Prevention of Chronic Mental Disorders in
Greece
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The prevention of chronic mental disorders includes both secondary and tertiary prevention, the latter depending on the rehabilitation of mental patients and on tolerance within their social environment.

During the early post-war years, psychiatric assistance to chronic mental patients in Greece was almost entirely limited to biological treatment in asylums.

During the 1950s, however, Greece became more orientated towards preventive psychiatry. Early sporadic efforts included the appointment of social workers and psychologists, the training of nurses and occupational therapists, and systematic psychotherapeutic interviews with patients. In Dromokaition Mental Hospital such measures enabled all physical restraints to be abolished in 1953 (iron cages, chains, strait-jackets, etc.), and allowed previously locked doors to be opened and iron bars to be removed from the windows (6). Some patients reacted to this with fear, as they felt unprotected from external dangers. In the long run these measures were sucessfully applied because the hospital community became aware that they were both harmless and effective. Nevertheless their success in Dromokaition Hospital had no effect on the continuing compulsory isolation behind bars of chronic mental patients in newly built mental hospitals and nursing homes.

Since 1954, the use of psychopharmaca has made a decisive contribution to the tertiary prevention of mental disorders in Greece. Some psychiatrists who believed in preventive psychiatry contributed to develop the most effective methods of improving conditions for a community of in-patients. In a few mental hospitals patients were encouraged to elect committees concerned with their problems and to make frequent outings into the outside world. The raising of the living standards in hospital made clear the great distance which separated chronic mental patients from social rehabilitation. Most of them had been deserted by their relatives, and social assistance was almost non-existent. It was necessary to make a systematic search for relatives in order to renew family

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bonds, and to provide systematic guidance to modify the problematic family relationships (2).

Gradually, some asylums were transformed into flexible community-orientated

mental hospitals (4). Some in-patients could work in the community while others could spend the night at home and benefit from the occupational and recreational activities of the hospital during daytime. In-patients were able to follow specialized workers' trainings at the school for the rehabilitation of physical Invalids. Out-patients visited their psychiatrists in the hospital or they corresponded with them and completed questionnaires.

Some psychiatrists on the other hand distrusted such modern methods of rehabilitation and depended more or less entirely on psychopharmacotherapy, which in a manner hindered the development of preventive psychiatry in Greece. As they believed that prevention was not a psychiatrists' job they limited themselves to the pharmacological treatment of their mental patients.

The first non-governmental efforts to promote preventive assistance began during the 1950s with the foundation of the Panhellenic Union for Mental Hygiene (PUMH) in 1956 and of the Mental Health Centre in 1957. The latter was orientated towards primary prevention activities and later created community centres in the main cities to follow up chronic mental patients. Under the auspices of the Ministry of Social Welfare, the PUMH completed a draft of a Mental Health Law to replace the anachronistic law for the insane of 1872. A report by experts from WHO and WFMH stated that this legislation would cover the needs of preventive psychiatry in Greece for the next 20 years. Special chapters dealt with the innovation of voluntary admission to mental hospitals, rehabilitation of the mentally incapacitated, development of multidimensional psychiatric departments in general hospitals, and other community mid-way services to close the gap between the mental hospital and the community.

The 1960s saw the development of a movement for mental hygiene and preventive psychiatry. The rehabilitation of chronic mental patients has always been centred on the mental hospital. Those of us who believed in prevention aimed at developing a system of continuity between in-patient treatment and out-patient follow-up. The guidelines used were: (1) early rehabilitation plans made right from the moment the patient was admitted to hospital; (2) individualization of treatments; (3) a 6-month limit for hospitalization; (4) follow-up in the community by the same psychiatrist who treated the patient. The application of such efforts gave improved rehabilitation results. In one mental hospital two groups of patients were compared (7). The first group which consisted of patients who had been treated during the decade 1957—1966 had more rehospitalizations but a statistically longer period of community rehabilitation than the second group which consisted of patients who had been treated with biological methods during the decade 1947—1956. Furthermore, the first group showed a higher percentage of patients fully occupied and satisfactorily adjusted in the community

than the second group. These efforts, moreover, proved effective for new admissions. A high percentage of chronic mental patients had been more or less permanently institutionalized although the level of their hospital life had greatly improved.

In a division of the Dromokaition it took 4 years of dedicated work to rehabilitate 30% of the institutionalized patients (3). The collaboration of their relatives proved of prime importance: it was shown by research (9) that the group of chronic mental patients whose relatives collaborated with and were guided by the psychiatrists had statistically fewer rehospitalizations than the group whose relatives did not collaborate. Psychiatrists became aware that the discharge home of patients whose relatives refused to receive them was doomed to failure. In 1962 another study was published (1) giving the following impressive data concerning the attitude of the families of hospitalized mental patients.

(1) 86.6% of the responsible relatives preferred their parent to remain in the mental hospital for life.

(2) 28.3% of the families needed 1-15 years to recognize that one of their members suffered from a mental disorder and to set about getting treatment for him.

Another complementary report (5) concluded that the tight emotional bonds, loyalty and compliance of the members of Greek families, together with ignorance associated with the stigma attached to mental disorders and excessive tolerance of mental symptoms contributed to the delay in awareness and early treatment of mental disorders.

The need for secondary prevention programmes was obvious. International institutions provided support for these programmes but conditions were not ripe for successful exploitation of the assistance provided. The establishment of experimental units for community follow-up in one rural and in two urban areas in collaboration with the European Office of WHO and the Greek Ministry of Social Welfare was not successful.

During the 1960s, preventive psychiatry made some progress in the cities but was almost non-existent in the rural areas, where it was limited to the treatment provided by a few psychiatrists in private practice scattered throughout the country and a few asylums. The development of psychiatric departments in general hospitals was inconceivable. The official view persisted in maintaining the need for an increased number of psychiatric beds and for the social isolation of mental patients. Thus a colony for several thousands of mental patients was founded on the isolated island of Leros with the consent of WHO experts. This colony provided certain advantages: the daily cost of maintaining the patients was very low, central mental hospitals were relieved by the 'export' of their deteriorated patients to the colony and the colony was far from both the public and the press.

During the 1970s, some basic articles of a new law for mental hygiene were

published (8) but their application was limited. Many psychiatrists were not ready to apply the articles on voluntary admission to mental hospitals, and the government was not ready to give priority to the large expenditure required in order to establish the necessary rehabilitation services. In spite of this, preventive assistance for chronic mental patients gained ground during the 1970s. Mental hygiene units, out-patient departments and day-hospitals were created, and general conceptions became more orientated towards preventive psychiatry. Newly trained scientists worked on preventive psychiatric practice and serious research was done. Moreover, the attitude of the families of mental patients has also changed; a recent study (8) revealed that 61% of the relatives of the newly admitted in-patients wanted their patient back home, in comparison with 17% in 1961. 21%, in comparison with 28% in 1961 needed more than 1 year to become aware that mental illness had hit a member of their family and to get treatment for him. Also in comparison with 43% in 1961, only 15% of friends and neighbours still stigmatized the mental patient and his family, mocked or avoided them.

In many areas of Greece, however, preventive psychiatry still remains in the early stages of its development. Where rehabilitation services are absent, psychopharmacotherapy alone prevails, with rigid isolation of the mental patients.

A summary of post-war measures for the prevention of chronic mental disorders in Greece offers useful information for future planning. There was a wide but uneven development, depending on the attitudes of psychiatrists and of the public towards the prevention of mental disorders. This development is characterized by the scattered efforts of a few pioneers concerning:

- (1) The improvement of the treatment and rehabilitation of hospitalized mental patients.
- (2) The improvement of attitudes within the community towards chronic mental patients and mental disorders.
- (3) The revision of the anachronistic 1872 law on mental asylums.
- (4) The early diagnosis, treatment and rehabilitation of chronic mental outpatients.

The results of these efforts are encouraging. It is obvious that improvement in one area has a favourable influence in other areas. But the general improvement has been slow, and some important needs have never been satisfied, such as the creation of psychiatric departments in general hospitals and the establishment of catchment areas for mental hospitals.

In conclusion: the prevention of chronic mental disorders in Greece is dependent upon the education of psychiatrists and members of the parapsychiatric professions and the enlightenment of the public in order to promote preventive attitudes. The time has come for the planning of preventive programmes on a national

scale. Careful study is needed to classify these programmes in order of priority so that they may be most effectively applied in the long term.

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Summary

A critical review of the post-war development of the prevention of chronic mental disorders in Greece offers useful information for the future. Present-day experience and knowledge - both in Greece and internationally — allow plans to be made on a national scale. A careful study of priorities will enable the appropriate measures to be financed and applied in stages, thus ultimately benefiting the chronic mental patient.

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