

OPEN MINDS II

Doctors
of the
World
Greek Delegation



Promoting Mental Health and Well-Being in the Community



Reflections in the Shadows of Social Disparities

Until recently, mental health issues were not seen as a distinct sector/cluster in humanitarian emergencies response. Mental health services and considerations were covered under the wider health-labeled umbrella; they weren't seen as a cross-cutting issue either. Some health projects, included mental health activities and rational mainly as a context-related element, i.e. according to need, gap and demand.

For some years now however, mental health issues have been on the spotlight and consequently prioritized, in a variety of contexts: in relation to the global migrant and refugee crisis, in the Mediterranean and Greece's response to the recent influx of arrivals but also at the borders of South Sudan with Congo and Uganda where people are fleeing imminent violence and life threatening conditions to post-emergency types of response like for instance in Bangladesh where the Rohingya minority found shelter after an organized pogrom against it launched and executed by the government of Myanmar.

Transcending emergency and post emergency contexts, mental health issues are more and more surfacing as a central issue that developed, western societies have to bring to the centre of their attention. Mental health issues impose an enormous disease burden on societies across the world. Depression alone affects 350 million people globally and is the leading cause of disability worldwide. Despite its enormous social burden, mental disorders continue to be driven into the shadows by stigma, prejudice and fear.

Greece in particular has its distinct features and challenges: it is a conservative society where notions like "shame" and "honor" are governing major parts of private and public life. It is still considered "shameful" by many people to have to visit a mental health professional and/or accept this fact in public. The person suffering from mental health disorders is still associated by large stigma with stereotypes about "normalcy" and "madness".

Mental, neurological and substance use disorders (MNS) are common, highly disabling, and associated with significant premature mortality. The human, social and economic toll imposed by lack of attention to MNS across the world is enormous. It is estimated that at least 10 percent of the world's population is affected, and that 20 percent of children and adolescents suffer from some type of mental disorder. In fact, according to recent WHO data, mental illness account for 30 percent of non-fatal disease burden worldwide and 10 percent of overall disease burden, including death and disability. MNS impact on the social and economic well-being of individuals, families, and societies is large, underestimated, and often ignored. If untreated, MNS undermines health capital, and hence human capital development, since they, unlike many of the high-burden diseases, have an early age of onset – often in childhood or early adolescence – and are highly prevalent in the working-age population. In OECD countries mental ill-health affects an estimated 20 per cent of the working-age population at any given time. The global economy loses about \$1 trillion every year in productivity due to depression and anxiety.

Countries are not prepared to deal with this often "invisible" and often-ignored challenge. Despite its enormous social burden, mental disorders continue to be driven into the shadows by stigma, prejudice, or fear of disclosure because a job may be lost, social standing ruined, or simply because health and social support services are not available or are out of reach for the afflicted and their families¹.

Europe today is still in a state of crisis, having experienced stagnation and sluggish growth over the past decade. The further success of the European project depends largely on the overall well-being of European citizens and the place Europe can maintain in a harmonious, globalized world. Rules, institutions and policies need to be rewritten in order to continue the European way in line with the renewal of the vision the EU's founding fathers had over 60 years ago².

The idea of a modern European welfare state, integrates mental health and psychosocial support issues as pivotal towards the person's and communities' well-being. A holistic response towards people on the move crisis involves mental health as a determining factor of increased vulnerability; the same is the case for ordinary citizens of the world that are faced with increased stress and various press factors in our modern, urbanized realities.

Context

Greece has suffered the last decade a severe economic and sociopolitical crisis due to a chronic overspending and structural rigidities. The severe impact of the current financial crisis in Greece that has led to extreme austerity measures and cuts in the public expenditure for mental health system while at the same time there is an enormous increase of demand for services. This, in conjunction with the mass influx of refugees and migrants in Greece over the past two years has contributed to further discrimination and stigmatization of the most vulnerable groups, such as destitute Greeks, migrants, refugees, asylum seekers, Roma, and LGBTQI communities.

Mental Health Situation

Greek health and welfare system faces serious challenges: **Insufficient funding, staff shortages, incompleteness of psychiatric reform and services fragmentation among others.** Groups who were already facing numerous vulnerability factors before the crisis, have seen a reduction in or a **termination of social safety nets** and networks which provide them with basic help. Families unravel under the weight of a crisis that is as much human as it is financial. Single parent families, large rural families and the families of economic migrants and unskilled workers are the most affected. Families without children face lower **extreme poverty** rates than **families with children**, but families with three children seem to be in a better position than those with one or two. Stress, insecurity and disappointment among the issues most commonly cited, by people when asked about their mental health situation. Unmet basic needs such as **physical health, housing, food, education and occupation tend to lead to a range of depressive feelings, anxiety, insomnia, loss of hope, fear and increased stress levels.**

Doctors of the World-Greece Intervention. The concept of Well-being

Doctors of the World-Greece's MHPSS services are organized under the humanistic and person-centered approach in a community based model with basic objective the well-being of the people in need.

Its MHPSS work emphasizes on holistic health and the process of achieving it. Well-being has physical, cognitive, emotional, social and spiritual dimensions.

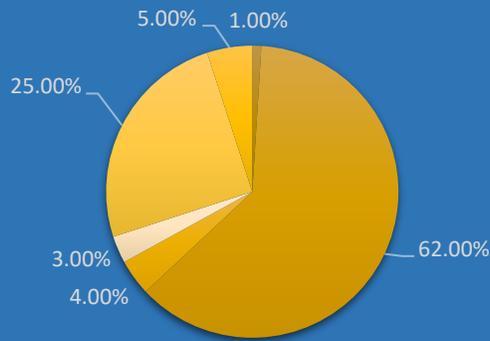
The "well-being" concept includes what is good for a person, such as participating in meaningful social roles, feeling happy and hopeful, living according to good values, having positive social relations and a supportive environment, coping with challenges through the use of healthy coping mechanisms, having security, protection and access to quality services and employing.

During 2018 Doctors of the World-Greece's provided MHPSS services to more than **3.000** people. **The majority of them were homeless or they were living under inadequate conditions while 10% of this population were minors. The total number of visits for diagnosis, treatment schedule and case management reached approximately 12.000 during the same period.**

Key facts & figures

~61% of people are asylum seekers that have to go through a bureaucratic and time consuming process until their final administrative status is determined

Administrative Status

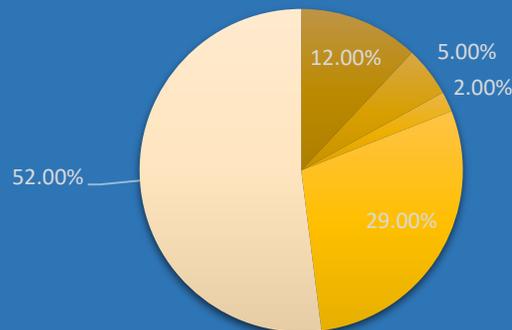


- Grandee Residence permit for extraordinary reasons
- Applicant of International Protection in Greece
- Applicant of International Protection to a third country
- Grandee International Protection in Greece
- Undocumented
- Other

The majority of the “Open Minds” beneficiaries were living under inadequate or temporary conditions or they were roofless

52% of the newly arrived refugees are hosted in apartments through ESTIA project while another 26% reside in camps. But people diagnosed with mental health problems are frequently excluded from ESTIA project. No specialized public structures for the rehabilitation of third country nationals with mental health issues exist in Greece.

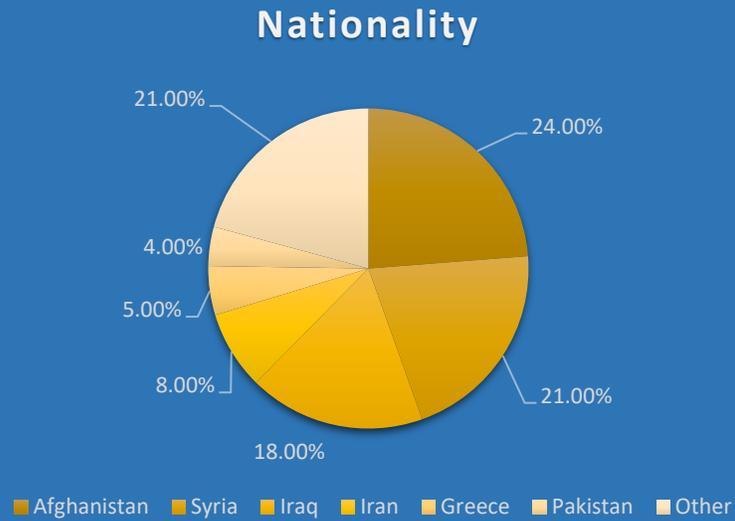
Housing & Shelter



- Sleeping Rough
- Independent living
- Squat
- Camp Setting
- Alternative Accommodation

Interpretation and Cultural Mediation

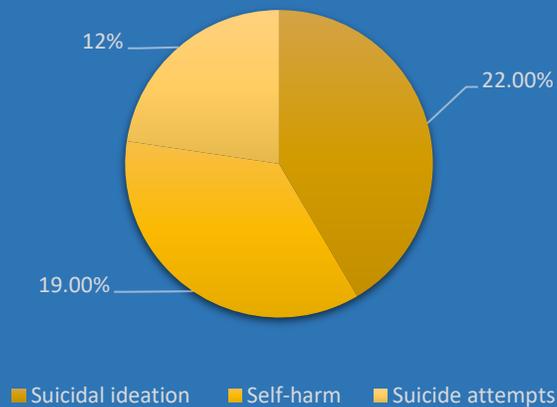
Currently, no public psychiatric hospital offers such services on a regular and/or adequate basis. There are very few properly trained Farsi-speaking female interpreters/cultural mediators.



Self-harm, suicidal ideation and suicide attempts

19% of the beneficiaries who visited a psychologist or a psychiatrist in Athens, Thessaloniki and Lesvos during 2018 reported self-harming. Up to 22% of the beneficiaries in Athens and Thessaloniki who visited a psychiatrist reported suicidal ideation while about 12% of the same beneficiaries reported at least one suicide attempt (in the past or recent).

Risk associated behavior



Gender considerations and Cultural / Religious barriers

The notion of “shame” mentioned above, associated with the fear of stigma is particularly strong among the ones traditionally perceived as “the weak gender” in Greece. Issues affiliated with broader women’s underdevelopment and discrimination have hampered a gender sensitive approach in the long run. It is thus of no wonder that 4 in 10 women suffer from depression in Greece.

According to Doctors of the World Greece’s experience so far, female population among refugees and migrants faces particular constrains and barriers to health care and mental health provisions.

The vast majority of refugees and migrants in Greece originate from Muslim countries. That denotes a certain conservatism with regards to access to mental health services, fear of stigma and discrimination of female patients.

Linguistic barriers -though also faced by male population- are usually more intense among women, especially Afghanis and/or women originating from rural areas.

Cultural barriers are even more prominent: women wearing a scarf in a Western Society like Greece, frequently feel isolated and different; most feel uncomfortable in general when interacting with men. They tend to be shy and introvert when confronted with male western professionals as they are not used to it and it’s not culturally accepted. They are not easily sharing health related problems, especially if these are related to gynecological or psychological issues.

Women on the move, especially those traveling alone, are in risk of gender-based violence by members of their own and other communities. They are ultimately in risk of double marginalization by members of their own as well as members of the host community.

Both women and men are experiencing an identity crisis: their old national, religious, often tribal identities are fading away while new ones such as the “refugee” or -even worse- the “illegal” are formed. Both groups of population cannot utilize their skills and capacities; camps are intensifying exclusion, isolation and marginalization³.

The system in place

The reality of mental health patients and even more of the country nationals facing mental health issues is particularly difficult.

The Hellenic psychiatric reform has constituted the trigger for the de-institutionalization and outpatient treatment of the mentally ill. Until the end of the 20th century, conditions in the inadequate national network of mental health services had been inappropriate. In 1981, the year that Greece joined the European Union, the member-states encouraged Greece to make fundamental changes by modernizing the sector of mental health. The purpose would be to create a national reform programme for establishing community psychiatry, closing the country’s psychiatric hospitals and deinstitutionalizing long-term mental patients. This project was designed and financed by the European Union and the Greek Ministry of Health.

The “PSYCHARGOS” programme was thus launched -alas- to soon and basically collapsed under the burden of Greece socio-economic crisis that imposed grave budget cuts to health and well-being sectors and services.

It is nevertheless worth pointing out that the Ministry of Health, making an account of the planning for years 1984-2009, notes that focus was primarily given to releasing mental patients from psychiatric hospitals rather than developing community structures. The fact is that the service network remains inadequate. People who do not speak the Greek language and do not have residency permit are excluded from PSYCHARGOS system⁴.

“Voices from the field”

“ The story of H.”

“My name is H. I am from Afghanistan and I am thirty-two years old. I have been a beneficiary of Doctors of the World Open Polyclinic in Thessaloniki since 2017. Until June 2018, I was accommodated in “ESTIA” program in Thessaloniki. I am married, but I don’t have children. I was diagnosed with a mental disorder sixteen years ago. Since then, I am receiving anti-psychotic medication. In 2016, I left my country because of massive Taliban attacks in my region, that caused the death of my two brothers. **On July 2018,** me and my wife moved to Netherlands by paying a big amount of money to smugglers where we applied for asylum. After a two-months waiting period my asylum request was rejected and me and my wife were returned to Greece. The organization that supported us previously informed us that our accommodation had been given to another family. And since we had “informally” left the first time, we had lost our right to a new accommodation placement by ESTIA project. **Being homeless** made my medical condition much worse. The first time I visited the DOTW polyclinic following our return, I was exhausted. My situation had worsened as I had remained without medication for several weeks. My wife was also in a bad shape. **After communicating with my physician,** a visit to the NHS psychiatric emergency department was planned where an interpreter was assisting the examination. The medical team decided to keep me into the clinic for some days until my condition improved and a suitable place for accommodation was found. My wife was placed in a safe shelter for women following Doctors of the World social service’s request to E.K.K.A (National Centre for Social Solidarity). **Today, I feel much better.** My condition is stable. I am regularly attended by a Doctors of the World psychiatrist while the organization’s social services supports both me and my wife. Following a new request to “ESTIA” program, we were placed in a safe apartment in the centre of Thessaloniki”.

“A lesson worth to be taught”

Dr Stefanos Kontokostas, Psychiatrist

“Working with such a vulnerable population is an invaluable experience in all its aspects”.

“Firstly, the experience gained from assessing and treating psychiatric patients with vastly different cultural backgrounds illuminates a spectrum of cultural features in the presentation and treatment of mental disorders. As a result, this experience is highly educative. **Secondly,** the medical professional working with this population is frequently confronted with difficulties that burden patients with high distress levels such as homelessness, extreme poverty, social marginalization and lack of any supportive network. In these circumstances, the efficacy of the available treatments is lessened and remission is consequently impeded. **The fact that the socioeconomic background of our patients affects severely our everyday practice makes us reflect on the active social role of psychiatry.** This social aspect of our domain may not be apparent if someone works in the public health system. **Lastly,** these patients with their multiple needs and publicly ignored pleas help us to regain connection with the core purpose of our profession which is to serve those in need. In the contemporary diverse, fast, consuming and alienated world this is a lesson worth to be taught”.

References

¹ <http://www.worldbank.org/en/events/2016/03/09/out-of-the-shadows-making-mental-health-a-global-priority>

² https://www.feps-europe.eu/attachments/publications/book_stiglitz-rewriting_rules.pdf

³ https://ec.europa.eu/health/sites/health/files/state/docs/chp_gr_english.pdf

⁴ Open Minds Project Outcomes Overview. Available at: <https://mdmgreece.gr/en/11664/>



Open Minds Report



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