

## Editorial Άρθρο Σύνταξης

### The future of psychiatric reform in Greece

With the end of "Psychargo II" in 2009, the cycle of major EU projects completed, having contributed in the last two decades to a substantial reform of psychiatric care in Greece. Despite major achievements, the edifice of the psychiatric reform has remained incomplete, as has been repeatedly pointed out.

Some visible effects of incompleteness of our care system are the auxiliary beds in psychiatric units of general hospitals, mainly in Attica and the very high rate of involuntary hospitalizations, 35–40% of admissions in psychiatric units of general hospitals in Athens, more than 50% in psychiatric hospitals and lower rates in other regional units. The growth of private clinics is mostly visible in Thessaly and Macedonia and also the full occupation of private beds in Attica, but we need further evidence to prove a possible shift of patients to the private sector.

The anxious research of beds is a direct consequence of the large gaps in the networking of the outdoor care, both in Attica and the rest of the country. Complementary networks of outdoor care services could enable an early care of patients but also prevention. The networking of psychiatric services in Greece has been attempted through sectorisation, which is now completed, but still remaining inactive. The ΤΕΨΥ (Sectoral Committees of Mental Health) are advisory bodies which failed to respond to the numerous tasks attributed to them by the Law 2716/1999, especially to coordinate indoor and out door services belonging to different organisms. I wonder if we will have another opportunity of networking if sectorisation fails and mental health care is only provided by isolated units and equally isolated private practitioners.

The pilot monitoring of a sample of sectors could provide valuable information on a possible cooperation between different units and contribute to defining priorities on national level.

Horizontal cooperation of indoor and outdoor care units could be accelerated if the directors of indoor care units had the obligation to inform the president of each ΤΕΨΥ on the presence of patients of his sector in their unit. Horizontal cooperation of different units belonging to the same sector would also be valuable for the further development of housing units, which have been installed into the community by the recent programs of deinstitutionalization.

The dynamics of local communities can allow positive achievements, but the improvement of mental health care in a large scale needs an active contribution of public services and stake holders.

The improvement of networking and reorganization of services could produce positive results not particularly expensive. On the contrary, the creation of new units, costs of functioning and staffing require a clear and long term economic planning.

**D.N. Ploumpidis**

*Associate Professor of Psychiatry  
1st Psychiatric Department, University of Athens*

## References

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