seekers in a London-based charity, creative activities supported forcibly displaced people in creating new support networks and develop practical skills that helped them find work. Furthermore, art-based interventions are now recognised for their therapeutic capacity “to decrease anxiety, depression, post-traumatic stress and peer problems” in both child and adult refugees⁷.

In their recent Call to Action “Arts and health: supporting the mental well-being of forcibly displaced people”, the WHO call all those working in humanitarian settings to invest in the arts as a means of social integration and cohesion and as a tool to improve the mental health and well-being of all. The Call brings the example of RED NOSES clowns working in the context of Emergency Smile in Lesvos, Greece. The specially trained healthcare clowns provide children living in a refugee with a space for triggering their creativity, improving their resilience in face of adversities, and expressing their emotions through play. The document highlights that promoting artistic and cultural activities can help the people involved in migration in their recovery process and integrating more rapidly into a new socio-cultural context.

⁴Fancourt D, Finn S. What is the evidence on the role of the arts in improving health and well-being? A scoping review. Copenhagen: WHO Regional Office for Europe; 2019 (Health Evidence Network (HEN) synthesis report 67).

⁵Ibid: p.28. See also RED NOSES „Clown interventions in refugee settlements in Greece: Evaluation Report 2018- 2019” for more information on how artistic and humorous activities can benefit aid workers in the field.

⁶Ibid: p.33.

⁷Ibid: p.33.

⁸General Assembly Resolution 44/25 of 20 November 1989: Convention on the Rights of the Child. New York: United Nations; 1989.

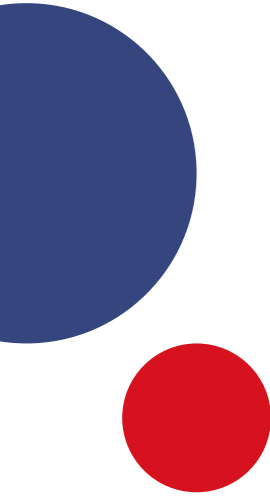
• *The United Nations Convention on the Rights of the Child⁸ is an international treaty adopted in 1989, which protects children's rights by setting up standards in health care, education, and legal, civil and social services. Article 24 of the CRC recognizes “the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health”. It also calls for State Parties to “ensure the provision of necessary medical assistance and health care to all children”, and to “develop preventive health care, guidance for parents and family planning education and services.” At the same time, Article 31 recognises the right of the child to leisure and play, and calls for State Parties to “respect and promote the right of the child to participate fully in cultural and artistic life” and to “encourage the provision of appropriate and equal opportunities for cultural, artistic, recreational and leisure activity.”*

• *UNESCO's Hangzhou Declaration: Placing Culture at the Heart of Sustainable Development Policies was signed in 2013 at the end of the International Congress „Culture: Key to Sustainable Development” in Hangzhou, China. The Declaration calls on governments and policy makers to “mobilize culture and mutual understanding to foster peace and reconciliation”, and to “ensure cultural rights for all to promote inclusive social development”. It explains that “Special support should be provided to cultural programmes that foster creativity and artistic expression, learn from the experiences of the past, and promote democracy and the freedom of expression, as well as address gender issues, discrimination, and the traumas resulting from violence.”*

• *The United Nations Sustainable Development Goals (SDGs) adopted in 2015 are a universal call for action to end poverty, protect the planet and promote prosperity. They constitute the core of the 2030 Agenda for Sustainable Development and address a number of global challenges including poverty, inequality, climate change, peace and justice. They also highlight the need to improve the health and well-being of all people in their Goal Three: “Ensure healthy lives and promote well-being for all at all ages”. This includes physical as well as mental health across all range of target groups. In particular, target 3.4 states: “By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.”*

At the same time, some initiatives have denounced the lack of references to culture in the SDGs. Some actors, including the British Council, have referred to culture as “the Missing Pillar” of the SDGs and believe firmly that it should be included not only in the SDGs itself, but in the UN 2030 Agenda. This has also been the topic of a Structure Dialogue with Voices of Cultures on Culture and the SDGs, in which the European Commission has acknowledged the major flaw in the international legislation in leaving out culture and cultural activity.

• *The European Commission finalised a landmark Communication in 2016, called Joint Communication of the Commission and the European External Action Service, towards an EU strategy for international cultural relations (JOIN(2016) 29, 8 June 2016). It recognises that “Culture, and in particular inter-cultural dialogue, can contribute to addressing major global challenges – such as conflict prevention and resolution, integrating refugees, countering violent extremism, and protecting cultural heritage.” The document includes a series of Actions to put culture at the heart of the European Union external relations.*



Emergency Smile

Emergency Smile is RED NOSES' programme for crisis contexts. It consists in bringing an international team of clowns to crisis settings to support children and their families to better deal with their stressful context and envision a better future. Clowns engage with children through parades, during which they call children and families and interact with them in a joyful way; clown shows, where they perform with magic tricks, acrobatics, storytelling and slapstick in front of children and families; and Circus Smile, a five-day clown camp during which children learn juggling and magic tricks, and perform in front of their families in a final show. Emergency Smile also has a specific workshop for workers in crisis settings; the **Humour Relief Workshop** teaches aid workers and community leaders how to deal with stress and improve their relationships within the team through humour and its coping mechanism.

A Masters' thesis on the Emergency Smile programme of RED NOSES Austria¹² highlighted the benefits of the clowns during a five-day "summer circus" for refugee and Austrian children¹³. Based on observations and interviews, the study confirms that the clowns' manner of approaching everyone with childish naiveté and empathy made them a safe source of emotional support for the refugee children. Furthermore, the RED NOSES clowns had the ability to overcome language barriers through the use of a "fantasy language" and music, thus creating a personal human connection with the children. By practicing the activities for the circus and showing their unique talents, children developed feelings of competence which strengthened their self-confidence and encouraged a positive view of the future. It is notable that high self-esteem was identified in an Australian study as a significant predictor of the long-term well-being of resettled refugee youth¹⁴.

Ongoing monitoring efforts of RED NOSES' work with people in crisis situations have shown that the impact of clowns extends beyond happiness and laughter. **Through the space created by the playful and emotionally honest encounters with clowns, children and adults often feel empowered and safe to express difficult or unpleasant emotions.** This finding coincides with other research, for example a story-telling activity done with children in the Gaza Strip, which found that not only positive emotions, but also negative emotions were stronger at the end of the intervention¹¹. The authors of that study emphasize that the goal of working with refugees is not to pathologize or erase painful feelings, which may well be an appropriate response to traumatic experiences, but rather to enhance the children's resilience and wellbeing – which are also the guiding goals of RED NOSES' work with children in crisis.

⁹ Sridharan, K., & Sivaramakrishnan, G. (2016). Therapeutic clowns in paediatrics: a systematic review and meta-analysis of randomized controlled trials. *European Journal Paediatrics*, 175, 1353-1560.

Zhang, Y., Yang, Y., Lau, W. Y.T., Garg, S., & Lao, J. (2017). Effectiveness of pre-operative clown intervention on psychological distress: A systematic review and meta-analysis. *Journal of Paediatrics and Child Health* 53, 237-245.

¹⁰ Ilan, U., Davidov, A., Mendlovic, J., & Weiser, G. (2018) Disaster zones – should we be clowning around? *European Journal of Paediatrics* 177, 247-249.

¹¹ Veronese, G., & Barola, G. (2018). Healing Stories: An expressive-narrative intervention for strengthening resilience and survival skills in school-aged child victims of war and political violence in the Gaza strip. *Clinical Child Psychology and Psychiatry* 23(2), 311-332.

¹² One of the 11 country offices of Red Nose International. To find out more, visit <https://www.rednoses.eu/who-we-are/our-journey/>.

¹³ Fischer, N. (2018) Pädagogische Clownerie mit Flüchtlingskindern in Kärnten. (Unpublished Master's Thesis) Technische Universität Dresden, Dresden, Germany.

¹⁴ Correa-Velez, I., Gifford, S., McMichael, C. (2015). The persistence of predictors of wellbeing among refugee youth eight years after resettlement in Melbourne, Australia. *Social Science & Medicine* 142, 163-168.

Healthcare clowning

as a form of art for well-being

Having humour at its core, Healthcare Clowning has greatly developed as a professional artistic discipline in the last decades, with more and more professionally trained clowns collaborating with healthcare institutions to improve the general well-being of people in a number of different settings, including emergency contexts.

A growing number of rigorous, peer-reviewed studies are concluding that clowns have a genuine, quantifiable impact on the mental and even physical health of people⁹. However, peer-reviewed, scientifically recognised studies on the impact of

healthcare clowns in the specifics of emergency contexts are scarce. One of these studies looks at the impact medical clowns had among patients, families and medical staff in a field hospital in Nepal after the earthquake of 2015. The majority of physicians and nurses reported that the clowns had not only a positive impact on the patients and on the general environment, but also on them personally. In addition, 82.6% agreed that the presence of the medical clowns helped them to bridge language barriers with their patients.

The RED NOSES Humour Relief Workshop

Healthcare clowns, as artists that have been professionally trained to work with people in crisis contexts and sensitive environments, can play an important role in helping aid workers deal with stress and improve their resilience in face of adversities. Indeed, being a humanitarian worker in an emergency context is extremely hard and weary not only from a physical but also from a mental point of view. Humanitarian workers face numerous mental health and psychosocial challenges, including increased risk for depression, anxiety and burnout. [A 2016 UNHCR report on staff well-being and mental health](#) highlighted that between 25% and 38% of the participants to their Staff Well-Being Survey classified as at risk for anxiety, depression, post-traumatic stress disorder (PTSD), secondary stress and alcohol misuse, while between 9% and 43% were at risk of burnout. According to [a research conducted by the Antares Foundation \(2012\)](#), around 30% of aid workers reported significant symptoms of PTSD upon returning from assignment and 25% among Search and Rescue (SAR) personnel responding to events such as bomb explosions, airplane crashes and earthquakes presented a prevalence of PTSD.

Numerous studies have highlighted how humour can help dealing with stress, perceptions of stress, depression and anxiety, improving people's coping

mechanisms, quality of life, and psychological well-being¹⁵. Humour can also create a sense of comradeship and "collective relief"¹⁶ in the face of adversity, which can help overcome challenging situations.

The RED NOSES Humour Relief Workshop is aimed at aid workers working in crisis situations.

Through a series of games, awareness exercises, communication exercises, and an introduction to humour in crisis led by professionally trained artists, the workshop aims to increase the emotional well-being and resilience of people who work with people affected by crisis. By the end of each workshop, the participants should have:

- **Learned new, humorous coping strategies for stress;**
- **Felt energized and refreshed;**
- **Connected more strongly to their team members.**

An evaluation report by RED NOSES International highlights that clown interventions in refugee settlements across Greece between 2018 and 2019



improved the emotional well-being of children and the collaboration between children and aid workers. A representative from Doctors Without Borders in Samos explained that the clowns completely changed the atmosphere in their vaccination centre and that this had a positive effect on their team as well. In addition, the Humour Relief Workshop brought not only a moment of relaxation to the staff in the refugee settlements but also developed their social and emotional skills thanks to team-bonding games and techniques to relieve the daily stress. The report shows that staff who attended the workshop improved their work with children and were more likely to use humour in their daily interaction with them than staff who did not attend the workshop.



Why has RED NOSES decided to create a programme specifically tailored to the needs of people living in crisis contexts? Because the mandate of RED NOSES is to bring humour and laughter to people in need of joy! In order to understand the magnitude of the phenomenon of forced migration and its cost on the mental health of the migrants, let us have a look at the latest data.

¹⁵ For example see Kuiper, N. A. 2012. Humor and Resiliency: Towards a Process Model of Coping and Growth. *Europe's Journal of Psychology*, 2012, Vol. 8(3): 475-491.

Martin, R. A. 2007. *The psychology of humor: An integrative approach*. New York: Academic Press.

¹⁶ Kuiper, N. A. et al. 1993. Coping humour, stress, and cognitive appraisals. *Canadian Journal of Behavioural Science*, 25: 81-96.

Part Two

Global Trends – People in Movement

We live in a world on the move. According to the [2022 Global Trends Report](#) by UNHCR, by the end of 2021 at least 89.3 million people worldwide were forced to leave their home due to conflict, natural hazard, human right violations, violence or persecution. Among them, 27.1 million were refugees, 53.2 million internally displaced people (IDPs) and 4.6 million asylum seekers¹⁷. 69% of all refugees originated from just five countries: 27% come from Syria, which has been the main country of origin for refugees since 2014, 18% from Venezuela, 11% from Afghanistan, 9% from South Sudan and 5% from Myanmar ([UNHCR Figures at a glance](#); see Figure 1). These digits however increase by the day, with UNHCR warning that the number of forcibly displaced people has risen to more than 100 million as of June 2022¹⁸.

¹⁷ The remaining 4.4. millions are Venezuelan displaced abroad, as cited in the UNHCR report.
¹⁸ UNHCR Live Blog 2022: World Refugee Day events held as displacement tops 100 million. Accessed on June 20, 2022.

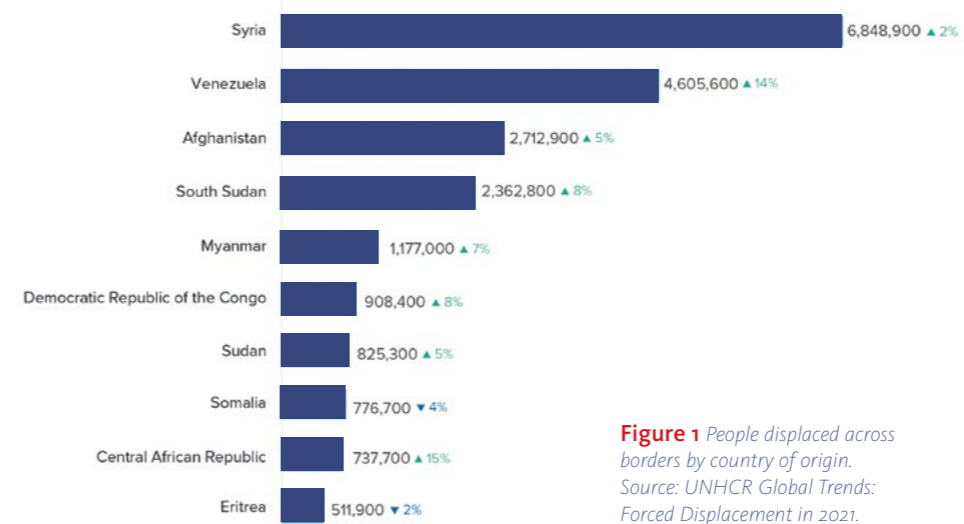


Figure 1 People displaced across borders by country of origin. Source: UNHCR Global Trends: Forced Displacement in 2021.

More than one third of these migrants are children. According to UNICEF, more than 36.5 million children have been forcibly displaced by the end of 2021. While around 12.5 million children were refugees, around 1.2 million were asylum seekers and an estimated 22.8 million children were forcibly displaced due to violence or conflict. Another 2.4 million children, moreover, were living as internally displaced following natural disaster.

As UNICEF points out, children are dramatically over-represented among the world's refugees. As of 2021, nearly 1 in 3 children living outside their country of birth are child refugees, while the proportion is less than 1 to 20 for adults. In 2021 alone, there were an estimated 14.1 million new displacements of children globally. About half of them come from just three countries – Syria, South Sudan and Afghanistan.

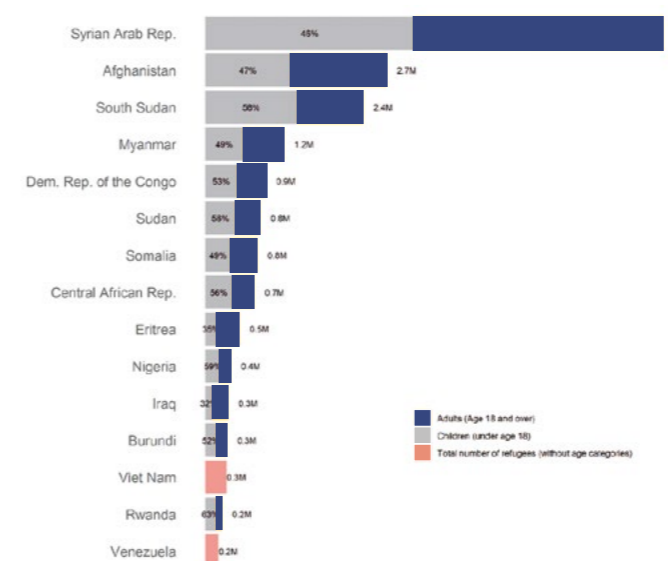


Figure 2 Number of refugees by age and country of origin, 2021. Source: UNICEF, Child Displacement: June 2022.

In 2022, the escalation of conflict in Ukraine has caused civilian casualties and destruction of civilian infrastructure, forcing people to flee their homes seeking safety, protection and assistance. In the first five weeks, UNHCR has registered that more than four million refugees from Ukraine crossed borders into neighbouring countries, and many more have been forced to move inside the country. Numbers are soaring by the week, with more than 6.6 million refugees from Ukraine recorded across Europe.

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¹⁹ UNHCR Operational Data Portal, last accessed on August 18, 2022.

Mental Health

at higher risk for refugees

The [World Health Organisation](#) explains that refugees are exposed to many stressors which affect their physical and mental health both prior and during migration, as well as after relocation. Stress factors include lack of livelihood and opportunities for education and development, and exposure to conflict and violence before migrating; and exposure to challenging and life-threatening conditions and lack of access to services for their basic needs as well as for mental health during transit. Challenges continue also after resettlement, with many refugees being alone and far from their family and social networks, in condition of poverty, unemployment and difficulties to adjust to the new reality under many points of views.

Mental health issues among people involved in forced migration can be serious and lead to life-threatening actions if not addressed in time: *“Asylum seekers tend to be at elevated risk of suicide. There is also consistent evidence that the incidence of psychoses is higher among migrant populations in a number of countries, and this has been linked with the cumulative effect of social disadvantages before, during and after migration.”*²⁰

On the same note, the [University of Oxford and the University of Cambridge, UK](#), led a systematic review on the prevalence of serious mental disorder in 7000 refugees resettled in western countries²¹. According to their analysis, “about one in ten adult refugees in western countries has post-traumatic stress disorder, about one in 20 has major depression, and about one in 25 has a generalised anxiety disorder, with the probability that these disorders overlap in many people²²”. **The rates are high also among children and young people**, with 11% (7–17%) of refugee children being diagnosed with posttraumatic stress disorder (PTSD).

In a [Technical Guidance](#) titled “[Health of Refugee and Migrant Children](#)” (2018), the [WHO](#) explains that **migrant children are at high risk for mental and psychosocial problems, including post-traumatic stress disorder (PTSD), depression and anxiety**. Moreover, children often have to cope with parents who themselves are suffering from mental health disorders, which leave them possibly disoriented and without the adequate support and protection of their caregivers. The Guidelines advise national governments to apply a holistic approach to promote good health and well-being, particularly mental health, in migrant children. Emphasis is put on **providing adequate psychosocial support for family members, and making sure children have access to education activities and child-friendly care centres where they can feel safe and develop social support systems**.

These **child-friendly spaces** “*are used to promote resilience and well-being in children and are, therefore, adapted to meet their needs, often with colourful decorations, child-sized furniture, simple toys and structured activities*”.

²⁰ World Health Organisation, “Mental health and forced displacement”, website page accessed on June 17, 2022.

²¹ Fazel, Mina, Jeremy Wheeler, John Danesh 2005. Prevalence of serious mental disorder in 7000 refugees resettled in western countries: a systematic review. *Lancet* 2005; 365: 1309–14.

²² Ibid: 1312.



RED NOSES put a great emphasis in creating child-friendly spaces for their artistic activities with children and their families. Decorations and colourful artistic tools are an important part of their work, and the clowns are careful to create a light, joyful and safe environment within which children feel comfortable and willing to play and engage with one another. If child-friendly spaces are not present in site, the clowns always make sure to create one! In this way, not only do they make children happier during the activities, but they also change their perception of the place in which they live on the long term. The clowns create a world of colours and possibilities where children can explore their creativity and enhance their resilience.

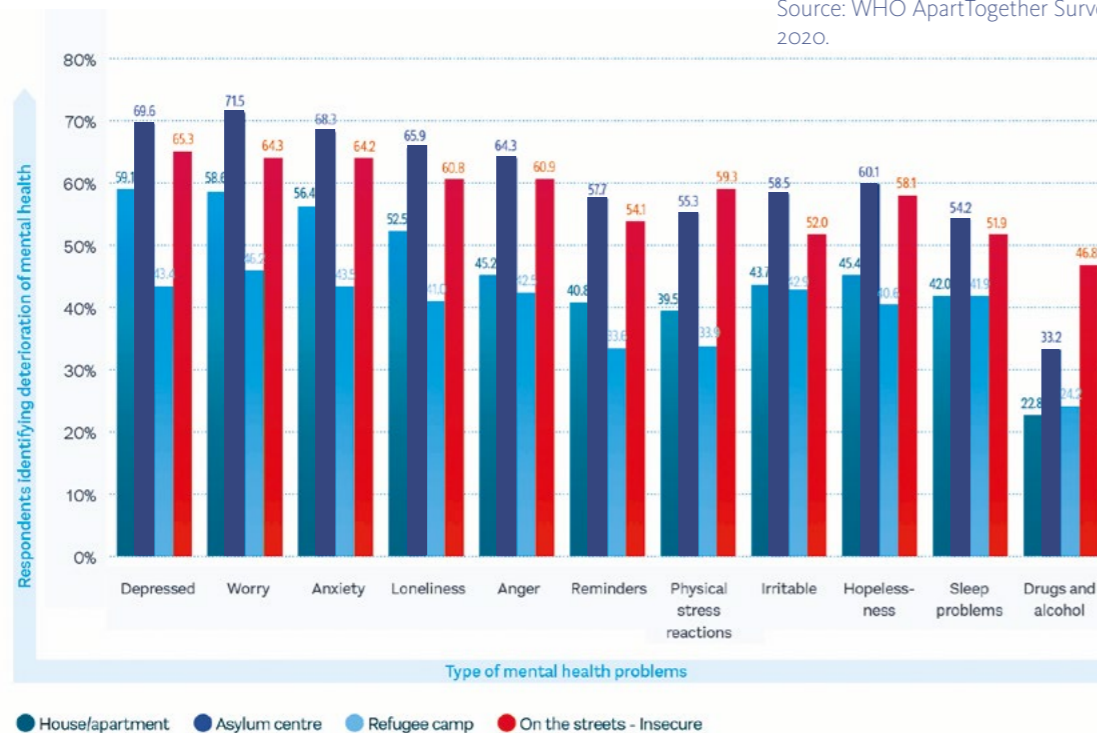
The pandemic effect

COVID-19 exacerbated the mental health condition of many people involved in forced migration. Measures implemented by governments to limit the spread of COVID-19, including restricting freedom of movement and closing borders, made it considerably harder for people fleeing war and persecution to reach safety. For those living in refugee camps, this also meant that all bureaucratic work suffered a slowdown and left thousands of people on the wait, while many among them were getting sick and did not receive adequate medical treatment²³.

A [2020 survey on the impact of COVID-19 on migrants and refugees by the World Health Organisation](#) explains that undocumented migrants are often excluded from national health programmes and many of them refuse to seek health care, because of financial constraints and fear of deportation (Ibid). Indeed, the WHO reported that **18.6% of respondents without any documentation would not seek medical care for COVID-19 symptoms**; this was much less common among respondents having citizenship or permanent documents in the country in which they lived (5.9% and 4.1%, respectively). Overall, according to the survey, the difficulties brought by the pandemic left migrants feeling more depressed, worried, anxious, lonely, angry, stressed, irritated, hopeless, having more sleep related problems and used more drugs and alcohol (see figure 3).

²³ World Health Organisation 2020, ApartTogether Survey 2020.

Figure 3 Percentage of respondents identifying deterioration of mental health since the COVID-19 pandemic according to their housing condition. Source: WHO ApartTogether Survey 2020.



Note: number of respondents for each issue: 15 278 depressed, 15 483 worry, 15 291 anxiety, 14 730 loneliness, 13 340 anger, 13 454 reminders, 12 344 physical stress reactions, 13 343 irritable, 13 314 hopelessness, 13 232 sleep problems, 8915 drugs and alcohol (survey question used this term); number of participants differed by housing situation, e.g. for depression the numbers responding were 13 562 for house/apartment, 359 for asylum centre, 1190 for refugee camp, 167 for on the streets or in insecure accommodation



RED NOSES has made it its mission to bring laughter and hope in crisis settings around the world. The [RED NOSES Annual Report 2021](#) gives a broad picture of all RED NOSES interventions in the humanitarian context, from tailor-made artistic activities for children and adults, to community building activities among vulnerable groups, and capacity-building activities with partner organisations. In 2021 and 2022, Emergency Smile missions took place in tuberculosis centres, orphanages and communities near the conflict zone in Ukraine; in schools and centres for refugees and children with disabilities in Bosnia and Kosovo; in an Internally Displaced Persons (IDPs) camp in South Sudan; and in refugee camps, a medical clinic, and structures for Unaccompanied Minors in Greece.

Focus on Greece

Greece is one of the main entry points for refugees and asylum seekers in the European Union. Arrivals in Greece started to increase during 2013 and 2014, reaching an unprecedented number of 862,138 in 2015²⁴, more than 500,000 of which on the island of Lesbos²⁵.

In 2020, Greece was the seventh country in the world for new individual asylum applications, with a total of 37,800 new application only that year²⁶. This adds up to the number of people still waiting for the result of their application, to refugees and other forced migrants. As highlighted by the Ministry of Immigration and Asylum, by the end of 2021 more than half of the asylum applications (58%) pending at first instance had been pending for a period exceeding 12 months.

With the delays in the processing of asylum applications, the number of persons living in the Greek “Reception and identification Centres” (RICs, better known as Hotspots) grew disproportionately. The overcrowded conditions of the hotspots have resulted in an even greater pressure on the health, social and bureaucratic services present in the facilities, which were originally designed for short-term stays. **This challenging context is often fertile ground for stress and violence, which in turn results in mental health issues for the residents of the camp and the aid workers.**

Children were also strongly affected by the journey they undertook and the living conditions in the camp.

A report by Doctors Without Borders (Médecins Sans Frontières) mentions that “between 2019 and 2020, Doctors Without Borders treated 456 children on Lesbos with mental health problems, including unaccompanied minors”²⁷ and registered alarmingly high rates of suicide attempts among children, the youngest being 6 years old.

²⁴ UNHCR, „Monthly Arrivals by Nationality to Greece, Italy and Spain - Jan-Dec 2015“, accessed on February 10, 2023.

²⁵ UNHCR, “Lesvos island snapshot - 31 Dec 2015“, accessed on February 10, 2023.

²⁶ UNHCR Global Trends in Forced Displacement – 2020.

²⁷ Médecins Sans Frontières 2021. Constructing Crisis at Europe’s Borders: The EU Plan to intensify its dangerous hotspot approach on Greek islands: p.10.

²⁸ Médecins Sans Frontières 2021. Constructing Crisis at Europe’s Borders: The EU Plan to intensify its dangerous hotspot approach on Greek islands: p.2.

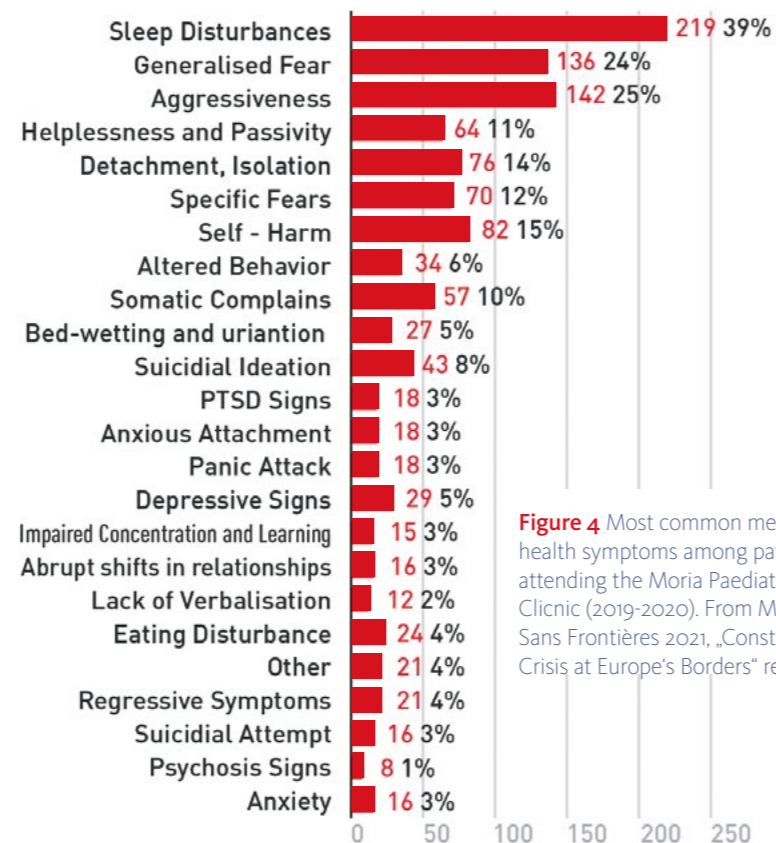


Figure 4 Most common mental health symptoms among patients attending the Moria Paediatric Clinic (2019-2020). From Médecins Sans Frontières 2021, „Constructing Crisis at Europe’s Borders” report.

The report by Doctors Without Borders (Médecins Sans Frontières) explains:

“The hotspots are neither safe nor healthy places for them [the camp residents]. The majority of people treated by MSF have experienced one or more traumatic events in their country of origin and during their migration journey. This trauma is compounded by their containment and the everyday structural violence of life in the hotspots. As a result, MSF teams on the Greek islands respond to alarming levels of mental health suffering²⁸”.



Recommendations

To policy makers, we strongly recommend to:

- Emphasize the importance of providing psychosocial support measures, including artistic and playful activities, into emergency response mechanisms to support the mental health of migrants and refugees.

To local governments, we recommend to:

- Increase art-based activities for migrants. Creative and humorous activities help children and their families cope with stress, depression and other mental health issues, and help creating a sense of community far from home.
- Improve mental health support for those working in humanitarian settings through artistic activities. Aid workers are often at risk for stress and burnout. Creative activities can contribute to skill building, improved communication and cultural sensitivity, and a more positive work atmosphere.

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RED NOSES is an artistic organisation bringing humour and laughter to people in need of joy.

For 25 years, RED NOSES has been making a difference for patients, families and medical staff in countless health and care facilities in Europe and beyond.

RED NOSES International (RNI) empowers vulnerable audiences, such as children in hospitals, people in geriatric centres, patients in rehabilitation centres, youth with mental and multiple disabilities, refugees and other displaced persons.

The figure of the clown is extremely human and touches individuals deeply by bringing them relief and hope in moments where they cannot connect to their positive emotions.

RNI is based in Vienna, Austria, and is the headquarters for the largest clown doctor group in the world.

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RED NOSES
In Laughter there is Hope