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RESEARCH ARTICLE

The evaluation of quality characteristics of the mental health services provided at the General Outpatient Psychiatry Clinic of the Eginition Hospital

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---------- **ABSTRACT** ----------

This study aims to assess the quality characteristics of mental health services provided at the General Outpatient Psychiatry Clinic of the 1st Department of Psychiatry at Eginitio Hospital, with the objective of monitoring and improving care. It is a descriptive, cross-sectional study based on clinical records from 1,146 patients. From this total, a stratified random sample of 265 patients was selected and assessed using the Verona Service Satisfaction Scale (VSSS). Among the 1,146 patients, 52% were female. The most represented age group was 50–59 years. Additionally, 56% were unmarried, 47% were unemployed, and 42% lived with their parental family. Psychotic disorders were the most common diagnosis (38%). On average, patients attended three consultations annually, while 26% received more than four sessions per year. Increased visit frequency was significantly associated with both age ($p = 0.001$) and psychiatric diagnosis ($p < 0.001$). Regarding satisfaction, 84.2% of patients reported high satisfaction with services. Older age was positively associated with greater satisfaction levels ($p < 0.001$). Concerning suggestions for service improvement, 28.7% of patients expressed a desire for access to psychotherapy, 25.3% requested more assistance in obtaining social benefits, and 20.8% supported the introduction of home treatment services. These findings align with previous studies in Greece, confirming slightly higher service use by women and a predominance of psychotic spectrum disorders. While the average follow-up interval was 120 days, medically necessary cases were monitored more frequently (30-90 days). Patient satisfaction was generally high, and older individuals tended to report greater contentment. Reported needs for service enhancement centered on increased access to psychotherapeutic and psychosocial interventions, along with the development of home-based care options.

KEYWORDS: Quality, mental health, patients' satisfaction, mental health services.

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Introduction

Mental disorders require prolonged treatment and continuous follow-up, making the provision of high-quality mental health services essential. Effective care is a fundamental patient right, contributing both to improved clinical outcomes and the overall credibility of the healthcare system.[1-3] Evaluation is intrinsically linked to quality and constitutes a prerequisite for improvement, as unmeasured aspects cannot be enhanced.[4]

International experience shows that evaluation criteria and indicators vary across countries due to structural differences in mental health systems. The OECD has developed mental health quality indicators based on international data collection.[5] In Greece, despite long-standing recognition of its necessity, systematic implementation of evaluation frameworks in mental health has been limited. Law 4715/2020 introduced key indicators such as safety, efficiency, responsiveness, accessibility, good governance, and resource management.[6] In alignment with the European Parliament's Report (A9-0367/2023) and Resolution (2023/2074(INI)), current policy emphasizes the use of evidence-based tools and validated indicators for monitoring mental health data.[7] The *National Action Plan for Mental Health 2021–2030*, particularly Axis 6, outlines strategic actions for developing protocols, guidelines, and indicators to assess the quality and safety of mental health services.[8]

The concept of healthcare quality has long been subject to diverse and occasionally conflicting interpretations. Nevertheless, at its core, it denotes the attainment of optimal outcomes through the delivery of health services that are effective, equitable, efficient, and patient-centered. Avedis Donabedian was instrumental in establishing the evaluation of healthcare quality as a distinct scientific discipline. He conceptualized care quality through three foundational dimensions: technical quality (the accuracy of medical procedures), interpersonal quality (the nature of the patient-provider relationship), and organizational/infrastructural quality (encompassing administrative and environmental conditions).[9]

Building on Donabedian's model, the World Health Organization (WHO) adopted the triptych framework of Structure, Process, and Outcome for evaluating health systems.[10] Within this framework, Structure pertains to the settings, qualifications, and resources available, Process involves the actual delivery of care, and Outcome captures the effects of care on patients' health status. Each domain can be assessed through qualitative and quantitative indicators, facilitating systematic evaluation. Examples include average waiting times, appointment adherence rates, patient-reported satisfaction, and experiential feedback, all of which are integral to continuous quality improvement.

In this context, the present study focuses on the General Psychiatry Outpatient Clinic (GPOC) of Eginition Hospital, which is affiliated with the First Department of Psychiatry of the National and Kapodistrian University of Athens (NKUA). Eginition Hospital, where the First Department of Psychiatry is situated, is a tertiary mental health institution with many intervention and treatment management options for emergency cases, hospitalization of patients with mental illness, as well as follow-up of ambulatory patients regularly. This study aims to systematically evaluate the quality of services provided at the GPOC, using well-established service evaluation indicators. It emphasizes both qualitative and quantitative metrics across the following key domains: Accessibility: e.g., waiting time for the initial appointment. Continuity of care: e.g., frequency of follow-up visits, percentage of patients attending consecutive appointments. Effectiveness: e.g., duration of sustained engagement in treatment, clinic utilization rates, patient satisfaction.

Data were collected through administrative records and standardized patient satisfaction tools. Indicators were selected based on relevance to international quality benchmarks and their applicability within the Greek healthcare context. The evaluation of these parameters is expected to yield critical insights into: patterns of service utilization, patient adherence and retention, efficiency of the service, and perceived by patients quality of care. The ultimate goal is to provide services in accordance with the real needs and expectations of patients, which is a basic principle of modern healthcare systems. Although self-evident in theory, this aim is not uniformly implemented across health systems globally, particularly in countries with resource constraints or limited infrastructure for quality monitoring, such as Greece.

This research contributes to the international discourse on healthcare quality by presenting a data-driven evaluation from a Greek public mental health setting. Its findings are

expected to highlight strengths and areas for improvement, provide a model for similar evaluations in other outpatient psychiatric services, and support evidence-informed policy decisions aimed at enhancing mental health care. Furthermore, the study underlines the ethical and institutional obligation of health services to implement quality assessment frameworks. Systematic evaluation based on transparent, evidence-based criteria not only enhances clinical outcomes but also fosters accountability, equity, and citizen trust in the health system. In conclusion, this research endeavors to demonstrate that: 1) Scientifically grounded quality assessment is feasible even in complex mental health settings. 2) Significant metrics can guide service development and resource allocation. 3) Greek mental health services have the willingness and capabilities to evaluate and improve the quality of their services. 4) National healthcare systems must institutionalize quality monitoring as a permanent function, and the state should evaluate them and pay them on the corresponding basis.

Materials and methods

Study design and procedures

The study type is descriptive, cross-sectional, and archival data-based. The population of reference consisted of patients registered and scheduled to visit the GPOC of the First Department of Psychiatry at Eginition Hospital between December 2022 and December 2023. All the above data were coded into an electronic file, along with data related to the frequency of sessions, attendance, and patients' absences over the last year. The study obtained permission from the hospital's Ethics Committee, permission to use the Greek-weighted questionnaire, and written informed consent was obtained from the respondent subjects for their participation in the study.

Research tools

Two tools were used for the research:

A) A structured data collection form was developed to record clinical, sociodemographic, and quality indicator variables, including gender, age, marital and employment status, diagnosis, treatment adherence, hospitalization history, and prescribed medication. An additional section captured accessibility and service responsiveness metrics (e.g., reason for attendance, number of visits, non-adherence).

B) The Greek-adapted version of the Verona Service Satisfaction Scale (VSSS-54),[11,12] developed by the Medical School of the University of Ioannina[12], was used. Fourteen items not applicable to GPOC services were excluded. The scale assesses seven dimensions: Overall Satisfaction (3 items), Professional Skills and Behavior (19), Information (3), Accessibility (1), Effectiveness (8), Types of Intervention (11), and Family Involvement (5).

Survey population and selection process

The reference population of the study consisted of patients considered as active in 2023 - registered and scheduled to visit the outpatient clinic that year (N: 2,019). From this population, the sample of the study was drawn as follows:

1. Clinical, sociodemographic data, and quality indicators were collected for 1,146 individual patients (58% of the active patients) who attended the GPOC during the study period. Data were obtained over consecutive two-month rotations in each outpatient office, through collaboration with the clinical team and review of medical records, reminder cards, and direct patient contact. Thus, the sample reflects all patients attending scheduled appointments within each two-month observation period.
2. From the initial pool of 1,146 patients, a subsample of 265 was selected using systematic stratified random sampling based on gender, representing 20% of daily appointments from each outpatient office. Patient appointments were recorded in an Excel file, including gender

and registration number. The population was stratified by gender, and random numbers were generated to select 20% from each stratum. Selected patients were matched to registration numbers and recorded accordingly. In cases of non-attendance or refusal, the next eligible patient on the list was approached. The validated self-administered questionnaire "Verona Service Satisfaction Scale (VSSS-54)" was used to assess patient satisfaction.

Statistical analysis

For data analysis, the SPSS statistical application program version 26 was used. Normality testing was performed using the Kolmogorov-Smirnov method, skewness and kurtosis testing. Where the data followed a normal distribution, parametric tests such as Student's t-test and analysis of variance (ANOVA) were used, while where the distribution was non-normal, the non-parametric Mann-Whitney U and Kruskal-Wallis H tests were used. A 5% statistical significance level *(p<0,05)* was maintained for all analyses.

Results

According to our data files, 2,019 patients had requested reexamination scheduling at least once in 2023. From this inclusion population, 1,146 separate patients participated in the survey.

For the last years, strict adherence to the ministry's recommendations for sectorization has been followed. GPOC is designated to offer services at the 8th mental health sector with a reference population of 291,000 (adult population according to the 2011 ELSTAT census). According to the service's statistical data, the average waiting time for new patients' entry in 2023 was 21 days. The entry of new cases, according to a previous survey (2021) was at 25 days of waiting.[13]

Patients' clinical and sociodemographic characteristics are presented in Table 1, and data on the frequency and characteristics of visits are presented in Table 2.

The majority of patients belonged to the age group 50-59 years N: 297 (26%), N: 424 (37%) were from the 8th Sector of Mental Health (to which Eginition hospital belongs), N: 1,074 (94%) were receiving medication, and N: 717 (62.5%) of patients had previously had regular follow-up at another service. Of these, N: 399 (55.5%) were followed up privately. It was also found that more than half of the patients were single, N: 646 (56%), and lived either with their paternal family, N: 483 (42%), or alone, N: 278 (24%), and that a large percentage, N: 542 (47%), were unemployed. The medium frequency of follow-up in the GPOC was 3 times/year. Table 3 presents data on the frequency of visits in the particular year. The results indicated that the frequency of patient attendance was associated with age (χ^2=17.786, p=0.001) and diagnosis (χ^2=56.588, p=<0.001), while the number of absences from regular follow-up was related to the work situation (χ^2=9.987, p=0.019) (Table 4).

A sample of 265 patients participated in the patient satisfaction survey of the services provided. The supplementary material file presents measures of centrality and dispersion of variables and the reliability index of the questionnaire. According to univariate analysis and exploration of differences between the questionnaire scales and the total questionnaire score concerning the clinical and sociodemographic characteristics of the sample, statistically significant differences were found in almost all scales. However, when linear regression was performed with the total questionnaire value as the dependent variable and all the patients' clinico-socio-demographic characteristics as the independent variable, it was found that the only statistically significant variable influencing the dependent variable at the level of statistical significance (β = 0.150, p = 0.038) was the age of the patients (Table 5).

Discussion

The research findings highlighted useful conclusions that can be associated with the quality services provided by GPOC of the Psychiatric Clinic at Eginiteio Hospital, and can also be utilized for the implementation of specific interventions to improve quality at the service level.

The slightly higher attendance of women in mental health services, as observed in the present study, is consistent with previous findings from the same organization,[13] where women submitted more requests for initial psychiatric evaluation. Similar trends have been reported in other Greek studies,[14-19] supporting the notion that women are more affected by psychosocial stressors. Notably, a ten-year study by Pantelidou et al. demonstrated a statistically significant increase in men's service utilization following the economic crisis (from 38.5% during 2003–2009 to 43.9% during 2010–2015 $p<0.001$), potentially reflecting both the psychological impact of the crisis and a gradual shift in men's attitudes toward seeking mental health care.[20]

The predominance of psychotic disorders in the current sample reflects the tertiary nature of the service, which primarily addresses severe and chronic psychiatric conditions. Similar patterns have been recorded in other tertiary psychiatric institutions in Greece[18] and internationally, where schizophrenia is the most frequent diagnosis (40.6%), followed by bipolar disorder (21.2%) and depression (17.2%).[21] In contrast, in primary mental health care settings such as the Vyronas–Kaisariani Community Mental Health Center, anxiety and depressive disorders are more common,[14] a pattern likely associated with the community-based approach and the typically milder symptomatology of patients. Likewise, in emergency departments, such as that of the General Hospital of Corfu, individuals who were suffering mood disorders accounted for 32%, compared to 23.1% for psychotic disorders.[22] Finally, in the Mobile Mental Health Unit serving the remote Cycladic islands, the most frequent diagnoses were intellectual disability (39.6%) and psychotic disorders (39.2%).[15] This likely reflects limited access to specialized services and the accumulation of severe, untreated cases in geographically isolated areas with restricted mental health resources.

It was observed that a significant number of patients belonged to neighboring mental health sectors (32%), while 36% of the patients belonged to our mental health sector. In a previous survey,[13] 3 years ago, requests from neighbouring sectors for a first psychiatric assessment reached 39%, while from our Sector (the 8th sector) requests accounted for 18.6%. These results reflected the inadequacy of implementation strategies in the national sectorization plan. Following the above survey, our department implemented specific strategies to gradually streamline the patient inflow.

The average number of visits per day to the outpatient clinic's medical office was 18, with follow-up examinations and two new entry cases. According to psychiatric literature, a reasonable aim is to have approximately 10 patients treated and no more than 20.[4] The average frequency of reassessments in our GPOC was found to be 3 times per year. Our results confirm data from other countries, as well as from Greece.[18,23,24]

In our survey, 29.5% of patients attended 4–10 follow-up sessions annually, predominantly those with severe psychopathology. This suggests that when medically necessary, the service is capable of providing more frequent visits, as it was previously reported (range of 14-20% for such follow-up rates).[25] Investigating the frequency of follow-up examinations concerning age, our data revealed that patients aged 40-59 years needed more mid-year follow-up sessions than other age groups, consistent with some other surveys.[19,26-28] However, not all international data confirm the same results.[25,29] Follow-up frequency was also found to be diagnosis-dependent, with individuals diagnosed with bipolar disorder requiring more sessions annually (mean 4.8) compared to other groups. This suggests that patients' maintenance phase of bipolar disorder may necessitate more intensive monitoring, potentially due to the need for regular clinical and biological assessments targeting depressive and manic symptoms, sleep disturbances, suicide risk, comorbid substance use, medical conditions, and overall health concerns.[30-32]

In the present study, 21.5% of patients failed to attend their scheduled psychiatric appointments, aligning with existing literature reporting non-attendance rates of approximately 20% in psychiatric settings—nearly twice that observed in other medical specialties.[29,33-41] These rates vary widely depending on country, healthcare system, and service type, with some mental health services reporting non-attendance as high as 60%. Non-attendance is consistently identified as a clinical and systemic challenge, associated with increased hospitalizations and higher healthcare costs.[39,41,42,43,44] A significant association was found between employment status and attendance: employed individuals had the lowest rates of missed appointments, while students had the highest. This may reflect either greater motivation for continuity of care among working individuals or unmet support needs. Targeted interventions, such as student-focused outpatient clinics with flexible scheduling and digital appointment reminders, may help address this issue.

Additionally, in 8.4% of cases, consultations occurred without access to the patient's medical file, highlighting administrative deficiencies in clinical documentation. This compromises both care quality and clinician efficiency. The continued reliance on paper-based records is a key contributing factor, underscoring the urgent need for electronic health record implementation to support continuity of care and system efficiency.

In our survey, 227 patients (19.5% of the total) had only one examination, with 53% of them having just one scheduled session for the entire year. This result differs from the results of Petritzikis et al research in 2022,[18] who reported that the percentage of patients who visited only once the GPOC at Alexandroupoli University Hospital in northeastern Greece was more than 50%. The author suggests that administrative factors, such as visits primarily for medical certificates, may explain this finding. In our survey, 10% of scheduled appointments were related to obtaining psychiatric certificates for administrative purposes. This difference may be attributed to the greater availability of psychiatric services in the large region of Attica compared to Northeastern Greece.

The evaluation of patient satisfaction with the services provided by the GPOC of the Psychiatric Department at Aiginiteio Hospital revealed a high overall level of satisfaction, in line with previous research in mental health settings.[19,45,46] The highest scores were recorded in the 'Professional Skills and Behaviour' subscale, suggesting that the quality of the therapeutic relationship plays a key role in patient satisfaction. In contrast, the lowest scores were recorded in the "Types of Intervention" subscale, a result attributed to the methodological structure of the VSSS tool, which includes both services provided and not provided by the institution, potentially reflecting users' perceptions of unmet care.[11] Participants' responses highlighted specific unmet needs, most commonly: assistance in finding employment (20.4%), access to psychotherapy programs (28.7%), and support at home (20.8%). Additionally, some patients reported not receiving services that are theoretically available, such as support with social and vocational integration (14.7%) and guidance on accessing social benefits (25.3%). Similar findings were reported in the study by Mavroeidi et al, which also used the VSSS tool and identified unmet needs in individual (27%) and family sessions (33%), home assistance (17.3%), and welfare benefits (16.4%). These findings underscore the need to re-evaluate the scope of services provided and to strengthen interventions that respond directly to patients' expressed needs.

Univariate analysis indicated that age, marital status, employment, hospitalization history, and diagnosis were significantly associated with patient satisfaction, in line with previous findings.[19,46-48] Gender, however, showed no significant correlation, consistent with other studies.[23,47-50] In multivariate analysis, age emerged as the sole statistically significant predictor of overall satisfaction. This positive association has also been confirmed by other researchers,[45,47-,53] suggesting that older patients tend to report higher satisfaction levels. This may reflect increased maturity, stabilized personal values, and greater familiarity with healthcare systems over time.[53]

Conclusion

This study examined quality aspects of mental health services at the GPOC of the First Department of Psychiatry, NKUA. The average waiting time for a first visit was 21 days, with a mean attendance frequency of three times per year. More intensive follow-up (every 30–90 days) was offered to patients with complex clinical needs. Consistent with prior Greek studies, women had slightly higher attendance rates, and most patients were diagnosed with psychotic spectrum disorders.

Overall, patient satisfaction was high, particularly in domains such as clinician competence, information, accessibility, and family involvement. Age significantly influenced satisfaction levels, in line with existing evidence. Patients expressed unmet needs in psychotherapy, psychosocial support, and home-based care, highlighting areas for potential service development. Despite high satisfaction, ongoing evaluation remains essential. Regular monitoring of quality indicators can inform targeted improvements. Evidence consistently links patient satisfaction with perceived service quality, emphasizing its role as a key performance metric. Future research should further explore outcomes related to effectiveness, responsiveness, and access.

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Table 1: Patients' clinical and sociodemographic characteristics

		N	Percent %
Sex	Women	599	52%
Family status	Married	303	26%
	Unmarried	646	56%
	Divorced	145	13%
	Widowhood	52	5%
Working Status	Unemployed	542	47%
	Employed	226	20%
	Student - Undergrad	36	3%
	Pensioner	342	30%
Residence Status	Alone	278	24%
	Family	375	33%
	Paternal Family	483	42%
	In structure	10	1%
Diagnosis	Unemotional Psychosis	432	38%
	Affective Disorders	381	34%
	Anxiety Disorders	123	11%
	Other diagnoses	191	17%
Hospitalization in the Past	Yes	488	43%

Table 2. Data on the frequency and characteristics of visits

Total Visits	1419
Average visits / day	18 reviews + 2 new patients
They did not attend the session	240 unique patients (21.5%)[1]
Patient sample	1146
New incidents	99 (30%)[2]
Reference for hospitalization	3 patients relapsed (medication interruption)

1 In total 298 visits (21%)

2 Out of a total of 326 new patients of the year

Table 3. Data associated with the frequency of visits in 2023

Frequency of attendance	Average *Median* *Mode*	3 times/year
Frequency of attendance 4 or more / year (min 4-max 10)	338 (29.5%)	
Patients who have never been absent during the year.	669 (59.7%)	

Patients who have been absent 1 time during the year.	335(29.9%)
Patients who have been absent more than 2 times during the year.	117 (10.2%)
Patients who have attended only once during the year.	223 (19.5%), 119 (53%)[1],103 (47%)[2]
Patients who have never come during the year.	56 (4,9%)

1 they only had 1 scheduled session

2 had more than 1 scheduled session

Table 4. Investigation of the frequency of attendance and absences /year of the patients concerning their demographic characteristics

Frequency/year	*1-3 Times* % (N)	*4-10 Times* % (N)	*0 Times* % (N)	x^2	*p*
Age				17.786	0.001
<40	72.4% (160)	22.6%(50)	5.0% (11)		
40-59	60.0% (321)	35.5% (190)	4.5% (24)		
60+	69.3% (249)	25.3% (98)	5.4% (21)		
Diagnosis				56.588	<0.001
Psychotic Disorder	62.1% (266)	33.9% (145)	4.0% (17)		
Anxiety & Depressing Disorder	67.8% (251)	26.8% (99)	5.4% (20)		
Dipolar Disorder	48.6% (69)	47.9% (68)	3.5% (5)		
Other	80.4%(164)	12.7% (26)	6.9% (14)		
Absences/year	*0 to 1 time*	*≥2 times*		x^2	*p*
Working Status				9.987	0.019
Unemployed	87.8% (469)	12.2% (65)			
Employed	95.4% (207)	4.6% (10)			
Student – Undergrad	87.5% (28)	12.5% (4)			

Pensioner	88.8% (300)	11.2% (38)

The values refer to absolute and relative frequencies (%), χ2 tests, and corresponding p-value. Bold typeface statistically significant differences are noted at the 5% significance level.

Table 5. Linear regression of questionnaire VSSS total score and the patients' clinico-sociodemographic characteristics

Variable	*β*	*t*	*p*	*F*	*p*	R^2
				3.932	0.002	0.087
(*constant value*)	4.255	18.236	<0.001			
Hospitalization	-0.125	-1.585	0.115			
Age	0.150	2.085	0.038			
Working Status	-0.001	-0.012	0.991			
Residence Status	-0.097	-1.900	0.059			
Years of cooperation	0.031	0.635	0.526			

Statistically significant differences at the 5% significance level are marked in bold.

PSYCHIATRIKI

ΕΡΕΥΝΗΤΙΚΗ ΕΡΓΑΣΙΑ

Διερεύνηση ποιοτικών χαρακτηριστικών των προσφερόμενων υπηρεσιών στα Τακτικά Εξωτερικά Ιατρεία του Αιγινήτειου Νοσοκομείου

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ΙΣΤΟΡΙΚΟ ΑΡΘΡΟΥ: Παραλήφθηκε 15 Ιανουαρίου 2024/ Αναθεωρήθηκε 12 Ιουνίου 2025 / Δημοσιεύθηκε Διαδικτυακά 5 Αυγούστου 2025

---------- **ΠΕΡΙΛΗΨΗ** ----------

Διερεύνηση ποιοτικών χαρακτηριστικών των υπηρεσιών ψυχικής υγείας που παρέχονται στα Τακτικά Εξωτερικά Ιατρεία της Α' Ψυχιατρικής Κλινικής του Αιγινητείου Νοσοκομείου, με στόχο την παρακολούθηση και τη βελτίωσή τους. Πρόκειται για περιγραφική, συγχρονική μελέτη με στοιχεία αρχειακής έρευνας καθώς αναλύθηκαν 1.146 ασθενείς. Από αυτό το δείγμα, επιλέχθηκαν 265 ασθενείς με στρωματοποιημένη τυχαία δειγματοληψία στους οποίους χορηγήθηκε η Ελληνική Έκδοση της κλίμακας Verona Service Satisfaction Scale (VSSS-54). Από το δείγμα 1.146 ασθενών, οι 599 (52%) ήταν γυναίκες, η κύρια ηλικιακή ομάδα ήταν μεταξύ 50-59 ετών, άγαμοι 646 (56%), άνεργοι 542 (47%), ζουν στην πατρική οικογένεια 483 (42%), με διάγνωση Ψυχωτική Διαταραχή 432 (38%). Η συχνότητα των επισκέψεων ήταν 3 φορές/έτος, ενώ το 26% των ασθενών είχαν περισσότερες από 4 συνεδρίες ετησίως. Η αυξημένη συχνότητα βρέθηκε να σχετίζεται με την ηλικία των ασθενών (p=0,001) και τη διάγνωση (p=<0,001). Όσον αφορά την εμπειρία ικανοποίησης από τις παρεχόμενες υπηρεσίες, 223 (84,2%) από τους ασθενείς ανέφεραν υψηλή ικανοποίηση. Όσο μεγαλύτερη είναι η ηλικία του ατόμου, τόσο υψηλότερο είναι το επίπεδο ικανοποίησης (p=<0,001). Στα αιτήματα των ασθενών σχετικά με τη βελτίωση των υπηρεσιών, 76 (28,7%) επιθυμούσαν να κάνουν συνεδρίες ψυχοθεραπείας, 67 (25,3%) θα ήθελαν περισσότερη υποστήριξη για την απόκτηση κοινωνικών παροχών ενώ 55 (20,8%) εξέφρασαν την επιθυμία για υπηρεσίες κατ' οίκον θεραπείας. Τα ευρήματα της μελέτης σε σχέση με τα κλινικοδημογραφικά χαρακτηριστικά επιβεβαιώνουν τα ευρήματα άλλων μελετών όπου η συμμετοχή των γυναικών ήταν ελαφρώς υψηλότερη ενώ η πλειονότητα έπασχε από Διαταραχές Ψυχωτικού Φάσματος. Αν και η μέση συχνότητα προσέλευσης ήταν 120 ημέρες, όταν ιατρικά απαιτούνταν, παρασχέθηκε πιο εντατική παρακολούθηση (30-90 ημερών). Σχετικά με την ικανοποίηση των ασθενών από τις παρεχόμενες υπηρεσίες, η πλειοψηφία ανέφερε υψηλή ικανοποίηση ενώ η ηλικία των ασθενών φάνηκε να επηρεάζει τον βαθμό ικανοποίησης. Σύμφωνα με τα αιτήματα των ασθενών περισσότερη ψυχοθεραπεία και ψυχοκοινωνική υποστήριξη καθώς και υπηρεσίες κατ' οίκον θεραπείας αναφέρθηκαν ως απαραίτητες.

ΛΕΞΕΙΣ ΕΥΡΕΤΗΡΙΟΥ: Ποιότητα, ψυχική υγεία, Ικανοποίηση ασθενών, παρεχόμενες υπηρεσίες.

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