Lessons from the reform of the psychiatric services and the economical crisis in Greece

Prof. Stelios Stylianidis
Department of Psychology, Panteion University, Athens
Association for Regional Development and Mental Health (EPAPSY)
Independent living and the right to live in the community according to the CRPD

- With **regard to economic, social and cultural rights**, each State Party to take measures to the maximum of its available resources...
- ...States Parties shall **closely consult with and actively involve persons** with disabilities..
- **Article 19 - Living independently and being included in the community**
- States Parties to ensure:
  - (b) Persons with disabilities have access to a range of in-home, residential and other community support services...

**Article 28 - Adequate standard of living and social protection**

... 2. States Parties recognize **the right of persons with disabilities to social protection**

(c) **To ensure access by persons with disabilities and their families living in situations of poverty to assistance from the State with disability-related expenses**..

However, as data and lived experiences show we keep avoiding warning signs
Factors that facilitate /obstruct a reform

RESOURCES – CONSENSUS – CAPACITY – MORAL

• Too great a degree of tolerance of poor standards and of risk to patients;
• Standards and methods of measuring compliance which did not focus on the effect of a service on patients;
• the prevailing public-health priority agenda and its effect on funding;
• Lack of alignment between payment methods and expected services and outcomes
• Inadequate human resources for delivery of mental health care in relation to the level of need in the population
• Brain drain, failure to retain talent, staff retention, and weak career ladders
• High staff turnover and burnout, or low staff morale
• Disruptive loss of corporate memory - repeated, multi-level reorganisation.
Independent living and the right to live in the community - Situation in Greece

- National plan for the reform of the psychiatric services Psychargos:
  - 80% residential facilities developed but only 30% of other community services
- Mental health system: Fragmented, uncoordinated, low capacity, low accountability (Maudsley & Prooptiki for MoH, 2011, 2013)
- In 2012, 100 sheltered apartments were planned but only 65 were created and these with 35% reduced budget
- Poverty: Greece last at EU 28 regarding risk of poverty:
  - 3,8 million people (Eurostat, Parliament Statistics Office 2014),
- Unemployment: 27% in 08/2014 – highest in EU, 52% ages 15-24
  - tremendous decrease of income in long term unemployment, cuts in benefits, no guaranteed minimum income
  - 3,000,000 (27.7% of the total population) without social security (NSPH, 2013)
Net income while out of work in percentage of net income in work, OECD 2011

<table>
<thead>
<tr>
<th>Initial phase of unemployment</th>
<th>Long-term unemployment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greece</td>
<td>45</td>
</tr>
<tr>
<td>OECD 33</td>
<td>68.9</td>
</tr>
<tr>
<td>e.g. Portugal</td>
<td>76</td>
</tr>
</tbody>
</table>
Crisis and Health in Greece: Basic Facts (Antonakakis & Collins, 2014)

- 1% decrease in government expenditure leads to a 0.3% increase on overall suicide rates in Greece.
- GDP has been reduced by 11.3% between 2009 and 2010 resulting in a 3.39% increase in suicide rates solely due to fiscal austerity.
- Higher unemployment leads to increased suicide rates.
- Increased fertility rates reduce suicide rates, while alcohol consumption and divorce rates do not exert any significant influence on overall suicide rates in Greece.
- The impact of financial crisis is more significant in males (every 1% decrease in GDP leads to 0.43% increase in male suicides).
- A health policy perspective, specialized suicide prevention programmes focusing on the most distressed and vulnerable citizens in Greece should be established, as the empirical literature supports the idea that the correct diagnosis of suicide determinants, and the creation of suicide prevention programmes can lead to a reduction, if not prevention, of suicides.
Amid Cutbacks, Greek Doctors Offer Message to Poor: You Are Not Alone

By LIZ ALDERMAN

'Recessions can hurt, but austerity kills'
In the US, more than five million people have lost access to health care. In Greece, there's a 200% increase in HIV cases. And in some of the worst-hit countries, suicide rates are up. David Stuckler, author of an explosive new book, says the facts speak for themselves.
Crisis and Mental Health in Greece

• 75% of the population with at least one common mental disorder does not receive any treatment at all for its condition. (Skapinakis et al, 2013)
• Psychotropic Drugs
  ▫ 18.59% increase in the use of antipsychotics (2006-2011)
  ▫ 34.80% increase in the use of antidepressants (2006-2011)
    (NSPH, 2011)
• The significant predictors of a recent suicide attempt in 2011 were the presence of major depression during the previous month, financial hardship, a previous history of suicide attempt, being male, and being married. (Economou et al., 2013)
• Hotlines of Psychological Support have noted an increased number during 2010, of calls for psychological problems due to the financial crisis (27%) (EPIPSY, 2010).
• Suicidal ideation was also increased between 2009 and 2011 among respondents who used psychotropic medications (22.7% vs. 4.5%) and those who had sought help from a mental health professional (17.3% vs. 8.3%).
• 36% increase of the self-reported suicide attempts from 2007 to 2011 (Economou et al., 2011)
Involuntary hospitalizations

- The legal requirement for reasoned medical opinions is not fulfilled.
- Ninety-seven percent (97%) of patients were transferred by the police and not by the First Aid Centre Emergency Ambulance Service.
- It is not certain that patients were properly informed “of their rights and more specifically of their right to file an appeal”, as is required by law.
- The fact that no statistically significant association between a Court order and the duration of involuntary committal was found means that in practice the basic aim of Law 2071/92, namely, the judicial review of involuntary committal of mentally ill patients, is negated.
- Discontinuity of care among mental health services is the main- but not the only-explanation for this high rate.
- The implementation of the pertinent legislation the Psychiatric Hospital of Attica is better than it used to be, but it is not optimum yet.
- Patients display substantial reduction in symptom severity and better functioning upon discharge from Dafni; however, these benefits are not sustained in the long-run
A Study of Involuntary Hospitalization in Athens

- 62% involuntary hospitalizations.
- 56.3% schizophrenia spectrum disorders
- 36.4% meeting criteria for revolving door phenomenon.
- 85% patients discharged weren’t referred to community settings
- >4 lifetime psychiatric hospitalizations, Landon et al. 2001
- High levels of “revolving door” phenomenon
- Research by EPAPSY – Department of Psychology, Panteion: N = 150 patients, hospitalized either voluntarily or involuntarily at the 3rd clinic at psychiatric hospital of Attica.
A failing system I

- **Restraint** may be used as punishment or counterbalance staff shortages in overcrowded facilities. More precisely, deaths recorded annually vary between 50-150 as a consequence of restrictive practices (“Deadly restraint”, 1998).

- In practice, the Protocol regarding the conditions and the guidelines on restrictive measures in accordance with international texts on the protection of patients’ rights that have been endorsed by Greece and in accordance with international case-law is rarely applied.

- In the recent reports of the Committee (15/5/2012), triggered by complaints indicating abuse of this practice, the following are stated, among others, for the X Department of a Psychiatric Clinic: “[…] they chose to restrain 10 out of 17 patients with belts on their beds as preventive measure every night from 9 p.m. until 9 a.m.. The measure of preventive restraint during the night in the X Department must be lifted immediately.”

- The Committee came back one year later and visited the same Department for the second time on 17/9/2013 only to find that nothing had changed: “There is no specific seclusion area in this Department. Two patients were under restraint on a seat in the corridors, whereas nine patients – at least – out of a total of 19 patients hospitalized at that time, were put under restraint on their beds for preventive reasons every night (from 9 p.m. until 9 a.m.).” And of course everything that had been mentioned about medical and nursing staff shortages still held.
A failing system II

• 2002: Psychiatric Hospital of Chania; a 34-year-old patient under restraint was burnt in seclusion. Two nurses were later sentenced to two years of imprisonment.

• 2004: Private Psychiatric Clinic “Agios Georgios” (Thessaloniki); a patient under restraint was burnt: As it was pointed out by witnesses “screaming was very frequent...”

• 2006: Psychiatric Hospital of Thessaloniki; a patient died (burnt) under restraint.

• 2007: Police Department of Kallithea; a mentally ill patient was abused and found in a coma...

• 2012: a 33-year-old patient died at Egio as policemen were trying to catch him and take him to the hospital for involuntary psychiatric exam ordered by the Public Prosecutor. *2013: Psychiatric Hospital of Tripoli; a 34-year-old patient was burnt under restraint (Author’s note: the Psychiatric Clinic of Tripoli has been formally closed, yet it continues as department of the General Hospital. In practice it operates under conditions of complete abandonment). 444 admissions were made in 2013.
A failing system III

- 2014 June – Death of a woman in Psychiatric Hospital of Attica. Administration threaten to legally pursue the complaining relatives.

- 2014 September - Transfer of 10 adolescents with autism from the Public Hostel “Angelia” back to the closed asylum’s Children’s Psychiatric Hospital facilities.

- 2014 September - Death of a nurse after the quarrel of 2 adolescents at the Psychiatric Hostel for Adolescents “Spiti”.

- 2014 - September - Ngo working with adolescents since Leros applied to close its last community facility with protest letter to commissioner Andor.

(Data obtained from the article of Ms. AIMILIA PANAGOU, Senior Investigator of Greek Ombudsman, PHD canditate of PANTEION University, written by the journalist Ioanna Sotirchou, 15/7/2014, Efimerida ton Syntakton (The Editors’ Newspaper) and other articles in the daily press).
“As if” planning of services

Strategic Goals (as agreed with EC, 24/4/2013)

• Abolition of psychiatric hospitals and their organogramms
• Further development of community mental health services
• Sectorization of the provided mental health care
• Enhancement of the framework that mental health NGOs operate
• Training staff

Problems

- Not clear time table (starting/ending date) – Not reliable alternatives in community settings
- Not measurable goals
- Insufficient base data
- Lack of consensus on goals and methods of measurement
- Turnover of staff – inability of hiring new staff
- Advocacy & Mental Heath Promotion are absent from planning
The political problem

- The political leadership has not undertaken any action of operational guideline in order to specify the policy of the Psychiatric Reform in the country and to enable the function of central, regional and sector services, which will undertake the process of operational planning and exercise their role in the administration of Psychiatric Reform.
- Each political leadership of the Ministry of Health carries out its work with revocable partners, who withdraw when the responsible politician is replaced. This creates an unstable environment in the policy and administration, leading to a negative impact on the implementation of the Psychiatric Reform.
- Moreover, there are questions regarding the level of connection and cooperation between the political leadership, the Mental Health Directorate and the Special Service of Health & Social Solidarity.
- The structure and the responsibilities of the Mental Health Directorate, as reflected in the existing organizational structure of the Ministry, do not cover the needs for carrying out a reform policy and the implementation requirements of typical daily tasks of the executives.

Maudsley International – Prooptiki for the MoH (2013)
Conclusion

1. Deficit of democracy: dismantling the welfare state and the public health and mental health system → Scale-up actions to change neo-liberal policy in Europe.
2. Austerity kills: → Actions to tackle social exclusion and the deficit of social support and public health.
3. The violation of rights surpass the mental disability & disability area: affect all patients & citizens → Implement a mechanism for monitoring the level of awareness of moral case in this sector.
4. Planning of reform has an “as if” operation (Stylianidis, 2012, 2014): Time tables Indexes not realistic, measurable and monitored
5. Key problem is the innovative political approach
6. Problematic decision making process: lack of consensus and participation between involved partners.
7. We must move from the cost-based decisions to value-based decisions
8. We must move from the local/national level to the European level
9. International interventions have not yet proven effective (e.g. mhGap, QualityRights, Global mental health movement) → Rethink a realistic Action Plan.
10. The active involvement of users and families and other citizen movements is necessary
11. Time for innovative actions in mental health with multiplier effects for the general vulnerable population → Renegotiate the biomedical model