Social Policy Challenges for Homeless People with Mental Illness: Views of Greek Mental Health Professionals

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Abstract_ *This research aims to highlight the key challenges facing housing support services for homeless people with mental illness in Greece. After an interpretative overview of the form of housing support services, the field research aims to uncover the main challenges that they face. The research findings, such as the indirect and immediate impacts of the crisis on the worsening availability of housing services for the homeless, as well as the focus on emergency practices, show that the current form of the social protection system excludes these people from access to housing support. Some basic lines of reform are proposed in the conclusion.*

Keywords_ *Social policy, homeless with mental illness, Greece, crisis.*

Introduction

This research explores the key challenges facing housing support services for homeless people with mental illness in Greece during the economic crisis. This will be attempted through exploring the perceptions of Greek mental health professionals. The discussion will be developed at three levels of analysis. First, through a short effort to interpret the general characteristics of housing services for this vulnerable group in Greece. Secondly, by highlighting the impact of the economic crisis on this social problem. Third, through the challenges emerging in the area of housing support services for mentally ill individuals during the economic crisis.

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In Greece, a residual housing support framework came to prevail over time, the features of which more closely resembled the staircase approach (For a brief critical analysis of the staircase and housing first approaches see Busch-Geertsema, 2013, p.15). As a consequence, those who suffered from mental illness and did not enjoy family protection were at risk of becoming rough sleepers (Kourachanis, 2017a). The Greek state has, over time, not developed a coherent network of social housing policies (Maloutas and Economou, 1988; Arapoglou and Gounis, 2017). The treatment of homelessness in Greece followed the tendencies of other southern European countries (Allen *et al*., 2004). In the absence of a coherent network of social interventions, the institution of the family has assumed the main burden for meeting the housing need (Arapoglou, 2004; Emmanuel, 2006; Maloutas, 2008).

These general characteristics are also observed in social policies for homeless and mentally ill individuals. Social care for people with mental illness remained asylum-centred[1] at least until the end of the 1970s. The accession of Greece to the European Economic Community in 1981 was followed by the initial Europeanization of Social Policy (indicatively Sakellaropoulos, 2001). In this context, a more systematic reflection on psychiatric reform began. EEC Regulation 815/84, as amended by Regulation 4130/88, contributed significantly to the development of a network of preventive and therapeutic psychiatric services in the community or in general hospitals and to the reduction of the number of long-term patients in public psychiatric hospitals (Mastroyannakis *et al*., 2015, p.75).

In national legislation, the implementation of psychiatric reform began with Law 1397/1983, which established the National Health System (indicatively Economou, 2015). It was expanded by Law 2071/1992, which described the mental health units as being part of the range of health services. It also referred to the sectoralization and responsibilities of the Sectoral Mental Health Commissions and, most importantly, regulated the issue of involuntary hospitalization. Psychiatric reform was consolidated with Law 2716/1999, which described a modern community mental health system (prevention, primary, secondary and psychosocial rehabilitation) with an emphasis on, among other things, the protection of the rights of mentally ill patients.

However, a constant feature of social policy in Greece has been the fragmented nature of its interventions (Venieris and Papatheodorou, 2003; Petmesidou and Mossialos, 2006). To ensure continuity in psychiatric reform, the Psychargos programme was created. Psychargos aimed at transforming psychiatric hospitals

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1 Only a few exemptions of innovative psychiatric approaches can be observed from that time. The period 1964-1967 at the Aiginiteio Hospital under the psychiatrists D. Koureta and P. Sakellaropoulos can be considered particularly important as a broad therapeutic program was organized (group psychotherapy, releases from the hospital, work with the family, etc.) that was also educational for the staff (Sakellaropoulos, 2003).

into a network of mental health services in the community, as well as the development of primary and secondary care structures. Great emphasis was placed on social reintegration and entry into the workplace of people with mental health problems.

After the difficult institutional development of mental health services in Greece, a range of social services has come to be implemented in which public, non-profit and private organizations are active. Public bodies include Psychiatric Hospitals, General Hospital Psychiatric Wards and their associated outpatient units. Non-profit organizations include primary structures (day centres, mobile units), and tertiary care structures, residential houses, apartments as well as occupational rehabilitation structures. The private sector includes private psychiatric clinics and private practitioners (Mastroyannakis *et al*., 2015, p.27).

Psychargos, to date, has been developed over three different periods (2000-2001, 2001-2010, 2010-2020). Although there have been significant improvements in the psychiatric care system, there are many challenges that still need to be addressed. The development of tertiary care services, residential houses and protected apartments for the de-institutionalization of patients from psychiatric hospitals has been lop-sided. There are significant deficiencies in and an uneven geographical spread of primary (Day Centres, Mental Health Centres, Mobile Units) and secondary structures (for example, the psychiatric wards of general hospitals). All these dimensions make it difficult to close the remaining psychiatric hospitals (Mastroyannakis *et al*., 2015, p.29). At the same time, these deficiencies necessarily lead to addressing urgent issues, rather than developing preventative policies. The high rate of involuntary admissions and the phenomenon of the "revolving door" (Stylianidis *et al*., 2017) are typical. The "revolving door" phenomenon was described from very early on in the literature and refers to a group of psychiatric patients with a high incidence of re-admission. It has been linked to de-institutionalization and the fact that it did not coincide with the development of an adequate network of Community services (Talbott, 1974).

Moreover, the process of the sectorization of the mental health services has not yet been completed due to the lack of a central coordination and delays in the reform process. To this end, the recent Law 4461/2017, which attempted the administrative reform of mental health services, was introduced. However, to date, the problems remain the same: lack of a coordination of mental health structures at the central level; the development of services without prior diagnosis of needs; the lack of services for children, adolescents and special population categories; the lack of the evaluation of services; and the lack of the substantial participation and advocacy of service users and their families are just some (indicatively Loukidou *et al*., 2013).

The ongoing economic crisis has an impact on the mental health of the population and it also has a structural impact on mental health services (Christodoulou, 2017). Thus, as the needs for mental health services increase, they are subject to under-funding and under-staffing (Giannakopoulos and Anagnostopoulos, 2016). During the crisis, mental health problems appear to be significantly worse among the homeless population, especially for those living in urban centres. Indeed, many of them face chronic mental illnesses (Madianos, 2013). This phenomenon has been broadly observed in the international literature (for example, Fazel *et al*., 2008).

The fragmentary and residual housing support for people with mental illnesses in Greece seems to be trapping them into living on the streets. At a time when there are significant signs of a worsening of this social problem, it is of great interest to identify and highlight the major challenges facing housing support services. This will be attempted below, with the presentation of the results of the field research.

Methodology of the Field Research

In order to investigate the key challenges faced by housing support services for homeless people with mental illness during the economic crisis, field research was conducted using qualitative research methods. Specifically, in-depth interviews were conducted with those involved in the housing support services for this social group, in order to identify the key challenges they face. The criterion for selecting these informants was the representative inclusion of all stakeholders.

More specifically, fourteen interviews were held: two with representatives of the Ministry of Health; two with mental health researchers; four with representatives of mental health agencies with an advisory role in the design and implementation of health policies; two with representatives of psychiatric hospitals; and four with representatives of non-governmental mental health organizations. The findings from the field research are presented below.

Research Findings

The field research highlights two complementary axes of analysis related to the challenges facing housing support services for homeless people with mental illness. The first axis is related to the effects of the economic crisis. Since there is no official data on the qualitative and quantitative dimensions for homeless people in Greece, identifying the impacts of the crisis is attempted in two ways: first, through the indirect evidence for factors that are likely to affect this population; and second, by highlighting the cuts in social benefits resulting from austerity policies.

The second axis is related to the features of the social policies that are being developed in response to the impact of the crisis. Each of these axes includes many individual dimensions.

As regards the first axis, the interviews demonstrate that the impact of the crisis further exacerbates the access of homeless people to mental illness in the home. Of course, this conclusion derives mainly from indirect evidence. Aggregate data on the qualitative and quantitative characteristics of homeless people in Greece are still absent. However, due to the crisis, the representatives of the institutions working in the field say there has been a significant deterioration in both homelessness and mental health: a combination that has multiple negative consequences for people living on the street.

Another indication that weakens the social protection framework for homeless people is the crisis of the familistic type of social protection. As mentioned in the first part of the research note, the family was the main informal mechanism for housing protection for people with mental illness. The wider impact of crisis and austerity policies on household income and living standards has entailed a significant reduction in family support for vulnerable members.

As regards the worsening of the problem due to social spending cuts, it has been verified that the absence of targeted policies for homeless people with mental illness continues in times of economic crisis; the social policy framework deteriorates. At the same time, constraints on resources and social benefits, as well as design shortcomings, intensify the squeeze on available housing structures. As a result, access to mental health structures is blocked due to overcrowding, but mostly due to the lack of specialized structures for homeless people with mental illness.

The second axis of the analysis of the findings concerns the characteristics of the social policies that are being developed during the economic crisis for homeless people with mental illness. A first important observation relates to the persistence of the absence of targeted housing policies. Any housing interventions that are being developed during the crisis do not adapt to specific forms of homelessness such as this, which has important implications for the structure of housing support services.

The emphasis is placed on short-term housing solutions with emergency practices. Targeted policies to prevent homelessness, but also to prevent a worsening of mental health, are residual. This is mainly due to the inadequacy of primary mental health structures, specialized structures for specific population categories, but also to the inadequate implementation of their attempted sectorization. A second aspect of this issue is that homeless people with mental illness are excluded from homeless

structures. At the same time, given the inadequate number of mental health structures and the lack of specialized services, a large number of people with mental illness are forced to live on the streets.

The most important factor is the prevalence of short-term treatment solutions and housing. Emergency treatment services are widespread – mainly through the public prosecutors' orders. This situation often leads to the revolving door phenomenon, since mental health structures fail to place these individuals in protected housing yet at the same time they keep them in therapeutic follow-up to prevent the vicious circle of re-admissions. This phenomenon is exacerbated by the inadequacy of transitional housing structures for all those who are discharged from psychiatric hospitalization structures. Finally, the lack of a holistic approach has the effect of recycling this important social problem. Housing rehabilitation programmes developed during the crisis do not specifically target vulnerable groups affected by additional social disadvantages. More broadly, social integration policies do not adequately include actions for homeless people with mental illness. Each parameter that constitutes the two general axes of analysis of the findings is presented below.

The impact of the economic crisis on homeless people with mental illness and housing support services

Indirect Evidence

The impact of the economic crisis and austerity policies on homeless people with mental illness can only be traced indirectly, given that Greece has not yet established a centralized mechanism for collecting data on homelessness. As mentioned in the first part of this research note, there are significant indications that homelessness is worsening during the crisis. At the same time, the relevant studies highlight that mental health phenomena are worsening (Tountas, 2016). All these developments strengthen the suspicion that homelessness has worsened in the last decade.

> Even people who had not mental health problems but become homeless subsequently acquired a psychiatric disorder. We have seen it all these years. The majority of them stay on the streets and their mental disorders grow. As their mental health problems increase, the more difficult their social inclusion becomes. It is a vicious circle. Staying on the street leads to an increase in mental illness, regardless of whether it was there previously. And if it was there before, life on the street makes it worse. It is, as we say in our profession, the "psychopathology of the street".
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> NGO Representative

As mentioned in the first part, the main burden of housing protection for people with mental illness in Greece came to be borne over time by the family. The formation of this informal solidarity network often led to structural gridlock. When protection by the family is absent or when crisis conditions are unable to fulfil social reproduction operations, vulnerable people are exposed to the risk of poverty and social exclusion (Kourachanis, 2017a). Those suffering from mental illness who did not enjoy the housing protection of the family ended up living in psychiatric units for a long time, as they did not have any other housing and treatment options to provide them with accommodation and, at the same time, to support them in maintaining it.

Over the last few decades, the familistic type of social protection has gone through a profound crisis, a crisis that is being exacerbated because of the economic crisis. Austerity measures and their wider implications mean that the family is unable to respond to the need to provide social protection to its members (Papadopoulos and Roumpakis, 2013, pp.219-220). This development seems also to have had an impact on the housing protection of homeless people with mental illness.

> Over time, the housing needs of people with mental illness came to be covered by their families. We have many cases where parents or close relatives were looking after the mentally ill. During the crisis, the family's ability to care for these people has declined. Taxes and a reduction in household income mean families cannot protect their own members. During the years of the crisis, we have seen many more families seeking to leave their patients in our institution.
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> Psychiatrist in a Psychiatric Hospital

Impact of Social Spending Cuts

Cutting social spending is a second dimension that strengthens the indications of an increase in the number of homeless people with mental illness during the economic crisis. The restructuring of the social protection system has had a significant impact on welfare benefits (Venieris, 2013). It is also noteworthy that welfare benefits are offered as repressive interventions to alleviate the consequences of poverty and not as a housing benefit.

The first part of this research note highlighted that before the crisis, there were no targeted social policies for homeless people with mental illness. This phenomenon has been perpetuated during the crisis. In recent years, due to the widespread deterioration of homelessness, some targeted housing interventions have been developed. The most typical example is the Housing and Reintegration programme. Although this programme adopts the extended ETHOS typology for the definition of beneficiaries, this was not implemented in practice. At the implementation stage of the programme, the institutions preferred to select homeless people who had only financial problems and not any other social disadvantages (Kourachanis,

2017b). The evaluation of the Housing and Reintegration programme revealed that only 4.6% of all beneficiaries were living in institutions prior to the programme (Dimoulas *et al*., 2017, p.101; Kourachanis, 2019).

> Both prior to the crisis and today, there are no targeted social interventions for homeless people with mental illness. There are significant gaps in the institutional framework that essentially disregard these groups with accumulated social disadvantages. There are issues that need to be revised and improved.
>
> Representative of the Ministry of Health

The absence of targeted social interventions has had a significant impact on the housing protection of homeless people with mental illness. Gaps in the institutional framework result in a permanent shift of responsibilities between housing structures. Their referral from one housing structure to another is a common phenomenon, according to the testimonies of the workers in the field.

> The homeless end up like a ball bouncing from one structure to another. There are dozens of examples of how a hospital pays a taxi driver and tells him to transfer the homeless to our organization. And we get a call from the hospital and they tell us, 'we've just sent you a homeless person with psychiatric problems'. They never ask us if we have beds available, nor do they care what that person will eventually do. In essence, they just want to make the responsibility go away.
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> Mental Health Organization staff member

This dimension highlights the phenomenon of the overcrowding of mental health structures. An even greater problem is the lack of specialized services for both housing and outreach approach for those on the streets. The interviews show that during the economic crisis, the demands for accommodation in mental health institutions are increasing, resulting in housing overcrowding and exclusion. The lack of available beds and the priority given to patients in the asylum wards of psychiatric hospitals until recently (December 2018) has resulted in homeless people with mental illness being excluded from access to these housing structures.

At the same time, the corresponding institutional framework for homeless service structures excludes those homeless from housing structures who "exhibit behavioural disorders due to a mental disorder that, due to the assessment of a collaborating psychiatric service, makes it impossible for them to join the structure" (GG 1336/B/12-5-2016). This impasse is a matter of great concern to workers in the field of mental health and homelessness.

Thus, a situation for the management of wretchedness has been created. The inability to respond adequately is made more difficult by the understaffing of mental health units (Giannakopoulos and Anagnostopoulos, 2016). This inability to strengthen psychiatric staff due to cuts in the social protection system leads to a failure to respond to growing social needs and adverse conditions in the provision of services (Council of Europe, 2016).

> The pressure that mental health structures suffer as a result of shrinking medical and nursing staff is great. In fact, the human resources in these structures are diminishing at a time when hospitalization requests are rising. These structures are at over 100% of their capacity. They can even be 120% and 150% of their capacity! And I'm not exaggerating. We are talking about conditions of overcrowding.
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> Psychologist, Mental Health NGO

The above aspects lead to valid claims that the effects of the crisis and austerity policies have an important impact on social policies for homeless people with mental illness. In the discussion of the second pillar of the findings we will examine the characteristics of the social policy interventions that are being shaped at such an adverse conjuncture.

The characteristics of social policies for homeless people with mental illnesses during the economic crisis

The first part of this research highlighted that the "crisis" in social policies for homeless people with mental illnesses pre-exists the economic crisis. Generally, the housing support framework for this vulnerable group has over time become residual and inadequate. In a sense, the findings show that housing support services for homeless people with mental illness are an extension of the wider physiognomy of social housing policies in times of economic crisis.

It can be noted, therefore, that the weak framework of preventive policies is further weakened. The same applies to housing and social integration policies, which are extremely inadequate. The most basic forms of housing and psychiatric support are mainly implemented through emergency practices. These typically involve an asylum-centric type of housing for acute psychiatric incidents. An important role in shaping such a physiognomy of policies is the exclusion of homeless people from social shelters. Each of the above findings will be analysed independently.

From the interviews, it can be seen that prevention services are not sufficient to effectively protect and manage mental illness before individuals show signs of acute deterioration. The main issues to be addressed in terms of prevention are the

absence of targeted actions, such as using the experiences from mobile mental health units to reach homeless people with mental illness, especially in an urban environment. Such actions could also include the completion of sectorization (Mastroyannakis *et al*., 2015).

> An important issue for prevention is that mobile mental health units have not developed further. Let me give you an example. We are working with mobile units in a small provincial city. There we have people who have mild symptoms of mental illness. We work with the rural doctor, communicate with the community, make visits twice a month and see them, they regularly receive their treatment through our contribution. All these actions keep these people in a socially acceptable situation. With a little support for all of the above, they can live in a dignified manner. The lack of such support models leads the mentally ill onto the streets. In particular, the lack of such approaches in the urban environment, where we have even more homeless.
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> Psychologist, Mental Health NGO

Alongside this is the issue of the exclusion of homeless people with mental illnesses from housing structures that are intended for the general homeless population. In their overwhelming majority, housing structures have a criterion of only accepting guests that do not have any active psychiatric illnesses. This is a particularly important form of exclusion for homeless people with mental illness. Given the absence of targeted housing actions for them, by effectively being excluded from housing structures, they are driven to sleeping rough.

> Those who are diagnosed as psychiatric cases are not admitted to homeless shelters. With such exclusionary criteria, we are often at the limit of legality and illegality. This is because very often – these are always harmless psychiatric incidents – we do not give them a psychiatric diagnosis so that they can be accepted into a homeless shelter.
>
> Psychiatrist in a Psychiatric Hospital

The most important research finding regarding social policies is related to the adoption of emergency housing practices. The main practice of admitting homeless people with mental illness to psychiatric hospitals is done on a public prosecutor's order. This in practical terms means that homeless people with mental illness living on the street end up being hospitalized in psychiatric units only when they reach the point of having an acute deterioration in their mental health. This is a situation where the structure of social policy itself pushes homeless people with mental illness into conditions of even more extreme social and mental deprivation.

> Housing homeless people with mental illnesses who are living on the street is done with a public prosecutor's order. That is, when local actors are notified that in their neighbourhood there is currently a person who is on the brink of impoverishment and death, then a public prosecutor's order is given for them to be admitted to a hospital for treatment. And this is the main way of housing homeless people with mental illness.
>
> Mental Health NGO Representative

Emergency practices, usually through public prosecutors' orders, are one aspect of residual social housing policies. Another side is the inadequacy of transitional services. The lack of a coherent and sufficient range of transitional hosting policies results in two different situations. On the one hand, we have the institutionalization of this group of mentally ill patients through their long-term stay in psychiatric units. On the other hand, they return to the street, with the most likely outcome being that they are re-admitted to a psychiatric unit when a subsequent acute incident occurs. This brings us back to the debate about the phenomenon of the 'revolving door' (Stylianidis *et al*., 2017).

> Once they have been discharged, these people no longer exist. They have nowhere to stay. Where do they go? There are no transitional services for them to rebuild their lives. Most of them will be rough sleepers. From the street and in a situation of social exclusion, they will again find themselves engaging in delinquent behaviour or again suffering acute psychiatric symptoms. So, it is most likely that at some point they will return to the structures which they left. Whether this is the prison or the psychiatric hospital.
>
> Mental Health NGO Representative

This unfavourable landscape of social support for homeless people with mental illness culminates in the absence of housing and social integration policies. The few initiatives for promoting social inclusion are carried out by non-state actors, the most prominent example being the social cooperatives (KOISPE). These partnerships are aimed at the employment and social integration of people with mental illness through empowering them and their participation in the labour market. However, these projects are of limited scope and are not directly related to housing. It is also virtually impossible for someone without a home and elementary care to be able to meet the needs required to hold down a job.

Conclusion

The framework of housing support services for homeless people with mental illness in Greece has over time become residual and inadequate. Homeless people with mental illness experience a double blockade on their access to housing because of the limited range of services. On the one hand, they are excluded from access to social shelters due to the increased prerequisites for their housing. On the other hand, they experience exclusion from mental health services due to the limited development of these specialized structures. The economic crisis has exacerbated this exclusion in a variety of ways, resulting in increased challenges that need to be addressed.

There are strong indications that mental health problems among the homeless population are increasing during the economic crisis. At the same time, both formal (such as state social policy) and informal institutions (such as the family) of social solidarity are being weakened due to austerity measures. These developments expose the mentally ill to a greater risk of finding themselves on the street. These suspicions are reinforced by the finding that the key housing support programmes during the crisis, such as the Housing and Reintegration Program, included very few people living in mental health structures as beneficiaries.

Due to limitations in housing support services for mentally ill people and due to the country's obligation to close down psychiatric hospitals, priority was given to patients from psychiatric hospitals. The new Circular (Γ3α, β/Γ.Π.οικ.96899/2018, Ministry of Health) changed this priority. In fact, now priority is given to homeless people with mental illness. However, the problems that led homeless people with mental illness to the exclusion from access to these housing structures still remain. The lack of enough available beds in transitional housing units is still a problem. The lack of specialized approaches for this population remains, despite the positive direction of the new Circular. Especially for homeless people with complex mental health problems, i.e. dual diagnosis (severe mental illness and addiction) or severe personality disorders, we need to put in force special approaches, otherwise they will continue to be excluded from supported housing schemes for people with mental illness.

As with the general homeless services, in the case of homeless people with mental illness, emergency practices dominate. The weak framework of preventative services is further weakened. The same applies to housing and social integration policies, which are extremely inadequate. The main practice for admitting homeless people with psychiatric illness to hospital is through an order from a public prosecutor. This in practice means that homeless people with mental illness living on the street end up being hospitalized in psychiatric units only when they reach the point of having an acute deterioration in their mental health. It

therefore follows that the form of mental health and housing support services itself leads to a situation of extreme housing and social marginalization for homeless people with mental illnesses.

The political will for a series of major reforms to housing support services for homeless people with mental illness must be developed in order to radically improve the existing unfavourable framework. The biggest challenge is the development of an integrated housing care and coordinated mental health care services. The basic philosophy of this project could be the transition from the current range of emergency services and short-term solutions to the housing first approach, which is centred on autonomous living in combination with social and mental health services.

From this perspective, the development of a scheme for assertive community treatment and housing care services by the sectorized mental health units could act as a catalyst. The aim of these services will be prevention and timely intervention to avoid a mental crisis or relapse of mental illness and to ensure the continuity of psychiatric care, rehabilitation and recovery.

We propose a scheme that could adapt the housing first model to Greek reality, Greek best practices and lessons learned from Psychiatric Reform. For this purpose, it is important to make further use of the experience of mobile mental health units. The aim of this action will be, along with outreach activities, to create a particular approach to homeless people with mental illnesses sleeping rough, for whom to date few adequate tools have been developed in order to draw them into housing and social support services. The creation of autonomous housing schemes coupled with psychosocial support services is the biggest challenge for the housing and social integration of this cohort.

Finally, as regards social integration policies, it is important to examine the experience of the Social Cooperatives of Limited Liability (KOISPE). These cooperatives have thus far been the main vehicle for integrating people with mental illness into the Greek labour market. The further strengthening of these cooperatives, with the necessary adjustments required for this vulnerable group, can help in the development of an intervention plan with an integrated approach to dealing with homelessness among the mentally ill. The combination of different and individualized housing and social services should offer the solutions sought for a serious, long-term problem in Greek society.

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