

# Youth mental health context in Greece

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## The context in Greece

In 2015, Greece entered its seventh year of recession and has been operating within severely constricted fiscal limits. The Greek healthcare system is falling apart after years of austerity and is dealing with major problems that have resulted from the economic crisis. Not surprisingly, this sector has suffered the most due to austerity. Public hospitals have had to reduce budgets (on average) by 50% during this time. Basic supplies in materials such as gloves, syringes and cotton wool have long been in short supply. The numbers of doctors and nurses is critically low (Chrisafis, 2015). While nurses greatly outnumber physicians in most OECD countries, the opposite is true in Greece, where there are twice as many doctors as nurses (Organisation for Economic Co-operation and Development, 2016).

In Greece public and non-profit mental health service providers have scaled back operations, shut down, or reduced staff; plans for development of child psychiatric services have been abandoned; and state funding for mental health decreased by 20% between 2010 and 2011, and by a further 55% between 2011 and 2012 (Anagnostopoulos & Soumaki, 2013).

The Greek Ministry of Health and Social Solidarity is in charge of allocating budgets for Mental Health and the national budget for Child and Adolescent Mental Health does not compose a separate budget, but is incorporated in the overall Mental Health budget (Puras, Tsiantis, & Kolaitis, 2010).

The gap in service provision is being filled by

non-governmental organisations (NGOs), who plan and put into practice mental health projects and services. Most of the services tend to be oriented towards relief even-though some are working towards developing progressive services. Overall, the Government gives less funding for Mental Health services in relation to General Health and, not surprisingly Child and Adolescent Mental Health receive even less funding (Puras et al., 2010).

Greece lacks appropriate policies for child and adolescent mental health. Consequently, services do not form part of an overall system, and as a result they are quite limited and have to deal with barriers when there is a need to integrate new knowledge in a systematic way.

## Prevalence of mental health problems in Greek children

Recent changes in the Greek educational system has resulted in more stress and anxiety among adolescents; the new system in the Lyceum where students have to be examined in four basic courses instead of 6 for their entrance in the university has caused anxiety to students where besides their everyday attendance to school the majority of them also attend extra private educational institutions (called frontistiria). Frontistiria teach the same exam material as schools and the majority of students along with their everyday attendance at school they spend on average 4-5 hours in these institutions. Entrance to higher education depends on performance in the exams and thus attendance at these schools is seen as obligatory. These results

in longer hours for students and an extra financial burden for less affluent families (Sianou-Kyrgiou, 2008).

The fear of school's exams results has caused higher levels of psychological distress. The number of adolescents, who look for psychological help, in order to be able to handle the anxiety of the exams, has risen considerably in the last year. Moreover, the number of hospital admissions due to suicide attempts or constant and severe non-organic somatic symptoms (abdominal pain, recurrent severe headaches, conversion symptoms, etc.) has noticeably increased (Giannopoulou & Tsobanoglou, 2014).

The available evidence points to a substantial deterioration in mental health status. Findings from population surveys suggest a 2.5 times increased prevalence of major depression, from 3.3% in 2008 to 8.2% in 2011, with economic hardship being a major risk factor (Economou, Madianos, Peppou, Patelakis, & Stefanis, 2013). Greek families are less able to provide a supportive framework for children and adolescents.

With regard to the provision of mental health services for children and adolescents the National Action Plan Psychargos, examining the period between 2000-2009, reported that only 30% of the planned mental health services for children and adolescents have been created (Loukidou et al., 2013). In addition, those services are not equally distributed across Greece, and as a result most of them are functioning only in the bigger cities (Athens, Thessaloniki) while other prefectures do not have mental health services for children at all. Not surprisingly, the demand for mental health services is increasing, with research indicating a 39.8% increase in new cases in public outpatient services for children and 25.5% for adolescents (Anagnostopoulos & Soumaki, 2012).

Furthermore, economic difficulties mean that less people are able to access private health care, which is increasing the pressure on the public sector especially in terms of waiting lists and the

waiting times (Christodoulou, Ploumpidis, Christodoulou, & Anagnostopoulos, 2012).

Data from adolescent inpatient units showed an admission increase of up to 84 %, with diagnoses on admission of borderline conditions, severe behavioural disorders, acute psychotic crises, self-harm behaviours, and other similar conditions constituting 78% of the total cases in 2011, compared to only 48 % in 2007. Borderline states are now more common, and generalised substance abuse has spread throughout the majority of schools, along with bullying and racist behaviours. Acting out behaviour is commonly the main mechanism for the expression of adolescent psychopathology, both at an individual and a social level.

## Available services and unmet mental health care needs

The existing National Healthcare System CAMHS, which is the core of the service provision system, now functions with 10–40 % less employees, who are not paid on a regular basis and whose salaries have been reduced by 40%. A significant portion of the more qualified personnel (i.e. those with years of experience) has been forced to retire. Furthermore, the number of new incidents has increased, and the need for supportive work within the community (as a result of the collapse of social services) and schools (due to a lack of psychological services) has also increased. In reality, child psychiatric services now have to substitute and cover the work of other services (Anagnostopoulos & Soumaki, 2013).

Several large-scale programmes have been established in Greece relating to child and adolescent mental health such as: parenting and community training, Help-lines for children and adolescents, The Daphne II Programme, Needs assessment and awareness-raising interventions on

bullying in Schools, Programme to Reduce Stigma and Discrimination due to Schizophrenia. The lack of infrastructure and as a result lack of funding leads to actions being implemented without being monitored or evaluated. Although Greece has ratified the "Convention on the Rights of the Child", the Greek state does not deliver on certain standards (Puras et al., 2010). For example the pre-natal, labour and post-natal care for women illegally entering Greece is not adequate. In addition, children and families, living in remote, rural areas have limited access to services, goods and resources due to geographical reasons and other adversities.

Out of the 54 prefectures, 20 prefectures are without Mental Health services for children and adolescents while the rest of them do not have adequate staff numbers. Significant staff reductions (40% for some services) threaten many current services. Ironically, some of these services (i.e., day centres, hostels for adolescents with Mental Health difficulties, services for autistic children etc.) had recently started to gain ground in Greece. Apart from the funding cuts, the collaboration and co-ordination between ministries, government organisations, and NGOs is rudimentary and has many gaps, which is a major issue (Puras et al., 2010).

## Conclusion

In Greece there are many challenges involved in trying to introduce preventative mental health programs and interventions in Greek Schools. The bureaucracy that is present in all public settings is a significant barrier to changes to be accomplished. Civil society organizations are trying to fill the gap and organisations like A Child's Smile (To xamogelou paidiou) offer help to children in need. Schools offer the prime area through which teenagers can develop appropriate behaviours in relation to their psychological and physical health. The school has

the potential to play an important role in helping to ameliorate the problems associated with economic hardship, such as the stress on family relationships and loss of social capital. Mental health can be a taboo subject for all individuals, also the teachers who are not trained to deal with these issues and in many cases can be prejudiced and incapable of offering appropriate help. In order for a change to be accomplished all these issues need to be addressed and also children's voices need to be heard. Schools, especially public schools, represent the centre of a community and as such are well placed to be vehicles for preventative strategies aimed at building positive mental health and resilience among young people.

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