Mental Health Care Delivery System in Greece: A Critical Overview

C.N. Stefanis and M.G. Madianos

Department of Psychiatry, Eginition Hospital, Athens University, Athens

Introduction

Psychiatry in Greece has a long history of a rather traditional structure which has already been portrayed in several articles (1-3, 6). The purpose of this paper is to outline the existing mental health organizational patterns and to critically review its main characteristics.

In the past 15 years, Greece has undergone profound socioeconomic changes and it is generally recognized that the Greek society is currently in a transitional period. Several innovations reflecting societal changes during this period have taken place in the field of mental health. A new ministerial decree concerning compulsory psychiatric admissions has been effective since 1979, a new statistical system on mental disorders is now in use and a 24 hour psychiatric emergency system for the greater Athens area is now operating. A sociocultural orientation and community involvement in some psychiatric institutions is also becoming more evident accompanied by an increasing change in the public's attitudes toward mental health problems and policy.

In the advent of Greece joining the European Common Market the health policymakers are eager to harmonize health delivery programs to the existing trends in Western Europe [4] and are increasingly aware that reforms in psychiatric services should become an essential part of the forthcoming legislative measures to promote a primary medical care system.

Material and Methods

Official data on the mental health care system, such as the number of mental hospitals and ambulatory care services, its manpower, the number of psychiatrists and the other mental health personnel, the annual budget for public and mental health services, were obtained from the Ministry of Social Services. There was a cross-validation of the above information

Mental Health Care Delivery System in Greece 79

Table I. Regional distribution of psychiatrists, psychiatric inpatient and ambulatory care services per 100,000 inhabitants

Table II. Distribution of mental hospitals by the number of beds and the number of psychiatrists

by the use of different sources of information such as local contacts with services or the National Statistical Service. Most of the collected data was derived from the December 1978 Mental Health Services Survey by the National Statistical Services. The data was analyzed on the basis of information contained in the results of the 1971 National Census.

Results

By analyzing the collected data, the following seem to emerge as the main features which characterized the current mental health care Delivery system in this country.

Centralization of Mental Health Services. The magnitude of this phenomenon is shown in table I, and is characteristically reflected in the enormous number of mental patients treated in huge mental hospitals. Related to this problem is the absence of a psychiatric referral network in the public health area. From a total of 626 psychiatrists also practicing neurology, 415 (66.7%) are located in the greater Athens area. There are 13 Nomes with a total population of 824,742 where neither psychiatric services nor psychiatrists exist. From a total of 13,422 psychiatric beds, 6,847 serve the greater Athens area and 1,682 the City of Thessaloniki in the north. The proportion of psychiatric beds is 1.5/1,000 inhabitants and is becoming more inadequate by the fact that 56% of the state psychiatric beds are occupied by chronic patients.

As can also be seen from table I, psychiatric services are not integrated into the Public Health Services. There is a lack of psychiatric units in the general hospitals serving and treating emergencies in certain catchment areas. Ambulatory community psychiatric services are also largely undeveloped.

Table III. Mental hospitals, beds, manpower and mentally ill patients as proportion of all health hospitals,
beds, manpower and patients per 100,000 population¹

Table IV. Annual budget¹ (1978) for public and mental health care delivery system, directly financed by the
government²

Uneven Distribution of Psychiatrists per Number of Beds. As expected, the

huge mental hospitals have fewer psychiatrists, who mainly provide inadequate psychiatric care (table II).

Unequal Distribution of Mental Health Manpower Compared to the Public Health Section. This is indicated by the data shown in table III.

Inadequate Distribution of Funds. As shown in table IV the differential treatment of public health and mental health patients on the part of the State is reflected in the budget allocated in the two respective areas. It costs the State 50 US \$ day for the public health bed and only 7 US \$ day for the mental health bed. The ratio is 7:1.

Stefanis/Madianos 82

Discussion

The organization of mental health care delivery system in Greece is characterized by serious problems related to: (1) the system per se, (2) the mental health manpower structure, and (3) legislative, administrative and social policy inadequacies.

The basic problem influencing the whole mental health care system structure is centralization of services with huge mental hospitals exceeding the 2,700 beds still operating, with lack of integration of psychiatric units into general hospitals and absence of a centrally organized system of community mental health services as an alternative to the long-stay psychiatric beds which are occupied by chronic mental patients thus decreasing the availability of beds. The use of the term mental health care system is rather ambitious given the fact that 'a system is a set of units with relationships among them and the state of each unit constrained by the state of other units' [5], In the case of mental health care in Greece, the system 'functions' independently of its units, being responsible for various quantitative and qualitative phenomena characterizing the provision of mental health care.

The problem related to the mental health manpower can be summarized as follows: (a) Uneven geographical distribution of psychiatrists, (b) Inadequate number of mental health professionals. There is a need for increasing the number of training years in psychiatry and for separating psychiatric from neurologic practice. There is also a need for formal training of mental health paraprofessionals (social workers, psychologists, occupational therapists) at a university level of education. The mental health administration suffers from various inadequacies, mainly deriving from social security deficiencies. One of the main objectives of a future reorganization of mental health services should be the establishment of a coordinating administrative body, 'the Mental Health Council', that will coordinate

and plan all activities in the field of mental health. The drafting of a new mental health legislation is needed in order to promote psychiatric rehabilitation. It is expected that all the above, along with supplementary measures such as the establishment of the mental health services evaluation system and the intensification of the mental health education of the public will soon alter the scene of Greek psychiatry and will secure a more effective care system for the mentally ill in this country.

Summary

The organizational profile of the mental health care delivery system in Greece is mainly characterized by centralization which is reflected in various functional parts of the system (uneven distribution of psychiatric beds and manpower, absence of psychiatric units in general hospitals serving a certain catchment area, lack of community-based psychiatric services,

Mental Health Care Delivery System in Greece 83

etc.) As a result of this centralized structure there is a centrifugal flow of the mentally ill patients toward Athens and Thessaloniki and consequently the existing possibilities for community-based care as an alternative to inpatient treatment are rather limited. Future immediate objectives of the national social policy planning should be based on decentralization and reorganization of the psychiatric services in order for the mental health delivery system to respond more effectively to the mental health needs of the Greek population.

References

- 1 Chartocollis, P.: Psychiatry in contemporary Greece. *Am. J. Psychiat.* 123: 457—462 (1966).
- 2 Christodoulou, G.N.: Psychiatry in Greece. *Int. J. Soc. Psychiat.* 16: 314-316 (1970).
- 3 Madianos, M.: Les maladies mentales en Grèce. Problèmes et perspectives OMS. Séminaire d'Épidémiologie Psychiatrique et de l'Évaluation (École de Santé Publique de l'Université Libre de Bruxelles, Bruxelles 1978).
- 4 May, A.R.: Mental health services in Europe (WHO, Geneva 1976).
- 5 Miller, J.: General systems theory; in Freedman, Kaplan and Sadock, *Comprehensive textbook of psychiatry*, 2nd ed., vol. 1, pp. 75-88 (Williams & Wilkins, Baltimore 1975).
- 6 Vassiliou, G.: Psychiatry in Greece; in Masserman, *Psychiatry in East and West* (Grune & Stratton, New York 1968).

C.N. Stefanis, MD, Department of Psychiatry, Athens University,
Eginition Hospital, Vasilissis Sofias 74, Athens (Greece)