

Doctors  
of the  
World  
Greek Delegation

# Open Minds



Promoting Mental Health and Well-being in the Community

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# Open Minds

## Project Outcomes Overview 2018





# Acknowledgments

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This document was compiled and written by Anastasios Yfantis, Operations Director of Doctors of the World- Greek Delegation with the contribution of Maritina Papamitrou, Open Minds Project Coordinator and Stathis Poularakis, Advocacy Officer.

The policy research, literature review and documentation was conducted by Anastasios Yfantis.

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**Doctors of the World – Greece** is a humanitarian organization following its own path based on the particularities of Greece, and maintaining its economic and administrative independence. With dozens of humanitarian aid missions in Greece and developing countries, Greek doctors, health workers, and administration staff offer their voluntary services. On the field, MDM, maintaining its independence, both operationally and financially, organizes staff and finances missions aiming to provide humanitarian aid to populations in need. MDM Greece, in difficult times of budgetary restraints for NGOs in Greece, has managed to expand its activities with limited funding, by promoting voluntary work, following accurate and transparent implementation standards.

MDM Greece was established in 1990 and it constitutes a unique Greek Organization. At the same time it remains part of the International Network of MDM which consists of 16 chapters. The guiding principle underlying MDM's activities is that every human being has a right to humanitarian assistance, irrespective of their ethnic origin, religion, ideology or political persuasion. MDM is, therefore, guided by the principles of neutrality and impartiality. Being neutral, however, does not preclude MDM from speaking out.

MDM fights injustice in all its forms. Constant defenders of human rights MDM objects decisively to social exclusion and the marginalization of undocumented migrants and refugees, uninsured, homeless and other such vulnerable persons who have little or no access to the state health services. MDM relies on the commitment of volunteers and the financial support of its donors. The resources that emanate mainly from donations of individuals ensure the independence and the effectiveness of its action.

Completing 28 years of continuous action, in 2018, MDM has been established to the conscience of the citizens as a reliable and effective organization which promotes the feelings of solidarity of the Greek society.

## Prologue



**Dr. Nikitas Kanakis**  
**President of the**  
**Board of Directors**  
**MdM Greece**

In times of great social and financial crisis, such as those our country has been experiencing over the last few years, the most vulnerable social groups, the poorest and most marginalized populations face the risk of complete exclusion, of the most extreme poverty.

All fundamental human rights- the right to food, to employment, to healthcare and housing- are of great importance to poor populations. Poverty and social exclusion are directly linked to discrimination, unequal access to resources and opportunities, social and cultural stigmatization. At the same time, they hinder the participation of such groups in public life, their ability to influence the policies that concern them, and their recourse to the judicial means that will rectify any inequity.

Poverty does not only mean insufficient income and material goods; it also means a lack of resources, security, and above all, lack of opportunities. The absence of all of these undermines human dignity, and renders the poor even more vulnerable. Poverty also relates to power: it defines who can exercise power and who cannot, both in public life and within the family.

Reaching the core of the complex network of power relationships in the political, economic and social field is of critical importance so as to understand and confront established forms of discrimination, inequality and exclusion, which condemn individuals, societies and peoples to many generations of poverty.

Fundamentally, poverty and social exclusion are related to democracy itself. The New Poor, the long-term unemployed, the homeless, Roma population, refugees, migrants, people with mental health problems, and anyone living in the margins of society, are currently beyond the spectrum of a deep and permanent poverty. They face the risk of multiple and multifaceted social exclusion that has- for them- all the characteristics of a humanitarian crisis.

The toll the crisis has taken on Greece's mental health tends to be underestimated. Nonetheless, there is increasing evidence of the psychological burden on Greek society – from increased diagnoses of depression to an increase in suicides – and the devastation it may leave behind. At the same time thousands of refugees and migrants remain stranded in Greece, living in poor conditions, overwhelmed by their desperation. Aid groups have been reporting that there is an ever growing mental health crisis among this population as well.

In this context the Greek mental health system has been proven to be insufficient and problematic. Lack of funding and staff shortages limit the access of both Greeks and third country nationals to mental care.

Through the project “Open Minds – Promoting Mental Health and Well-being in the Community”, MdM Greece is trying to tackle the problematic access to mental healthcare for all those in need of mental and psychosocial support by providing free and qualitative mental health services while at the same we are fighting to advocate towards the empowerment of the mental health public servants, to promote cross sectoral cooperation, to combat mental health stigma and to enhance the society's raising awareness on the matter and ultimately the improvement of the Greek mental health system.

# Abbreviations

AMKA	Social Security Registration Number
DG-EMPL	Directorate-Generale for employment, social affairs and inclusion
EC	European Commission
ECU	European Currency Unit
EEA	European Economic Area
EEC	European Economic Community
EU	European Union
ESY	National Healthcare System
EOPPY	National Organization for Healthcare Provision
FEK	Government official gazette
KEP	Kentro Exipiretisis Politon- Citizen service center
KYA	Common Ministerial Decision
KYPA	Foreigner Healthcare card
INGO	International Non-Governmental Organization
LGBTQI	Lesbian, gay, bisexual, transgender, queer and intersex
MoA	Memorandum of Agreement
MDM	Médecins du Monde / Doctors of the World – Greek Delegation
MEP	Member of European Parliament
MH	Mental Health
MHPSS	Mental Health and Psychosocial Support
MOH	Ministry of Health
NGO	Non-Governmental Organization
NHS	National Healthcare System
OECD	Organization for Economic Co-operation and Development
OSF	Open Society Foundations
PEDY	National Network of Primary Healthcare
PHC	Primary Health Care
PoC	Persons of concern
PSS	Psychosocial Support
SGBV	Sexual and Gender Based Violence
TCN	Third country nationals
TEPSY	Mental Health Administrative Committees per Geographical Sector
TOMY	Local Primary Healthcare Units
TOPSY	Mental Health Geographical and Administrative Sectors



UAC	Unaccompanied Children
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WHO	World Health Organization



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Prologue

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# Introduction

## What is the Open Minds project?

Doctors of the World Greek Delegation through its interventions during the years of both the financial and refugee crisis in Greece has been identifying the gaps and limitations of the existing mental system in Greece. The increased need for provision of mental health and psychosocial support services especially for the most vulnerable who face multiple barriers to accessing the national health system as well as for capacity building and raising awareness activities led to the implementation of the project “Open Minds: promoting Mental health and Well-being in the Community”.

The project, implemented from January until September 2018, aimed at tackling the problem of vulnerable populations with mental health issues, both migrants (asylum seekers and refugees) and Greek nationals who are destitute by providing them access to mental and psychosocial support and by ensuring that they can exercise their basic human rights. This was achieved through the provision of necessary mental health care and psychosocial support services, capacity building to the public mental health professionals and data collection as well as testimonies through which the inadequacy of the public system will be highlighted.



## Objectives

- I.
  - a) Ensuring access to free and quality mental healthcare services and psychosocial support to the most vulnerable;
  - b) Proper referrals to secondary healthcare and social welfare structures when needed, as well as proper follow-up of their case.
  
- II.
  - a) Capacity building of public sector and NGO mental health professionals through workshops organized by MDM Greece
  - b) awareness raising activities through data and testimonies' collection with regards to challenges and limitations of the current mental health system in Greece as well as promotion of community mental health and a holistic approach to national mental health sector.

The ultimate goal is to contribute towards Greece taking up its responsibility as an EU country with regards to the EU Framework for Action on Mental Health and Well-Being.

This thorough report presents some of the key findings of the project as well as recommendations towards improving the mental health system in Greece.





## Guiding Principles

Mental Health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to her or his community.<sup>(1)</sup>

With the use of term well-being MdM would like to emphasize to the condition of holistic health and the process of achieving this condition. Well-being has physical, cognitive, emotional, social and spiritual dimensions.

The “well-being” concept includes what is good for a person, such a 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.<sup>(1),(2)</sup>

The term ‘psychosocial’ denotes the interconnection between psychological and social processes and the fact that each continually interacts with and influences the other. In this document, the composite term mental health and psychosocial support (MHPSS) is used to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder.

The Open Minds project aims to promote mental health and well-being of people facing multiple health and social vulnerabilities (migrants, refugees, uninsured and destitute Greek nationals, Roma population) by providing them access to mental health and psychosocial support and by ensuring that they can exercise their basic human rights.

This goal is achieved through the provision of necessary mental health care and psychosocial support services to PoCs, capacity building to the public mental health professionals and data collection as well as testimonies through which the inadequacy of the public system will be highlighted. At the same time, the project aims at working together with the public mental health system in order to reinforce it.



A key important aspect of the Open Minds project is the reinforcement of the national mental healthcare system through capacity building and raising awareness activities. In this context four separate workshops have already been conducted in two major cities (Athens and Thessaloniki). During those workshops, mental health professional coming from different backgrounds from public and non profit private MH sector exchanged views and experiences on the current state of play, the different challenges and the need for comprehensive multilayered MHPSS services, as to assess different levels of need and address them appropriately.

MdM position on Mental health is in compliance with WHO MHPSS guidelines.

Mental health is fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life. On this basis, the promotion, protection and restoration of mental health can be regarded as a vital concern of individuals, communities and societies throughout the world.

Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time.

Poor mental health is associated with rapid social change, stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyle, physical ill-health and human rights violations.

# Project outcomes

## Case Study 1

[1] B.M., a Greek resident of Drama, aged 47, requested immediate psychological support at the Open Polyclinic of Thessaloniki in February 2018. He suffers from Borderline Personality Disorder, while at the same time he is a chronic user of alcohol. Recently divorced, father of four children (three minors, one adult).

As he was suffering from his mental illness and his personal problems, he was hospitalized twice in the Kavala Public Psychiatric Hospital, with an active organized suicidal ideation and three already existing suicide attempts. Mr. B.M realized that the quality of brief hospitalizations at the Kavala Public Psychiatric Hospital did not thrive as he suffered with inadequate and misplaced psychiatric treatments and lack of psychological support in the form of individual psychotherapeutic sessions.

He chose to be transferred to the city of Thessaloniki and, after he started living in the streets in a state of unexception and starvation, he visited the Open Polyclinic of Thessaloniki, which took care of his direct hospitality in the Public Center for Homeless People. Despite the fact that psychological support is also included in the services provided by the Public Center for Homeless, B.M chose to visit again the Doctors of the World as a request for the psychotherapeutic procedure, as the Public Center for Homeless provided only basic counseling, which did not meet his need

for therapy.

Afterwards, BM began his collaboration with the Psychologist of the Doctors of the World, with individual intensive psychotherapeutic sessions, which continue to take place until today (21/09/2018). B.M committed himself fully to the treatment contract, appears extremely consistent in his presence and the progress he has developed is evident.

During these nine months, he had two hysterical episodes, one of which he managed to deal with on his own, since his organization of thought and his anger management are now functional.

During the second hysterical incident, he voluntarily visited the Psychiatric Hospital of Thessaloniki after having shown an active suicidal ideation, where he was hospitalized for two weeks. B.M was emotionally disrupted because, among other things (large volumes of patients, difficult environmental conditions), the Psychiatric Hospital of Thessaloniki did not provide stable psychological support. With his discharge, B.M returned to the routine of the psychotherapeutic procedure with the Doctors of the World Psychologist, reassembled his mental powers, reorganized his thoughts and treated his depressive symptoms.

Exiting the Psychiatric Hospital, B.M was expelled from the Municipal Center for Homeless people,-as his

statement was about his absence due to his hospitalization to the Psychiatric Hospital influenced his stay there. He was again turned to the Doctors of the World, where his hospitality was immediately regulated in the Christian Home of the Homeless.

After 32 psychotherapeutic sessions in combination with his regulated psychiatric treatment, which is regularly supervised by the Doctors of the World Psychiatrists, B.M managed with a lot of effort, persistence and patience to work on a permanent basis, which makes him ready for finding his own home.

He is also totally abstaining from alcohol use for 61 days and he is dealing with his withdrawal syndrome based on self-management. His relationships with his children are now very good, after he managed to be emotionally released from his ex-wife, he is in the first steps of an intimate relationship.

His sexual dysfunction was fully restored, while his social skills are at a very good level, as he is developing friendly and professional relationships again. The organization of his thoughts is perfect, his depressive symptoms in full recession, while in times of anger stimulation, B.M manages his anger through techniques, where he successfully trained.

Mr M. faces multiple mental health issues, alcohol dependence, personality disorder with intense depressive symptoms and three suicide incidents, along with the diabetes symptoms and of course the heap of financial problems he had, and especially his homelessness. The comprehensive approach of his case, both through the social service and through psychological support sessions, the immediate and effective respond to his requests for multidisciplinary assistance, showed the potential that this patient had to accept and use in a positive way the help we provided him. Even through the negativity he expressed in dealing with other social care services, the confidence and consistency he had in the therapeutic relationship with all the specialists and myself as a psychologist motivated me in order to capture his case as a remarkable example benefiting from testimony and ultimately from healing, due to all the above.

**Tsevdoumaria Hara, Psychologist, MdM Open Polyclinic in Thessaloniki**



## Case Study 2

[2] ZCH is a 21 years old Kurd refugee from Syria who imperatively applied to 'Doctors of the World' Polyclinic in May 2018 for psychiatric help. Initially the patient was contacted by our social worker who subsequently fixed a psychiatric assessment for the following day. At that time the patient revealed that he had already applied to four other NGOs with the same request and had been rejected. The social worker's first impression was of a somewhat manipulative patient with disruptive behavior.

The psychiatric assessment revealed a patient suffering from a psychotic episode in the course of paranoid schizophrenia with florid positive symptoms and physical restlessness. The patient experienced for a four month period verbal auditory hallucinations in the form of many 'voices' commenting on his actions, swearing at him or taunting him. Auditory hallucinations were constantly present during every day. The patient also had delusional ideas of persecution and reference which terrorized him. Finally, the patient suffered from insomnia, exhaustion and scantily ate during the same four month period. History taking unveiled the fact that the young patient was initially affected by post-traumatic stress disorder at the age of 15, when his life was threatened in an incident during the Syria war. He experienced his first psychotic episode subsequently to PTSD at the age of 18 years.

ZCH and his family had already migrated twice within Syrian borders in an effort to avoid military conflicts. Finally, after the fall of Afrin in March 2018 he and his family left Syria and entered Greece through Thrace. Since they were not welcomed in Thessaloniki they ended homeless in Athens in May 2018. ZCH was accompanied by his parents, his younger siblings, his aunt and his elder sister with her husband and her children. They were all homeless and without any support from any NGO nor the asylum administration.

The patient received pharmaceutical treatment and guidance after his assessment. Subsequently, he asked a psychiatric assessment for his mother because he claimed that she suffered from a psychiatric condition also. We readily accepted his request.

In the following one month period the patient's mother (46 years old), his elder sister (23 years old) and his aunt (his father's sister, 54 years old) were all assessed after request. His mother was a chronically ill schizophrenic patient affected since puberty who still experienced florid positive symptoms. In spite of the collateral presence of diabetes which restricted heavily the available therapeutic options, the woman responded favorably to pharmaceutical treatment and significantly improved functionally.

The patient's sister was diagnosed

with psychotic depression, since her principal psychiatric symptoms were severely depressed mood and ideas of guilt and worthlessness. She also experienced verbal auditory hallucinations and her level of functioning was heavily affected comparably to a psychotic condition. She received pharmaceutical treatment and at the moment she experiences a remission. Finally, the patient's aunt was diagnosed with residual schizophrenia and due to the presence of minimal positive symptoms pharmaceutical treatment was considered unnecessary.

As far as the initial patient is concerned, he receives treatment and experiences an incomplete remission certainly improved in comparison to his initial clinical manifestation. All the patients claimed also that were helped by the psychiatric reports issued for them in their effort to find accommodation and the last two months they are supported by an NGO. Apparently accommodation was of vital importance for this multiply vulnerable family of refugees.

"We believe that this concise case report demonstrates the possibility such patients or such vulnerable families to be denied access to proper health services (due to the language gap or due to the underestimation of the seriousness of their condition by authorized services) or be dragged to underclass or simply be abandoned alone to strive to survive in an unfamiliar, strange and difficult to handle environment. It is remarkable how this family with defect functionality managed to survive through this difficult journey. We will probably never find out how many similarly affected families perished in their journey to safety."

**Stefanos Kontokostas, Psychiatrist, MdM Open Polyclinic in Athens**

## Main activities January to September 2018



**2** Teams  
Athens  
Thessaloniki

### MHPSS actions include:

- Psychological support
- Psychiatric care
- Diagnosis
- Social assistance
- Provision of services based on individual needs assessment
- Comprehensive approach
- Mainstreaming referrals and referral pathways to the NHS
- Clinical Follow up
- Treatment and provision of medication

### Case Study 3

[3] B. is from Albania and she is 21 years old. She has been a beneficiary of Doctors of the World in Thessaloniki since 21.06.2018. She is mother of a four-year old son and now she is in the 36th week of her second pregnancy. She has not got documents for legal stay in Greece as her residence permit expired.

B. was not married with the father of her son but, as she mentioned, they lived together in insecure accommodation in the suburbs of Thessaloniki. In the first visit to the social service of our actor for psychosocial support, she appeared in a bad emotional condition. She had obvious signs of abuse in many parts of the body and she was in immediate need of support. As she mentioned the incidents took place many times the last four months and the last happened one week before. She did not know where to address and after some thoughts, she asked for support by Doctors of the World that assisted her in the past in many incidents and needs of medical and psychosocial support.

The first step and the most important, after the medical support that she refused to receive, was to empower the beneficiary and provide her safe and protected accommodation. After requirement to the advisory support station for abused women, she was escorted there and the social worker decided to place her in a safe accommodation, as soon as she has

the needed health certificates. We returned to the polyclinic where she was examined by a dermatologist and psychiatrist and after the clinical exams she was provided the needed health certificates. The beneficiary did not have the will to follow the legal procedure and press charges for domestic violence and she only mentioned that is in need to stay in a safe place and be empowered to start a new and independent life. The same day she was placed in a safe accommodation for women and children in the region of Thessaloniki.

After a week, she felt severe pain because of the pregnancy and as the staff of the shelter informed us, she referred to public hospital, in the emergency department. The next day she appeared to our clinic in a bad condition. As she mentioned, the medical staff of the hospital denied medical support because of her legal status and the absence of social health insurance number (AMKA). The incident was recorded and a report was sent to the "Patient's Rights Office" of the hospital. After their reply, it was clear that the hospital did not followed the legislation for health provision in pregnant women in the emergency department. In communication with the social service of the hospital, the incident was mentioned and an appointment to the outpatient clinic was scheduled for the proper monitoring of the pregnancy,

as the beneficiary has a historic of caesarian section.

Today she lives in the shelter for women and children, her pregnancy is progressing well and she keeps visiting MdM polyclinic for psychosocial support. Her case is followed by the legal department of an NGO in Thessaloniki and psychological and general health condition is getting much better.

The testimony of the 21 year old woman from Albania was a case which needs to be highlighted for several reasons. Firstly, the beneficiary is a survivor of domestic violence who did not know where she could address for support. She did not have any information about woman protection actors and the only psychosocial service which supported her for other issues was MdM polyclinic. The beneficiary did not have documentation or residence permit for legal stay in Greece, so access in outpatient clinics and healthcare system in general is limited. The fact that a public hospital denied health care for a pregnant woman is against the law, so the importance of highlighting this incident and the guidelines that were given for referring in the "Citizen Rights Office" shows the need of proper information for legislation in access to health care actors. Finally, the ability to provide a proper and uninterrupted follow up by the same health or social professionals in an environment where the beneficiary feels safe, protected and comfortable to share her thought is a strong indicator for the necessity of actors such as MdM.

**Athanasios Rousos, Social worker, MdM Open Polyclinic in Thessaloniki**

## Case Study 4

[4] A.B. is a 33 years old man from Pakistan and a recognized asylum seeker since he arrived in Greece on November 2016, following the sea path. He was accommodated in an island facility for 7 months, then came to Thessaloniki not following the official procedure and was therefore left without ability to receive accommodation since.

He stayed on streets as homeless for a couple of weeks and then was invited to stay as guest at an apartment, where a friend of his lived officially, as part of a NGO urban accommodation project, along with one more single Pakistani man.

The reason for his leaving the island unofficially was his attempt to flee from hostilities among other residents of various nationalities, during which he said he had been stabbed, something that we haven't been able to confirm somehow. It is also important to mention that he and his family are Christians, a small minority in Pakistan that receive significant discriminations and hostile actions, which could also be a "good" reason for him being targeted. After coming to Thessaloniki he was also informed that his father had been murdered in Pakistan, for similar reasons as he says.

Mr. A.B. came to our polyclinic seeking psychiatric help for the first time on January 11th 2018. He had already visited two psychiatrists at Thessaloniki Psychiatric Hospital since October 2017, initially at the emergency de-

partment and then 2 times at an outpatient setting, as instructed during his first visit. On these assessments he was diagnosed with post-traumatic stress disorder and was prescribed mirtazapine 30mg per day, quetiapine 200mg per day and diazepam 15mg per day. During these visits, he was accompanied by his friend and roommate, which speaks English on a basic level and served as an interpreter. During these three visits and his first visit to our polyclinic he either had no psychotic symptoms or they were not discovered due to interpretation insufficiency.

On his second visit to us, an increase in anxiety, irritability and other symptoms was observed, along with clearly psychotic nature symptoms, namely auditory hallucinations and ideas of him being persecuted. His treatment regimen was changed accordingly, but did not prove itself effective enough and his symptoms got worse during the following ten days, leading to a necessity of inpatient treatment. It should be noted at this point, that his friend had been his only care taking environment until then, which could well mean that he hadn't been taking his medication properly due to his symptoms.

He was informed about this necessity and agreed to visit a psychiatric emergency department, where he was examined and advised to stay as an inpatient. Initially he agreed, but then,

after realizing that his friend couldn't stay with him and that he wouldn't be able to communicate even for basic demands and issues he denied and left before admission.

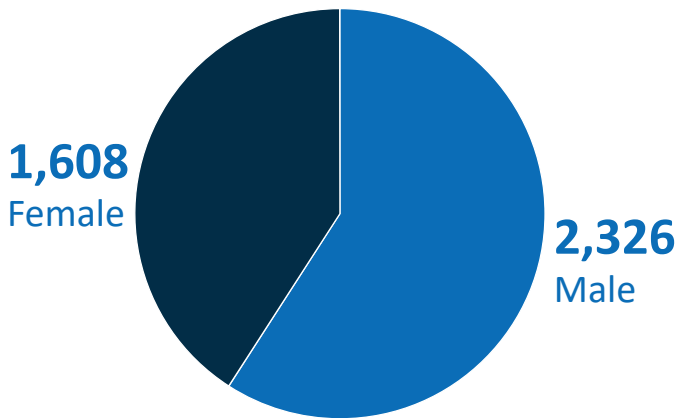
During the following month he was followed up on a weekly basis or even twice a week and took increased dosage of medication that helped achieve initial response and symptoms improvement. At times we considered following involuntary hospitalization procedure for A., as our last resort to secure his safety and health, even though he realized he had a serious psychiatric condition. This would constitute a violation of the relevant legal regulations, that state the incapability of the patient to understand and decide for his own well-being is obligatory for the procedure. Meanwhile, his two roommates, already heavily stressed by his late condition, his irritability and erratic behavior, insisted that he needed to leave the apartment. On March 3rd 2018, after an initial stabilization of his condition, our social service referred him to the responsible UNHCR protection officer for case management and we lost track of his course since.

"Through this case, we see that several shortcomings and insufficiencies of the mental health network have led to a patient quickly deteriorating regarding mental health, reaching a dangerous state that also had limitations in its proper handling. Needless to say, if one needed to sort them based on the negative effect they had, interpretation availability and quality would probably be the first one. If one adds several cultural and social obstacles to that, we could end up facing a really complex and difficult situation in some cases."

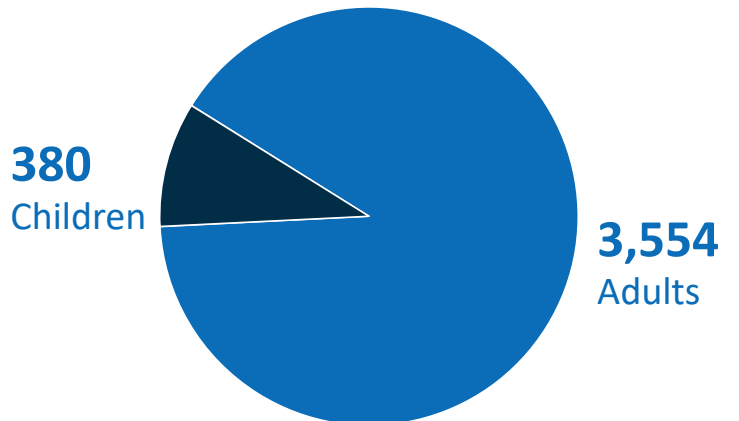
**George Nikolaou, Psychiatrist, MDM Open Polyclinic in Thessaloniki**



### Gender



### Age group

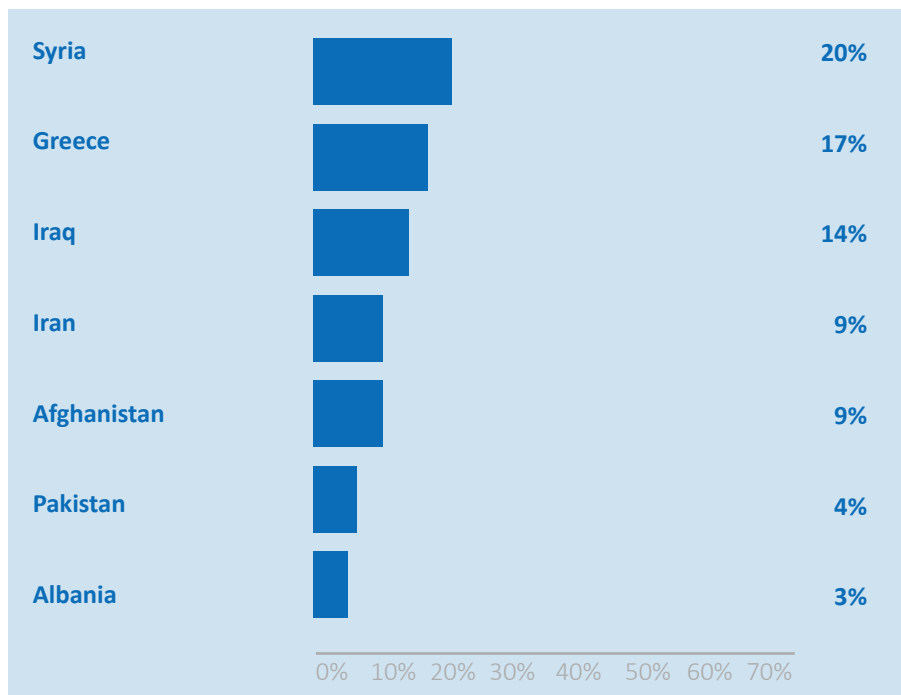


## Case Study 5

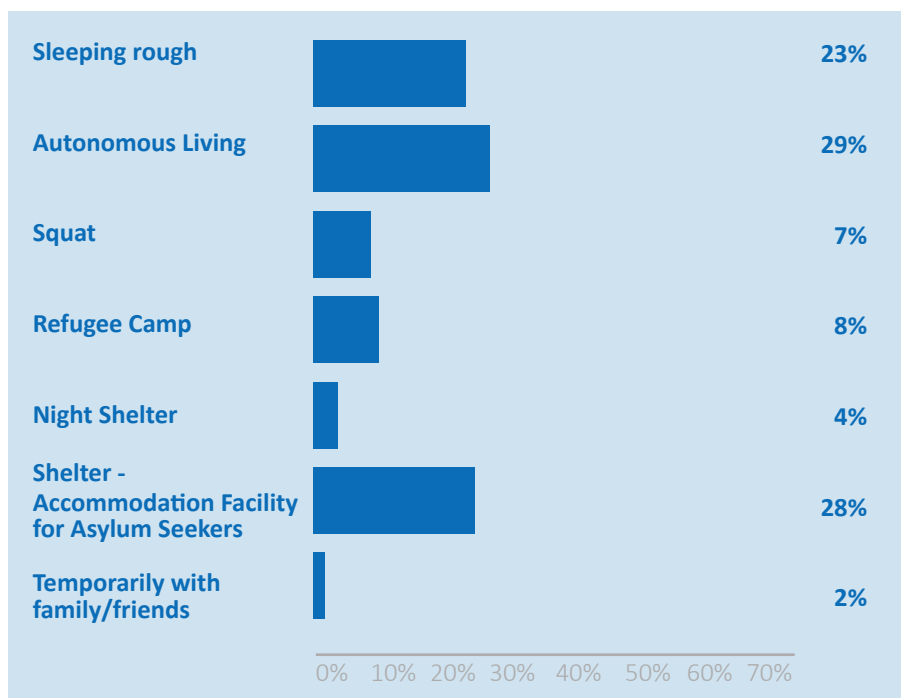
[5] I.H. comes from Ethiopia; he left his country due to political issues after he was put into jail where he suffered a long period of torturing. He travelled all the way to Greece in order to survive where he firstly arrived in Lesvos Island, Moria Camp where he was re-traumatized by the situation he had to endure; fights, fires, lack of privacy, lack of support and difficulty to access mental healthcare. He left Lesvos illegally without being able to wait for his interview due to feeling suicidal and scared.

When he arrived in Athens, without any documentation, he remained homeless for almost 2 years without being able to access any social or psychological help. Luckily, he had a good insight to his well-being, which was deteriorating and he found the courage to arrive at the Athens MdM Polyclinic asking for psychological help regarding his feelings of depression, anxiety, hopelessness and severe suicidal ideation. He was immediately referred to the mental health team, firstly being assessed by the Social Worker and then referred to the Psychologist. After taking a full history of I.H., the Psychologist thought that it was necessary to also request a psychiatric assessment. Since then Mr. I.H. has been attending 2 weekly/monthly sessions with the doctor as well as weekly psychotherapeutic sessions and has also been referred to several organisations for various reasons from the social service of the team.

## Main nationalities



## Accommodation – Living conditions



“Mr. I.H. is an example of a person suffering from a severe mental health problem without having the chance to access appropriate mental health services for a long period of time. When he approached MdM he was sleeping rough, feeling insecure and suffering from thoughts of harming himself with the aim to die. At the moment, he has managed to overcome the major depressive episode, he is taking his medication as prescribed and he is also attending psychotherapy. Furthermore, with the appropriate referrals, he has now dealt with his documentation and awaiting for his interview at the Asylum Service in Athens.”

**Lydia Mylonaki, Psychologist, MdM Open Polyclinic in Athens**

## Case Study 8

[6] H.N is a 54 years old woman from Greece. She has received several diagnoses from a range of mental health professionals since she was 16 years old when she hospitalized for the first time in Dafni Hospital, Athens. At the time, she gave birth to a baby girl. Her child was immediately given for adoption by the social services. She cannot recall giving her consent for the adoption. After that incident, she started misusing alcohol and worked as a prostitute for at least 7 years. At her 30s she decided to give up her previous life and reside in a Monastery.

During her stay in the Monastery, her psychiatric care was neglected; she reports that she did not always attend her medication as prescribed and also did not have the chance to attend her follow ups with her named clinician either. Furthermore, her needs for psychological support and psychotherapeutic interventions were not met either. She describes her living conditions as terrible which as a result affected her psychological wellbeing, physical health and her everyday life. Apart from the nuns of the monastery she had no family background to help her. She reports her father to be an alcoholic, her mother lived in Northern Greece and her sisters did not pursue contact with her. Before arriving at Doctors of the World, she was hospitalized for a number of days within a psychiatric ward of a public mental health hos-

pital in Athens. It appears that no referral was made by the social services in order for Ms H.N. to reside to a shelter, although homelessness was reported.

In April 2018, she arrived at Doctors of the World and requested help and support to find a place to sleep safely. Firstly, she was referred to the psychiatrist for assessment of her mental health status. Meanwhile, the social services involved in searching psychiatric shelters or shelters for homeless people. However, this has proved to be extremely challenging.

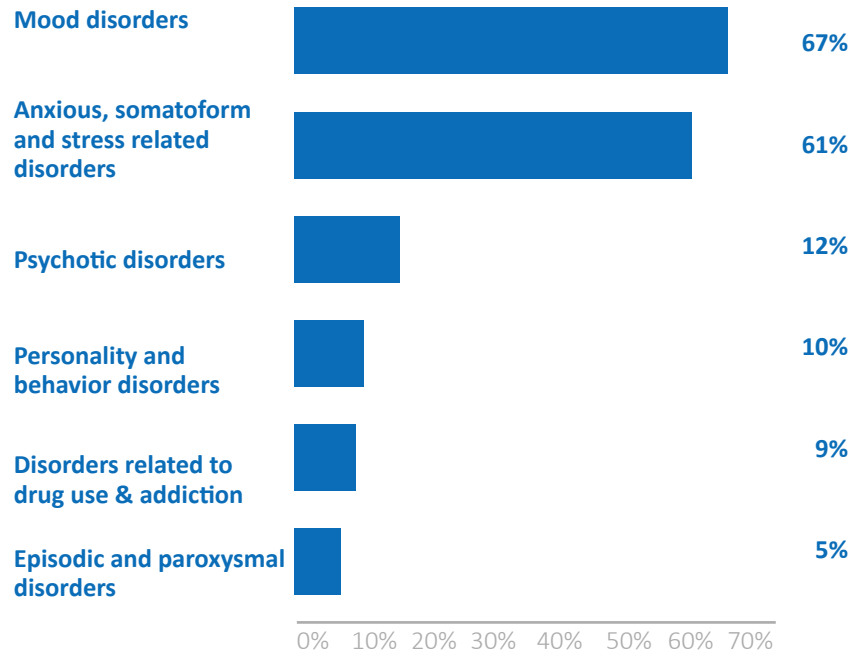
MdM mental health team has assessed her needs and came up to the conclusion that Ms H.N. is in crucial need of integration to a shelter that is capable of caring for her multiple needs. Being on the streets is not a helpful factor as it is increasing her risk of relapse, daily feeling of insecurity, emotional destabilisation and fear. Unfortunately, it has been proved to be extremely difficult for the public sector to support her in a comprehensive manner.

“There are many restrictions when social services are aiming to liaise for a mental health patient. Psychiatric shelters accept referrals only through governmental services (i.e. public services within a hospital or healthcare facilities) and shelters for people sleeping rough do not accept individuals with mental health problems”

**Aimilia Iosifidou, Social worker, MdM Open Polyclinic in Athens**

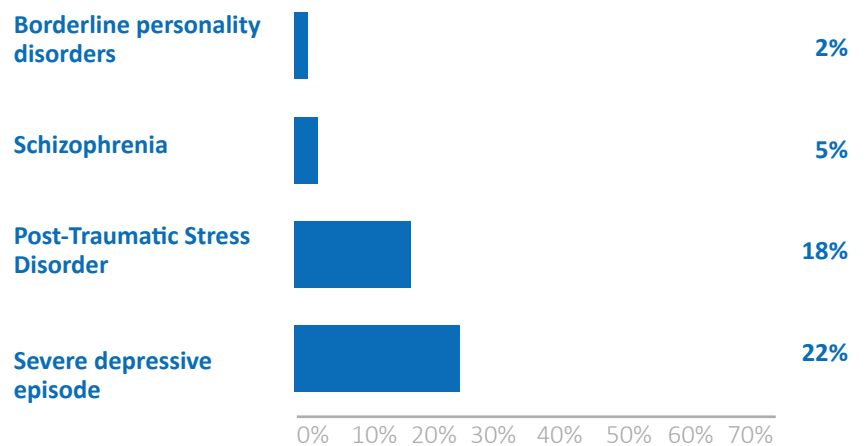


## Main categories of mental health issues\*



\* Out of patients seen by Psychiatrist. Multiple diagnoses available

## Main Mental Health Disorders\*



\*Out of patients seen by Psychiatrist





# Challenges during the Reform of Mental Health Services in Greece

## Inherent Weaknesses

The so-called in Greece “Psychiatric Reform” can be said that is inextricably linked to the country’s European integration process. It is a fact that the EU has provided significant support to Greece for completing the Psychiatric Reform. However Greece is counting almost 4 decades of Mental Health reform. Since the late 80s reform was aiming at the deinstitutionalization of thousands of patients and to the establishment and the development of a holistic community mental health system. <sup>(3),(4)</sup>

Since then several national projects funded by European Programmes have been implemented in order to develop a community based mental health system. The projects “Leros I” & “Leros II” (from 1990 to 1994), “Psychargos I” programme (from 1997 to 2001), Psychargos II Revised also known as “National Action Plan Psychargos 2000 – 2010” (from 2001 to 2010) achieved the closure of long stay psychiatric hospitals, the deinstitutionalisation of the majority of the patients, the establishment of psychiatric services in general hospitals and the geographical and administrative sectorisation of mental health services. <sup>(5), (6), (7)</sup>

The last revised phase of Psychargos was scheduled to cover the period from 2011 to 2020, in 2012 65 non profit organizations were involved with 220 MH units and absorbed a total budget of 45 million euro to cover 4,207 patients in the context of deinstitutionalisation, a number that approximately represents the 50% of the capacity of national system in beds for the patients. However, this reform is still incomplete, given that the sectorisation, adequate primary care policies, intersectoral coordination and specialised services such as those for children and adolescents, and for people with autism, intellectual disabilities and geriatric services, case management and judicial support are under developed. The burden of mental disorders could be largely prevented with known, affordable treatments, but inadequate health systems limit progress. <sup>(8), (9), (10), (11)</sup>

The system faces serious challenges due to lack of funding and staff shortages. Those who are in need of specialized care, have to overcome long waiting lists, limited availability of personnel (psychiatrists, clinical psychologists, social workers) and lack of specialized training in state health/mental services. Civil society actors and voluntary based non-profit organizations have been providing assistance but a more coherent and systematic provision of services is needed in order to fill in the gaps in the long term. <sup>(3), (8), (10), (11)</sup>



### Increased Demand for Mental Health Services

During the last year alone, MDM Greece through its operations offered MHPSS services to more than 3,500 beneficiaries all over Greece. Through “Open Minds” project covered more than 750 individuals while provided approximately 4,000 mental health and psychosocial support consultations in Athens and Thessaloniki.

People who are facing social and financial deprivation: uninsured, destitute, homeless, unemployed, families and individuals who cannot afford their insurance and therefore do not have free access to the National Healthcare System, are only some of the many vulnerable groups of patients that accessed the Polyclinics and the Open Minds services <sup>(22)</sup>.

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.

According to the latest Eurostat data, Greece has one of the highest at risk of poverty or social exclusion rate while the percentage of country’s population at risk is 35.6% out of 11,183,716, this means that 1/3 of the total population of Greece living in extremely difficult and depriviate conditions . <sup>(23), (24)</sup>

The Greek financial crisis in recent years has had a very negative impact on the provision of child psychiatric services. The existing child and adolescence mental health services in the national healthcare system is operating with 30-40% fewer employees, whose salaries have been cut by 40% and who are not paid regularly. A large portion of the more experienced personnel has been forced into retirement. The demand for public services has increased considerably, since psychopathology of children and adolescents has risen as an effect of the crisis on the family as a whole, family finances do not allow continuation of treatment in the private sector. A recent survey in both public and private child psychiatric institutions compared data from 2007 and 2011 (2 years before and 2 years after the implementation of austerity measures). Findings revealed a 39.8% increase in new cases in public outpatient services for children and 25.5% for adolescents, while percentages have dropped by a total of 35.4% in the private sector. As a result, in most public child and adolescent mental health services the waiting time for ordinary cases has tripled and is now longer than a month, while special cases it can be up to 12 months. <sup>(3), (10), (12)</sup>



## Financial restrictions in National Health System

Greece has suffered a severe economic crisis since late 2009, due to nearly a decade of chronic over-spending 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 health and 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 of the most vulnerable groups, such as destitute Greeks, migrants, refugees, asylum seekers, Roma, and LGBTQI communities <sup>(22), (25), (26), (27)</sup>.

The problematic situation on Mental Health system reform is further complicated by 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. The system faces serious challenges due to lack of funding and staff shortages. According to the official data by the Health Directorate For Mental Health of Ministry of Health, patient visits to emergency units, outpatient departments and mental health clinics in the national healthcare general hospitals have increased by 120% during 2011 – 2014. Unemployment and low income were found to be significantly correlated with visits to outpatient departments and emergency units. <sup>(3), (8), (16)</sup>

According to the currently published “Plan of sectorization for the development of Mental Health Structures. The current situation and the needs on Mental Health infrastructures and personnel”, the MoH estimates that for the smoothly function of the MH system and the implementation of the reform there is a need of more than 1,200 new personnel and the creation of more than 208 new structures while the estimation in number for the development of specialized services is 34 including in house visits and services for children and teenagers is up to 28. <sup>(11), (16)</sup>

At the same time there is no sufficient funding for the sustainability of the already existing structures. <sup>(15), (16), (21)</sup>

On 28/10/2010 the MEP, Mr. Nikolaos Chountis had requested a written answer from the EC regarding the long delays on Psychiatric reform in Greece and progress made by the ‘Psychargos’ programme <sup>(13)</sup> :

“The purpose of the ‘Psychargos’ programme is the deinstitutionalisation, psychosocial rehabilitation and social reintegration of long-term psychiatric inmates. However, continual underfunding of the programme by the Greek Government has caused massive delays in achieving the reform and enabling psychiatric patients to be discharged from the institutions housing them. The situation is being aggravated by the additional public expenditure cuts which Greece has been forced to make under the memorandum of understanding which it has signed with the IMF, ECB and EU. In view of the fact that thousands of patients and their families, as well as hospital staff are being affected by this serious social problem”:

1. What is the Commission’s assessment of progress to date with the ‘Psychargos’ programme in Greece?
2. What measures will it take in cooperation with the Greek Government to secure ongoing and regular funding for the project?

### MH Reforming – Where we stand to address the immediate needs?

On June 2018 the Ministry of Health (MoH) published the national report: “Plan of sectorization for the development of Mental Health Structures. The current situation and the needs on Mental Health infrastructures and personnel”.<sup>(11)</sup>

This report came in forward of the Andor-Lykouretzos memorandum of agreement (2013) in order to cover the previous time loss on the application of Psychargos reform (2011 – 2015) which include the continuation of funding with 100 million euro for the aforementioned programmatic period.<sup>(14),(15), (16)</sup>

The Minister of MoH, Mr. Andreas Xanthos have stated the following: “it is the first time that there is a comprehensive plan on how to proceed with the stagnant psychiatric reform for years and how the transition from the Asylum Model to Community Psychiatric Care will be implemented as a new example in Mental Health Policy”...“Investing in Mental Health is an investment in dignity, social cohesion, the elimination of inequalities and the rule of law.”<sup>(17)</sup>

MdM have welcomed the recent sectorization plan and the Law 4461/2017 who necessitate the MH system reform but in reality doesn't foresees realistically the closure of psychiatric hospitals.<sup>(3), (11), (17), (18).</sup>

Despite the fact that Andor-Lykouretzos MoA foresaw until the month June of 2015 the fully reform of the psychiatric hospitals to open community networks of mental health services, following the act of law 4052/2012 the fact that after the expiration of Andor-lykouretzos pact the MoH made all the necessary actions in order to maintain the continuation of the reform. **Greece until today continues to maintain 3 big psychiatric hospitals where MH patients restriction measures takes place on daily basis and continuity of care and treatment is not being ensured.**<sup>(14), (15), (16), (18), (19)</sup>

The MoH plan of sectorization for the development of Mental Health Structures describes in numbers the current situation and the needs on Mental Health infrastructures and personnel without to mentioning the installation of an integrated, universal system with sustainable funding over time nor monitoring and evaluation methods and monitoring results. Moreover, it does not specify how these specific objectives and activities on sectoriaztion will be implemented, as well as the method of assessing the extent to which policy priorities are met.<sup>(20)</sup> Although the central guideline of National Mental Health policy in Greece still is to consolidate the concept of a community network at the level of provision and administration of services. Aknowledging that the MoH priorities come to an agreement and incorporate the views, ideas, priorities and values of EU-Compass for Action on Mental Health and Well-being as also the WHO guidelines on Mental Healh, the existing policy in Greece for MH remains a visionary text without specific measurable goals and actions.<sup>(16), (21).</sup>

The answer given by Mr Andor on behalf of the European Commission was the following:

1.The Commission services are closely monitoring the implementation of the Psychargos programme and the overall psychiatric policy reform for the consolidation of the mental health reform in Greece and the qualitative upgrading of mental health services. To that end, the Greek authorities have commissioned an external evaluation of the programme, to be carried out by international experts. The findings, which are expected by mid December 2010, will be presented at a dedicated conference in Athens, to be attended by several stakeholders and mental health specialists, with a view to redefining the programme.

2. The Psychargos programme is co financed by the European Social Fund under the Human Resources Development (2007 13) operational programme. Total public expenditure earmarked for Priority 5 (Consolidation of reforms in the mental health sector — Development of primary health-care and protection of the public health of the population) over that period is EUR 377 347 429.

**The Greek authorities have assured the Commission that there will be no further delays in the financing of the mental health services and that all future payments will be made in a timely manner.**

## The impact of the Migration Influx

As Greece is one of the main gateways to Europe, one major direct consequence of the refugee crisis is a cross-cutting deterioration of the psychological and mental health condition of migrants stranded in the Country. People live in limbo and uncertainty, they feel demotivated, and their morale is low. Overcrowding, inadequate and insufficient living conditions, lack of protection contribute to deterioration of people's mental health. The lack of safety and security, the absence of dignified approaches and lack of adequate information provision about the future of persons in the centers all compound a difficult situation and generate severe distressful reactions<sup>(28)</sup>.

Many children (especially the unaccompanied) are unprotected from sexual harassment, signs of domestic violence and neglect are quite evident and deteriorating with time. There is a worrying increase in suicide attempts and self-harm among young people, while drug consumption seems to be used as a way to cope with the seemingly ever ending misery. Behavioural problems among the adult population are also arising (anger, violence, substance/alcohol abuse, self-harming, GBV incidents)<sup>(26), (28), (29)</sup>.

The increase of third country citizens arrivals in Greece, the so-call recent refugee crisis, created new serious challenges for the Greek Welfare and Healthcare System. Within a few months' time and after the closure of the Greek- FYROM border, the transit camps became static accommodating thousands of people in need of healthcare, mental health services and psychosocial support. Almost two years after the signature of the EC-Turkey common statement, the number of migrants and refugees currently stranded in Greece is estimated approximately up to 65,000. In mainland Greece 47.000 people are dwelling in official and makeshift sites, other state run facilities and urban accommodation. As long as people remain stranded in Greece, their needs are keep on diversifying and multiplying. At the same time and in a country plagued by its own financial crisis, the local communities' solidarity and empathy is running thin<sup>(29), (30), (31)</sup>.

The reality of vulnerable cases of applicants for international protection and of third-country nationals residing in Greece and facing mental health problems is particularly difficult. Access to mental health services is very difficult for non-Greek speaking patients. Psychiatric clinics of NHS and Mental Health Centres do not have the required capacity in the context of intercultural approach. Patients who do not speak the Greek or English language are not admitted in the system and national mental health structures are extremely limited in recruiting interpreters due to the continuous funding constraints. Civil society actors and volunteer – based non-profit organizations have been providing assistance but a more



coherent and systematic provision of services is needed in order to fill in the gaps in the long term <sup>(3), (8), (9), (10)</sup>.

Another important fact is that the majority of asylum seekers with mental health disorders are excluded from National Referral System of Accommodation Facilities (EKKA) and municipal shelters due to their mental health condition. According to the officially posted data on the Map of Mental Health Units on the PSYCHARGOS website, it is estimated that around 90 accommodation facilities for people with mental health severe disorders operate in Athens and Thessaloniki regions. Their funding is provided by the Ministry of Health and the capacity of these boarding houses is up to 15 places and basic precondition is the long term hospitalization in a psychiatric clinic of a national hospital <sup>(32)</sup>.

The placement of the beneficiaries in the boarding facilities is based on the recommendation of the competent departments of the National Psychiatric Hospitals and depends on the availability and capacity of the aforementioned facilities. The basic prerequisite is for the beneficiaries to be treated with good prognosis of their health condition. <sup>(33), (34)</sup>

This system cannot be accessed by the municipal social services or other social services of civil society bodies which, while serving homeless people with a history of mental disorder but good prognosis, cannot refer them to the PSYCHARGOS system.

Persons who do not speak the Greek language and do not have residency permit are excluded from PSYCHARGOS accommodation facilities.

The language barriers still an important issue in terms of MH services accesibility while at the same time the cross-cultural diversity and the influence of cultural beliefs on Mental Health is an added obstacle for the PoCs particularly when it comes to proper community based MH care and treatment





## Mental health as a public health priority

MdM strongly believes that there is an increased need for immediate interventions which, as their starting point, should have maximum efficiency in the use of available resources, while aiming at establishing and maintaining equality in both the services offered and the results of the interventions. We have seen that the Greek system has been shaken over time by the implementation of reforms, while the interventionist role of the different labor and economic groups of interest in the system has not benefited from the rationalization of spending <sup>(16)</sup>.

The state must emphasize in the enhancement of primary, preventive and community based MH services of the country's health system and take care of the needs of vulnerable groups of the population, consistent with its reason and continuity in its work. Greece has to fulfill its commitment to reform and to follow an integrated strategy for mental health system development that will lead to enhanced service delivery, improved outcomes, and improved human rights for people with mental disorders.

Mental health issues should be incorporated within general country health policy and plans, and supplementary mental health policies and plans also should be developed to provide the details required for implementation.

Policies and plans in themselves can just be pieces of papers, or alternatively, they can be highly effective and efficient drivers of improved mental health in the country. Specification of concrete action and timeline are necessary to facilitate their effective implementation.

The implemented Policy and plan must be monitored carefully and evaluated to determine whether they are creating their desired outcomes. Greece has to finally adopt a rights-based, community-based and participatory approach on the provision of mental health services with the intergration of cross-sectoral cooperation and to proceed immediate to the completion of MH system reform <sup>(32)</sup>.

The MH system must ensures equity of care an universal access to quality and comprehensive mental and psychosocial support services base on a patient centered approach, more particurarly for vulnerable PoCs such as homeless, refugees and migrants, UACs, survivors of violence and torture. The implemented MH policy has



to be in compliance with the EU and UN strategies and goals on Mental Health and Well-Being and the MHPSS services delivery to adhere to minimum international standards of WHO for Mental Health policies <sup>(1), (2), (15), (35), (36)</sup>.

WHO latest fact-sheet “Mental health: strengthening our response” underline the importance of Mental Health promotion with emphasis given to prevention in National health policies. Particularly, National mental health policies should be concerned both with mental disorders and, with broader issues that promote mental health. Mental health promotion should be mainstreamed into governmental and nongovernmental policies and programmes. In addition to the health sector, it is essential to involve the education, labour, justice, transport, environment, housing, and welfare sectors <sup>(1), (36), (37)</sup>.

Mental Health Policy is an issue that needs concerted action towards a common goal in four policy areas: Youth policy; Health policy; Workplace policy; Social and employment policy. <sup>(2)</sup>



# Timeline of Mental health policy in Greece

**1981:** Greece integration on EEC  
**1983:** Establishment of National Health Care System  
L.1397/83

**1984:** EEC Regulation 815/84

*Foresaw an urgent 4 year funding period for 1984 - 1988*

*- creation and the promotion of career orientation centers and the psychosocial support and rehabilitation of MH patients in Greece*

*- 120 m. ecu, 100% EEC funding for 5 years*

P. 41: (1),(2),(3),(4)

## 2001 – 2010 Psychargos II

- Method for organizing and running psychosocial rehabilitation units (boarding houses, hostels) and sheltered accommodation schemes pursuant to Art. 9 of L. 2716/99. Ministerial Decision of MoH. N. A3a/oik.876/16.5.2000

Introduced basic principles of mental health practice in Greece and foresees the creation Social Cooperative Units (Koispe)

- Legal Framework on Private MH structures and clinics Pd. 235/2000

Method For running and staffing mobile mental health units pursuant to Art.7, L.2716/99. Ministerial decision of MoH N. Y5β/oik1662/21.5.2001

- Creation and operation of 452 MHPSS Units in Greece 2000 – 2006

2005: Code of Medical Ethics in Greece. Art 28 sets the framework for mental healthcare which the doctor is obliged to provide to his / her patients L.3418/2005

**2009:** Agreement between DG EMPL Commissioner Mr. Vladimir Spidla and Greek Minister of Health and Social Solidarity, Mr. Dimitris Avramopoulos

2009: Method for running and staffing mobile mental health units pursuant to Art. 7, L. 2716/99 Ministerial Decision of MoH. N. Y5β/Γ.Π.oik. 156618/25.11.2009  
Regulates decentralization of MH units and services

P. 41: (10),(11),(12),(13),(14)

1980

1990

20

**1990 – 1994:** Deinstitutionalization of Patients of Leros Psychiatric Hospital (Leros asylum). Leros I and Leros II

**1991:** Pd. 517/1991 for the operations of private health clinics

**1992:** Modernization and organization of the health system L.2071/92  
Regulates the involuntary hospitalization and introduces Mental Health units

**1996:** Judicial Assistance L. 2447/96

P. 41: (4),(5),(6),(7)

## 1997 – 2001 Psychargos I

- 80 new psychosocial rehabilitation units
- 35 new career orientation labs
- Deinstitutionalization of 1000 People from Psychiatric Hospitals
- training of mental health professionals,
- improving infrastructure and residents' daily living
- preparing patients for community living through employment skills training.

**1999:** Development of MH Services and other provisions L. 2716/99  
Establishment of Mental Health Directorate on MoH

P. 41: (8),(9)

## 2011 - 2020 Psychargos III

**2012:** L.4052/2012 fully reform of the psychiatric hospitals to open community networks of mental health services as an obligation of the country in the context of the economic adjustment programme .

- L.4072/2012 Ratification of the Convention on the Rights of Persons with Disability and the optional Protocol to the Convention on the Rights of Persons with Disability

**2013:** Memorandum of agreement between the Commissioner of Labor, Social Affairs and inclusion Mr. LÁSZLÓ ANDOR and the Greek Minister of Health Mr. Andreas Lykourntzos for the extension and exceptional funding of Psychargos reform for the funding period (2011 – 2015) which was 100 m. euro

**2014:** L. 4272/14“Regulations on mental Health” introduced TEPSY set new legal framework for Private psychiatric clinics

**2016:** Deliberation of Greek Government with the DG EMPL after the expiration of Andor-Lykourntzos memorandum of agreement for Psychargos

**2017:** Measures for the treatment of persons exempt from the prison sentence due to mental or intellectual disorder and other provisions L.4509/17.

- L. 4461/17 Reform of the Mental Health Services Management and Administration, Centers for the Specialization of Rare and Complex Diseases, amendment of the pension scheme of Law 4387/2016 and other provisions
- Introduced TOPSY
- Regulates Mental Health Services Management and Administrative issues

**08/05/2017, Ministerial Decision: Α4β/Γ.Π.οικ.34511**

**25/08/2017, Ministerial Decision: Α4β/Γ.Π./οικ.63439/2017 (GG: Β 2932/2017)**

**2018:** MoH publishing of the Report Plan on sectorization for the development of Mental Health Structures. The current situation and the needs on Mental Health infrastructures and personnel.

10/12/2018, Ministerial Decision: Γ3α,β/Γ.Π.οικ.96037

Regulation of the Ministerial Decision Γ3α,β/Γ.Π.οικ.50688/03-07-2018 : “Approval from a feasibility point of view of the development of Psychosocial Rehabilitation Units (11 Boarding Houses) by legal entities governed by private law and legal entities governed by public law in terms of budgeting.

**2018:** Reform of Mental Health System still incomplete

P. 41: (15),(17),(18),(19),(20),(21)

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2010

2020

### 2010 - 2018 Multidimensional Crisis

Between years 2008 – 2018 Greece have changed 8 different Governmental schemes and has passed through 5 National Elections and 1 Referendum

On 3 of May 2010- Euro area and IMF agreement on financial support programme for Greece

On July of 2011, the Commission set up the Task Force for Greece on the request of the Greek government

On 27 October 2011, Eurozone leaders and the IMF settled an agreement with banks whereby they accepted a 50% write-off of (part of) Greek debt.

On 2011 Establishment of EOPYY L.3918/2011

On 14 of March 2012, euro area finance ministers approved financing of the second economic adjustment programme for Greece.

On 19 August 2015 the third economic adjustment programme for Greece started and ran until 20 August 2018

Healthcare spending in Greece was severely affected by the financial recession , leading to a decrease of approx. 40% during the period 2009-2016.

Healthcare spending has fallen every year since 2009, reaching €14.1b in 2014, mainly due to the contraction in Government and Social Security coverage.

Between 2007 and 2014, citizen satisfaction with health care services has decreased by 17 p.p moving from 52% to 35% (OECD)

P. 41: (15),(16),(17)

### Main Policy Objectives to be achieved by 2020:

- 1: Abolition of Institutional Care by 2020.
- 2: Developing community care and promoting the social inclusion of people with mental disabilities.
- 3: Improving the quality of mental health services
- 4: Promotion & Support of the administrative reorganization of mental health services and sectorization process

# Recommendations for MH policy in Greece

- Establishment of new psychosocial rehabilitation units
- Establishment of Regional Mental Health Centers and reinforcement of the already existing ones
- Increase administrative support to the new Mental Health Committees according to Law 4461/2017
- Consolidation and establishment of a common co-ordination system for all structures to ensure follow-up and minimize the risk of discontinuation of treatment
- Assessment of the current operational framework of the mental health system with the active involvement of all stakeholders, recipients and their relatives, professionals and civil society actors
- Establishment of a system of scientific monitoring and quality evaluation with direct control over the inflow and outflow of recipients in both treatment and rehabilitation.
- Minimization of the geographic transfer of patients by supporting regional mental health structures
- Facilitation of rehabilitation and social inclusion through a comprehensive, realistic plan which will promote the integration of recipients to the labor market and the educational system
- Implementation of community psychiatry practices such as personalized case management, integrated social services and use of the judicial support mechanism
- Promotion of changes on MH terminology, terms that intensify the stigma should be immediately changed, for example the terms “in hospital treatment” being referred to as “transient care” and “out-of-hospital” as “community-based care” as intended and internationally used in terms of non-stigmatization efforts
- Active participation of recipients of mental health services in the design of treatment and the operation of structures
- Minimization of the implementation of restrictive measures for recipients with the support of the family environment
- Provision for emergency hospitality for vulnerable groups to General Hospitals
- Enhancement of Supported Living in Apartments
- Specialization of services according to the individual needs, considering the social determinants for health
- Establishment of an intercultural approach on Mental Health Services

In addition the MH policy in Greece should adopt the following that WHO suggests as best practices in order to promote mental health in the community and to prevent mental health disorders <sup>(1), (2), (36), (37), (38), (39)</sup>:

- **Early childhood interventions**
- **Support to children and youth**
- **Socio-economic empowerment of women**
- **Social support for elderly populations**
- **Programmes targeted at vulnerable people, including minorities, indigenous people, migrants and people affected by conflicts and disasters**
- **Mental health promotional activities in schools**
- **Mental health interventions at work**
- **Housing policies**
- **Violence prevention and elimination programmes**
- **Community development programmes**
- **Poverty reduction and social protection for the poor**
- **Anti-discrimination laws and campaigns**
- **Promotion of the rights, opportunities and care of individuals with mental disorders.**

#### **MDM Greece through Open Minds project has set the following goals for 2019:**

- All PoCs, both third country nationals (asylum seekers, refugees and migrants) and Greek nationals who receive MDM MHPSS services will have easy access to free and qualitative mental healthcare services and psychosocial support and will be properly referred to secondary healthcare and social welfare structures when needed, with a proper follow-up of their case
- To strengthen cooperation among relevant mental health stakeholders in Greece through specific activities
- To provide the Greek State with adequate feedback from the civil society with an aim to prioritize mental health in its agenda and move forward towards implementing a health policy that aligns with the EU Framework for Action on Mental Health and Well-Being.

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