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# Patterns of Child and Adolescent Mental Health Care in Greece

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## Introduction

The aim of this article is to discuss the various different patterns of development of child and adolescent mental health (CAMH) services in Greece. Past and current services and recent developments will be reviewed, with discussion of pertinent issues such as current national policies, the

importance of need-based research programmes, the structure of services, training of professionals, legislation and the role of social services and primary care. Emphasis will be placed on the negative effects of bureaucracy on the design and implementation of CAMH services. In discussing child and adolescent mental health, comparisons are needed between two distinct chronological periods, that before the early 1980s (before psychiatric reform in Greece) and that after the psychiatric reform.

## A B S T R A C T

During the last 20 years the mental health care system in Greece underwent a dramatic change; the implementation of the EEC Reg. 815/84 programme contributed to a significant shift towards the extramural care and rehabilitation of patients with long-term mental health problems. The child and adolescent mental health (CAMH) care system was transformed by this change to a lesser degree. Despite bureaucratic obstacles and other difficulties, a substantial number of CAMH outpatient services have been developed in Greece. They are concentrated mainly in the larger cities and they focus on providing assessment and to some extent therapy and counselling;

prevention and promotion of CAMH are not yet perceived as priority areas. In addition, there is a lack of specialised day care services for specific populations such as young people with disorders of the autistic spectrum and intellectual disabilities. There have been some recent improvements in education and research in the field of CAMH but these sectors are in need of further investment and development. Unfortunately, the current economic crisis has affected both the development of new services and the optimal functioning of those already in operation. Nevertheless, Greece must invest in CAMH and the rights of the children and young people should be protected.

## Development and organisation of CAMH services

### The past situation

Until the early 1980s psychiatric services for adults and younger people in Greece were centralised in only nine psychiatric hospitals with a total of approximately 15,000 patients, few of which offered outpatient services. In 1959 a Centre of Mental Health was established, which provided counselling and psychotherapy for children and families. In 1979 the first child psychiatry department in Greece was established by Professor John Tsiantis at the Aghia Sophia General paediatric hospital in Athens. Ten years later the department became the first, and remains the only, university department of child psychiatry in the country. Until 1984 several child mental health services were established, not only in urban areas but also in some rural areas.

### The current situation

At the beginning of the second, post-psychiatric reform, period is characterised by an international outcry over the inhumane and unacceptable conditions in the Leros Psychiatric Hospital. Greece joined the European Community in 1981 and, three years later, the Commission of the European Communities provided financial and technical assistance under EEC Regulation 815/84 for the modernisation of the traditional psychiatric care system, with emphasis on decentralisation of mental health services and development of community-based services, along with deinstitutionalisation of long-stay patients and improvement of conditions in public mental hospitals (Madianos *et al*, 1999; Tsiantis *et al*, 1995, 1999, 2004).

The implementation of the EEC Reg. 815/84 programme contributed to a significant shift towards extramural care and rehabilitation of patients with long-term mental health problems. The role of the large mental hospitals has gradually diminished, and a large number of long-stay patients have been deinstitutionalised. It is commonly accepted that the EEC-funded psychiatric reform programme, despite its inadequacies and constraints, has had a great impact on the changing mental health scene in Greece.

Regarding the framework set by the orientation of the European Conferences on the development of mental health services, it should be noted that the CAMH system of services in Greece is still inadequate in distribution and scope in relation to the contemporary needs of children, adolescents and their families, in spite of the positive developments of the last 20 years. Today there are more than 60 services, mostly outpatient, in operation throughout the country. The

services are concentrated in the two major cities of Athens and Thessaloniki, and in certain other large urban centres in the rest of Greece. In 25 of the 52 prefectures of the country there are still no child psychiatric services and, as a result, a considerable part of the population has no access to child psychiatric care. Because of the lack of services, sectorisation of CAMH services has been developed only in the cities of Athens and Thessaloniki.

The educational programmes in the various scientific branches concerning CAMH are not adapted to contemporary needs and recent developments, and they fail to ensure an adequate level of quality. The number of child psychiatrists in Greece is low in relation to the needs and, according to present estimates, several years will be needed to achieve the required number, due to the small number of speciality residencies and the slow pace of the decision-making process in the creation of new residencies. One major deficiency is that there are practically no mental health services for adolescents; only four services are available, all located in Athens.

Institutionalised care, in particular the traditional system of social welfare institutions which, in some cases, present an extreme situation of anachronistic asylum conditions, continues to be a form of care provided for children and adolescents.

The state educational system provides only a very small number of mental health services with specialists trained to prevent and cope with the mental health problems of school-children. Complementary to the 60 public child psychiatric services, the mental health needs of children and adolescents and their families are partly covered by a variety of mental health services for children and adolescents developed by local authorities, NGOs, specialist associations and/or the private sector. These units lack stability as far as their operation is concerned, and no service evaluation and quality control system has been established for them. No systematic mental health prevention and promotion programmes have yet been organised.

This inadequate CAMH system demonstrates, in addition, an almost complete lack of psychosocial rehabilitation services. Only eight of the 60 child psychiatric services in the country operate as psychosocial rehabilitation services, and these are concentrated mostly in three large cities. Given that psychosocial rehabilitation is the basic principle of the ongoing psychiatric reform process, it might be expected that more such services for children and adolescents would be established. Unfortunately, instead, as shown by the comparative data from the psychiatric reform programme for the period 1997–2005, the programme places exclusive emphasis on the establishment of psychosocial rehabilitation units for adults. Specifically, the programme recorded the



establishment of 370 units for adults and only seven units for children and adolescents. These units were established within the process of psychiatric reform, and benefited in the beginning from EU co-funding.

At present, and in accordance with Greece's contractual obligations towards the European Union, the units are financed exclusively from the regular budget of the Ministry of Health and Social Solidarity. It is apparent that the relation between adult and child psychiatric services is quite unbalanced. It also appears that many obstacles resulting from prejudice and bureaucracy persist, concerning not only the establishment of new child psychiatric services, but also the continuity of those already established. As an indication, over the last two years the Ministry of Health and Social Solidarity reduced by 50% the funding for the psychosocial rehabilitation units that were established within the framework of psychiatric reform, even for the few units that addressed the needs of children and adolescents. This has resulted in a state of uncertainty, as the staff members were unpaid for some months and experienced burn-out and lowering of morale. Consequently, the quality of care deteriorated and the threat to the welfare of the child and adolescent patients is increased. If the Ministry fails to take action, the units will be forced to terminate their operation in the near future. This would be a retrograde step for psychiatric reform, for both the health care system and the level of mental health care for children and adolescents.

## Types of CAMH services

In Greece, the operating mental health units consist of psychiatric departments for adults or children and adolescents in public general hospitals, university psychiatric departments for adults, children and adolescents, psychiatric hospitals, centres of specialised care, units of psychosocial rehabilitation, special centres or units of social integration, social co-operatives, and non-governmental organisations (NGOs).

## CAMH research programmes

Several large-scale CAMH research programmes have been established in Greece, including the following.

- **The Daphne II – Needs Assessment and Awareness Raising Programme for Bullying in Schools** (2006–2008) had the goal of combating violence against children, young people and women. It aimed to support organisations that develop measures and actions to prevent or to combat all types of violence

against children, young people and women, and to protect the victims and groups at risk (Giannakopoulou *et al.*, 2010).

- **The Daphne III – Awareness Raising and Prevention of Bullying Among Students: development and implementation of a school based programme for teachers** (2008–2010). This programme was implemented and co-ordinated by the Association of Psychosocial Health for Children and Adolescents (APHCA) in Greece and three other EU partner countries – Germany, Cyprus and Lithuania. The programme was co-funded by the European Commission (80%) and the Greek State (20%) through the Ministry of Health and Social Solidarity.
- **Programme to Reduce Stigma and Discrimination due to Schizophrenia.** In 1996, the World Psychiatric Association (WPA) embarked on an international programme to fight stigma and discrimination because of schizophrenia. The WPA programme was designed i) to increase awareness and knowledge of the nature of schizophrenia and treatment options, ii) to improve public attitudes to those who have or have had schizophrenia and their families, and iii) to generate action to eliminate discrimination and prejudice. Stigma creates a vicious cycle of alienation and discrimination which can lead people suffering from schizophrenia to social isolation, inability to work, alcohol or drug abuse, homelessness, or excessive institutionalisation, all of which decrease the chances of recovery. The programme fights prejudice in all forms that diminishes the quality of life of people with schizophrenia and their families, and prevents them from living and working alongside people without schizophrenia (Economou *et al.*, 2009).
- **Early mental health promotion in children through primary health care services: a multi-centre implementation.** The aim of this programme was to develop methods for use by primary health care workers in their contact with families about issues pertaining to healthy psychosocial development in the first two years of life, to develop a training programme for primary health care workers to implement in their contact with the families of babies, to evaluate the effectiveness of the programme and to promote implementation of the intervention techniques through the network of primary health care services (Davis & Tsiantis, 2005).
- **The BIOMED Project of Psychotherapy in Childhood and Adolescence Depression** with



the participation of three university child psychiatric departments from England, Finland and Greece; individual psychodynamic and family psychotherapy were equally effective in treating moderate to severe depression in youngsters 10-14 years of age (Trowell *et al.*, 2007).

■ **Programme KIDSCREEN.** Assessment and promotion of child and adolescent quality of life (2002–2003) (Ravens-Sieberer *et al.*, 2007).

■ **ICARUS PROJECT:** programme for the co-operation of mental health professionals and the protection of children with parents with mental health difficulties (1998–2000) (Hetherington *et al.*, 2000).

■ **Mental health prevention in a target group at risk.** Children of somatically ill parents (COSIP) – implementation and evaluation of innovative health services in a European public health perspective. Participating countries were Austria, Denmark, Switzerland, Greece, UK, Romania and Finland, and the programme was implemented in Greece by the Athens University Research Institute of Mental Health (Diareme *et al.*, 2006).

■ **The Open Society Institute/EU Monitoring and Advocacy Programme ‘Rights of People with Intellectual Disabilities – Access to Education and Employment’** (Open Society Institute 2006).

■ **Ethical dilemmas due to prenatal and genetic diagnostics.** Interdisciplinary assessment of effects of prenatal and genetic diagnostics on couples in different European cultures (EDIG) under the programme of Structuring the European Research Area. Co-ordinating centres were the Sigmund-Freud-Institute and University of Kassel, Frankfurt and participating centres from Greece were the Department of Psychiatry of Thracian University and the Department of Child Psychiatry of Athens University (Leuzinger-Bohleber *et al.*, 2008).

Examples of other CAMH research programmes are the following.

■ **The study of Post-traumatic Stress Disorder in Young Victims of Traffic Accidents in Relation to Neuro-hormonal Changes:** This prospective two-stage study confirmed the high rates of PTS symptoms following traffic accidents and described changes in cortisol, catecholamines and other hormones of victims (Pervanidou *et al.*, 2007a, b).

■ **Maternal expressed emotion and metabolic control in children and adolescents with diabetes mellitus.**

Maternal EE is related to metabolic control in childhood diabetes; maternal EOI in particular is related to poor metabolic control. Mental health professionals should work with mothers of children with diabetes in an effort to modify such attitudes and emotions (Liakopoulou *et al.* 2001).

## Training of CAMH professionals

Child and Adolescent Psychiatry is recognised as a field independent from General (Adult) Psychiatry in Greece. There are roughly 320 child and adolescent psychiatrists working in Greece, including child psychiatric trainees. Psychology is a regulated professional activity, and the higher education institutions provide a variety of psychology courses.

The training in Child and Adolescent Psychiatry provides both theoretical and practical aspects. The practical training aims to give trainees experience in child psychiatric diagnosis, therapeutic management and bio-psycho-social intervention for children and adolescents. This is achieved through placement of trainees in outpatient, consultation-liaison and inpatient units, and through their participation in on-call duties. A training and practice programme has been established specifically for trainees which consists of active participation in the departmental clinical taskforce. The theoretical training consists of clinical and theoretical lectures, interesting case discussions, seminars and journal clubs. It also includes weekly individual supervision and group supervision on issues of clinical child psychiatry regarding the management and psychotherapeutic treatment of cases. Unfortunately, there is no formal training in CAMH promotion and prevention. Delay in the establishment of new CAMH departments in general hospitals has created additional difficulties in the specialisation of Child Psychiatry trainees.

The training of psychologists (Law 2083/1992) aims to teach research methodology and the practical applications of psychology. Specifically, the university programme of study of psychology aims at development and promotion of research, teaching and practical applications of the science of Psychology. It also aims at distribution and exploitation of knowledge; two postgraduate programmes are operated in the Department of Psychology: educational psychology and clinical psychology.

The objective of the postgraduate programme in educational psychology is to train specialised professionals for the counselling services in the educational system. Diagnosis, prevention and intervention are the main aims of the programme of study. The objectives of the postgraduate programme in clinical psychology are promotion of knowledge and development of research in clinical psychology, and



training of psychologists in psychopathology and diagnosis and treatment of mental disturbances.

### Legislation and national policy

A Greek mental health policy was initially formulated in 1983. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. A 10-year National Plan for Mental Health was submitted for financial assistance to the EU in 1997 under the name Psychargos, the main points of which were:

- continuation of deinstitutionalisation and destigmatisation
- sectorisation of the psychiatric services throughout the country
- continuation of the development of primary mental health care units, and psychiatric units in general hospitals, continuation and intensification of the development of rehabilitation facilities
- establishment and development of patient co-operatives in order to promote the social, economic and occupational reintegration into society of patients with severe psychiatric problems
- establishment of detailed guarantees and procedures for the protection of patients' rights.

The 10-year National Plan for Mental Health was revised in 2001 and revisions were to take place every five years.

The Greek Ombudsman is by law an Independent Authority which was set up in 1997 with a mandate to protect citizens' rights. It is accountable to the Greek Parliament, and its services are free. The post of Deputy Ombudsman for the Department of Children's Rights is the highest which specialises in children's rights.

The LAW 2716 on development and modernisation of mental health services and further legislation regulates units of mental health, such as mental health centres, clinics, mobile units, the psychiatric departments of general hospitals for adults or for children and adolescents, psychiatric departments for adults or children and adolescents, psychiatric institutes of mental health, psychiatric hospitals, centres of specialised care, special centres or special units of social rehabilitation and social co-operatives.

The Ministry of National Education and Religious Affairs has developed a policy for the establishment of consultation centres in order to promote implementation of mental health programmes. The Ministry has implemented pilot projects in schools which studied programmes dealing with mental health and interpersonal relationships, and training for

teachers in techniques of coping with violence and bullying in schools.

### Mental health prevention and promotion programmes – primary mental health care

The basic aims of primary child and adolescent mental health care programmes are development of preventative actions on mental health issues for the child and the family, implementation of specialised interventions for children in high-risk situations, and training of mental health professionals.

In general, primary care teams can play a key role in helping to prevent and limit mental health problems in children and adolescents. Child psychiatrists, psychologists, teachers, social workers and other mental health practitioners are in a prime position to observe the dynamics in vulnerable households, and in the community, and to provide intervention when needed. Primary care and outpatient services are offered in Greece by the few operating community mental health centres, by doctors in private practice and in the outpatient clinics of the psychiatric departments of the general hospitals. Nevertheless, the majority of promotion/prevention initiatives are designed for wider mental health aspects – not focused, not well-organised and not evaluated (Kolaitis & Tsiantis, 2003, 2004).

Since 2006, the Ministry of Education and Religious Affairs has been running programmes of briefing and sensitisation for parents, and programmes for community training and education in child mental health issues. Special training material has been developed for the personnel immediately involved in instructing on these programmes, and special educational material has been created for apprenticeships.

### Conclusions and recommendations

The dearth of national data, the lack of specific policies, the absence of governmental co-ordination and the insufficiency of funding are the greatest obstacles to delivery of mental health services for children and adolescents in Greece. Research programmes target specific areas of need and interest but do not form a part of general policy. Stigmatisation of mental illness remains an important issue which needs to be addressed with specific actions. Over the last couple of years, a major cut in funding, of almost 50% compared with 2007, had threatened the continuation of many services that were established at the beginning of psychiatric reform. As a consequence, some services ceased to be fully operational and others were on the verge of being suspended.

In 2008, Mental Health Europe issued the following



statement about the increasingly critical situation in Greece.

*For the last 3 years, the state has systematically failed to maintain the values and momentum of the reforms. This has caused a series of problems and roadblocks regarding the transition from institutional to community care. The community mental health sector fears an unparalleled regression: return of long-term patients to psychiatric hospitals that should have been closed down and generalised incapacity of the psychiatric system to cover the needs. Mental Health Europe shares the deep concern of a growing number of service users, relatives, professionals as well as representatives of the European Parliament for the future of the public (community) mental health services system in Greece.*

The Greek Ombudsman for Children in 2009 described the serious problems associated with underfunding, mainly the increased risk to service users and the decrease in the services provided (Kolaitis, 2009; Tsiantis & Assimopoulos, 2009). Very recently these difficulties have been addressed, and the Ministry of Health and Social Solidarity has undertaken to continue to fund and support the services for children and adolescents.

Although Greece has ratified the United Nations Convention on the Rights of the Child, the Greek State fails to deliver certain standards. Specifically, Article 24 states that:

*States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services,*

and Article 25:

*States Parties recognize the right of a child who has been placed by the competent authorities for the purposes of care, protection or treatment of his or her physical or mental health, to a periodic review of the treatment provided to the child and all other circumstances relevant to his or her placement.*

Despite all the difficulties reported above, over the last 20 years a substantial number of services, mostly operated by NGOs, have been developed in Greece. Currently 27 NGOs are providing services in the area of mental health, operating

in both urban and rural Greece. They have developed services such as day centres, centres for specific populations (for example people with autism) and activities designed to promote mental health, mainly through lectures and seminars directed at the general public. Some NGOs have managed to secure budgets for research projects on specific aspects of mental health. Publication of research data has led to development of services. Sustainability of funding, collection of reliable national and regional data, and monitoring and evaluation of services are all paramount to effective work with CAMH in Greece. In spite of all the obstacles, the overall situation regarding CAMH has improved over the last 10 years. The development of a system of child psychiatric services, however, needs to be based on a co-ordinated national plan, in order to avoid inadequate, fragmented and ineffective approaches, but the actions that have been announced are 'table top' exercises that exclude participation of the users and of mental health, education and social welfare professionals. No national plan has been developed concerning the mental health of children and adolescents with a specific timetable. Not even a systematic inventory of the needs has been compiled. All efforts that have been instigated so far have been initiative-driven and fragmented, and they are destined to fall into decline and to be abandoned, with the result that all parties involved – professionals, families and children – will experience great disappointment.

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