

*Psychiatric RESidential care Communities: Upgrading and Enhancing skills and competences for member of staff professional qualification”*

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## RESEARCH AND CONTEXT ANALYSIS

### NATIONAL REPORT FOR GREECE – EXECUTIVE SUMMARY

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The Greek Psychiatric reforms began in the early 1980s with the introduction of the National Health System and the financial support of the then European Community. Psychiatric hospital beds have been reduced, psychiatric units in general hospitals have been developed, a substantial number of community mental health services has been established and the standards of care have been improved.

The latest Mental Health Reform Act (Law 2716/1999) created a ten-year action plan ("Psychargos") to reform, restructure and create new mental health services throughout the country. The reform gives priority to social inclusion, social cohesion and destigmatization.

The main objective of the reform is the development of services within the community that will enable the patient to be supported within his/her own family environment, maintaining his/her social activities through every possible means (Karastergiou et al., 2005). Particular policies centre on prevention and rehabilitation. Priority is given to the restructuring and the strengthening of Primary Health Care, Ambulatory Care, De-institutionalization, Psychosocial Rehabilitation and Continuity of Care.

However, psychiatric units in general hospitals and Community Mental Health Centres have not yet fulfilled their role as principal providers of psychiatric care, while decentralization, sectorization and completion of the network of

mental health services are still to be completed. Over the past twenty years, there has been a significant decline (59%) of beds in public psychiatric hospitals, which has been combined with the development of community psychosocial rehabilitation facilities (with a 107% increase in settings over the same period).

This depicts the gradual but consistent move of patients from institutionalized settings to more community-based environments. At the same time, there has been a noted increase in supportive centres (child guidance centres grew from 8 to 36, an increase of approximately 122%, and mental health community centres grew from 6 to 34) and in psychiatric beds in general hospitals, where patients are less stigmatized and are expected to return to social life, with community care support where required, after they are discharged (Ministry of Health, 2003).

As far as psychosocial rehabilitation is concerned, the 2005 census (Monitoring and Support Unit of the Psychargos project, 2005) reports that there are 2695 people receiving care in 377 community services. In these units are employed 3061 professionals (33% nursing staff, 24% carers/ general duties). Most of these units (57%) started operating after 2001.