

# Community Mental Health Services for Children and Adolescents: The example of the Mobile Mental Health Units of NE and W Cyclades islands in Greece

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Perspectives (inter)nationales!?, un Symposium organisé par le SPF santé publique les 20 et 21/10/2016





Greek Islands



- greek islands **lonely planet**
- greek islands **map**
- greek islands **cruise**
- greek islands **for sale 2016**

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what greece|



- what greece **is known for**
- what greece **owes when**
- what greece **gave the world**
- what greece **should do**

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# Diagram of the Presentation

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- ▶ **Introductory points: The current situation and its impact in Children and Adolescents**
- ▶ **Child and Adolescent Mental Health Services in Greece: The role of the Mobile Mental Health Units**
- ▶ **Data from the Mobile Mental Health Units**
- ▶ **Examples from Practice within the Local Culture and Community**
- ▶ **Clinical and Cultural Observations in Therapeutic Work**
- ▶ **Mobile Mental Health Units as a platform for Good Practices**



Introductory points: The current situation  
and its impact in Children and  
Adolescents

# Independent Expert Report (Human Rights Council, 2016)

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- ▶ The Independent Expert of the OHCHR is concerned in particular that social protection expenditures were not sheltered at a time when they were most needed for covering an increasing number of persons in situation of vulnerability; instead, social protection expenditure was cut by 21.3 per cent from 2009 to 2013.
- ▶ **“Reductions were particularly harsh for the most marginalized, who lacked any strong political lobby”.**
- ▶ Public health expenditures fell in an unprecedented manner, from €16.1 billion in 2009 to under €9.3 billion in 2013, 42.5 percent over the five-year period.
- ▶ At the same time, demand for public health-care services increased, as more people could no longer afford private health care.
- ▶ **“The excessive austerity in the public health care sector first killed the nurses and doctors before even getting to the patients”.**
- ▶ Although efforts were made to minimize the impacts on health service delivery to rights holders, it was impossible to undertake such drastic cuts in such a short period without jeopardizing the right to health in all its dimensions, including accessibility, affordability, acceptability and quality.
- ▶ Defence Expenditure still above the European Average!



# Unemployment and Poverty according to HR Council

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- ▶ Overall, about one million jobs have been lost since the beginning of the crisis, resulting in an unprecedented unemployment rate of 27.5 per cent in 2013, dropping only slightly to 24.0 per cent during the third quarter of 2015.
  - ▶ Unemployment among women has remained 6.5 per cent higher than among men and youth (ages 15-24) unemployment remains at 48.8 per cent, an unacceptable proportion that undermines the prospects of an entire generation.
  - ▶ **Jobseekers have increasingly to accept part-time or unstable work. (Poor Workers, R. Castel)**
  - ▶ Over one million people in Greece can be considered as extremely poor.
  - ▶ **Put bluntly, they have to survive on less than €8.42 per day for a single-person household or on less than €4.42 per day per person for a family of two adults and two children.**
  - ▶ 85% rise in individuals who have postponed medical examinations due to costs(2013 since 2010)
  - ▶ 13,9% increase in individuals who have postponed necessary medical examinations (2013 since 2010)
  - ▶ **Necessary to reflect on what type of mental health care to what population group in what socioeconomic condition we provide and for how long!**
- 



# Mental Health of Children and Adolescents during socio-economic crisis I (Anagnostopoulos & Soumaki, 2013)

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- ▶ Patient visits to emergency units, outpatient departments and mental health clinics in the National Health Care General Hospitals have increased by 120% in the last 3 years.
- ▶ Only 30% of the planned services in the Greek Psychiatric Reform have been developed.
- ▶ Uneven development for the Region of Greece. Mostly concentrated in urban centres (Athens, Thessaloniki)
- ▶ The existing National Healthcare System for Children and Adolescents operates with 10-40% fewer employees who are not paid regularly and whose salaries have been cut by 40%.
- ▶ The number of new cases has increased and the demand for supportive work within the community (due to the collapse of social services) and schools (due to insufficient psychological services) has also increased.
- ▶ 39,8% in children and 25,5 % in adolescents increase in new cases in public outpatient services – 35,4% decrease in private services
- ▶ Waiting time has triples reaching up to 1 year



## Mental Health of Children and Adolescents during socio-economic crisis II (Anagnostopoulos & Soumaki, 2013)

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- ▶ Cases of psycho-social problems in children and adolescents have risen by 40%
  - ▶ Conduct disorders have risen by 28%
  - ▶ Suicide attempts have risen by 20%
  - ▶ School refusal have risen by 25%
  - ▶ Bullying by 22%
  - ▶ Substance Abuse by 19%
  - ▶ Cases of family discord due to financial problems have risen by 51%
  - ▶ **Admission increased up to 84% with diagnoses on admission of borderline conditions, severe behavioral disorders, acute psychotic crises, self-harm behaviors and other similar conditions constituting 79% of the total cases in 2011 (48% in 2007).**
  - ▶ Raw violence against “the other” (immigrant, mentally vulnerable, disabled)
- 



# Greek financial crisis and child mental health

G. Kolaitis, G. Giannakopoulos – Lancet, 2015

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- ▶ Poverty is a risk factor for children's mental health and development.
  - ▶ Psychological stress associated with poverty has proximal effects, such as harsh parenting, and distal ones, such as children's antisocial behaviour and other mental health problems.
  - ▶ The recorded number of abused or neglected children admitted for child protection to the largest Greek paediatric hospital has risen from 81 cases in 2011 to 170 cases in 2014.
  - ▶ Public funding cuts (almost 50% in 2014 compared with public funding in 2007) led to some services not being fully operational, whereas others are on the verge of being suspended.
  - ▶ Parents have cut back or discontinued their children's treatment, even for debilitating disorders such as autism, because of their inability to cover the out-of-pocket expenses of the treatment.
  - ▶ Financial crisis is expected to produce a child and adolescent mental health crisis.
- 



Unaccompanied minors in Greece: An issue that raises issues of human rights and eventually mental health.

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- ▶ **60.000 refugees to be integrated in the Greek community**
  - ▶ 2.248 unaccompanied minors were recorded in 2015 while FYROM recorded 18.100 from June 2015 until December. **Invisible population since 90% of the refugees enter from Greece!**
  - ▶ **In the first 8 months of 2016 3.574 unaccompanied minors have been recorded in Greece while 800 available beds in hostels and other transitional units can be found.**
  - ▶ Human Rights Watch found that **children often face degrading conditions in police station cells and in Coast Guard facilities, and unsanitary conditions in pre-removal detention centers.** All of the children interviewed in police stations, including those who had been detained for more than a month, said they were not allowed to leave their cells.
  - ▶ None of the children interviewed by Human Rights Watch had had a proper interview in police custody. Children are often unable to receive counseling, information about the reasons for and duration of their detention, and legal aid.
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Child and Adolescent Mental Health  
Services in Greece: The role of the Mobile  
Mental Health Units

# Child and Adolescent Mental Health Services in Greece

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- ▶ 40 beds (30 in Athens and 10 in Thessaloniki)
  - ▶ Public Mental Health services due to budget **cuts offer diagnostic services (with long waiting lists)** while **Mobile Mental Health Units are functional offering long term therapy in the community continually integrating new services and more specialties.**
  - ▶ 2 Units for Adolescents in Greece (Psychiatric Cases are abused due to rapid change of professionals)
  - ▶ There are no services for short-term stay for adolescents
  - ▶ No specific services for adolescents 14-17 yo.
  - ▶ No new services have been developed since 2011 for children and adolescents.
  - ▶ 20 prefectures with no child-psychiatry services
  - ▶ The number of child psychiatrists is limited concerning the needs which is due to the few specialty placements.
  - ▶ There is still **institutional care** for children and adolescents especially in social care (intellectual disability).
  - ▶ There are no mental health professionals in the educational system and there is lack of services for prevention and treatment of student's mental health.
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# Children and Adolescent Mental Health: Why intervene? (WHO, 2005)

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- ▶ There are three compelling reasons for developing effective interventions for children and adolescents:
  - ▶ (i) since specific mental disorders occur at certain stages of child and adolescent development, screening programmes and interventions for such disorders can be targeted to the stage at which they are most likely to appear;
  - ▶ (ii) since there is a high degree of continuity between child and adolescent disorders and those in adulthood, early intervention could prevent or reduce the likelihood of long-term impairment;
  - ▶ and (iii) effective interventions reduce the burden of mental health disorders on the individual and the family, and they reduce the costs to health systems and communities.
  - ▶ **The lack of an adequate number of specialized community structures and services for child psychiatric care in Greece which are suitably staffed by well-trained child psychiatry experts in adequate numbers is a major barrier to the protection of the rights of children.**
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# Psychiatric Reform in numbers

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<b>MENTAL HEALTH UNITS</b>	<b>Number of provided services today</b>	<b>Number of services needed</b>
<b>Integrated Psychiatry-Child Psychiatry Sections in General Hospitals**</b>	<b>40</b>	<b>75</b>
<b>Mental Health Centers</b>	<b>45</b>	<b>80</b>
<b>Child Guidance Clinics***</b>	<b>22</b>	<b>73</b>
<b>Mobile Units</b>	<b>27</b>	<b>40</b>
<b>Day Centers</b>	<b>40</b>	<b>42</b>
<b>Psychosocial Rehabilitation Units and Programmes</b>	<b>430</b>	<b>407</b>
<b>Centers/ Units Social-Vocational Rehabilitation</b>	<b>102</b>	<b>14</b>
<b>Alzheimer's Day Centers</b>	<b>3</b>	<b>85</b>
<b>Centers for Treatment and Care of Drug Abuse</b>	<b>0</b>	<b>35</b>
<b>Alcohol Abuse Treatment Centers</b>	<b>0</b>	<b>15</b>
<b>Social Cooperatives-Social Firms</b>	<b>18</b>	<b>55</b>
<b>Home Care Units</b>	<b>1</b>	<b>0</b>
<b>Units for Children with Autism</b>	<b>2</b>	<b>0</b>

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# EPAPSY: Association for Regional Development and Mental Health

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- ▶ **EPAPSY** is a **non governmental organization** (NGO) that has the responsibility of founding and operating mental health services (housing units, mobile units, day centre) in the context of the “Psychargos” programme.
  - ▶ It is funded by national funds (the Ministry of Health) as well as the EU
  - ▶ It operates under the supervision of the Ministry of Health, but functions under private law as a public body
  - ▶ Operating since 1988
  - ▶ 220 employees on permanent ft or pt basis (61% 25-35yo, 11% postgraduate degree)
    - Scientific Director: Stelios Stylianidis
      - ▶ Prof. of Social Psychiatry
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**1. Trikala:** Residential Unit for severe psychiatric patients

**2. Lamia:** Residential Unit for elderly psychiatric patients

**3. Livadeia:** Residential Unit for elderly psychiatric patients

## ATTICA

**9. Athens:** MAIN OFFICES

**10. Penteli:** Residential Unit for elderly psychiatric patients

**11. Lykovrysi:** Residential Unit for severe psychiatric patients

**12. Melissa:** Day Centre

**13. Chalandri:** Residential Unit "Thetis"

**14. Chalandri (Patima):** Residential Unit "Odysseus"

**15. Chalandri:** Residential Unit "Ariadne"

**16. Chalandri:** Halfway House "Thetis"

**17. Chalandri:** Halfway House "Odysseus"

**4. Chalkis:** Halfway House for chronic, ex institutionalized, psychiatric patients

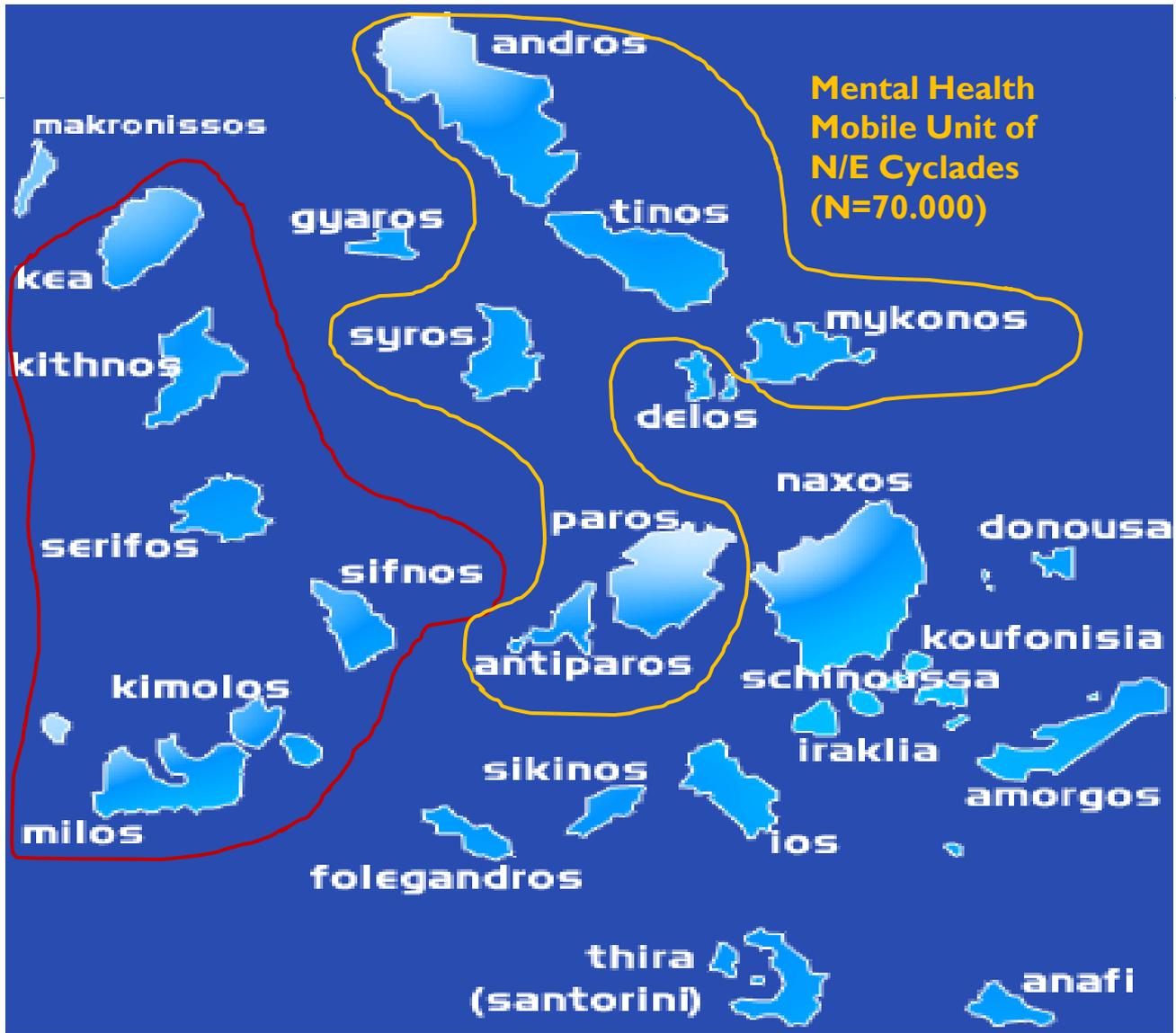
**5. Chalkis:** Residential Unit for severe psychiatric patients

**6. Eretria:** Residential Unit for severe psychiatric patients

**7. NE Cyclades:** Mental health mobile unit

**8. W. Cyclades:** Mental health mobile unit





**Mental Health  
Mobile Unit of  
N/E Cyclades  
(N=70.000)**

**Mental Health  
Mobile Unit of  
W Cyclades  
(N=13.421)**



# Same time (2016)

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# TROUBLE IN PARADISE?

A large, crowded outdoor party scene, likely a festival or concert, with many people dancing and spraying water. The scene is filled with people in various outfits, some in swimwear, and a large amount of water being sprayed from a central point, creating a misty atmosphere. The background shows a large, open area with a white wall and a large crowd of people.

**Mykonos**

Where to party

*Social Determinants and Mental Health (WHO, 2014)*  
A person's mental health and many common mental disorders are shaped by various social, economic, and physical environments operating at different stages of life.



Working  
Behind the  
Scene -  
Behind  
closed  
doors.



# Mobile Mental Health Units for NE and W Cyclades

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- ▶ Two out of 25 MMHU in Greece developed by EPAPSY NGO
  - ▶ Sector of Responsibility:
    - ▶ NE Cyclades: Paros (Central Offices), Antiparos, Tinos, Mykonos, Syros, Andros
    - ▶ W Cyclades: Milos, Sifnos, Serifos, Kea, Kythnos, Kimolos
    - ▶ Total population: 90.000
    - ▶ 11 islands that have frequent connection with Athens during Summer but are isolated the rest of the year
  - ▶ 11 years of service
  - ▶ Every 15 days for 2 or 3 days a multidisciplinary team (psychiatrist, child-psychiatrist, social worker, psychologist) visits every island (at Health Centers, Municipality Offices, Home Visitations)
  - ▶ Community Networks for Mental Health (Local Councils for Mental Health)
  - ▶ Multilanguage services (English, Greek and selective Albanian)
  - ▶ Technology in use for complimentary support (mobile phone, skype).
  - ▶ Monthly supervision for each MMHU in Athens
  - ▶ Bi-monthly training seminars for Community Mental Health and other issues
  - ▶ Psychotherapy can last a few months (given that the frequency at which therapists visit each island is every 2 weeks, the maximum number of sessions could be 2 on the weekend of the visit, or 4 a month, or a total of 20-25 sessions overall) up to 4-5 years (i.e. almost 200 sessions).
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# Goals of the Mobile Mental Health Units for Children and Adolescents

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- ▶ **Need assessment** for mental health of children and adolescents
  - ▶ **Child Psychiatry services** (evaluation, diagnosis, treatment for mental health problems)
  - ▶ **Prevention and Promotion of children and adolescent mental health** through the realization of special programmes and the training of professionals working with children, adolescents and parents for the effective early intervention in mental health problems.
  - ▶ **Liaison services** among healthcare levels (Primary, Secondary, Tertiary) and among informal agencies in the community with a view to providing comprehensive interventions and more accurate assessment of needs.
  - ▶ Development of **specialized actions** for the prevention and treatment of child abuse and victimization.
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# MMHU Services and Aims

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- ▶ **Mobile Mental Health Units provide services:**
  - ▶ In mental health sectors whose geographical area and layout, residential diversity and social, economic and cultural conditions coupled with the nature of mental disorders make it difficult for residents of those areas to access mental health services.
  - ▶ In neighbouring mental health sectors when there are no adequate mental health services
- ▶ **The aim of modern child psychiatry is that all mental health problems are dealt with by keeping the children and adolescents in the community, providing them with the entire range of specialized psychosocial care and rehabilitation services they need (Anagnostopoulos & Lazaratou, 2005).**



# Service Organization: Optimal Mix of Services



# Innovations in Mental Health (Patel, Saxena, De Silva & Samele, 2013)

CROSS-CUTTING PRINCIPLES	POLICY ACTIONS
<p><b>Respect human rights</b> All innovations should confirm to the Convention on the Rights of Persons with Disabilities and relevant regional human rights instruments</p> <p><b>Draw on evidence-based practice</b> Mental health innovations need to be based on scientific evidence of 'what works' and/or best practice, taking cultural considerations into account</p> <p><b>Strive for universal mental health coverage</b> Regardless of age, sex, socioeconomic status, race, ethnicity or sexual orientation, persons with mental health problems should be able to access essential health and social services that enable them to achieve recovery and the highest attainable standard of health without the risk of impoverishing themselves</p> <p><b>Take a life course approach</b> Mental health innovations must address needs throughout the life course, from infancy to old age. Interventions should be delivered as early in the life course as possible to reduce the long-term impact of these problems.</p>	<b>1. EMPOWER PEOPLE WITH MENTAL HEALTH PROBLEMS AND THEIR FAMILIES</b>
	<b>2. BUILD A DIVERSE MENTAL HEALTH WORKFORCE</b>
	<b>3. DEVELOP A COLLABORATIVE &amp; MULTIDISCIPLINARY TEAM-BASED APPROACH TO MENTAL HEALTHCARE</b>
	<b>4. USE TECHNOLOGY TO IMPROVE ACCESS TO MENTAL HEALTHCARE</b>
	<b>5. IDENTIFY AND TREAT MENTAL HEALTH PROBLEMS EARLY</b>
	<b>6. REDUCE PREMATURE MORTALITY</b>

# Needs Assessment (I)

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- ▶ Focus groups with teachers and educational staff concerning the children and adolescent behavior is discussed while cases of bullying at school, potential abuse or neglect are recorded so that the Mobile Unit can function as a consultant or to plan a specific intervention.
- ▶ Meetings with other professionals working at the community also take place (speech therapists, ergo therapists, social workers in Health Center, Social Services or other agencies) are helping to better describe the needs that children and adolescents are concerned with.
- ▶ Systematic analysis of data concerning the initial request of children, adolescents and parents also takes place formulating the psychosocial profile of the Mobile Mental Health service users.







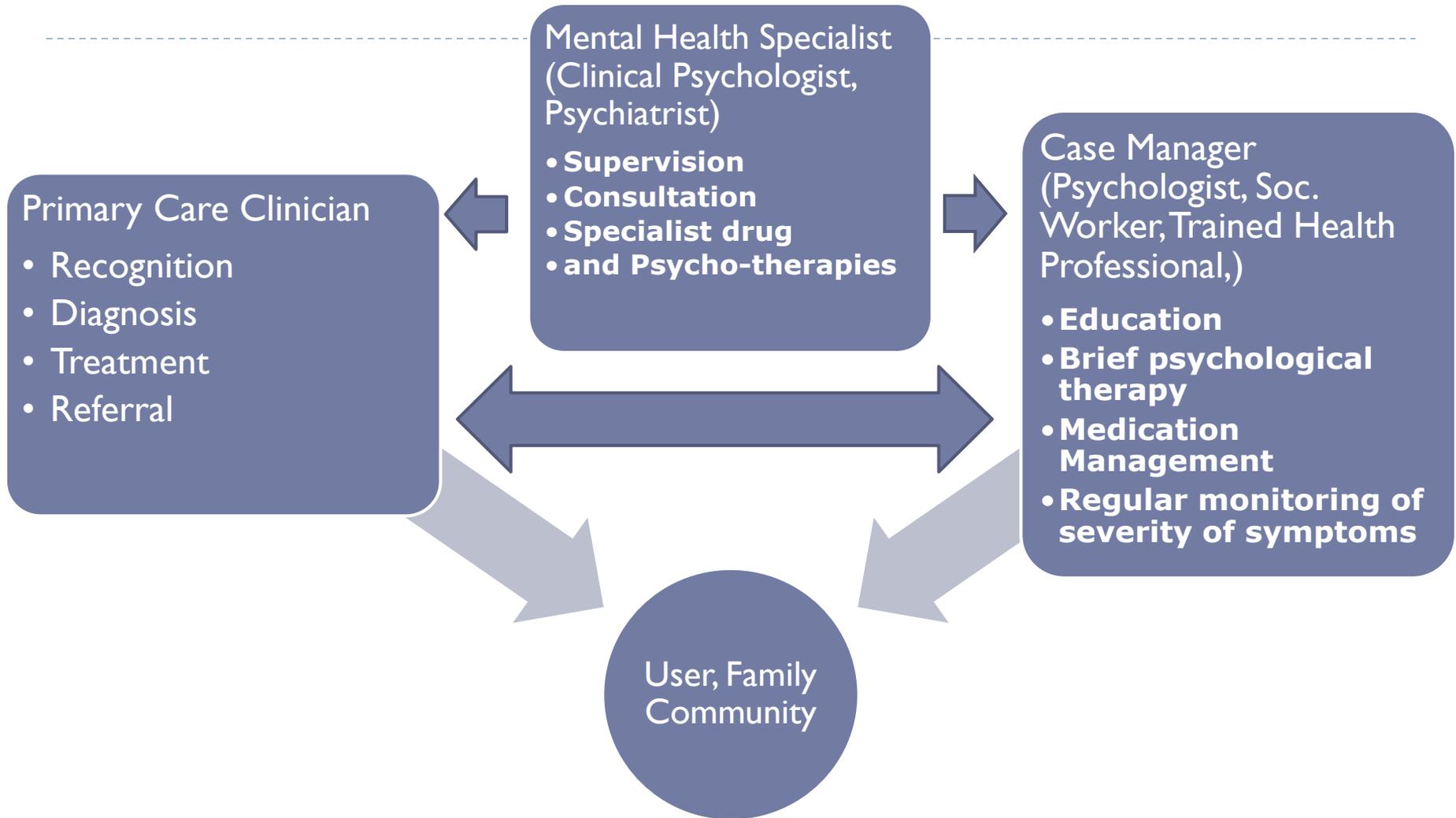
# Needs Assessment (II)

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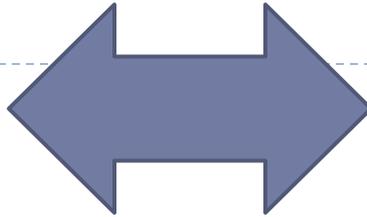
- ▶ A needs assessment for children and adolescents is also realized through research initiatives that have been designed in the years of functioning of the Mobile Units.
  - ▶ Epidemiological research to detect the prevalence of common mental disorders took place in Paros among 323 adolescents (16-18 yo).
  - ▶ The research took place in 2007 in collaboration with the Psychiatric Department of the Medical School of Ioannina and is part of a larger epidemiological research sampled with 5614 adolescents from schools in Northern Greece and Attica (Skapinakis et al. 2011, Magklara et al. 2010, Magklara et al., 2012).
  - ▶ **Specifically for Paros a major finding was that depression prevalence among adolescents was 12,7% (almost double among girls than boys, OR =7,12, CI = 3,42–14,82).**
  - ▶ **Higher percentage was noted among students in the third grade of high school and those with mediocre school marks (OR = 4,31, 95% CI = 0,97–19,13).**
  - ▶ **Positive association at a significant level was also noted between victimization from bullying and depression (OR =3,47, 95% CI = 1,04–11,63).**
  - ▶ Cannabis was also positively associated with depression (OR =4,23, 95% CI = 1,29–13,89).
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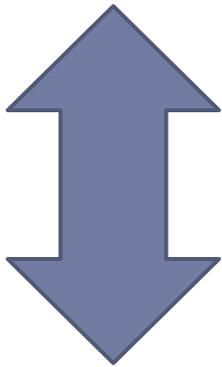
# Collaborative Care within the Mobile Unit



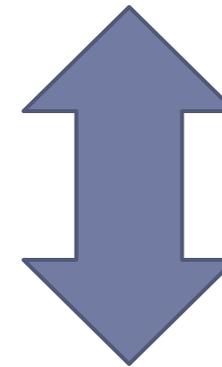
Information about the Mobile Mental Health Unit and its Services Provided and Needs Assessment



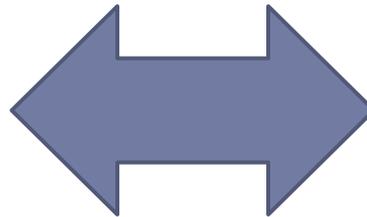
Activation and Mobilization of Community Resources



LOCAL COMMUNITIES



Efforts to tackle stigma and promote major issues regarding the mental health, quality of life and welfare of the people to whom we provide our services to.



Monitoring, Evaluation and Research



# Collaboration with primary health care services in the islands

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- GPs are the professionals that first come in contact with psychiatric patients. Over 50% of patients treated by the Mobile Units are referred by PHC.
- There are no other mental health services in the eleven islands except the mobile units and one child-psychiatrist in the General Hospital of Syros. All mental health professionals of the mobile units work part-time in the islands.
- Implementation of mental health promotion programs is more effective if developed in collaboration with local PHC professionals in the islands
- Emergency psychiatric cases are initially treated by local Health Centers or smaller medical centers
- Reduction of the great number of compulsory hospitalizations by the islands can only be achieved in collaboration with PHC professionals



# Supervision for Children and Adolescents

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- ▶ The child psychiatric unit meets with the child/adolescent and the institutions and is required to integrate different fields of thinking (medical and therapeutic, psychological, educational and institutional).
  - ▶ The importance of supervision, meaning the continuous analysis of the dynamics in each case. Supervision brings to the surface all difficulties that working in the community includes in order to shed light on conscious and unconscious hardships in the integration process.
  - ▶ Supervision is a process that aims at the mutual sharing of information, the exchange and collective process of everyday therapy and experience.
  - ▶ The supervisor in the above “specific context” will need to have in mind “real time settings”, balance them out, the needs of the therapists, the group dynamics and the community dynamics that can create massive projects and multiple transference and counter-transference.
  - ▶ **Supervision is necessary as a complex learning process – training, understanding of the counter-transference of the therapist, as a meeting, an experience field, a place for analysis and integration for the history of the child/adolescent, his family and the community context that they live.**
- 



# “Dr. Jenny Soumaki, Child-psychiatrist, Psychoanalyst Supervisor for Child and Adolescent Sector in the MMHU”

## Τεχνική της συνέντευξης

1. Προετοιμασία:
  - 1.1 το ραντεβού (προσωπική επαφή μέσω τρίτων)
  - 1.2 το δωμάτιο
  - 1.3 οι σκοποί της συνέντευξης (διαγνωστικός- επιλογή για θεραπεία-εξέλιξη)
2. Έναρξη και αναγύριση
  - 2.1 οι τυπικές καταστάσεις
  - 2.2 η έναρξη:
    - το πρόβλημα των προετοιμαστικών πληροφοριών
    - η επιλογή μεταξύ ελεύθερης συνέντευξης και καθοδηγούμενης συνέντευξης
  - 2.3 η ελεύθερη φάση:
    - το σύστημα, η ιστορία του ασθενούς, η κουλτούρα
3. Αξιοποίηση της ελεύθερης φάσης: αναγκαιότητα διατύπωσης μιας υγιούς εργασίας
4. Πληροφορίες μετά την ελεύθερη περίοδο
5. Συμπέρασμα:
  - 5.1 η δήλωση (σφραγή ανοίγματος, κερύκελο, προσετικές)
  - 5.2 η σύζηση της δήλωσης
  - 5.3 το τελετουργικό του χωρισμού και της κλειρώσεως

## Τεχνική της συνέντευξης

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  - 5.3 το τελετουργικό του χωρισμού και της κλειρώσεως

# Community Services!

- ▶ Integration in the community.





# Key principles in the Mobile Mental Health Units

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## ▶ **Community Care**

- ▶ Shifting the mental health care provision from the psychiatric hospital to the community.
- ▶ Synergy with local social agents.

## ▶ **Effectiveness**

- ▶ Integrating users' family members in therapy.
- ▶ Mental Health Promotion
- ▶ Evaluation of services
- ▶ Equality in access and provision of care
- ▶ Self-help resources
- ▶ Continuity of Care

## ▶ **Liaison**

- ▶ Inter-disciplinary approach to the provision of services
- ▶ Networks in the community
- ▶ Mental Health Services – PHC – Informal Community Network

## ▶ **Shift in Culture**

- ▶ Not illness-based but person-centered care
- ▶ Individualized care plan based on the specific needs of each user (Stylianidis & Pantelidou, 2006)





# Data from the Mobile Mental Health Units

# *DATA COLLECTION METHOD and RESEARCH*

## FIRST STEPS OF EVALUATION?

- 
- ▶ Data base for **sociodemographic characteristics**, source of referrals and elements of psychiatric history of service users
  - ▶ Data base concerning the **overall activities of mental health professionals** in the islands (clinical work, mental health promotion actions, research actions)
  - ▶ Reports every 6 months per island, concerning number of new cases, diagnosis, source of referrals, number of clinical sessions, actions in the community (mental health promotion, collaboration with other services etc)
  - ▶ Reports every 3 months concerning administrative issues (dates of travels, number of new cases treated, cancelled travels etc)
  - ▶ Projects using psychometric scales for therapeutic outcome.
- 
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# Number of Users (Adults and Children/Adolescents) [2003 – 2013]

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- ▶ Total Adults provided with services: 6.109
- ▶ Total Children and Adolescents provided with services: 1.891

## NE Cyclades

- ▶ Adult Users: 4.580
- ▶ Children and Adolescent Users: 1.327

## W Cyclades

- ▶ Adult Users: 1.529
- ▶ Children and Adolescent Users: 564



# Staff of the Mobile Mental Health Units of EPAPSY

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- ▶ 10 psychologists
- ▶ 2 social workers
- ▶ 2 administrative workers
- ▶ 5 child psychiatrists
- ▶ 8 psychiatrists
- ▶ 2 Senior Supervisors (1 psychiatrist, 1 child psychiatrist)
- ▶ Total Staff: 29



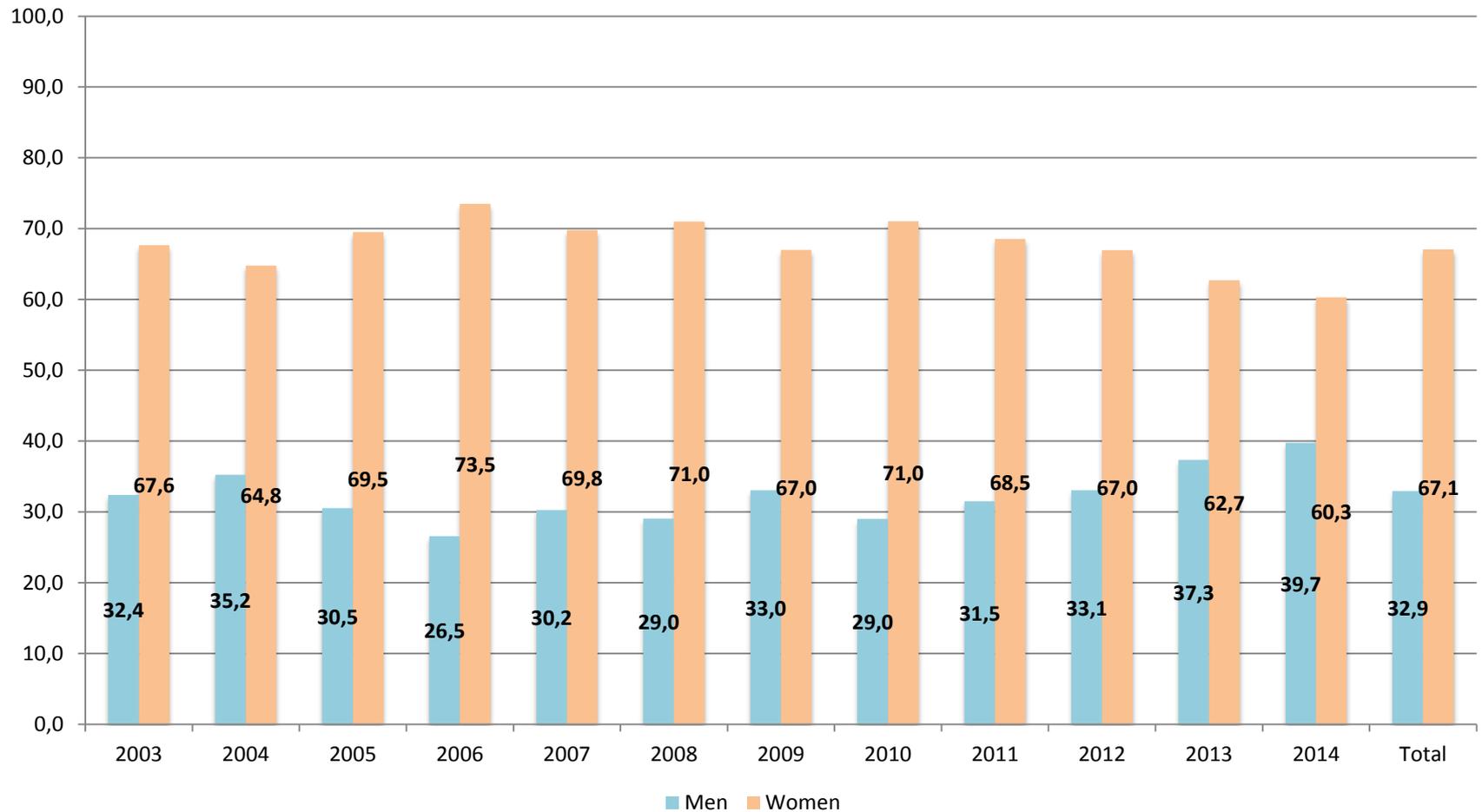
## Demographic characteristics for children and adolescents users of the MMHU at the first decade of functioning.

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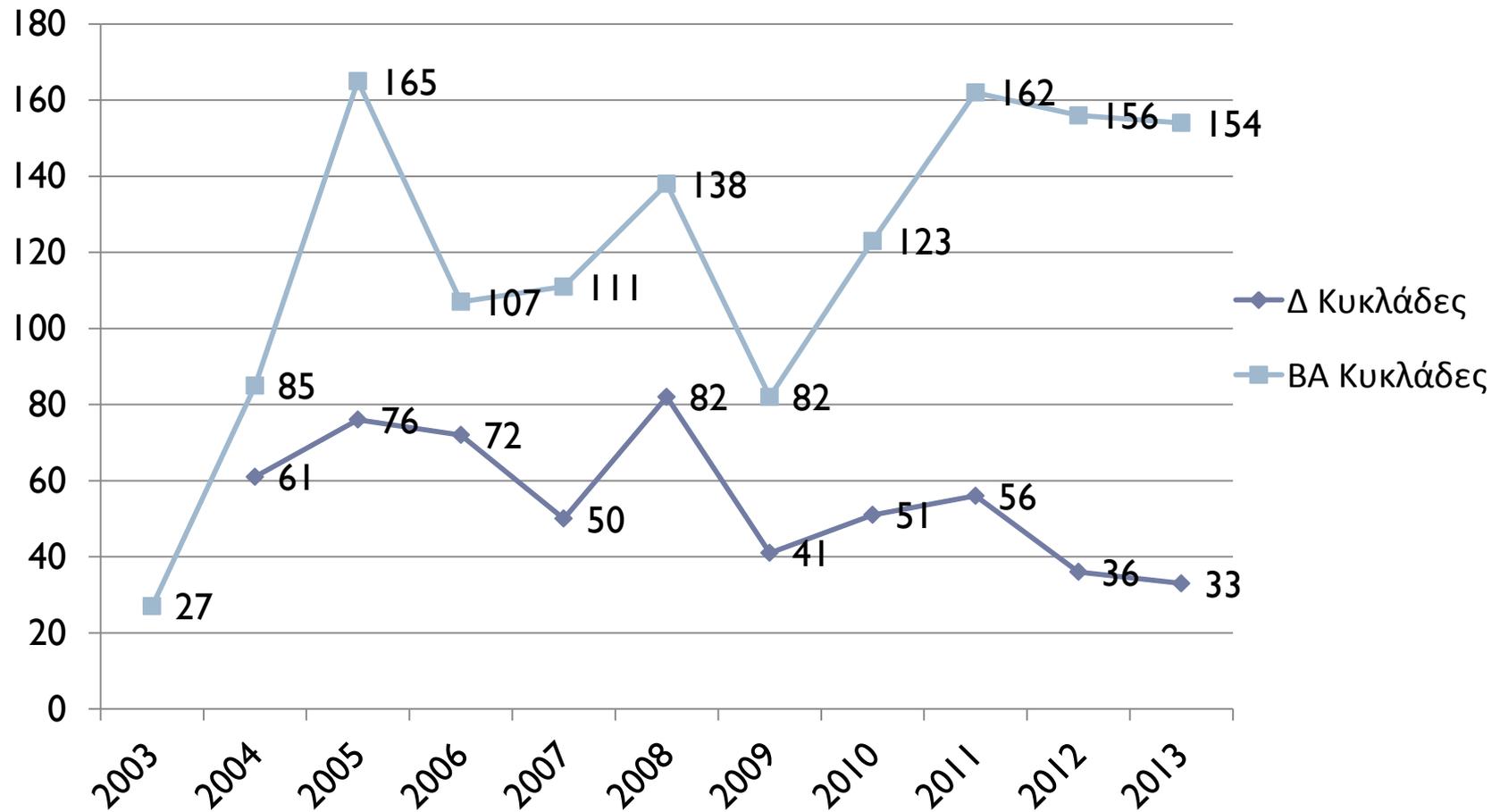
Demographic Variables	f	%
<b>Gender:</b>		
<b>Boy</b>	1121	58,8
<b>Girl</b>	785	41,2
<b>Country of Origin:</b>		
<b>Greece</b>	1728	90,7
<b>Other</b>	178	9,3
<b>Previous visit to a mental health professional:</b>		
<b>Yes</b>	391	24,5
<b>No</b>	1199	75,3



# Demographic Profile: Gender



# Absolute Frequency of new cases of children and adolescents (N= 1.339 και 567 accordingly).



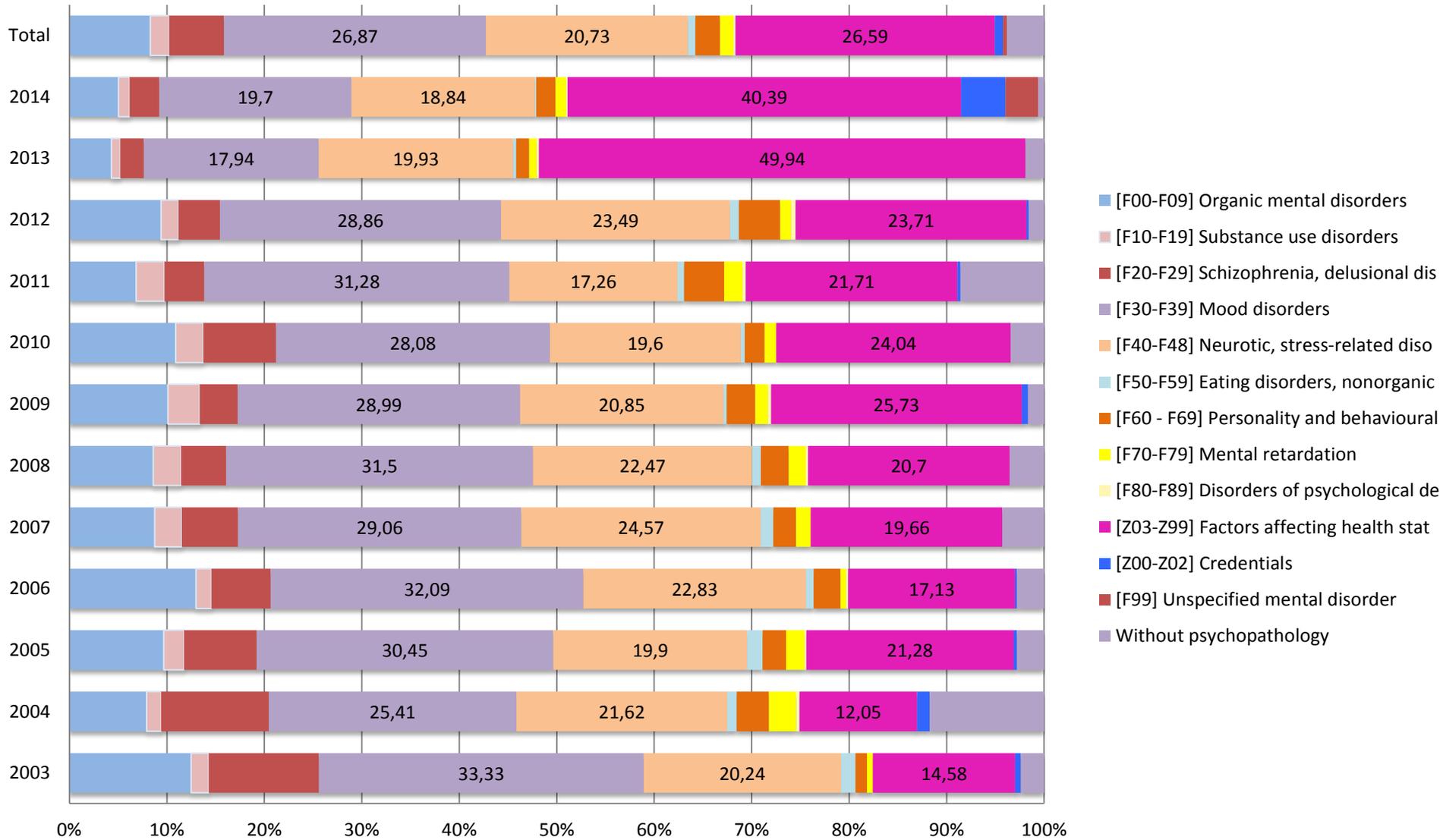
Relevant frequency of the sources of referral for Mobile Mental Health Units of NE and W Cyclades at the first decade of functioning (N= 1.339 και 567 αντίστοιχα, 1906 σύνολο)

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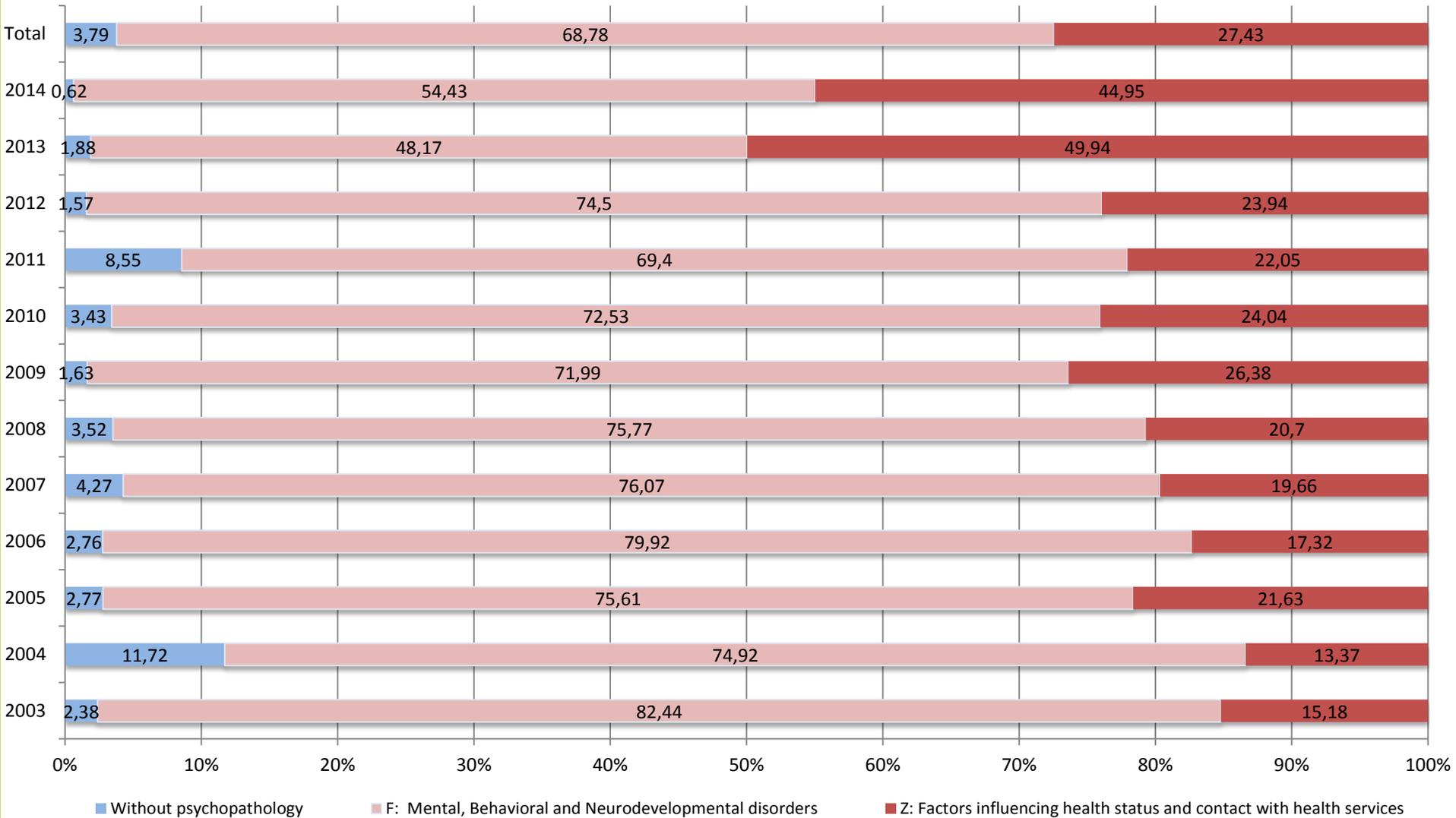
Source of referral	N Cyclades	W Cyclades	Total
<b>Self-referral</b>	<b>49,3%</b>	<b>34,3%</b>	<b>45,2%</b>
PHC	11,6%	8,7%	10,9%
Private Practitioner	3,9%	1,3%	3,3%
Social Agency	4,6%	2,3%	3,9%
Public Authorities	0,9%	4,6%	1,5%
Educational Institution	22,5%	25%	23,3%
Other	6,9%	23,7%	11,8%



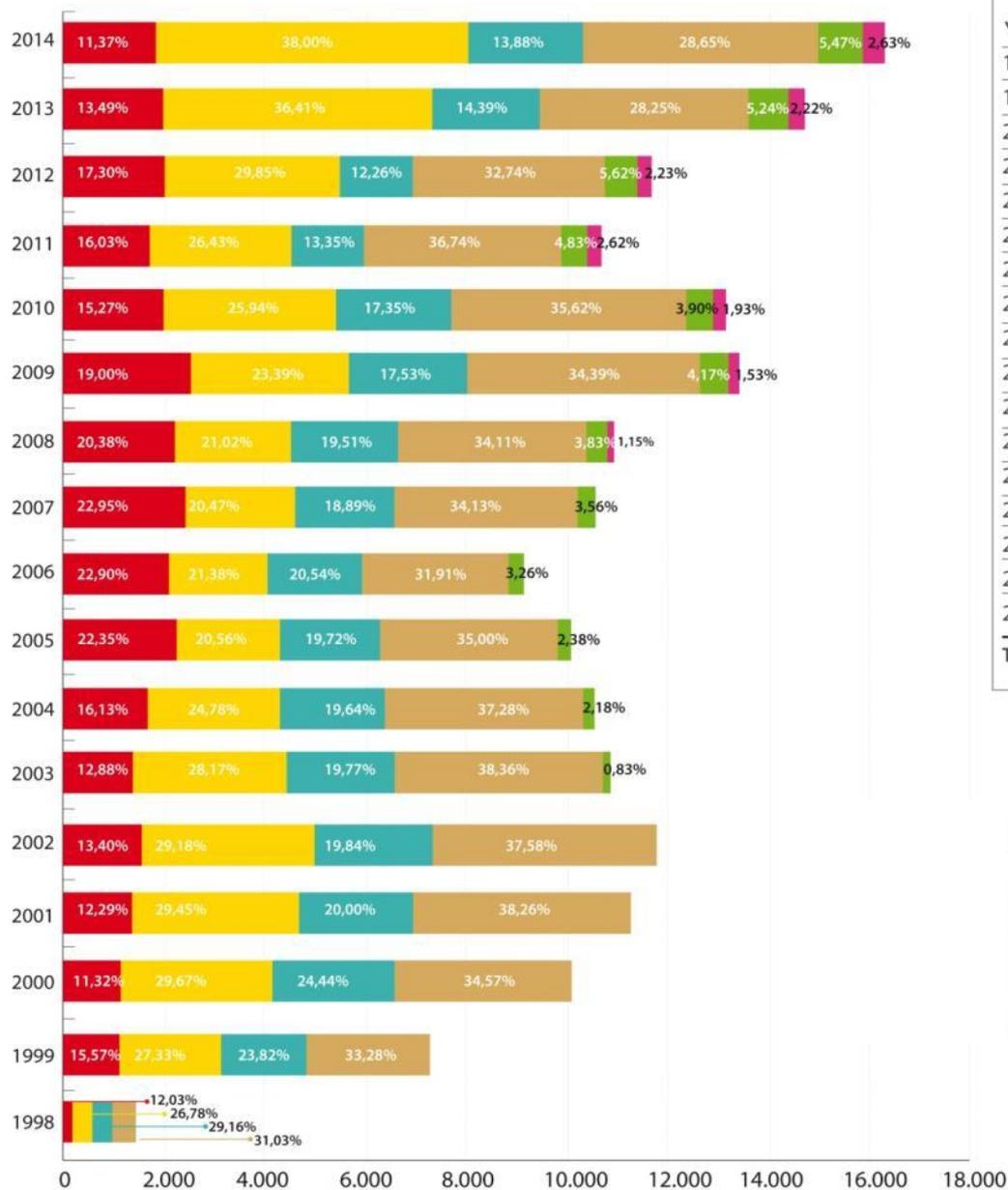
# Diagnostic Profile of the Users of the Mobile Mental Health Units



# Profile of Users (Psychopathology and Social Hardship)



# Greek Ombudsman, Graph for New Reports 1998-2013



YEAR	NEW REPORTS
1998	1.430
1999	7.284
2000	10.107
2001	11.282
2002	11.762
2003	10.850
2004	10.571
2005	10.087
2006	9.162
2007	10.611
2008	10.954
2009	13.433
2010	13.179
2011	10.706
2012	11.702
2013	14.738
2014	16.339
<b>TOTAL</b>	<b>184.197</b>

- Human Rights Section
- Social Protection Section
- Quality of Life Section
- Relations between Citizen and Government
- Human Rights of Children
- Gender Equality Section

# *Relevant Frequency of the initial requests in the Mobile Units of NE and W Cyclades (N= 1.339 και 567 αντίστοιχα, 1906 total)*

Initial Request	N Cyclades	W Cyclades	Total
Psychiatric Symptomatology	18,8%	15%	17,5%
Learning Difficulties	15,3%	29,1%	19,8%
Behavioral Issues	27,6%	20,6%	25,2%
Drug Abuse	0,2%	0%	0,1%
Family Relation Problems	16,4%	14%	15,6%
Speech problems	5,8%	6,2%	5,9%
Developmental Disorders	1,9%	1%	1,6%
Eating Disorders	1,1%	1,2%	1,2%
Intellectual Disability	0,4%	0,8%	0,5%
Certification	1%	2,3%	1,5%
Social Research – Legal Issues	11,4%	9,9%	10,9%
Other	0,1%	0%	0,1%

# Prevention and Intervention in child abuse

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- ▶ 2012 – 2015: 40 cases of child/adolescent abuse have been dealt with by the mental health professionals
- ▶ Collaboration with the Public Prosecutor and other Social Agencies in Syros and Athens.
- ▶ Field Research by the Social Workers of the Mobile Mental Health Units developing individualized care plans with the rest of the mental health professionals.
- ▶ Training for Police, Coast Guard, Health Professionals, Municipality Officers, Teachers
- ▶ Collaboration with the Greek Ombudsman for Children and Adolescents
- ▶ Effective handling of cases of abuse and neglect



# Examples from Practice within the Local Culture and Community



# Collaboration in working at a clinical case

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- ▶ **B., 7 yo**
- ▶ **Initial Diagnosis: Selective Mute**
  - ▶ Family loss of the previous child
- ▶ **Referral from the Nursery Teacher**
- ▶ **Liaison with other professionals**
  - ▶ Speech Therapist
- ▶ **Working with the child for 3 years**
  - ▶ Child-psychiatry care (Child-Psychiatrist)
    - ▶ Utilization of play-therapy (dollhouse)
  - ▶ Parent Counselling (Psychologist)
- ▶ **Collaboration with the Teachers**
  - ▶ On-site intervention at school
- ▶ **Supervision of the Therapists**



# Clinical Notes

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- ▶ According to the initial referral of the child, which took place after a suggestion from the nursery teacher, B. was facing **major difficulty in social relations**. He would barely speak at the nursery and was finding it very difficult to participate at the group activities of the nursery. At home he would speak normally.
- ▶ The parents while recognizing problems try to rationalize. The father mentions that “he is a child and he will grow up” and the mother says that “I was a lot like this as a child”.
- ▶ His “play” was stereotypical usually regarding animals attacking each other. Gradually he started engaging with the dollhouse. Even this play was stereotypical and aggressive between animals or dolls.
- ▶ Counselling begins at the next visit the same place and time as B’s session. This “joint” (or simultaneous) meeting seems to motivate B.
- ▶ B creates a story which starts repeating itself in the next session while evolving as well. In this session, in the child’s story an elderly person appears named M.
- ▶ M appears to be evil, violent and “not-done-right”. M destroys everything. He never dies. B’s heroes all share this trait. They die and then come back to life never really “achieving” death.

[After 2 years of therapy and joint intervention]

- ▶ “M will die and the other will cry because he will have him no more”.
  - ▶ B built a new house while his parents decided not to work further.
- 



# Isolation, Quality of Life and Human Rights

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- Physical isolation
- Social isolation
- Denial of Equal Access and Participation in the Community
- Not accepted, but tolerated.
- Not a “citizen” but an object of “philanthropy”.

•**Inclusion in the community is directly linked with Quality of Life and is reported as a major unmet need by the users (Lavdas, 2016).**

- ▶ “At the end of this island, alone, secluded, long away from the human contact, he has lived his life carrying the burden of a disaster for which he had no responsibility, living without hope, without comfort, without meaning. **No parents, not children, destitute he developed this illness at a very young age.** The fellow villagers forced him to seclusion, taking up the responsibility to keep him alive. It was not such a big cost for the community. An elderly person Thanasis who stayed near the cave of the seclusion accepted to be the one to take bread to him. Thanasis was the only person to help this “foul hermit” grow a small garden. The leper anxiously awaited his every visit, counting the days and the hours until the next. If a villager passed by there, he might yell at him putting a rock his “charity” but no one dared to see or speak with him in close.
- ▶ How many times did this leper stand between the rocks of his seclusion to see the Aegean sea. Look at the waves and at the white sails feeling jealous for the sailors who were healthy and strong battling with the weather, travelling from place to place, longing to see the shores of their homes where beloved people waited for them while he, bound on his rock, secluded and lousy waited for death!” (Vikelas, “Papa-Narkissos”)



**Table 1. Sectors for identifying mental health projects: Frequency and examples.**

	<b>Frequency and Percentage of Total Projects N = 5,212</b>	<b>Example</b>
<b>Education</b>		
Basic Education	198 (3.80%)	Education and training for students with mental disabilities
Secondary Education	21 (0.40%)	Training and psychological support
Post-secondary Education	72 (1.38%)	Psychological intervention and development project for poor university students
Education, Level Unspecified	95 (1.82%)	Strengthening mental health in teenagers
<b>Health</b>		
Health, General	1,688 (32.39%)	Psychosocial aid in rural Afghanistan—support for post-traumatized war victims and socially marginalized people
Basic Health	791 (15.18%)	Supervision services of the rehabilitation and construction of the psychiatric women's hospital in Bethlehem
Population and Reproductive Health	161 (3.09%)	Providing comprehensive community-based mental services
<b>Government and Civil Services</b>		
Government and Civil Society	641 (12.30%)	Review of the national prison system and the mental health law
Conflict, Peace, and Security	207 (3.97%)	Trauma development and peacebuilding: towards an integrated psychological approach
<b>Other Social Infrastructure and Services</b>		
Other Social Infrastructure and Services	764 (14.66%)	Construction of a youth and mental health education and counselling centre
<b>Humanitarian aid</b>		
Emergency Response	518 (9.94%)	Community psychosocial and mental services—West Bank and Gaza
Reconstruction Relief and Rehabilitation	42 (0.81%)	Integrating mental health into the primary health care system of Afghanistan
Disaster Prevention and Preparedness	14 (0.27%)	Mental health preparedness in public health emergency settings

doi:10.1371/journal.pmed.1001834.t001

Gilbert BJ, Patel V, Farmer PE, Lu C (2015) Assessing Development Assistance for Mental Health in Developing Countries: 2007–2013. *PLoS Med* 12(6): e1001834. doi:10.1371/journal.pmed.1001834

<http://journals.plos.org/plosmedicine/article?id=info:doi/10.1371/journal.pmed.1001834>

# Barriers to effective mental health care in Cyclades

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- ▶ **Lack of continuity in financing**
- ▶ **Increased staff turnover during financial hardship**
- ▶ **Reduction in resources**
- ▶ **Lack of adequate training of medical professionals in a psychosocial approach**
- ▶ **Lack of training in building a therapeutic relations**
- ▶ **Biomedical Model of Psychiatry**
- ▶ **Natural Isolation of the Islands**
- ▶ **Lack of continuity of care due to lack of adequate services**
- ▶ **Human Rights Violation issues for mental health service users (e.g. Involuntary Admissions)**

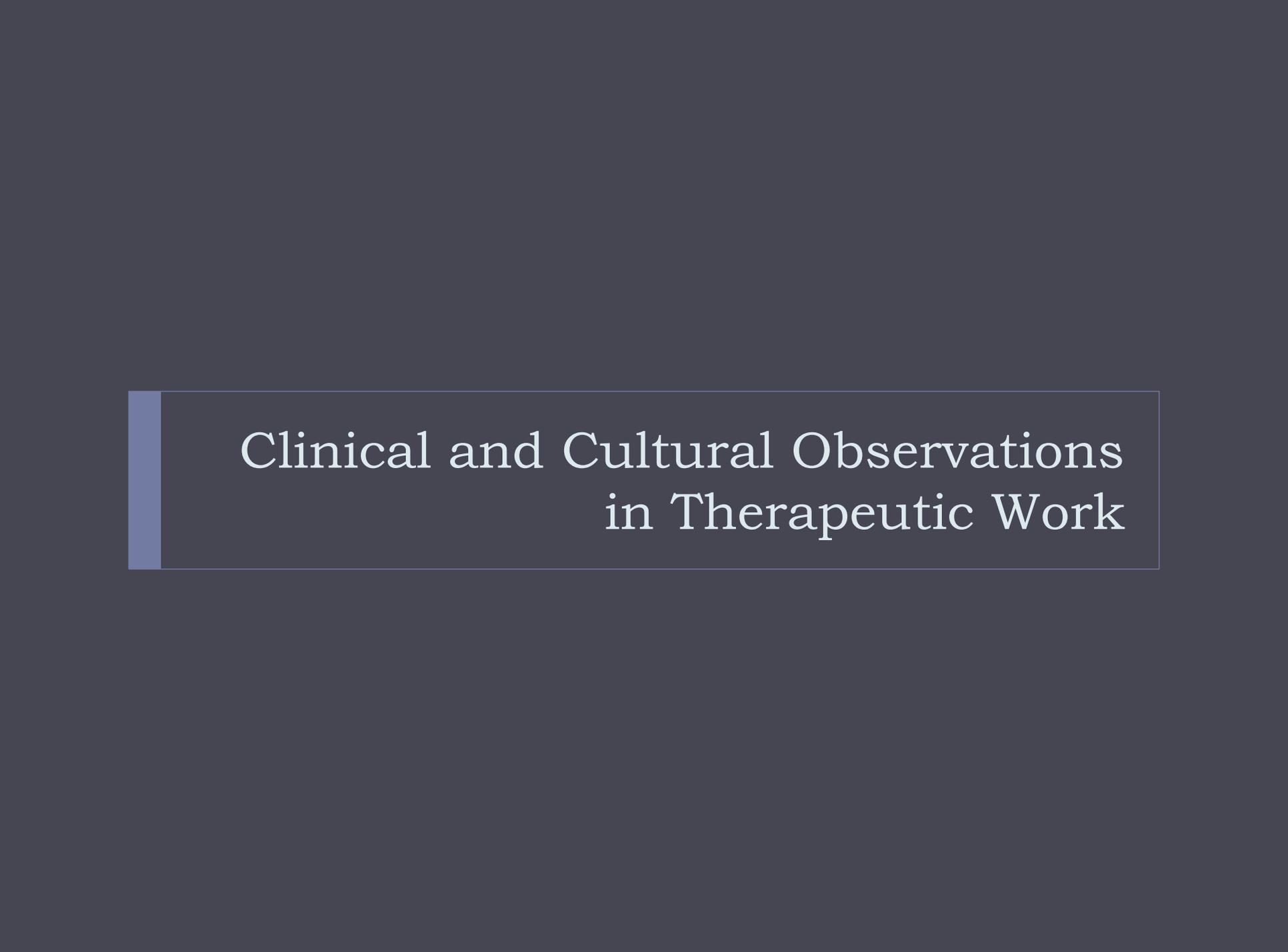


# Mobile Mental Health Units as a training site

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- ▶ **Collaboration with WHO**
  - ▶ mhGAP translation and training in health professionals in remote areas
  - ▶ QualityRights Project (translation and pilot implementation of the QR Toolkit)
- ▶ **Participation in European Networks**
  - ▶ ENTER mental health network
  - ▶ European Alliance Against Depression
- ▶ **Collaboration with Academic Institutes**
  - ▶ Panteion University of Athens
  - ▶ Sigmund Freud University in Vienna
  - ▶ South East Oslo University College
- ▶ **Summer School in 2017 for mental health professionals**
  - ▶ Training on the field with professionals and local key stakeholders
  - ▶ Theoretical training by EPAPSY Professionals and Experts from European Networks





# Clinical and Cultural Observations in Therapeutic Work

# Cultural Analysis (Lemma, 2001)

## Cultural Analysis: Self, Relations and Treatment

<b>Self</b>	<b>Relations</b>	<b>Treatment</b>
Affect	<b>Environment</b> , nature, universe	Communication
Behaviors	Family	Problem-solution models
Cognition	Groups, others, <b>society</b>	Relationship (therapist-patient)
Aims, goals, motivation	Materials	
Body	Spirituality	
Self-concept	Time	



# The Frame as “holding environment”

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- ▶ Wide variety of settings that cut through the cultural landscape.
  - ▶ **Time** (Cancellation or Delay due to reasons other than resistance)
  - ▶ **Place** (Located within the community)
  - ▶ **Fees** (Free public service)
  - ▶ **Frequency** (Dose Effect correlation)
  - ▶ **Confidentiality** (Extremely important in Local Communities – both “in and out of the community”)
  - ▶ **Style of therapy and technique** (Different Therapeutic Approaches, Psychodynamic Supervision to Adult and Children/Adolescent Therapy)
  - ▶ “It is only once the culturally meaningful boundaries are established that it becomes possible to interpret deviations from them”. (Lemma, 2003)
  - ▶ How much of which psychotherapy by whom is most effective for which patient with what type of problem? (Gordon, 1967, p. 111)
- 



# Clinical and observations in the Mobile Mental Health Units

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- ▶ **The total cost of relatively ‘long-term’ psychotherapy provided by mobile units continues to be much less than the amount required to pay for even a small part of any long-term hospitalisation.**



# Lessons from an “ongoing” reform

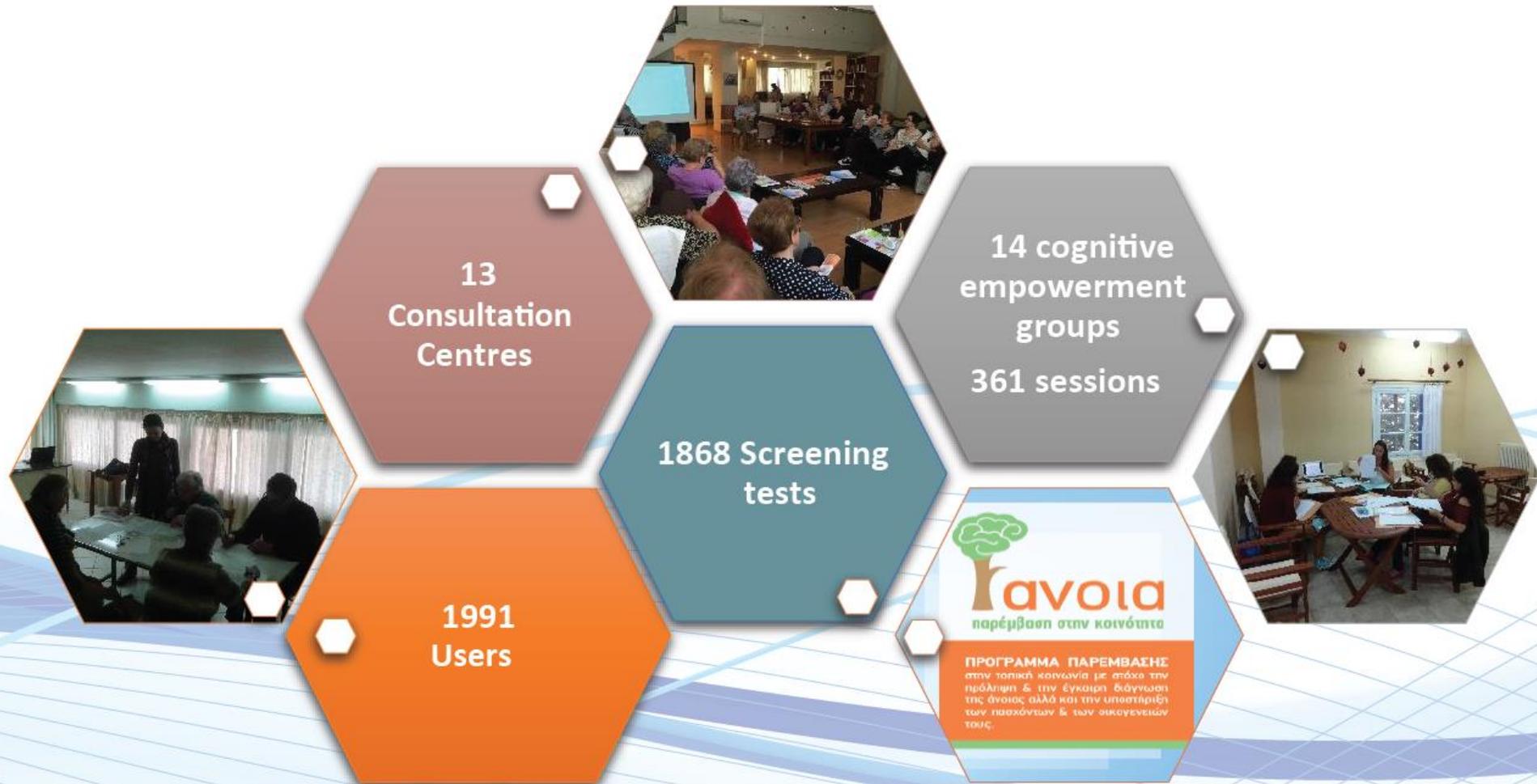
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- ▶ Socio-economic conditions should be taken into account. Crisis as an “entry-point” for reform. The cost of maintaining parallel systems of care.
- ▶ Community Care as a way to **ensure that the right to health in all its dimensions, including accessibility, affordability, acceptability and quality is not jeopardized!**
- ▶ Ensure that help reaches vulnerable populations at the extent of need. (Too many services for few target populations! or Too many target populations with few services!)
- ▶ “Ownership of the reform”. Dialogue with users, families, professionals and other stakeholders. (“Nothing for us without us”).



# Mobile Mental Health Units as a platform for Good Practices

# Dementia Counseling Centres Network: EU Good Practice Repository

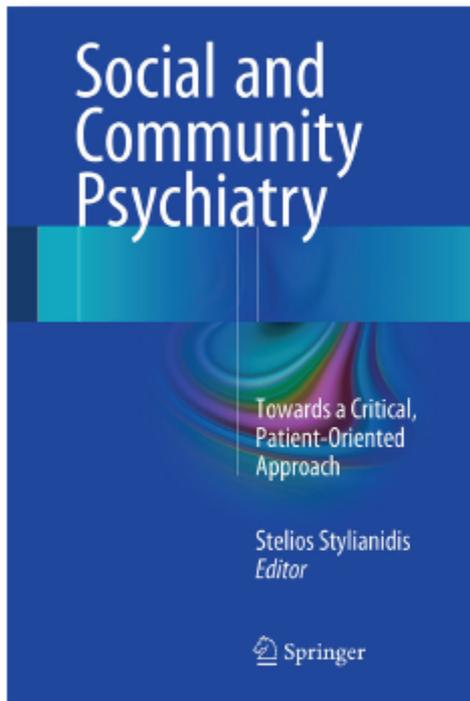


# Self help: Citizens Against Depression

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- ▶ i. Production of training material. Available free on line
  - ▶ ii. 38 professionals trained as trainers
  - ▶ iii. 140 people with personal experience of depression trained as self-help group facilitators in 10 urban and rural areas
  - ▶ iv. Psycho-education groups for 120 people
  - ▶ v. Adaption in Greek of the guided web based self help tool ifightdepression (EAAD)
  - ▶ vi. Public information: 1450 people in public events, 35 local partners (local authorities, health and social services), radio shows
  - ▶ vii. Development by service users of 5 new self-help groups for depression in Athens and in the islands of Cyclades
- 





1st ed. 2016, XXI, 518 p. 12 illus., 9 illus. in color.

S. Stylianidis (Ed.)

## **Social and Community Psychiatry**

**Towards a Critical, Patient-Oriented Approach**

- ▶ Discusses the current economic, political and social crisis in relation to mental health systems in Europe
- ▶ Presents innovative practices in social and community psychiatry
- ▶ Written by experts from various scientific fields

This book presents the basic theoretical and historical concepts and it describes current perspectives and data, focusing on good practices in community psychiatry in Greece and in other parts of Europe. Concepts such as the biopsychosocial model, psychiatric reform, psychosocial rehabilitation and the recovery model, as well as new case management models are approached from a critical, anthropocentric perspective.

The current socioeconomic crisis in Europe brings with it new realities in mental health systems. New forms of social suffering are forcing the psychiatric community to re-examine what is considered normal. In order to respond to the complexity of the newly emerging needs, social and community psychiatry has been compelled to broaden the objectives of intervention and research alike, developing new and dynamic relations with complementary scientific fields such as social anthropology, psychoanalysis and microeconomics. The present work is the result of collaboration between professionals from across these different fields.





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Thank you all!