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Greek mental health reform: Views and perceptions of professionals and service users

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The Greek mental health system has been undergoing radical reforms for over the past twenty years. In congruence with trends and practices in other European countries, Greek mental health reforms were designed to develop a community-based mental health service system. The implementation of an extensive transformation became possible through the "Psychargos" program, a national strategic and operational plan, which was developed by the Ministry of Health and Social Solidarity. The Psychargos program was jointly funded by the European Union by 75% of the cost over a period of 5 years and the Greek State. After the period of 5 years, the entire cost of the new services became the responsibility of the Greek National Budget. Over the years the Psychargos program became almost synonymous with the deinstitutionalisation of long term psychiatric patients with the development of a wide range of community mental health services. The Psychargos program ended in December 2009. This article presents the views of service providers and service users as part an ex-post evaluation of the Psychargos program carried out in 2010. Data derived for this part of the evaluation are from the application of the qualitative method of focus groups. The outcomes of the study identified several positive and noteworthy achievements by the reforms of the Greek mental health system as well as weaknesses. There was considerable similarity of the views expressed by both focus groups. In addition the service users' focus group emphasized more issues related to improving their mental health wellbeing and living a satisfying, hopeful, and contributing life.

Key words: Psychiatric reform, service users, focus groups

Introduction

The greek psychiatric reforms started in 1984 with the European Community regulation 815, having the following main aims in transforming the existing mental health system:

a. Mental health professionals training.

b. Development of a decentralized community network of preventive and treatment services.

c. Deinstitutionalisation of chronic mental patients and a reduction of admissions to mental hospitals.

Over a 10 year period since 1984 and with the implementation of time limited projects, new policies and substantial financial assistance from the European Union, several positive outcomes were achieved,[1] such as:

- Reduction of psychiatric beds
- Development of community mental health services (mental health centres, day centres, supported residential services)
- Reduction of the average length of stay in mental hospitals
- Increase of staff numbers.

It was, however, the Psychargos program that accelerated and expanded developments for community based services. The Psychargos program started initially as a ten-year plan (from 1997 to 2006) continuing of the psychiatric reforms with the deinstitutionalisation of long term psychiatric patients and their resettlement into the newly established community mental health network of services. In 1999, however, serious damage was caused by a strong earthquake in the Athens area, making a large part of the existing long stay mental hospital uninhabitable. This unexpected adverse event forced the authorities to extend the initial time-frame and imposed a re-distribution of the available budget. Therefore the Psychargos program was reviewed and implemented in two periods. The first phase was in 2000–2001 and the second lasted from 2001 to December 2009. There are studies that have described different phases of the psychiatric reforms in Greece e.g.[2–7] There have also been several studies in Greek.

The actions of the first phase included: training of mental health professionals, infrastructure improvements, and intervention to improve patients' daily living and employment skills in preparation for community living.

Deinstitutionalisation and the development of community-based mental health services remained core targets and began to be implemented during the second phase of Psychargos programme. For the first time the Greek mental health system set specific targets towards the closure of mental hospitals, the development of psychiatric services located in general hospitals, and an expansion of specialist mental health services, e.g. for children and adolescents, people with substance and alcohol dependency, for people with autistic spectrum disorders, those with Alzheimer disease, etc. An important core target was the sectorisation of mental health services, i.e. focusing and coordinating care in relatively small discrete geographical areas across the country.

Methodology

An "Ex post" evaluation of the implementation of the "National Action Plan Psychargos 2000–2009" of the psychiatric reforms was commissioned in 2010 by the Greek Ministry of Health at the request of the European Union. The main aim of the ex post evaluation was to assess the effectiveness of actions and interventions in relation to selected targets and the implementation of the overall strategies and policies that were developed for the psychiatric reform in Greece.

The methodology applied for this ex-post evaluation aimed at gathering information about the structure, operation and outcomes of the overall mental health service system, as well as in depth assessments of selected specific services and units. For this purpose quantitative and qualitative data were collected based on multiple research methods and tools through diverse sources and participants.[8] An important factor in assessing the quality of a system is to collect information on the views and perspectives of those managing and working in the system and those who ultimately use it. The incorporation of a qualitative dimension broadened the evaluation's scope to include dimensions such as the organization, operation, coordination of the service system and the impact of changes to health care personnel, to service users' and their families. This article is concerned with qualitative data relating to

the views of service providers and service users derived by employing focus groups. Focus groups have been increasingly used in qualitative mental health research. Focus groups allow people to build on others' responses and come up with ideas they might not have thought of in a one on one interview.[9] They are very cost effective in terms of gathering primary data and they are also very much time efficient.

Two separate focus groups were carried out, one with service providers with diverse backgrounds and expertise and a second with service users. Both focus groups dealt with the overall operation and effectiveness of the mental health system as well as with the process of the psychiatric reforms. Communication was supported by an interpretation service.

The service providers' focus group consisted of 30 people, from diverse mental health disciplines (adult and child psychiatry, psychology, social work, and managers) who represented the broad spectrum of mental health services (public sector, NGOs, university departments, scientific committees, special committees, etc). The private sector was not included in the specifications of the commission of the evaluation. During the five hour procedure, participants were asked to present their views on a list of subjects that the evaluation team had prepared. For the selection of service providers' focus group, attention was given to the representativeness of participants according to the following criteria:

- Degree of engagement to the planning and implementation of the Psychargos program. Preference was given to those with longer involvement with the Psychargos program
- Professional background from diverse mental health disciplines and practical knowledge related to the provision of mental health services that were developed through the Psychargos program
- Category of service provided (Mental hospitals, Community Mental Health Centers, Mobile Units) and legal status (Public sector, NGOs, voluntary organizations) of the mental health service that participants were representing
- Geographical distribution of the participating services across different areas of the country.

The second focus group consisted of 15 service users and users' families and lasted 2 hours. The same process was followed for this group as with the first one.

Sampling for the users' focus group involved taking a random selection of members of organizations developed by users and users' families throughout Greece. Attempts to include users who did not belong to such organizations were not successful.

Participants were also asked to respond anonymously in writing to the following questions: what are the necessary future actions, what are or should be the bodies undertaking the implementation of these actions and objectives, what incentives should be given and what are the current difficulties of the mental health system. Although such task is not fully compatible with the meaning and purpose of the focus group method, it was thought to be necessary in order to allow participants' personal opinions to be expressed, unaffected by any possible social pressure. In this way comparisons between written and group answers could be made, that would further lead to more reliable data.

Results

Service Providers Focus Group

All participants acknowledged that there had been a vast increase in the number of new mental health services, which were dispersed geographically across the whole country, even in rural areas. The newly developed services specialized in a range of mental health care, and were provided in a broad range of locations such as day centers, community mental health centers, psychiatric units in general hospitals, children's mental health centers and included some highly specialized services such as for cancer and for postpartum depression. The group unanimously identified as an important result of the program the positive changes of the attitudes of the general public towards mental illness and patients. This cultural change was exemplified through improvements in the living conditions of people suffering from severe and persistent mental illness, schemes of advocacy by service users, initiatives to safeguard service users' rights and to combat stigma. These achievements were made possible through the operation of community based mental health services and the introduction of mental health as an integral aspect of public health.

Participants, however, were critical about several aspects of the implementation of the Psychargos program. While acknowledging that services were now provided in areas where there was no mental health care provision, they also reported significant shortages of staff and services in several parts of the country, particularly in rural areas. One participant stated that "the target of the Psychargos program to develop services in rural areas had been forgotten". Participants referred to major shortages in child mental health and pointed out that there was only one child psychiatrist for the whole Region of Peloponnese. Further in the Ionian island of Kefalonia, when inpatient treatment was required, patients had to be transferred to the town of Tripoli in the main land a long distance away. Participants were particularly critical of the lack of mental health services for children and adolescents and stated that there were grossly underdeveloped with over 20 areas having been without any kind of mental health service for children. The perceptions regarding staff and professionals' training were conflicting, despite the implementation of many staff development activities. For example, these were widely thought to lack a practical focus in community mental health methods.

A major problem was said to be the incomplete implementation of sectorization and the lack of coordination between mental health services and central government, local authorities, social services and other relevant public sector organizations. Participants argued that the lack of coordination had further adverse implications for the efficient management of resources within a coherent system model and continuity of care. This problem appeared to be worse in urban areas and particularly in Athens, where there were more services but less mutual communication and cooperation even in a defined geographical area. Another issue that was brought up prominently by participants was the absence of evaluation and monitoring for the provided services as well as an unclear quality assurance framework.

Participants made the following suggestions necessary for future action that fall within the following four main clusters:

a. The organization of the service system. Almost all participants indicated that the complete implementation of sectorization and the redefinition of the role of the Ministry of Health were fundamental issues needing to be resolved. Although the sectors for mental health services were defined according to geographical criteria and even the sectoral committees had been appointed, only a few were in operation and with limited effectiveness. This dysfunctional status of the sectors necessitated that the Ministry of Health take a centralized managerial role. Hence participants' requested a decentralized operational system with the Ministry of Health, focusing on its policy and planning role.

b. The coordination of the service system across central, regional and local levels. At central level, participants referred to the need for developing strong cooperation between the mental health system and primary health care, the judiciary and the education systems. At regional and local level co-operation was necessary with local administration and social services. It was suggested that mental health services should become coterminous with newly introduced organizational and administrative alterations of the country's Municipalities and Prefectures that were brought in by a new law known as (New Architecture for Local and Decentralized Administration "Kallicrates Program").

c. The accomplishment of full coordination for all mental health services by an identified core service in each geographical area. Most participants suggested that this role should be undertaken by the local community mental health centre, though some expressed reservation unless the role of the community mental health centers was redefined.

d. The development of a monitoring system that would indentify and record the mental health needs of the local population (there is a lack of epidemiological data) but would also build up methods of outcome measurements for all provided services. There was a debate as to who should adopt this role. Some suggested that this role should be undertaken by a commissioned support and monitoring service, while others favoured the establishment of a Central body.

The main feature of the written responses was the high degree of consensus in all four questions. This uniformity could be justified by the similarities par-

ticipants shared in terms of their professional background or –and more probable– by mental health system's salient problems and needs. Extracts of the written responses are clustered in following three categories:

a. *Training and staff development*: "The strategies of the Psychargos programme have not been fully embraced by mental health professionals". "The resettlement to community care with independent living has not been fully achieved". "Training has not gone far enough due to staff shortages and lack of skills and knowledge, particularly for community care, rehabilitation and recovery". "More preparation was needed, as changes were introduced very fast".

b. *Sectorization*: "Lack of comprehensive services to meet all needs". "Sectroral committees are advisory and have no management role". "Reforms started from tertiary care instead of primary care". "There is no coordination of services".

c. *Services*: "Lack of integration of services networks". "A lot of emphasis was given to develop residential services and supported housing". "There is a lack of services for children and adolescents". "Several of the actions have been incomplete". "There are major gaps in trained and experienced staff".

Users' Focus Group

The general perception of the participants in this focus group was that there has been an improvement in the overall conditions of mental health services, better relationships between service users/carers and staff (described as "our voice is heard now") and improvement in public perceptions about mental illness. All participants recognized the following positive aspects of the Psychargos programme:

- The reduction of psychiatric beds and the development of residential and rehabilitation services in the community
- The improvement of service users' conditions in mental hospitals and in outpatient services
- The empowerment of service users' to express themselves and to defend their rights by participating in "mental health organizations and institutions"
- The opportunities of vocational rehabilitation of service users' through the establishment of Social Enterprises (KoiSPE) and thereby of paid work.

The Service users' focus group also expressed concerns related to administrative and operational problems of the implementation of the Psychargos program. Service users pointed out that the deinstitutionalised patients resettled in community services represented only a small proportion of people suffering from mental ill health, with the larger number of sufferers still living with their families or were homeless and in poverty or ended up in private clinics whose quality standards are questionable. They described a heavy reliance on families who often become exhausted and a great difficulty in accessing the service system (especially if they needed residential care/support). Furthermore, service users were concerned about the absence of any system of quality assurance of services. Service users argued that residential services do not fully meet the principles and objectives upon which their purpose and function was based. Hence, for many users boarding and guest houses are viewed as "relocation sites without radical alterations, or complete abolishment of the asylum-model of care".

An additional issue concerned the funding of residential and other types of services. Service user participants were critical about the way budgets were distributed and stated that they thought money were spent "thoughtlessly" and "inefficiently". Other problems expressed by service users were related to their inability to understand the administrative complexities of how to access the service system, the lack of information about the available services, delays in deinstitutionalised patients being resettled in community and residential services, the unacceptable conditions in the remaining mental hospitals, particularly in the use of physical restrain and their exploitation by some of the vocational cooperatives. The service users' focus group summarized their concerns by stating that there was a lack of "vision" and realistic planning, for the future of mental health services.

Service users were straightforward and clear in their suggestions for future actions. These included, focusing on the role of the community and the integration of health and social care, independent evaluation and research (including the role of users and their families), identifying care pathways, emphasis on rehabilitation and recovery, vocational support and employment, separate services for adults and

children, appropriate crisis responses, support by general hospitals supporting to mental health services and development of primary mental health care services. Specifically, the service users group suggested the need to:

- Redefine the priorities of the Psychargos program but with the active involvement of all stakeholders, including service users and their families
- Upgrading the participation of families by recognizing their important contribution to patients' care and support
- Develop new service models related to patients' vocational rehabilitation
- Enriching mental health centers' role and immediate operation of crisis intervention teams
- Introduction of quality assurance systems for all mental health services, including those provided by private clinics
- Develop a model of social care for service users who have no financial resources
- Effective implementation of sectorization, with a comprehensive network of services across the country.

Discussion

The development of community care-led systems is patchy, with great variation from country to country, and even within the same country. The extent to which services can be shifted from institutions to the community and the shape that models of service provision, can take different forms and continues to be a key question for policy-makers. Overall the transformation of the mental health services in Greece has adopted the prevailing philosophy on values and principles of modern mental health care to local populations.

A remarkable similarity of views was found among service providers and service users in the ex post evaluation of the psychiatric reforms of the Psychargos program. Both focus groups agreed on several positive elements of the reforms, including an extensive service transformation concentrated on deinstitutionalisation with widespread reduction of hospital-based long stay accommodation and the complete closure of some mental hospitals. A large number of community services have been developed in many parts of the country, including Community Mental Health Centres, different types of residential provision, day centres and hospitals, mobile mental health units and vocational services. Local communities have become gradually more accepting of people with mental illness. There are also positive changes in the attitudes of staff towards a more person-centred care.

But both focus groups commented on the fragmented nature of the reforms with a marked lack of coordination, patchy and inadequate provision on the ground, while some reprovision plans enforced timeframes that did not allow for thoughtful planning and implementation. There is inequity in the development of services between different areas around the country and as a consequence some areas are now relatively well provided for and others have little or no provision. In effect, therefore, service users and carers are not able to rely upon having a full range of services locally available across the whole country. Another overarching identified theme relates to staff training and professional development. Important service gaps were described for child and adolescents as well as other specialist mental health services. There is very little interaction among the different components of the services and from a service user and carer point of view this means lack of information about locally available services and poor information flow between different services. There are no quality assurance mechanisms and systems for clinical governance. There is also a paucity of monitoring systems, which limits the extent to which the service system can progressively become more based upon evidence of what works to deliver patient benefit.

There was an important difference in the views expressed by service users versus those of service providers. The service users' focus group emphasized more additional issues related to living a satisfying, hopeful, and contributing life and improving their mental health and wellbeing. This is compatible with current trends in mental health care for recovery model[10] and person centre approach that places the whole person of the patient at the centre of mental health care.[11]

Problems with coordination of services have also been described with psychiatric reforms in other

European countries.[12–14] In a recent comprehensive study of several European countries[15] it was reported that while a few countries lead the way of the successful implementation of community based mental health services, according to an "evidenced-based balanced care model" that integrate elements of community and hospital services, in may others, access to community based services is still very limited and may commonly consist of small pilot projects.

The views of service providers and service users elicited by the described focus groups offer very valuable information about the psychiatric reforms in Greece and can be taken into consideration for future planning.

Ελληνική ψυχιατρική μεταρρύθμιση: Απόψεις και αντιλήψεις επαγγελματιών και χρηστών υπηρεσιών

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Η παροχή υπηρεσιών ψυχικής υγείας στην Ελλάδα έχει υποστεί ριζικές μεταρρυθμίσεις τα τελευταία είκοσι χρόνια. Σε αντιστοιχία με τις τάσεις και τις πρακτικές σε άλλες ευρωπαϊκές χώρες, οι μεταρρυθμίσεις στην ψυχική υγεία στην Ελλάδα είχαν ως βασικό σκοπό την ανάπτυξη υπηρεσιών στην κοινότητα. Η υλοποίηση εκτεταμένου μετασχηματισμού των υπηρεσιών ψυχικής υγείας έγινε δυνατή μέσω του προγράμματος «Ψυχαργώς» του Υπουργείου Υγείας και Κοινωνικής Αλληλεγγύης και χρηματοδοτήθηκε από κρατικά κονδύλια και από το Επιχειρησιακό Πρόγραμμα «Υγεία-Πρόνοια». Με την πάροδο του χρόνου το πρόγραμμα Ψυχαργώς αποτέλεσε τον κύριο μηχανισμό για τον εκσυγχρονισμό ενός πεπαλαιωμένου συστήματος υπηρεσιών ψυχικής υγείας, το οποίο βασιζόταν αποκλειστικά στην ασυλική φροντίδα και έγινε σχεδόν συνώνυμο με την αποϊδρυματοποίηση των ασθενών με χρόνιες ψυχικές ασθένειες και την ανάπτυξη ενός ευρύτατου φάσματος κοινοτικών υπηρεσιών ψυχικής υγείας. Το άρθρο αυτό αναφέρεται στην εκ των υστέρων αξιολόγηση του προγράμματος Ψυχαργώς 2001–2009 και παρουσιάζει τις απόψεις των φορέων παροχής υπηρεσιών ψυχικής υγείας και των χρηστών των υπηρεσιών ως μέρος της ποιοτικής μεθόδου αξιολόγησης. Η περιγραφόμενη ποιοτική μέθοδος εντόπισε σημαντικές θετικές και αξιοσημείωτες επιτυχίες από τις μεταρρυθμίσεις του ελληνικού συστήματος παροχής υπηρεσιών ψυχικής υγείας, αλλά και αδυναμίες. Υπήρξε σημαντική ομοιότητα των απόψεων που εκφράστηκαν και στις δύο ομαδικές συζητήσεις (focus groups). Η ομαδική συζήτηση των χρηστών των υπηρεσιών τόνισε, επιπλέον, θέματα που σχετίζονται με παράγοντες οι οποίοι αφορούν στη βελτίωση της ψυχικής υγείας τους ως απαραίτητη προϋπόθεση για τη βελτίωση του επίπεδου της ποιότητας της ζωής τους.

Λέξεις ευρετηρίου: Ψυχιατρική μεταρρύθμιση, χρήστες υπηρεσιών, ομαδικές συζητήσεις

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