INPLASY

Health and mental health care promotion programmes for migrants and refugees in Greece: A systematic review

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ADMINISTRATIVE INFORMATION

Support - No support.

Review Stage at time of this submission - The review has not yet started.

Conflicts of interest - None declared.

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Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 17 September 2026 and was last updated on 17 September 2026.

INTRODUCTION

Review question / Objective What health and mental health promotion programmes have been implemented for migrants, asylum seekers and refugees in Greece since 2015, and how effective, sustainable and transferable are they in meeting and addressing the health needs and challenges of these populations? Using the PICO framework: Population — migrants, asylum seekers and refugees in Greece; Intervention — health promotion and mental health promotion programmes, interventions or initiatives; Comparison — variation across programme types, delivery models, target sub-populations (e.g., children, women, reception and accommodation facility residents) or absence of a formal comparator where the evidence base does not permit one; Outcome — health and mental health status, wellbeing, service access and utilisation, and programme-level indicators of innovation, impact, sustainability and replicability (assessed with reference to the UNESCO best-practices framework).

Rationale Migration affects the health of individuals and populations at every phase of the migratory process — pre-departure, travel, destination, interception and return — and is itself a significant stressor for mental health. The mental health of asylum seekers and refugees has been studied extensively since the 1990s, converging on several key findings: high pre-migration exposure to war, violence and privation among children, adolescents and family members; continuing post-migration adversity linked to legal uncertainty, detention, financial hardship, social isolation and language/employment barriers; elevated risk of PTSD, depression and anxiety; and, notably, considerable resilience, with many refugees not developing psychiatric disorders and some faring better than host-population peers of the same age. Attaining and maintaining refugees' wellbeing

requires understanding the interplay between past and ongoing risk factors, cultural and family influences, and host-society responses — an area requiring further investigation, particularly following the 2015–16 European reception crisis and the COVID-19 pandemic, both of which intensified healthcare disparities among already disadvantaged migrant populations. Greece is a critical case: a country managing an ongoing socio-economic crisis while simultaneously receiving one of the largest per-capita influxes of refugees and asylum seekers in Europe, particularly at the peak of the 2015–16 reception crisis. Earlier optimism about community-based health and wellbeing programmes in Greece predates the financial crisis; whether this optimism still applies — and whether it extends to newly arrived refugees and asylum seekers — remains unclear. By systematically mapping and critically evaluating the health and mental health promotion programmes implemented for migrants and refugees in Greece since 2015, using the UNESCO best-practices framework (innovation, impact, sustainability, replicability), this review addresses a gap in the evidence base, informing both policy and practice for more effective and durable health promotion responses to displacement.

Condition being studied This review focuses on health and mental health care promotion programmes targeting migrants, asylum seekers and refugees in Greece. It examines the nature, scope, innovation, impact, sustainability and replicability of these programmes/interventions, and the challenges they face in providing comprehensive healthcare to displaced populations against the backdrop of Greece's evolving integration policies and recurring migration pressures.

METHODS

Search strategy A systematic search will be conducted in PubMed (MEDLINE), Scopus, Google Scholar, EBSCOhost and ScienceDirect, covering the period from 1 January 2015 to 31 December 2025. The same search logic was applied across all five databases, combining keyword blocks for “health promotion” / “mental health promotion”, “program” / “programme” / “intervention”, “health” / “mental health”, and “migrants” / “asylum seekers” / “refugees”, restricted to studies concerning Greece. Boolean operators and database-specific filters (English language, publication date 1 January 2015 – 31 December 2025) will be applied. The PICO framework (Population, Intervention, Context/Comparison, Outcome) will guide the development of search terms. The full PRISMA flow diagram and the complete, database-specific search strings (with Boolean operators) will be reported in the manuscript's Tables.

Participant or population Migrants, asylum seekers and refugees of any age, gender or ethnicity residing in Greece, who are recipients (actual or intended) of a health or mental health promotion programme, intervention or initiative.

Intervention Health and mental health care promotion programmes, interventions or initiatives implemented for migrants, asylum seekers and refugees in Greece, including but not limited to peer-support and psychosocial support programmes, exercise/physical activity interventions, digital health-literacy tools, chronic disease self-management education, screening and diagnostic programmes, oral health services, cultural competence and provider-training initiatives, and community-based health promotion practices.

Comparator Comparators, where reported, will include: no intervention, wait-list, or usual-care control groups; comparisons across programme types, delivery models, or target sub-populations (e.g., children versus adults, reception/accommodation facility-based versus urban settings); or pre-post designs without a concurrent control group, given the anticipated heterogeneity of the evidence base.

Study designs to be included Peer-reviewed, empirical studies of any design reporting primary data: randomized controlled trials, pilot/feasibility studies, cross-sectional and retrospective studies, qualitative studies, and mixed-methods studies et al., concerning health or mental health promotion programmes for migrants, asylum seekers and refugees in Greece.

Eligibility criteria Inclusion: Peer-reviewed, empirical studies published in English, from 1 January 2015 to 31 December 2025, concerning health and mental health care promotion programmes for migrants, asylum seekers and refugees in Greece.
Exclusion: Studies not concerning migrants, asylum seekers or refugees in Greece specifically; systematic/narrative/scoping reviews and meta-analyses; conference abstracts without accessible full text; and studies lacking primary data (e.g., opinion pieces, editorials, policy commentaries) or not reporting on a health/mental health promotion programme or intervention.

Information sources Electronic databases: PubMed, Scopus, Google Scholar, EBSCO and ScienceDirect.

Main outcome(s) Health and mental health outcomes among migrants, asylum seekers and refugees in Greece associated with the identified promotion programmes (e.g., reductions in anxiety/depression/PTSD symptoms, improved physical fitness or cardiometabolic markers, improved health literacy, improved chronic-disease self-management, improved awareness/uptake of preventive services).

Additional outcome(s) Programme-level characteristics assessed against the UNESCO best-practices framework: innovation, impact, sustainability and replicability; barriers and facilitators to implementation; and contextual challenges in delivering comprehensive healthcare to displaced populations in Greece.

Data management Study selection, data extraction and management will be conducted independently by two reviewers using a piloted extraction form; discrepancies will be resolved by discussion or, where necessary, third-reviewer adjudication. Extracted data (author/year, country, scope, programme type, methodology/tools, study design, setting, population, main findings) will be tabulated in a structured summary table, consistent with the Cochrane Handbook of Systematic Reviews approach. Records will be managed in Excel.

Quality assessment / Risk of bias analysis The methodological quality and risk of bias of included studies will be evaluated using established appraisal tools appropriate to each study design. Assessment will be conducted independently by two reviewers, with any disagreements resolved through discussion or involving a third reviewer if necessary.

Strategy of data synthesis A narrative synthesis will be performed given the heterogeneity of study designs, populations and outcome measures across the included studies. Results will be tabulated and thematically analysed to identify recurring patterns, effective practices and gaps in the existing evidence base regarding health and mental health promotion for migrants and refugees in Greece.

Subgroup analysis Where data permitted, findings will be considered by programme type (e.g., mental health/psychosocial vs. physical health promotion), target sub-population (e.g., children, women, camp residents) and setting (e.g., reception/identification centres, camps, urban primary care).

Sensitivity analysis Not formally undertaken given the narrative-synthesis approach; however, studies were screened to exclude those lacking primary data or falling outside the pre-defined population, intervention and geographic scope.

Language restriction Yes — only articles published in English were included.

Country(ies) involved Greece.

Other relevant information Equal contributions: all authors contributed to conceptualization, methodology, analysis, and writing. The protocol follows PRISMA 2020 guidelines.

Keywords health promotion programmes; mental health promotion programmes; migrants; asylum seekers; refugees; health care; public health; integration; Greece.

Dissemination plans Findings will be published in a peer-reviewed journal, presented at conferences, and shared with stakeholders and policymakers via policy briefs and academic presentations.

Contributions of each author

Author 1 - Maria Psoinos - Equal contribution - Conceptualization, supervision, methodology, literature search, data extraction, analysis, review and writing-editing.
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Author 2 - Theodoros Fouskas - Equal contribution - Conceptualization, supervision, methodology, literature search, data extraction, analysis, review and writing-editing, corresponding author.
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