



SOCIETY OF SOCIAL PSYCHIATRY AND MENTAL HEALTH

**SCIENTIFIC DIRECTOR
PROF. P. SAKELLAROPOULOS**

FEANTSA 2015 Policy Conference

Homelessness, A Local Phenomenon with a European Dimension—

Key Steps to Connect Communities to Europe

18-19-20 June 2015, Paris, France

***CAUSE AND EFFECT: MENTAL HEALTH BUDGET CUTS AND THE
IMPACT ON HOMELESSNESS***

PANAGIOTA FITSIOU, PSYCHOLOGIST MSC

The Society of Social Psychiatry and Mental Health

- A non-profit scientific NGO, working under the spirit of Social - Communal Psychiatry
- Founded in 1981 with roots going back to 1964
- Actively promotes Greece's Psychiatric Reform
- Focuses on the prevention of psychic disorders, the quick intervention, the continuity of care, the social and employment rehabilitation of chronic psychiatric patients
- Provides services in the following prefectures of Greece: Attica (capital), Fthiotida, Fokida (Central Greece), Evros and Rodopi (Northern Greece)

The Society of Social Psychiatry and Mental Health – Main Services

- 6 Residential Houses and 16 Protected Apartments
- 2 Mobile Psychiatric Units (in remote areas) - Provision of Mental Health Services for children, adolescents and adults
- Community Sensitization Activities
- Crisis Intervention at Home Unit
- 2 Centers for the follow-up of patients living in the community (in order to avoid relapses and re-hospitalizations)
- Day Centre for the Psychological Support of Patients with Cancer
- Employment rehabilitation Programmes for people with mental health problems+ 2 Social Cooperatives of Limited Liability
- Training Programmes for Mental Health Professionals
- Co-operation with European mental health organizations



SOCIETY OF SOCIAL PSYCHIATRY
AND MENTAL HEALTH

SCIENTIFIC DIRECTOR
PROF. P. SAKELLAROPOULOS



Bulgaria

(Sofia) Sofiya

Podgorica

Pristina

Skopje

EVROS

(Istanbul) Istanbul

Tiranë (Tirana)

Albania

RODOPI

Sea of Marmara

Bursa

Kerkyra

FTHIOTIDA

Ionian Sea

Greece

Aegean Sea

Lefkada

FOKIDA

Chios

Izmir

Zakynthos (Zante)

DELFOI

ATTIKI

Samos

Kos

Kriti (Crete)

Mediterranean Sea

I. The landscape regarding homelessness in Greece

- **1st problem: data and numbers**
- Limited research and data
- However, recent data show an increasing number of homeless people

Arapoglou, Gounis, 2014, report:

- "A total number of 9,100 people can be estimated to have experienced some form of visible homelessness during 2013 in the wider metropolitan area of Athens" (p.22)

I. The landscape regarding homelessness in Greece

2nd problem:

- the diversity of needs, which remain unmet,
- the lack of coherent policies and political will,
- the lack of a coordinated operational plan,
- the fragmentation of the system.



SOCIETY OF SOCIAL PSYCHIATRY
AND MENTAL HEALTH

SCIENTIFIC DIRECTOR
PROF. P. SAKELLAROPOULOS

II. The landscape regarding mental health of Greek population, the effects of socio - economic and political crisis in mental health reform

The PARADOX:

- Expenditure for primary care, prevention and treatment has decreased dramatically, especially in Greece and other countries under austerity measures, but in these countries the population suffer most from mental distress!



SOCIETY OF SOCIAL PSYCHIATRY
AND MENTAL HEALTH

SCIENTIFIC DIRECTOR
PROF. P. SAKELLAROPOULOS

II. b. The response of the services, the threat for the continuation of psychiatric reform

- 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)
- In Stylianidis 2014 it is reported:
- "60,2 % involuntary admissions in the biggest mental health hospital in Athens. 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". (Stylianidis, Peppou, Drakonakis, 2012).
- "More than 84% of all the admitted were not referred to Community Services"
(Stylianidis, Peppou, Drakonakis, 2012)

Psychiatric Reform in Greece

- E. Loukidou et al (2013) report:
- ***Not enough coordinated***
- ***Weak implementation of agreed policies***
- ***Lack of evidence and needs assessment***
- ***No clear understanding of local level***
- ***Inequality regarding access***
- ***Important services gaps***
- ***No quality assurance mechanisms***
- ***Underdeveloped users involvement and carer advocacy***



SOCIETY OF SOCIAL PSYCHIATRY
AND MENTAL HEALTH

SCIENTIFIC DIRECTOR
PROF. P. SAKELLAROPOULOS

The problem of political will

- Frangouli A., Kleopas Th.(2015) explain that Greek politics, the lack of stable political will, the power of small interest groups, the bureaucracy block the psychiatric reform
- Also, the big problem of political leadership, the budget cuts (45% - 50%), the unfair subsidizing system which leaves out significant aspects of care, threaten the continuity of psychiatric reform...



SOCIETY OF SOCIAL PSYCHIATRY
AND MENTAL HEALTH

SCIENTIFIC DIRECTOR
PROF. P. SAKELLAROPOULOS

Homelessness and mental illness

- *The biggest problem and the PARADOX is: Mental illness is strongly related to homelessness. Despite that fact mentally ill homeless people fall between the lines and do not "fit" to the bureaucratically organized services...Neither the services for homeless can accept them nor the services for mentally ill can reach them.*
- **One of the most “difficult” or “annoying” both for services and for communities group of homeless people**



SOCIETY OF SOCIAL PSYCHIATRY
AND MENTAL HEALTH

SCIENTIFIC DIRECTOR
PROF. P. SAKELLAROPOULOS

People falling between the lines...

- The group of mentally ill homeless people is the one suffering mostly of exclusion not only social exclusion, but institutional exclusion also! This is the case, both regarding the care of mentally ill homeless people and regarding the prevention of homelessness of people facing severe mental health problems.
- This is mostly a result of chronic structural problems of Greek public administration, lack of coordination of Ministry of Health and Ministry of Labour and Social Welfare, unbalanced financing system for services and shrinking of the welfare state due to austerity measures.

Homelessness and mental illness

- Chondraki et al (2013) report " Overall, 56.7% of the sample met the criteria for a current Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition (DSM-IV) psychiatric disorder with 20.8% comorbidity"
- "The vast majority of the homeless mentally ill persons were lacking any current psychiatric care. The planning of a mental health-care delivery parallel to the existing social welfare system is needed to serve the unmet mental health needs of this population."

Homeless and mental illness

- <http://greece.greekreporter.com/2014/10/26/cases-of-mental-illness-in-greece-have-increased/>
- "Hundreds of homeless people also end up in psychiatric hospitals with severe mental illnesses. They usually stay in the hospital for a short period of time and then return to the streets without any medical care".
- "According to local media, doctors are usually prompted by hospitals to discharge patients due to the fact that their institutions are consistently full".



SOCIETY OF SOCIAL PSYCHIATRY
AND MENTAL HEALTH

SCIENTIFIC DIRECTOR
PROF. P. SAKELLAROPOULOS

Homelessness and mental illness

- The result is that mentally ill homeless people (or about to be homeless people, and I will explain what I mean) in most cases fall between the inflexible lines of the overloaded system!
- This is mostly a result of chronic structural problems of Greek public administration, lack of coordination of Ministry of Health and Ministry of Labour and Social Welfare, unbalanced financing system for services and shrinking of the welfare state due to austerity measures.
- The result is that mentally ill homeless people (or about to be homeless people, and I will explain what I mean) in most cases fall between the inflexible lines of the overloaded system!

Examples ...



**SOCIETY OF SOCIAL PSYCHIATRY
AND MENTAL HEALTH**

SCIENTIFIC DIRECTOR
PROF. P. SAKELLAROPOULOS

Conclusion...

- *One of the most shocking conclusions is that it seems that mentally ill homeless (or in great danger to become homeless soon) people in most of cases seem not to "fit" either to the services for homeless or to the services for mentally ill people! (These services can hardly cover the increasing mainstream needs...)*



SOCIETY OF SOCIAL PSYCHIATRY
AND MENTAL HEALTH

SCIENTIFIC DIRECTOR
PROF. P. SAKELLAROPOULOS

Proposals

- Support civil society in its efforts to care for vulnerable people
- Motivation of civil society, solidarity, active citizenship and social responsibility - collaboration between formal and informal networks
- Shift from "philanthropy" model to human rights model. We try to do the same for mental health but we have to support human rights regarding homeless people

Proposals

- Combat the stifling and inconsistent bureaucracy which starts and then stops reform without logic or reason
- Support each other and recognize that burn-out syndrome is a current and present risk for staff in our services which needs to be addressed
- Complete Sectorization
- Implementation of the National Operational Plan - continuum of services
- Coordination of Ministry of Health and Ministry of Labour and Social Welfare



SOCIETY OF SOCIAL PSYCHIATRY
AND MENTAL HEALTH

SCIENTIFIC DIRECTOR
PROF. P. SAKELLAROPOULOS

Proposals

- Empower the users' and ex-users' movement
- Combination of Housing First and Assertive Community Treatment e.g. off-site mobile services, floating services...
- Better use of resources and better networking between services, special services for special groups of homeless (networking with mainstream services...)



SOCIETY OF SOCIAL PSYCHIATRY
AND MENTAL HEALTH

SCIENTIFIC DIRECTOR
PROF. P. SAKELLAROPOULOS



**SOCIETY OF SOCIAL PSYCHIATRY
AND MENTAL HEALTH**

SCIENTIFIC DIRECTOR
PROF. P. SAKELLAROPOULOS

**THANK YOU FOR YOUR
ATTENTION!**

