



LET's TALK

Developing gender sensitive mental health program for young people

NATIONAL ROAD

MAP

Greece

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INTRODUCTION

The current National Road Map has been developed in the framework of the “Let’s Talk: developing gender-sensitive mental health program for young people” project, which is partially funded by the European Commission and Erasmus+. The project aims to strengthen the capacity of youth workers in supporting young people’s mental health with a focus on a gender-sensitive approach to mental health issues. Since the COVID-19 pandemic outbreak and the consecutive lockdowns in Greece, the mental health of young people has noticeably worsened.

The Greek National Road Map aims to provide youth workers, psychologists, and social workers in Greece with a list of available good practices of gender-sensitive approaches to identify gaps and needs at national, regional, and sectional levels, as well as recommend policy reforms for addressing the mental health of young people from a gender perspective.

The National Road Map summarizes the results of the desk and field research of available good practices in Greece, for addressing young people’s mental health needs since and after the pandemic while maintaining a gender perspective, that was carried out during the Project Result 1 phase of the project. During the field research, both youth worker professionals and youth were recruited to provide their input regarding the gap in needs and policies. Ten semi-structured interviews were conducted with professionals and two focus groups with youth, aged 16-25.

When reading the National Road Map, it is important to keep in mind the limitations and obstacles encountered throughout the desk and field research, in Greece. First of all, there are not a lot of studies that accurately depict the effects of COVID-19 on young people’s mental health in Greece, due to the limited time that has passed since then. Also, no long-term mental health issues are identified, for the same reason. This means that psychological problems that require a longer time to be identified, like mood and eating disorders cannot be identified accurately. In addition, the gender-sensitive approach is a relatively new concept, which many professionals are not familiar with (as was evident from the field research). So, there are not many good practices that utilize this specific approach. For that reason, many good practices have been identified that focus on young

people's mental health, people's mental health problems regarding COVID-19, and gender-related issues like Gender Based Violence and gender identity.

The results from the desk research, as well as the existing good practices, are expanded upon in the following sections of the National Road Map.

DESK RESEARCH

The situation in Greece

The COVID-19 pandemic hugely impacted all the countries globally, and Greece was no exception. To stop the spread of the virus many measures regarding mobility and day-to-day activity were applied in the early spring of 2020. Such drastic changes were hard on everyone, affecting their day-to-day lives.

The research carried out by Androutsos et. al. (2021) touched on the lack of support regarding mental health services which lead to many non-profit or support organizations stopping their activities. That of course became an even bigger problem when the pandemic hit and a lot more people, especially children and adolescents needed access to mental health services.

Events such as COVID-19 are associated with an increase in PTSD, depression, anxiety, sleep disbalance, and many more mental health issues. Androutsos et. al. (2021) research analyzed parents' take on the difficulties that their kids faced during the pandemic. One-third of responders reported that lockdown negatively affected their child's mental health. Factors such as parents working from home led to more family conflicts, a decline in parents' psychological well-being, and a history of the decline in the mental or developmental, and physical health of the children. Findings in literature also suggest that people in quarantine experience elevated levels of confusion, anger, and constant loneliness, which further intensify the aforementioned psychological issues.

As Nikolaou (2020) mentions in his work, the lack of socialization significantly affects younger people, since they heavily rely on social connections and friendships to feel accepted and recognized. Since the establishment of the lockdown limited those connections, youngsters started to experience irritability, tension, difficulties in concentration, and previously mentioned mental health issues such as anxiety and depression.

As it has been shown, the COVID-19 pandemic and subsequent quarantine affected the psychological well-being of many Greek people, especially youngsters. Some studies also highlight differences in the effects on psychological health between the genders. Research conducted in Greece (Parlapani, et.al., 2020) has revealed that the psychological impact of the pandemic was greater in women. It is suggested that women, in general, show more interest in health topics and they are more inclined to research health-related information than men. Also, women are more likely to participate in research and complete questionnaires regarding mental health topics. The majority of this survey's respondents were also female.

However, the results have shown that women experience higher levels of COVID-19-related fear and, also, more severe anxiety, compared to men. In addition, women showed significantly more severe symptoms of depression than men. This may be related to the fact that women in Greece are generally more likely to experience depression. Seven out of ten depressed patients are female (Hellenic Statistical Authority, 2016).

Furthermore, according to the 2022 Eurobarometer survey, which is also being carried out in Greece, highlights the severe impact of the COVID-19 pandemic on women. This study confirms the results of the previous survey. Women in Europe, like women in Greece, have experienced more stress than men since the start of the pandemic. However, in the results of this survey, Greece is emerging as an exceptional case regarding the question of gender-based violence during the COVID-19 period and after the pandemic. Three out of four women (77%) in the EU hold an opinion that the COVID-19 pandemic has led to an increase in physical and emotional violence against women. In some countries, this result is above 50% but in Greece, it reaches an outstanding 93% (Eurobarometer, 2022). Chatzifotiou & Andreadou (2021) also back up the given data, saying that the movement limitation outside the home resulted in difficulties for women seeking help due to IPV (intimate partner violence). As a form of threat, the offenders used the pandemic situation. They were threatening to expose women and their children to the virus and get them sick. Due to the lockdown, women were also experiencing struggles in finding help and seeking professional advice.

In both March and April of 2020, the most dominant form of gender-based violence was domestic violence resulting in almost 84% of all the calls (Chatzifotiou & Andreadou, 2021).

In addition, as it is stated in “The gendered impact of the COVID-19 crisis and post-crisis period” report, published by the European Parliament (2020), “a gender analysis of the outbreak must consider the differential experience of all genders to ensure equality is maintained. “(p. 10) Accordingly, based on the 2019 Eurobarometer data, this report analyses how COVID-19 intensifies the difficulties for LGBTI populations. The LGBTI community is a particularly vulnerable group to psychological problems, even during a non-pandemic period. According to the report, this is caused by “negative attitudes and discrimination, shortage of specialized healthcare professionals, denial of appropriate care and treatment, and demand delays to accessing healthcare out of fear of being reported to authorities, in countries that criminalize sexual and gender minorities.” Gender and sexual minorities may suffer from even more difficulties during a pandemic.

According to the data, only 55% of Europeans would be comfortable if their child was in a relationship with an LGBTQI+ person, and the percentage drops when talking about an intersex or a trans person (Eurobarometer, 2019). This leads to the assumption that some members of the LGBTQI+ community do not feel the support of parents or others around them and experience psychological hardship as a result. This means that social isolation during a COVID-19 pandemic can be particularly severe for LGBTQI+ people, who often seek help outside their households.

In addition, the pandemic and complicated relationships at home may result in an increase in domestic violence experienced by LGBTQI+ people. In some countries, this is evidenced by the enlarged number of calls to LGBTQI+ support phone lines.

Another factor that can contribute to psychological issues is work-related problems. Data reveals that LGBTQI+ people are more likely to work in those industries that were the most affected by the quarantine restrictions. These include restaurants and food services, hospitality, hospitals, education, colleges and universities, and retail sectors. That being the case, many LGBTQI+ community members became unemployed due to the pandemic or felt the risk of losing their jobs.

Even though mental health issues were considered to be rising among LGBTQI+ people during the pandemic period, in some EU countries, including Greece, alterations, cessations, or reductions of mental health provision have been established.

Gender is not the only factor influencing people's psychological health and their needs during the COVID-19 pandemic. Other social circumstances also have an impact. New conditions for everyday life led to greater social inequality related to access to housing, the health care system, technology, and labour. These inequalities make some groups, such as women, people with disabilities, precarious workers, poor people, and ethnic minorities, even more vulnerable (Vatavali et al., 2020). For example, there are some studies about the effect of the pandemic on people, living in different types of areas, urban or rural. Even though citizens of the Greek cities stated that their lives were affected by the lockdown, and it had noticeable effects on their professional life and economic activities, which led to an increase in stress and fear levels (Vatavali et al., 2020), professional help was probably more accessible to them. On the contrary, other research shared the insight from one of the studies conducted in America, which revealed that rural residents are concerned that their living areas have fewer doctors, lack mental health services, and, also, there are limitations and barriers to telemedicine and a large percentage of residents are uninsured (Peters, 2020, as cited in Apostolopoulos et al., 2021). The same problems could have been the case in other countries' rural areas as well but, as the research has shown, the Greek rural healthcare enterprises have shown adaptability to the new critical environment. They operated with increased responsibility toward the rural areas' healthcare. However, difficulties have emerged in the supply of sanitary material with transportation and the shortages that occurred (Apostolopoulos et al., 2021).

Migrants and refugees are another particularly vulnerable group. The situation regarding these people has been a problematic factor even before the COVID-19 pandemic hit Greece. The pandemic only made the struggles even more severe. As stated in Libal et.al. research (2021), even before the COVID-19 outbreak Greece was finding it hard to host about 115,000 asylum seekers. This of course means that most camps were overflowing with people, which made social distancing as a form of COVID-19 prevention simply impossible. A large number of people were sharing the same showers and water taps, while others did not even shower regularly, because the queues to get to the showers were extremely long. Similar was the situation regarding doctor appointments. When the pandemic began, people were not allowed to leave the camp, causing major anxiety among the refugees due to the lack of places to get food and medical help, inside the camp. The researchers also note that a huge portion of the refugees is unaccompanied minors, who have been separated from their parents and are not being cared for.

Kondilis et.al. (2020) also notes that many refugees face additional struggles. They find it hard to get tested for COVID-19 and get treatment and vaccination, making them exempted from the health care system. For example, during the first COVID-19 wave, the risk of infection was 28 times higher among refugees and asylum seekers residing in the 32 IOM-run (International organization for Migration) RSs (reception sites) on the Greek mainland compared to the general population (Kondilis et al., 2020). They also state that the age of the refugees tends to be younger; over 60% are under 30 years old (Kondilis et al., 2020). It is also reported that after the fire in Moria in September of 2020 (reception site), people were forced to leave the camp and move to Kara Tape tent camp where they had no access to food, medical, or psychological care and lacked basic preventative measures for COVID-19.

Another socially vulnerable group whose members' experiences may have been particularly difficult during the pandemic are people with disabilities. Mantzikos & Lappa (2020) talked about the experience of deaf or hard of hearing people during the pandemic in Greece. People with hearing impairments face a greater risk of feeling excluded from social life, education, or other areas of life, even during non-pandemic periods. As for the field of education, although studies show that the majority of teachers have positive attitudes towards the inclusion of children with disabilities in the educational process, at the same time, most of them feel that they are still unprepared and do not have the appropriate resources to properly implement this, especially during the pandemic (Mantzikos & Lappa, 2020). For instance, technical obstacles could arise during remote classes, such as poor image quality. A quality image is especially important for individuals who have to rely on lip-reading. Consecutively, according to the research, distance learning has largely been aimed at non-disabled students, as evidenced by the absence of a single lesson for deaf and hard-of-hearing students attending special education schools during the lockdown in Greece (Mantzikos & Lappa, 2020). The sense of isolation may contribute to the occurrence of mental health issues.

The aforementioned issues and many more do not go unnoticed. There is more than one good practice regarding a broad variety of issues. The good practices that have been found include a helpline that focuses more on women and all kinds of gender-based violence, a helpline for vulnerable populations in need of urgent psychological and social support, a helpline for minors, adolescents, and parents, and a helpline for psychological support during COVID-19. Also, a project that focuses on supporting young trans and non-cis-gendered people, and another project that

particularly focuses on gender-based violence against female migrants and refugees. Even with these good practices in mind, there is still a need to strive for even more change.

Accessibility

The limited availability of psychological help for some groups of young people has already been mentioned several times in the first section, but the most important aspects of this topic should be emphasized again. Although there are attempts to facilitate access to help for people with psychological issues, some of them still face various barriers. For example, as mentioned earlier, there is still a shortage of professionals working with some specific groups of people, such as members of the LGBTQI+ community. Similar difficulties are faced by refugees who cannot leave their camps, even though there is a shortage of mental health professionals in those places. Some refugees never received psychological help because of the long queues of patients waiting for visit the professionals (Libal et al., 2021). The COVID-19 pandemic has created additional difficulties since counseling services provided by some mental health professionals have been moved to an online format. Not all groups of society have access to the internet, and, on the other hand, some people, especially teenagers, do not live alone and do not have the privacy they want and need for a psychological session at home. Also, remote consultations can cause difficulties for people with disabilities. As an example, the case of deaf and hard of hearing individuals has already been mentioned. These individuals may find it difficult to understand the psychologist due to the possible poor quality of the video, and instantly putting the correct subtitles during a live chat is sometimes impossible.

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YOUTH MENTAL HEALTH POLICIES

During the last decades, Greece has developed its legislation system and its (health) policies but mental health and especially from a gender-sensitive perspective is still excluded. Additionally, children, adolescents, and young people most of the time are not mentioned as a separate (vulnerable) group that needs specific healthcare services.

Legislation Framework (gender and LBTQI+ perspective not included)

Psychargos Programme and Law 2716/1999

One of the most important mental health policies in Greece is the National Mental Health plan Psychargos I, which started during a period of reformation in the 1990s. Psychargos I was a 10-year mental health programme that focuses on social inclusion, preventing stigma, the closure of public mental hospitals, and the establishment of psychiatric departments in general hospitals. Also, it aimed to provide specialized healthcare services for children, adolescents, and the elderly. In combination with Psychargos I, the Greek government introduced Law 2716/1999 in 1999 which was a comprehensive policy on mental health that focused on its development through the sectorisation of the country, the protection of human rights, and the development of a mental health network in the country – but without mentioning young people as a separate group-. Psychargos I lasted until 2001 when Psychargos II started and focused more on the closure of public mental hospitals. The specific programme created not only psychiatric departments but also patient-clinics and community mental health centres (CMHC). Their aim was the provision of comprehensive psychiatric and psychosocial care. Psychargos programme established also its third phase (Psychargos III 2011-2020). Although there was a reformation in adults' healthcare services, child and adolescent psychiatry was not developed in the same way.

L.4052/2012

The legislation system established the specific law to fully reform the psychiatric hospitals and to create community networks of mental health services as an obligation of the country in the context of the economic adjustment programme.

L. 4272/2014: Regulations on mental Health

The specific law introduced Sectoral Mental Health Committees and the new legal framework for private psychiatric clinics.

L.4368/2016

Provision of healthcare services to people without social security, and vulnerable social groups including migrants and refugees. One of the only laws that mention children and adolescents as a separate group (Art. 4 about Community Centres)

L. 4461/17 Reform of the Mental Health Services Management and Administration, Centres for the Specialization of Rare and Complex Disorders

Administrative reform of mental health services, management, and administration. The law aimed to establish a series of scientific and administrative committees, councils, and coordinating bodies to achieve not only better coordination of mental health services but also citizen participation in policy and decision-making for mental health and human rights.

Other Policies for Mental Health (gender and LGBTQI+ perspective not included)

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Campaign “Mental Health: Self-care and stress management” by the Ministry of Health in cooperation with the National and Kapodistrian University of Athens

A campaign that provides guidelines and advice regarding self-care and stress management during the COVID-19 pandemic. It includes a separate guide for children and adolescents.

Promotion of Children and Adolescents’ Mental Health

A series of activities by the Ministry of Health for young people regarding the promotion of mental health. It includes programmes and experiential activities regarding stress management, emotions, and alcohol.

Psychological Support programme by the Health Ministry

Cooperation of hospitals, COVID-19 clinics, and mental health centres for COVID-19 patients and their families, people with serious or/and chronic diseases, and professionals.

National Plan for Public Health 2021 – 2025

Prevent psychosocial issues in children and promotion of their mental health. It includes topics about violence and bullying, stress, and cyber addiction. It also includes a separate mental health policy: the National Programme for Psychosocial Inclusion and Rehabilitation for people with serious psychosocial disorders.

Special Audit Committee for the Protection of the Rights of Persons with Mental Disorders

The Committee has been established with the L.2716/1999 as a Health Ministry's institution for the promotion of human rights of people with mental disorders.

The only part of the legislation system that mentions exclusively young people's mental health is psychological support in schools and educational institutions. The counselling units that have been developed in the last decades in Greece promote the psychosocial and psychological support of male and female students and their mental health. However, the entire legal framework about them (Law 2817/2000, Law 3699/2008), refers mainly to the school environment of the children, their academic performance, and social life. Once again, the area of gender and sexual orientation is not taken into account. As a result, the specific policy is not inclusive of LGBTQI+ children, and probably the counsellors are not educated to respond to gender-related problems.

Thus, although in recent years an effort has been launched to promote the mental health of young people, children, and adolescents, this is done with older terms and without meeting all their needs. Gender, sexual identity, orientation, and expression are factors that affect children and young people and their mental health. So, what is missing most from health policies in Greece is any reference to gender and sexuality.

EXISTING SUPPORT OF THE MENTAL HEALTH OF YOUNG PEOPLE

1. 24-hour helpline WOMEN SOS, shelters, and Support Centres. It is run by the General Secretariat for Family Policy and Gender Equality (governmental body) and is funded by ESPA 2014-2020.

- Year of establishment: 2011
- Description of the Good Practice:
 - I. Target Group - victims of all kinds of gender-based violence, with a heavier focus on women.
 - II. Accessibility – support is offered through a 24-hour helpline and/or in-person counselling within shelters and support centres, throughout Greece.
 - III. Purpose – The helpline provides information and psychological support to victims of all forms of violence- based on gender, while the Support Centres provide psychosocial and legal support.
 - IV. Area of implementation – National level.
 - V. Mental health service providers – Psychologists, Social Workers, Legal Counsellors.
 - VI. Sustainability: Is being implemented at the moment.

2. Helpline for the Direct Social Support 197. The helpline is run by the National Centre for Social Solidarity – EKKA (governmental body) since 2011 and is funded by the Greek government.

- Year of establishment: 2011
- Description of the Good Practice:

- I. Target Group – vulnerable population in need of urgent psychological and social support, people who are at risk of harm, and victims of natural and other disasters.
- II. Accessibility – support is offered through a 24-hour helpline.
- III. Purpose – The helpline provides urgent counselling and psychological support, information for matters of social welfare, mobilizes and coordinates the mechanisms for immediate social interventions, makes referrals to the other Units and Services of EKKA's network, and keeps a data recording system and a system of available services.
- IV. Area of implementation – National level.
- V. Mental health service providers – Psychologists, Social Workers, and Government Officers.
- VI. Sustainability: is being implemented at the moment.

3. National Line for Child Protection 1107. The line is run by the National Centre for Social Solidarity – EKKA (governmental body).

- Year of establishment: 2012
- Description of the Good Practice:
 - I. Target Group – minors, adolescents, and parents.
 - II. Accessibility – support is offered through a 24-hour helpline.
 - III. Purpose – The line provides counselling, psychological and social support to minors and parents, information for issues that concern parenting and child protection, and refers them to the responsible Services for Social Protection. The line also receives requests and reports for minors that are at risk and handle a crisis or are involved in illegal actions.
 - IV. Area of implementation – National level.
 - V. Mental health service providers – Psychologists, Social Workers.
 - VI. Sustainability: is being implemented at the moment.

4. Building a Safety Net for Migrant and Refugee Women. It was run by “Diotima” (NGO) and the General Secretariat for Gender Equality (governmental body). It was funded by the Justice Program of the European Union.

- Year of establishment: 2016

- **Description of the Good Practice:**
 - I. Target Group – victims of gender-based violence, with special emphasis on female migrants and refugees.
 - II. Accessibility – in-person capacity-building programs and awareness-raising actions.
 - III. Purpose – The main objectives are to ensure easy access of GBV survivors, mainly female migrants and refugees, to the specific aid services, to raise the capacity and/or awareness of field professionals to identify the survivors, and to empower migrant/refugee women and advance their knowledge on women’s rights protection.
 - IV. Area of implementation – local and regional level.
 - V. Mental health service providers – field professionals.
 - VI. Sustainability: finished in 2018.

5. Transcending Youth – Supporting Trans Youth. It is being implemented by Colour Youth –Athens LGBTQ Youth Community.

- **Year of establishment: 2018**
- **Description of the Good Practice:**
 - I. Target Group – young trans and non-cis-gendered people.
 - II. Accessibility – in-person support groups.
 - III. Purpose – The program aims to provide legal and psychological support to young people regarding the procedures for legal gender recognition and medical transition, and create a safe space for all young trans people.
 - IV. Area of implementation – local level (Athens).
 - V. Mental health service providers – volunteers.
 - VI. Sustainability: Is still being implemented voluntarily.

6. COVID-19 helpline for psychosocial support 10306. It is run by the National Kapodistrian University of Athens (EKPA), in collaboration with the Ministry of Health and 40 mental health organizations and NGOs.

- **Year of establishment: 2020**

- **Description of the Good Practice:**
 - I. Target Group – people facing psychosocial difficulties due to COVID-19 and the lockdown.
 - II. Accessibility – support is offered through a 24-hour helpline.
 - III. Purpose – the helpline aims to provide psychological interventions, psychopharmaceutical adjustments, and social service referrals to people suffering from mental health issues, caused by the pandemic.
 - IV. Area of implementation – national level.
 - V. Mental health service providers – psychologists, social workers, psychiatrists.
 - VI. Sustainability: Is being implemented at the moment, funded by Niarchos Foundation (a private foundation) and the Ministry of Health.

WHAT DO YOUNG PEOPLE AND YOUTH MH EXPERTS SAY?

For the field research, a qualitative method of data collection and analysis was used. Ten youth workers and 11 young people participated in the research.

The youth workers included four child psychologists, one school psychologist, one clinical psychologist, one mental health counsellor, one youth group coordinator, and two educators. The method that was used to collect data from the professionals was semi-structured interviews. Six main questions were developed, by the project's consortium that could be expanded upon accordingly, based on each professional's expertise and the researcher's judgment.

The young people that took part in the research were divided into two categories. One category consisted of six underaged students, aged 16-17, and the second one of five adult youth, aged 18-25. One focus group was carried out for each of the two categories, during which the young people

shared their insights, ideas, and beliefs on the subject of mental health and gender. For each focus group, fine questions were asked. The focus group was carried out by the project's main researcher.

Written signed consent was received from each participant, informing them of their rights, the GDPR, and the purpose of the research. In the case of underaged students, both signed assent forms were received from the students and signed consent forms from their guardians. The results from the data analysis are summarized in the following section.

Semi-structured Interviews

The responses to each of the questions asked to the youth professionals are summarised below.

You work with young people - can you tell us a bit more about the population you work with? What are the most common causes of their accessing mental health services (or being referred to)?

The majority of the professionals mentioned the most common cause for referral is usually a feeling of loneliness. They agree that this was the case even before the pandemic, but has significantly increased in frequency since. It has also been suggested that the feeling of loneliness is observed more in young people in Athens. Especially for young adults, who move to Athens for their university studies. In Greece, it is very common that young people from all over the country and in smaller towns and villages to move to Athens for studying. Such an adjustment to a big city feels overwhelming to most, especially the more introverted individuals. Increased anxiety is another reason that both underaged and adult youth often seek professional help. It is unclear whether this is linked to the aforementioned feeling of loneliness, but it seems to be directly linked to academic achievement and uncertainty about the future.

A common observation for child counsellors and school psychologists is the difficulties that younger adolescents face due to family issues. Especially between the ages of 10-17, drastic and sudden changes in the family environment (i.e., divorce, moving away, death, etc.) cause distress, grief, and anxiety that usually manifest as anger management problems. Furthermore, professionals working with younger children also mention that the second most common cause for referral after family problems is bullying and other similar issues with peers (social exclusion, peer violence, etc.). All of the participants agree that both family and peer issues are less frequently the cause of referral once

the adolescents turn 18 and attain a level of independence. However, they also agree that family problems and bullying leave a scar on young adults' psyche, which is what drives them to seek help later on as adults. Low self-esteem is the most commonly observed characteristic at the root of those scars.

Other causes for referral that psychologists mentioned are sleeping problems and eating problems like bulimia and loss of appetite. Those may also be signs of more serious disorders. The clinical psychologist and mental health counsellor mentioned that some of the most common diagnoses that are given to young adults are anxiety disorders, like generalized anxiety disorder, social phobia, panic disorder, depression, and eating disorders (bulimia, anorexia).

Have you noticed any differences in the behavioural patterns of boys and girls when it comes to their mental health? Are there any specific issues that are more commonly observed in boys or girls, respectively? Do you change your working approach, depending on the young person's gender?

Several psychologists mentioned that boys tend to hide their feelings and emotions, for most of their lives. As a result, it is very difficult for them to identify them, let alone talk about them and process them. It has also been suggested that boys are stigmatized more when asking for mental health support. Some of the most common issues mentioned by the professionals, for boys are difficulty adjusting to new environments (for example when going to university), pressure from the family for greater academic achievement, anxiety, loss of pleasure, and anger management. According to the clinical psychologist, young men feel more reluctant to take medication to ease their symptoms, due to sex-related side effects like loss of sexual desire and erectile dysfunction.

On the other hand, even though girls are also reluctant when it comes to their emotions, professionals all agree that it is easier for them to share their emotions and feelings from the beginning. Girls seem to be more affected by their social surroundings. Younger girls (12-16) seek help more often from school psychologists, as a result of falling out with friends or social exclusion. The most frequent emotion that they express is sadness, as opposed to the boy's anger. Another set of issues that is more evident in young women is body self-image issues. According to the clinical

psychologist, young women feel more reluctant to take medication for their symptoms out of fear of weight gaining side effects.

All of the professionals mentioned that they don't adjust their approach based on the gender of the individual. They agree that an individualized approach is more efficient with a heavy focus on developing a therapeutic relationship, regardless of gender. Generally, it has been noticed that men take more time to open up so developing a therapeutic relationship requires more time and effort, compared to women. Furthermore, Men sometimes require more time to be invested in psychoeducation at the beginning, to learn to identify their emotions, while women require more time to be directed towards self-empowerment at the beginning of the sessions. One participant also mentioned that the female gender is considered a positive prognosis factor for mental health disorders, even more, serious ones like psychosis.

Based on your experience, are young people more likely to seek help, depending on their gender? If yes, what factors do you believe are contributing to that (environment, culture, upbringing, socio-economic factors, etc.)? Do you believe there are ways to make it easier for young people to access mental health services?

For this specific question, the professionals' responses seem to diverge. Some school psychologists and educators mentioned that there is no significant difference between boys and girls. The rest of the professionals mentioned that girls seek help more often than boys, while one school psychologist said that boys do not seek help at all. The majority of them supported that when it comes to parents, mothers are the only ones who seek parental counselling, while fathers are either indifferent or are only present for financial support. This slight differentiation in professionals' experience indicates that even though there seems to be a gender bias in visiting mental health professionals in older people, it is less evident in younger adolescents.

Other factors that were mentioned by the professionals as contributing factors to young people's likelihood to seek mental health support are; the family's attitude towards mental health support, social and financial background (it is less often that people from low socioeconomic backgrounds seek counselling), social stereotypes like "men are strong" that discourage boys from seeking help,

and even the professional's gender. Regarding the last factor, it is important to highlight two male professionals' statements that young men had mentioned that they would only seek professional health from men. This was further supported by the female clinical psychologist, who mentioned that men that take medication find it difficult to talk to her about sex-related side effects. Combining those statements with the widely established higher ratio of women in the mental health profession, it may stand to reason to wonder whether young men are further hindered by the lack of available male mental health counsellors.

Diagnosis stigma is another factor that was mentioned by the clinical psychologist and other mental health counsellors. It has been suggested that families are less inclined to allow their child to visit a professional when psychiatric symptoms are visible and the chances for a diagnosis are high. This means that it is considered more socially acceptable and less stigmatizing to seek help for issues like social exclusion, anxiety about academic achievements, and processing of family problems, than when there is a possible diagnosis of ADHD, ASD, anorexia, bulimia, or psychosis. The stigma of diagnosis becomes unbearable in cases where the young person also belongs to another social minority group and already experience minority stress. As a professional mentioned, people from ethnic minorities, refugees, and people from the LGBTQI+ community have one additional burden to carry on their way to seeking mental health counselling; "I have trouble carrying a double stigma" – Refugee, 21 years old. When it comes to receiving a diagnosis, the professionals highlighted a clear lack of "next steps" for parents, the family, and the young adolescent. Most mental health centres form a diagnosis and give further guidelines. As a result, the families are clueless about their next steps in the treatment plan, whether it is to visit a psychotherapist, a psychiatrist, an occupational therapist, a speech therapist, etc. So, creating policies and maps to provide knowledge about the right mental health professional for each diagnosis is vital.

When asked about ways to make mental health services more accessible to young people, professionals made several recommendations. The first and foremost is raising awareness and education, to combat social stigma. It is important to include parental education to make families more inclined towards seeking professional help, and not focus awareness raising solely on youth. Another aspect is financial issues. Young people are usually not financially independent. And considering that most psychotherapies are expensive, there is a clear need for more financially accessible services (public mental health centres). In addition, the lack of enough school psychologists has also been brought up. More school psychologists need to be hired and even in

smaller grades of junior school, so that younger children may familiarize themselves with visiting mental health professionals from a young age. In addition, guardian consent is required when visiting a school psychologist. Considering the stigma that is more visible to parents, as stated above, children who want to visit the school psychologist are often unable to. The professionals recommended removing the requirement for guardian consent and letting client-professional confidentiality be extended to underaged youth, too. Finally, it was suggested that promoting mental health as a lifestyle and not as an illness could destigmatize psychotherapy to a great degree. Mental health centres should start to be promoted and advertised as youth group centres and be enriched with a lot of group activities (volunteering groups, art therapy groups, etc.). One professional mentioned that they should be adapted into more young friendly places; “Young people who come here shouldn’t realize that it is a mental health centre” – female clinical psychologist.

Have you observed any changes regarding the young people’s mental health, during COVID-19? Were young people of different genders affected similarly (including LGBTQI+ youth)? Was accessibility to mental health services by young people an issue during the pandemic and the lockdown? If yes, how did you overcome it?

Since the pandemic, youth workers and mental health professionals have observed a general decline in young people’s mental health. Some existing problems were made more intense, while new ones started being observed that were rarer. Young people are more reluctant to open up again to peers and other adults, after spending so much time isolated. This has led to more cases of reported social seclusion and depression. More cases of elevated stress, phobias of going out (agoraphobia, social phobia), and anxiety, especially health-related anxiety and feeling of increased responsibility towards elders’ health were also noted (fear of infecting and causing the death of grandparents, parents, etc.). As mentioned before, difficulty adjusting to a new environment was always evident, especially in men, but it has been made a lot worse, especially for young people that moved away from home and were almost immediately put in lockdown. In addition, family and social hardships are even more evident after the first lockdown in 2020, especially with the increased rates of divorce, considering that children may had to experience more family fights and breakups

without being able to leave the house, meet their friends, and generally distract themselves. An increase in anger has also been observed by many psychologists, especially in younger boys.

When it comes to already diagnosed people, that had already been attending therapy before COVID-19, it has been suggested that there was a significant decline in social skills, which in turn made some of the disorders like depression, social anxiety, and psychosis more severe. It needs to be highlighted that for some clinical cases, the individuals felt a sense of relief from the 'sheltered' life that they were put into, during the lockdown; "People no longer expect me to go out and feel better" – a man with depression. However, this relief can only be considered as an avoidance that may prolong the effect of depression. On the other hand, many of the professionals suggested that there is a bright side to COVID-19 when it comes to raising awareness about mental health. They agreed that more young people seek help since the pandemic, for issues that predated the lockdown. They suggested that many national campaigns about self-care and the national COVID-19 psychological support helpline that was established during that time, have managed to destigmatize seeking professional help, by painting COVID-19 as an extremely traumatic situation that made it ok for people to speak about their hardships openly.

Once again, professionals were torn regarding the effect that COVID-19 had on the different genders' mental health. Some believed that boys, girls, and LGBTQI+ youth were affected similarly and showed no significant differences in the frequency the aforementioned issues appeared. On the other hand, educators and most school psychologists believed that girls are raised to feel more vulnerable while boys are raised to feel stronger. The stated difference in upbringing has enhanced the boys' self-esteem and resilience, which has to a degree mitigated COVID-19's psychological effects on them. One psychologist believed that LGBTQI+ people experienced even more elevated levels of anxiety, loneliness, and family tension, especially in less accepting families, due to the lack of only source of support is peers, which is very common in these cases. All of the participants agreed that there was a significant increase in cases of Gender Based Violence, especially towards women. This issue has not been addressed even after one year after the second lockdown. Two mental health counsellors mentioned that they observed an increase in men's stress deriving from the work instability that was brought about by the pandemic's effect on the economy. Finally, one school psychologist mentioned that after the lockdowns adolescent boys showed higher levels of gaming addiction and gambling.

All of the above issues were prolonged by the inaccessibility to mental health services that were reported during the lockdowns. Many of the youth centres and mental health centres were left behind when trying to adapt their services online. Many young people were left out of online activities, groups, and mental health services, due to the lack of online resources (no digital equipment, lack of video conferencing platforms, inadequate digital skills, etc.). Free mental health services were already overworked before the pandemic, with long waiting lists. Adding the lack of familiarity with remote sessions to the equation, deteriorated even further the quality of free mental health services during the pandemic. On the other hand, during the second lockdown and with many of the above issues having been resolved, remote access has improved accessibility for shy, reluctant, or secluded young people. This later positive aspect of remote counselling is being implemented by many professionals even in the post-lockdown period.

During the transitioning phase from in-person services to online, the professionals tried to maintain the quality of the services to an adequate degree. The youth group coordinator substituted experiential volunteering activities and groups with video conversations about everyday situations (how the young people were affected by the lockdown, etc.), to maintain a meeting routine and further strengthen the relationships. In addition, more support lines were introduced nationally and regionally that several mental health counsellors used to refer to the increased need for more frequent sessions. However, it was evaluated as an inefficient substitution for in-person sessions. For some other participants, original live sessions were turned into regular phone calls, until zoom was introduced and familiarized.

Do you feel like you have sufficient knowledge and tools to deal with young people's issues that centre around gender, like gender-based violence, gender transitioning, gender dysphoria, sexual orientation, homophobic/transphobic bullying, etc.? Are you aware of gender-sensitive approaches, good practices, and/or helplines that you can refer to for additional support when dealing with youth facing gender issues? What resources would you require so that you would be better prepared to deal with young people's gender-related issues?

The above questions revealed a short capacity for youth workers to deal with gender-specific issues. The youth group coordinator mentioned her ability to initiate and facilitate group conversations about social issues but completely lacked the knowledge and skills to talk about gender and mental health. All of the psychologists and educators felt unprepared to talk about these issues and highlighted that there is no official training on the matter integrated into their university curricula. Noticeably, one psychologist mentioned that up until recently there was no module about gender identity and/or sexuality in BSc Psychology courses throughout the country. New modules have been incorporated recently, however. This could imply that younger professionals may be more adequately equipped to address such issues.

When asked about existing gender-sensitive good practices, none of the professionals could remember any, except for the Positive Voice advocacy team about HIV misinformation, sexual orientation, and gender sensitivity to HIV exposure, which was mentioned by the youth group coordinator.

The proposed resources that were required by the professionals to become more prepared to deal with such issues were centred around training seminars and educational material. One psychologist proposed the creation of a portal with collected resources, practices, and tools. Several professionals mentioned that creating easy-to-absorb material like podcasts, videos, and experiential activities can prove more efficient than written material like guides and textbooks.

Finally, one psychologist even suggested that a new professional specialty should be established of certified the topic experts so that the rest of the psychologist may redirect such cases.

Based on your experience, what kind of activities/practices could prove effective in preventing mental health problems in young people of different genders?

The professionals mentioned several activities and practices that develop young people's resilience and prevent mental health problems. Organizing volunteering groups and other youth group activities were proposed by the youth group coordinator as an excellent practice for cultivating resilience. Raising awareness and educating young people and their parents, especially in targeted regions with low socio-economic populations was mentioned by several professionals. Boosting young people's self-esteem was also mentioned frequently by professionals working with younger adolescents, while more structured time for school psychologists and more group in-class conversations were strongly suggested by both educators and school psychologists. Finally, destigmatization of mental disorders through the way they are depicted in the media was repeatedly suggested by mental health counsellors and the clinical psychologist, as well as combating gender stereotypes, especially in schools. A healthy lifestyle (fitness, nutrition, etc.), which has been an increasing trend in the past years, can also be enriched with Mental Healthy lifestyle adjustments (self-care, regular counselling, life coaching, etc.) according to some of the professionals. Especially, in cases of psychiatric disorders, being proactive may prove life-changing for the young person, in early symptoms emerging; "Early intervention can be crucial in the prognosis of psychiatric disorders" – clinical psychologist.

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Focus Groups

The analysis of the data from the focus groups with the two youth categories may be found below.

How has COVID-19 and the lockdown affected your mental health? Have you experienced any discomfoting emotions, habits, and/or thoughts (anxiety, stress, depression, issues with sleep or eating, etc.)?

Both groups of young individuals reported that the lack of personal freedom and space resulted in antisocial behaviour that was not present in the past. They mentioned that they felt more distrustful toward peers and that they felt more estranged from their friends and social groups. The younger group indicated an increase in reported panic attacks and cases of agoraphobia in their school. Both groups mentioned a significant difficulty in adjusting to new academic environments. It is worth mentioning that both age groups transitioned to a new environment during the pandemic; underaged participants moved to high school from junior high school and adult participants moved to university from high school. In both groups, the topic of not making new friends and not feeling connected to the educational process was brought up. It was suggested that participating in online classes did not cultivate their sense of belonging; "Participating in e-classes was like watching instruction videos on YouTube. We didn't feel like we were part of the process." – male, 21. This disconnection caused elevated stress and anxiety regarding academic achievements, which were mentioned in both groups. It should be noted that in Greece, during e-classes the students were required to have muted microphones and turned off cameras the whole time, due to GDPR.

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Do you think boys and girls face the same problems? If not, how are they different? What about LGBTQI+ or foreign youth?

The adult group said that there are indeed social differences between boys and girls that cause different levels of distress but there really shouldn't be any. The same group mentioned that girls and women are more exposed to family violence. Both groups mentioned that social media have created a toxic environment that mostly affects young girls, causing them to have self-image issues. Also, girls are believed by both groups to be more prone to online malpractice like cyberbullying and sexual blackmail through private photos. Both groups also agreed that LGBTQI+ youth felt more excluded. During the lockdown, their mental health was dependent solely on their family, which in most cases was not very supportive. That has led to feelings of rejection and loss of escape. The adult group highlighted the fact that LGBTQI+ boys are more vulnerable to stigmatization because

of “toxic masculinity”. That same participant group has also said that LGBTQI+ rights were set back during the two years of lockdown because events like the Pride were postponed.

Is it easy for you to speak to adults about your problems? Would you ever seek or have you ever sought help from mental health professionals? Why? Why not?

The adult group mentioned that they feel inclined to seek professional guidance, even if they did not face serious problems. They would be very interested to do some self-exploration and learn more about themselves. Underaged group participants were less inclined to visit the school psychologist because they needed their parents’ consent. But in case they visited a professional they would have no problem speaking to them about anything that bothered them. Both groups mentioned financial obstacles. Private sessions with a psychotherapist are very expensive and young individuals are not financially independent. Adult participants believed that free sessions in public mental health centres in Greece offer lower quality services and are less efficient than private professionals. Both groups highlighted that having strong relationships with friends encourages an individual to seek help, even if the family is not supportive of the idea.

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Do you believe young people are stigmatized if they ever seek professional help? Do you believe some people are stigmatized more than others? If yes, which young people are stigmatized more?

Surprisingly, both groups agreed that there is no stigma among young people, for someone who seeks help from a mental health professional. They believe that older people are the ones stigmatizing youth who visit mental health professionals, especially psychologists. The parents are considered the most stigmatizing and less supportive of therapy sessions. Considering the financial dependency and accessibility to psychologists in Greece, parental stigma (of the fear of it) is considered by both groups the biggest obstacle for young people when seeking professional help.

There are many ways to receive mental health support, like through a helpline, online chatting, in-person sessions, and peer counselling.

Which one(s) do you feel like would be more helpful for you? Why?

Most participants agreed that online video calls are on occasion an efficient substitution to live sessions with a mental health professional. They can even be considered more efficient for brief and/or immediate needs for a session. However, they become less efficient in long-term therapy sessions. In-person contact is considered vital in developing a therapeutic relationship with the psychotherapist, which is crucial in long therapy processes with numerous sessions. Underaged adults mentioned that even though online sessions could be efficient, they simply lack personal safe space at home to hold a private session. One participant even mentioned that during the lockdown, visiting a psychologist in person was one of the few occasions to escape the seclusion at home. The adult group suggested that a home visit service could prove beneficial for individuals that cannot leave their house due to special needs, depression, agoraphobia, etc. However, such services are very few in Greece and are limited by sectional borders. Once again, both groups mentioned that therapy is only efficient when visiting private professionals because public free services have long waiting lists and are considered less efficient.

Do you feel that a professional would understand your problems and the position you are in? Why? Do you have any personal experience with that?

Underaged youth participants were less confident that professionals would be able to put themselves in adolescents' shoes. This was more evident in boys who believed that the school psychologist could not understand their problems. However, they all agreed that visiting a professional could help them to an acceptable degree. The girls of the underaged group argued that a professional is not required to be in the same position to fully understand the young person's situation and to provide adequate guidance. The adult group agreed with the above statement, being confident in the psychologist's professionalism and skills. Underaged youth mentioned that they needed more direct counselling and tips from a professional when seeking help. On the other hand, adult youth believed in the self-reflecting method of therapy, based on which the professional

guides the individual to find the best solution on their own, provided that their motivation to seek help is genuine. Only a girl from the underaged group disagreed with the direct counselling opinion, by highlighting the need to express oneself and speaking to someone even if there is no available solution; “Sometimes I just need someone to listen to me and make me feel better. Not everyone needs a quick solution” – girl, 17.

From which sources do you receive information regarding mental health (Instagram, TikTok, blog, school counsellor, etc.)?

The majority of underaged and adult participants suggested the internet as the best source of reliable information. Psychology websites, professional blogs, and online articles are among the most frequently mentioned. One adult male participant mentioned podcasts on Spotify and videos on YouTube of professional talks. Underaged youth mentioned the school psychologist as a good source of study material and resources, while the adult participants included resource suggestions from friends and peers who study psychology. Both groups unanimously agreed that social media and influencers are a bad source and representation of mental health. Most mentions on social media are considered fake or made for attention and follower seeking, in an attempt to make the individual more sympathetic to the crowd. It was also suggested that in some cases, the way that mental health problems are presented on social media may be dangerous. Vulnerable youth may actually hear a celebrity’s “sad story” and feel inclined to follow in their footsteps, as role models;” When we are vulnerable If we see the wrong thing at the wrong time, it could end really bad” – girl, 21.

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RECOMMENDATIONS

Summary

As is evident from the previous section, there is little awareness of the nature and necessity of the gender-sensitive approach, among mental health professionals and youth workers. This is further

backup up by the lack of Good Practices for young people's mental health that utilizes a gender-sensitive approach, during the mapping phase of the desk research. Most collected Practices are focused on Gender-Based Violence, Violence Against Women, and support for the LGBTQI+ community. Even though a direct need for a gender-sensitive approach was not expressed by the professionals and the adolescents that took part in the research, several indirect suggestions were made.

Panic attacks, loneliness, agoraphobia, social phobia, depression, family problems, peer issues, and anxiety about academic achievements are the most commonly reported mental health problems that youth are facing since and after the pandemic, as expressed by professionals and youth alike. Eating disorders and lack of belonging are also reported by both target groups, although more emphasized by young individuals. Neither group highlighted the need for a gender-sensitive approach. However, they both distinguished the LGBTQI+ community as a sensitive group with additional needs, which the professionals feel completely unprepared to deal with.

Young women and girls are identified as more 'vulnerable' to mental health issues, due to social norms. According to some, they are believed to seek help more often, usually to deal with issues and pressure from their family or peer environment. Young men and boys are considered by some as more 'tough' and having higher resilience to mental health problems. This suggests that they are less inclined to visit psychologists, for a variety of reasons. Most commonly, they are referred by others for internal issues like anxiety and anger management. Stigmatization is considered a by-product of parental interfering and denial and not of peer judgment, as young people have destigmatized seeking professional support and guidance. However, the stigma seems to remain for young individuals that receive or are afraid of receiving an official diagnosis and are prescribed medication.

The main obstacle that young people face when seeking help is financial independence. Efficient therapy is considered expensive and most adolescents are unable to cover the expenses themselves. Free services are scarce in Greece and rarely offer a viable alternative. The factors that also seem to greatly discourage access to mental health services are low socioeconomic, ethnic, and rural environments. Young people are willing to try alternative forms of therapy like online sessions, to enhance accessibility but different variables, like personal space, need to be taken into account. Resources like professional websites, blogs, and videos are widely used by young people to obtain

information and are complemented by suggestions and recommendations made by mental health counsellors and school psychologists.

Policy Recommendations

Below are outlined several policy recommendations that have emerged from the analysis of the collected data.

Gender Differences for the toolkit

- Men take more time to open up, identify and talk about their emotions. For this reason, they require more time initially towards psychoeducation to learn to identify their emotions.
- Men take more time to open up and require more time and caution when building a therapeutic relationship.
- Boys exhibit symptoms of disorders earlier in their lives than girls. This makes them less prepared to deal with them. Therefore, screening boys earlier in their lives for possible disorders and addressing them early on may prove crucial in the prognosis.
- Women often require more self-empowering at the beginning of the sessions, due to the powerful emotions that they are feeling. In the beginning, boosting their resilience and self-esteem through self-care may prove beneficial.
- Combating gender stereotypes through school talks and psychoeducation early in the sessions is the gateway to removing any remaining false social beliefs of young people.
- Paying extra attention to young men 's sexual needs when prescribing medication can prove life-changing to prevent relapse due to side effects. Making sure the side effects are eradicated and proper psychoeducation is delivered is very important.
- Young women feel more reluctant to receive medication due to increased weight and side effects. Paying extra attention to this need and eradicating any emerging side effects should be one of the priorities for any clinical practitioner.

Recommendations for enhancing accessibility

- Early intervention can be crucial in the prognosis of a mental disorder. Therefore, it is vital to screen for early signs and encourage early access to mental health services.

- Youth groups and volunteer groups can cultivate resilience that prevents mental health problems. Activities overseen by professionals can serve as early screening and prevention at the same time.
- There is a high need for more financially accessible services. More public mental health centres need to be established and more professionals need to be hired, to ensure efficient services.
- More school psychologists need to be hired for more hours per week. They should also be given more structured time in the school curriculum.
- Schools should try to familiarize students with psychologists from a younger age. This may be achieved by having young children visit the school psychologist as part of their weekly/monthly routine, as a precautionary screening, rather than when there is a serious need.
- Parents often don't give consent for their child to visit a professional. Underaged youth should be able to access the school psychologist and other certified by the school mental health professionals on their own accord.
- Raise awareness and destigmatize psychotherapy and counselling, by promoting mental health as a lifestyle and not as a disease.
- Destigmatization in the community is very important, especially in the way that mental health disorders are depicted in media.
- Youth centres should promote more their mental health services and offer opportunities for all target groups. For example, carrying out volunteering group activities targeted at migrants and refugees, online group activities for remote places, etc.
- Adapt mental health centres into more young friendly places, through decoration and technological/gaming facilities.
- When it comes to young people's mental health, parents play perhaps the most vital role in either promoting or hindering it. Educating parents to be more positively inclined towards seeking professional help from mental health professionals, may shift the scales towards a positive outcome. This is even more essential in regions of lower socioeconomic levels.

Recommendations for useful material and resources for professionals

- Less written information in the forms of textbooks and guides is required, and more practical, easy-to-access resources like podcasts, videos, and experiential activities. Those resources can be used by professionals to keep young people more engaged in the therapy/counselling process.
- The creation of an accessible-to-all portal with collected resources and tools can also prove a useful tool that professionals can collect available information on gender issues, as well as recommend them to young people themselves.
- Create a specialty for this topic and professionals who are certified experts on the subject.
- When a child is diagnosed with a specific disorder (ASD, ADHD, Anorexia, etc.) there are no clear next steps for parents. Creating a universal protocol of structured recommended professionals (occupational therapist, psychotherapist, psychiatrist, etc.), interventions, and hours provides families with a clear purpose, aim and route that prevents dropping out of the process due to lack of information.

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LETsTALK

Developing gender sensitive mental health program for young people



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