



COMMISSION OF THE EUROPEAN COMMUNITIES

Brussels, 15.12.1995  
COM(95) 668 final

## **Final Report**

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**on the implementation of Council Regulation (EEC) 815/84  
on exceptional financial support in favour of Greece in the  
social field**

(presented by the Commission)

*Article 12 of Council Regulation (EEC) 815/84<sup>1</sup>, as amended by Article 1(2) of Council Regulation (EEC) 4130/88<sup>2</sup>, provides that the Commission shall submit a report to the Council and to the European Parliament on the implementation of this Regulation not later than 31.12.1995.*

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<sup>1</sup> OJ L88, 31.03.1984, p. 1

<sup>2</sup> OJ L362, 30.12.1988, p. 1

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## SUMMARY & CONCLUSIONS

### *Background*

Council Regulation (EEC) No 815/84 was adopted on 26 March 1984, in response to the memorandum which Greece submitted on 19 March 1982, following its accession to the E.E.C., concerning its relations with the Community. This Regulation, subsequently amended by Council Regulation (EEC) No 4130/88 of 16 December 1988, provided for exceptional financial support concerning:

- a. the creation of new training capacities in the Greater Athens area (Programme "A") and
- b. the reform of the psychiatric care system in the whole of Greece (Programme "B").

Action under **Programme "A"** was designed to deal with the lack of training infrastructure in the Greater Athens area - excluded at that time from E.R.D.F. intervention - through the construction/extension/adaptation and equipment of vocational training centres.

Action under **Programme "B"** was designed to deal with the serious deficiencies of the Greek psychiatric care system through the development across the country of new structures and services aimed at the social and vocational rehabilitation of the mentally ill and the mentally handicapped persons and the improvement of care conditions of patients in the public psychiatric hospitals.

The Regulation provided for the granting of Community aid totalling 120 million ECU distributed equally between the two Programmes ("A" and "B"). Community funding covered 55%, and in the case of technical assistance up to 100%, of public expenditure.

### *Implementation*

The period initially foreseen for decision granting Community support under Regulation 815/84 was from 1 January 1984 to 31 December 1988. However, by 1988 it had become clear that the execution of programmes had not followed the initial timetable. This was due partly to administrative difficulties in Greece arising mainly from cumbersome procedures relating to public works and partly - especially in the case of the psychiatric reform - to the fundamental nature of the change involved. As a result this period was extended for a further three years to 31 December 1991 by Regulation 4130/88 which amended Regulation 815/84 and extended the scope of intervention.

In 1989, the Commission came to the conclusion that, while implementation of action under Programme "A" was steadily progressing, implementation of action under Programme "B" was seriously behind schedule. In addition, it was found that the relatively limited action that had been foreseen to improve the unacceptable situation pertaining in the Mental Hospital on the island of Leros had not been implemented as planned and conditions there remained intolerable. In view of this situation, the Commission decided in 1989 to suspend the approval of new action under Programme "B" until a number of conditions set by the Commission and the European Parliament, including concrete action to resolve the Leros problem, had been met.

To this end, a new action for Leros was presented by the Greek authorities in the form of a two-year special programme (1991-92) aiming at the rehabilitation, deinstitutionalisation and upgrading of the living conditions for a large number of patients in the Leros Mental Hospital. This special programme was approved by the Commission in December 1990. By autumn 1991 there were clear signs -confirmed by a team of independent experts - that the action carried out in Leros had a very positive effect on the situation of the patients. Consequently, following the presentation by the Greek authorities of a revised overall psychiatric reform programme and the setting up of a monitoring and evaluation system, the Commission decided in 1991 to resume Community funding under Programme "B".

Since 1991, there has been a very significant acceleration in the implementation of Programme "B". This can be attributed partly to the experience gained by the Greek authorities during the first period of implementation but also to the stepping up of monitoring, evaluation and inspection work organised by the Commission. The introduction of a monitoring and evaluation system has been a crucial factor of this progress.

Programme "A" kept a steady pace of progress throughout the period and reached its effective completion in December 1994. Programme "B" was effectively completed in June 1995, with the exception of monitoring and evaluation activity which will be fully terminated in March 1996.

The present rate of utilisation of the Community aid effectively granted under the Regulation stands at about 90,6% ( 93,2% as regards Programme "A" and 87,9% as regards Programme "B"). This rate is expected to rise to 98% of the total commitment of 115,3 MECU after the execution of remaining payments under way.

### *Impact*

Overall, eleven years since the adoption of the Regulation and in spite of the various difficulties encountered in its implementation, especially with regard to Programme "B", it can be concluded that the objectives of the Regulation have been achieved and its impact has been very significant.

As regards **Programme "A"**, the increase in the provision of training facilities in the Athens area is as follows: 19 new training centres have been constructed and equipped, 16 existing centres have been adapted/extended and equipped and 11 existing centres have been endowed with modern training equipment. The total number of new training places created under this Programme is in the order of 10.000 places. This represents an increase of more than 60 % of the total training capacities outside the formal education system in the Athens area.

This has allowed the total volume of vocational training carried out in Greece and access to E.S.F. resources to be raised. The rising demand for vocational training in recent years, especially in the Athens area where the population continues to increase and unemployment is higher than in the rest of the country, renders the contribution of Programme "A" much more significant. New management methods and quality standards have also been introduced.

**Programme "B"**, which concerns the reform of the psychiatric care system, has led to the creation of a variety of structures throughout the country: 25 Community Mental Health Centres, 28 Psychiatric Units in General Hospitals, 7 Acute and Short-Stay Units, 9 Guidance and Day Treatment centres, 23 Pre-vocational/Vocational Training and Rehabilitation Centres and Workshops and 42 Hostels providing alternative residential accommodation. In addition, 49 pilot projects, involving new methods of psychiatric care and rehabilitation have been developed and completed and 8 training programmes, comprising a large number of training schemes for nursing staff and mental health professionals, have been successfully implemented.

All this amounts to a radical reform of the Greek psychiatric care system, in spite of the size and complexity of such a task; it has involved the gradual replacement of the institution-based system of psychiatric care by a network of alternative prevention-led and therapeutic mental health services and facilities based in the community or general hospitals as well as by the provision of social and vocational rehabilitation services throughout the country. These developments have also led to a considerable improvement in the psychiatric hospitals in Greece involving the reduction in the number of chronic patients, the improvement of living and care conditions and the introduction of new practices geared to the rehabilitation of the residents.

In the case of the **Leros Mental Hospital**, the concentrated and practical efforts of the Commission and the overall positive response of Greek governments have led to a spectacular transformation of the hospital since 1990 with striking benefits to the patients. This concerns both the physical conditions and the treatment and rehabilitation work. As a result, some 250 former Leros patients are now leading semi-independent lives outside the hospital, in the mainland of Greece and on the island. This major success demonstrated also the value of joint intervention of external teams from other parts of Greece and other Member States in bringing about change in a large mental health institution.

Successive recent reports of the international team of experts engaged by the Commission and the Greek authorities for the evaluation of Programme "B" confirm these assessments. Although sustained progress of the reform may still be fragile, mainly because it has not been fully accompanied by new legal and administrative arrangements, the strong momentum for change which is evident throughout the psychiatric care services in Greece is expected to play a crucial role in ensuring the consolidation and further development of the reform.

To consolidate the achievements of both Programmes implemented under the Regulation, the Commission and the Greek government have agreed that action will be continued in the context of the Community Support Framework 1994-99 for Greece, with financing from the Structural Funds. Such action should involve the full use of the training capacities created under Regulation 815/84 and the continuation of the reform effort in the mental health care system. In the latter case, action will need to be taken mainly in terms of improving human resources management and training of personnel. New mental health infrastructure will be of a small scale and will be an integral part of basic health service provision in under-equipped areas.

## **1. NATURE AND SCOPE OF ACTION**

### **1.1. Factors leading to the adoption of Council Regulation 815/84**

Following Greece's accession to the Community (on 1 January 1981), the Greek government submitted a memorandum to the European Commission on the problems arising from Greece's membership of the E.E.C..

In response, the Commission initiated a thorough examination of the problems raised in the memorandum and identified priority areas for which increased financial assistance from Community could be envisaged.

In the course of this examination, the structural inadequacies in the field of vocational training received particular attention. The total volume of vocational training activity carried out in Greece appeared extremely low and was reflected in a shortage of training centres and training staff. The total training capacity, outside the formal education system, was less than 21.000 places for a total active population of around 4 million people; the situation was particularly serious in the urban centres and especially in the overpopulated area of Athens which, at the time, was not eligible for assistance under the European Regional Development Fund.

The lack of training capacities was also impinging on the access of Greece to Community financing of vocational training by the European Social Fund. In spite of the priority given to less developed regions, the share of Greece in the E.S.F. was only 4% in 1982 whereas the rate of actual utilisation was even lower.

At the same time the Commission identified rehabilitation and vocational training of disabled persons as an area in which the relatively low level of activity seemed to offer scope and need for development. A team of independent experts was engaged in December 1982 to examine the situation of rehabilitation and training of the disabled persons in Greece and to make policy recommendations. The experts noted the existence of a serious problem in the Greek psychiatric institutions. They reported to the Commission on the urgent need for reform of the mental health care system in Greece. This need went beyond the scope of intervention of the existing Community financial instruments.

The Commission confirmed the gravity of the problem in terms of living conditions of mentally ill patients in the public hospitals, methods of treatment and lack of rehabilitation and social integration activity. This situation was highlighted in particular by the conditions in the two large psychiatric hospitals of Attica ("Dafni") and Leros. The Greek Minister for Health confirmed the government's determination to reform the psychiatric care system as a matter of priority. This was reflected in the bill of 1983 on the National Health System<sup>1</sup>. The Greek government subsequently requested Community financial assistance to carry out this reform.

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<sup>1</sup> The health bill contained provisions for the establishment of a comprehensive mental health care system. In the preamble of this Law it was stated that "It is broadly accepted that psychiatric care is totally inadequate. The manner of dealing with psychiatric patients is often close to the limits of denial of the most basic notions of human dignity. Radical reform is needed to change this intolerable situation".

The seriousness of the situation led the Commission to propose special financial support for Greece in the social field amounting to 120 MECU and designed to deal with (a) the lack of training structures in the Athens area and (b) the urgent need to reform the psychiatric care system in the whole of Greece<sup>1</sup>.

On 26 March 1984, following the opinion of the European Parliament and of the Economic and Social Committee, the Council adopted Regulation (EEC) No 815/84 granting 120 MECU as "*exceptional financial support in favour of Greece in the social field*".

## 1.2. The scope of the Regulation

The Regulation provided for action to:

- improve and expand the training infrastructure in the Athens area (**Programme "A"**);
- reform the psychiatric care system in the whole of Greece (**Programme "B"**).

The total financing of 120 MECU was to be equally distributed between the two Programmes. Financial commitments concerned the period from 1 January 1984 to 31 December 1988.

Community funding covered 55% of public expenditure for:

- (i) the construction of new centres and the extension and adaptation of existing buildings (Programme "A" and "B");
- (ii) the equipping of centres (Programme "A" and "B");
- (iii) pilot schemes to demonstrate the most efficient methods for the implementation of Programme "B";
- (iv) training schemes (in Greece and abroad) to adapt the professional qualifications of medical, therapeutic and para-medical staff and social workers (Programme "B").

Financial support was granted on the basis of:

- a. the presentation by the Greek authorities of distinct overall plans of action respectively for parts "A" and "B" for the period of the Regulation, and
- b. the annual presentation by the Greek authorities and approval by the Commission of specific requests for assistance in conformity with these plans.

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<sup>1</sup> COM (83) 134, 29 March 1983



Although the action described under the two Programmes looks similar, the challenge of Programme "B" was of a totally different order: the latter was designed to support the creation of an entirely new system of social and vocational rehabilitation for the mentally ill and mentally handicapped persons. In this radical reform the qualitative aspects of Community assistance were as important as the provision of financial support. Notwithstanding the fact that Community aid covered mainly capital expenditure, the core of the problem was to change the whole approach of the psychiatric care system from passive containment to active prevention and rehabilitation. Consequently, expenditure arising on infrastructure had to be subordinate to this objective rather than be an end in itself.

### ***Modification of Council Regulation 815/84 by Council Regulation 4130/88***

Against this background and taking account of difficulties and delays encountered in the initial period of implementation of the Regulation, Greece submitted in 1987 a request for a three year extension of the period initially considered for Community financial support under Regulation 815/84, that is up to the end of 1991. This request was accompanied by revised versions of the two Programmes ("A" and "B") and a new timetable for their implementation.

On 16 December 1988, on a proposal from the Commission, the Council adopted Regulation (EEC) 4130/88 which amended Regulation (EEC) 815/84 as follows:

- the granting of Community aid was extended up to 31 December 1991;
- Community support was extended to expenditure covering the acquisition of buildings and building sites, exclusively for actions under Programme "B";
- within a limit of 2% of total estimated assistance, Community support, up to 100% of relevant expenditure, was extended to technical assistance, evaluation and monitoring;
- a Monitoring Committee was to be set up by the Greek authorities in agreement with the Commission;
- a monitoring system was to be established by the Greek authorities in agreement with the Commission for the systematic collection, compilation and dissemination of information relating to the implementation of the programmes.

## **2. PROGRAMME "A": THE IMPROVEMENT AND EXPANSION OF TRAINING INFRASTRUCTURE IN THE ATHENS AREA**

### **2.1. The Programme**

In 1983, the total training capacity outside the formal education system of all training institutions and agencies of the public sector in Greece was limited to around 21.000 training places. Moreover, most of the existing training centres in the country were out of date and unsuitable to provide training in line with technological developments. This situation was especially acute in the Athens area, where 37% of the total population of Greece was concentrated.

At the same time, unemployment had increased sharply during the period from 1981 to 1983 and had reached 7,8% in the country as a whole and 10,2% in the greater Athens area. Unemployment was particularly serious for young men and women in the age group 15-24 for which the unemployment rate in 1983 was 16,5% and 28,3%, respectively. Persons in these categories also faced prolonged periods of unemployment.

A large part of this unemployment was attributed to the fact that persons in search for a job lacked the necessary qualifications for filling up vacant posts. The promotion and development of vocational training was thus identified as a crucial factor to combatting unemployment and upgrading the qualifications of the Greek labour force.

More than 90.000 young people each year were leaving school without any vocational training or the possibility to follow higher education. It was estimated that more than 50% of the young people in need of vocational training lived in the Athens area.

Against this background, the Greek authorities presented on 29 May 1984 a five-year programme (1984-88) for Part "A" of the Regulation. This aimed to create around 12.000 training places in the Athens area covering 13 public organisations and enterprises. It involved 44 operations concerning the construction and equipment of 24 new vocational training centres and the adaptation/extension and equipment of 20 existing ones. The vocational training to be provided in these centres concerned: management and administration, data systems and banking, industrial professions, merchant navy, telecommunications - radio - television, agriculture, tourism, etc. It was estimated that on completion of this Programme the annual throughput of the centres would be in the order of 40.000 trainees.

## 2.2. The course of implementation of Programme "A"

After examination by the Commission of 40 operations presented by the Greek authorities together with the 5-year programme it was decided (December 1984) to concentrate Community assistance initially on 24 operations involving five promoters.

In agreement with the Greek authorities, the Commission decided to engage a team of experts to examine the 5-year programme and make suggestions for improvement. The study which was completed in March 1985 made practical recommendations emphasizing the need to improve coordination of the activities of the various promoters, to introduce training standards, to develop and train the necessary staff and to improve labour market information. It also pointed out the importance of new technologies and of developing new training initiatives. The experts recommended a review of the costs of certain actions.

This work, and the effective launching by the end of 1985 of most approved operations, led the Commission to decide the granting of support for the continuation of operations approved in 1984 and for 20 new operations involving nine new promoters.

By 1988, works had been completed in 4 vocational training centres which had come into operation. However, the implementation of the Programme was behind schedule mainly due to:

- the difficulty of finding suitable sites for construction in the greater Athens area;
- the lack of experience on the part of certain promoters;
- the fact that the beginning of the Programme coincided with the implementation of new legislation changing building prescriptions in Athens;
- the strictness of the legislation concerning public works, which required control procedures at many stages of the construction process.

On **16 December 1988**, the Council adopted Regulation 4130/88 amending Regulation 815/84 including, in particular, an extension of the period for Commission decisions granting Community support until 1991. In accordance with Article 1(4) of this Regulation, a Monitoring Committee comprising representatives of the Greek authorities and of the Commission was set up to monitor the implementation of the Regulation. In this context, the Ministry of Labour set up a monitoring system for Programme "A", involving regular monitoring reports carried out by an independent expert and visits to project sites by technical experts to monitor progress in the construction works and to address problems arising in the implementation.

The introduction of an effective monitoring system allowed the Commission to take four further decisions granting support. The final decision was taken in **December 1991**, in accordance with Article 1(1) of Regulation 4130/88.

By 1991, works concerning the construction/adaptation of 21 training centres had been completed and initial start-up training programmes in some of these centres had already commenced .

Since 1991, implementation of Programme "A" kept a steady pace and all actions under the Programme were effectively completed by **December 1994**. During the same period, the Greek authorities carried out two training programmes for trainers and managerial / administrative staff of the training centres established under the Programme.

### 2.3. Overall physical and financial implementation of Programme "A"

#### *The overall physical implementation*

The following table shows the distribution of actions (projects) approved by the Commission under Programme "A" by year of approval:

Year	No of Projects approved	No of Projects cancelled	No of projects completed
1984	24	2	22
1985	15	1	14
1986	12	3	9
1987	16	-	16
1988	10	-	10
1989	15	-	15
1990	11	1	10
1991	13	1	12
<b>Total</b>	<b>116</b>	<b>8</b>	<b>108</b>

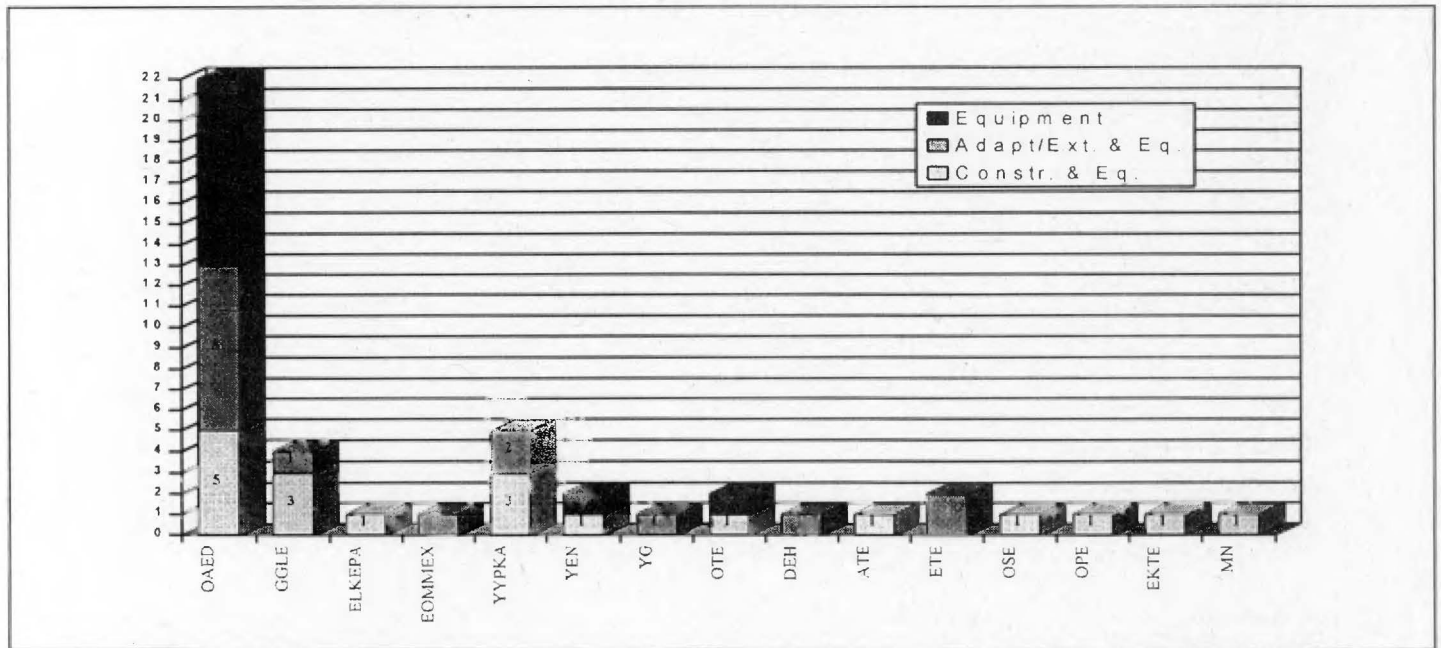
Overall, Programme "A" involved the implementation of 108 projects concerning the construction/ adaptation/extension and equipment of vocational training centres, located within the Greater Athens area. These projects concerned:

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|--|
| <ul style="list-style-type: none"> <li>a. the construction and equipment of <b>19 new vocational training centres</b>,</li> <li>b. the adaptation and/or extension and equipment of <b>16 existing centres</b> and</li> <li>c. the procurement of <b>modern training equipment</b> in <b>11 training centres</b>.</li> </ul> |
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These actions were implemented by the following fifteen public sector promoters:

- the Manpower Employment Organisation (O.A.E.D.);
- the General Secretariat for Popular Education (G.G.L.E.);
- the Hellenic Productivity Centre (EL.KE.PA.);
- the Greek Organisation for Small and Medium Sized Firms in Light Industry and Handicrafts (E.O.M.M.E.X.);
- the Ministry of Health and Welfare (Y.Y.P.K.A.);
- the Ministry of Merchant Navy (Y.E.N.);
- the Ministry of Agriculture (Y.G.);
- the Greek Telecommunications Organisation (O.T.E.);
- the Public Electricity Company (D.E.H.);
- the Agrarian Bank of Greece (A.T.E.);
- the Commercial Bank of Greece (E.T.E.);
- the Greek Railways Organisation (O.S.E.);
- the Export Promotion Organisation (O.P.E.);
- the National Mortgage Bank of Greece (E.K.T.E.);
- the Municipality of Nikaia (M.N.).

The distribution of these actions by promoter and nature of works appears below:



The promoters involved in the Programme may be distinguished in two categories:

- promoters that offer continuing training mainly to their own personnel, new recruitments or future employees as well as employees of affiliated institutions. Such promoters are the public utility organisations (DEH, OTE, OSE) and the three banks (ATE, EKTE, ETE);
- promoters that provide a wide variety of continuing education and training addressed to the general population. Education and training programmes are offered at various levels, such as courses for the illiterate (GGLE), for the secondary school graduates (OAED, YG, etc.), for the tertiary education graduates (OPE, ELKEPA, etc.) and for persons with special needs (OAED, YYPKA).

Among the promoters, some have a special weight and role in the provision of vocational training. OAED, the Manpower Employment Organisation is the main body offering continuing training, mostly for technicians. OAED as well as YEN provide formal education and training programmes and their graduates receive accredited diplomas while the remaining 13 promoters provide informal vocational training programmes.

The capacities created under Programme "A" by promoter are given below:

Promoter	Total Surface (m <sup>2</sup> )	Training places	Accommodation places	Trainers <sup>1</sup>	Administrative Personnel
OAED <sup>2</sup>	27.610	2.183	—	272	102
GGLE	7.480	430	—	33	15
ELKEPA	12.104	1.100	—	200	160
EOMMEH	(Adapt. & Eq.)	260	—	185	13
YEN	3.318	500	—	28	51
YYPKA	18.761	525	154	79	115
YG	1.446	190	—	25	15
OPE	4.443	250	—	13	28
OSE	7.124	450	40	30	30
OTE	17.123	1.620	—	323	98
DEH	(Adapt. & Eq.)	450	—	30	14
ETE	(Adapt. & Eq.)	210	—	40	54
ATE	9.210	768	142	120	80
EKTE	7.296	520	60	35	17
Mun. Nikaia	2.048	340	—	43	7
<b>Total</b>	<b>117.963</b>	<b>9.796</b>	<b>396</b>	<b>1.456</b>	<b>799</b>

<sup>1</sup>permanent and temporary personnel (including part-time personnel).

<sup>2</sup>not including the capacities of the centres at Moschato, Ajgalaio and Peiraias where works concerned only adaptations and those which benefited only from the procurement of training equipment.

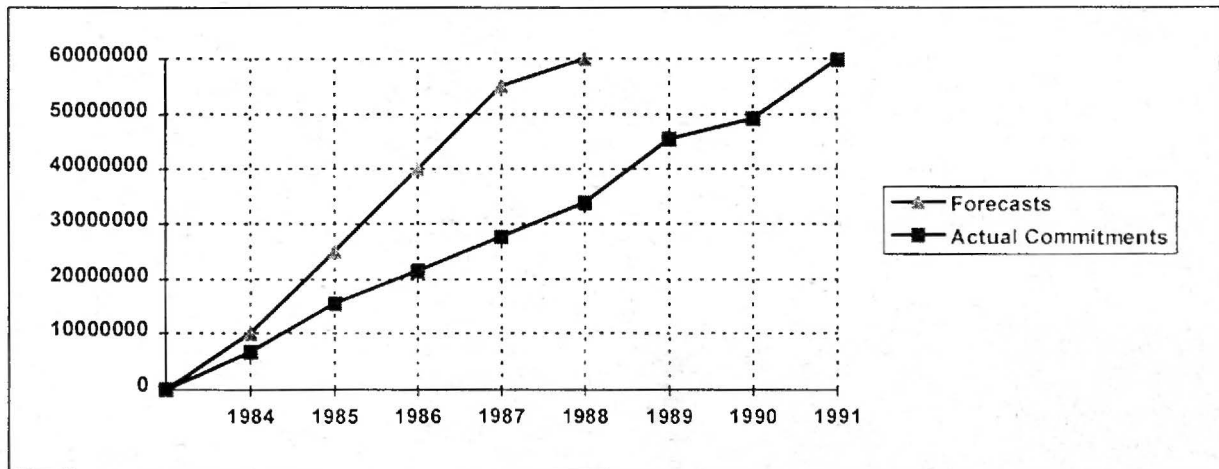
*The overall financial execution*

Budgetary commitments

The table opposite shows the commitments and decommitments that occurred each year from 1984 to 1991. In December 1991, total net commitments for actions under Programme "A" amounted to 59.905.134 ECU. This amount represents 99,8% of the total estimated budget of Community aid for this part of the Regulation (60 MECU).

Year	Commitments	Decommitments
1984	6.663.801	0
1985	8.830.865	11.934
1986	5.962.901	4.213
1987	6.356.799	80.571
1988	6.370.000	250.618
1989	11.927.661	242.127
1990	4.065.139	274.896
1991	10.687.193	94.866
<b>Total net commitments (December 1991):</b>		
		<b>59.905.134 ECU</b>

The progress of net commitments for actions under Programme "A" from 1984 to 1991 compared with the initial estimates is shown in the following diagram:



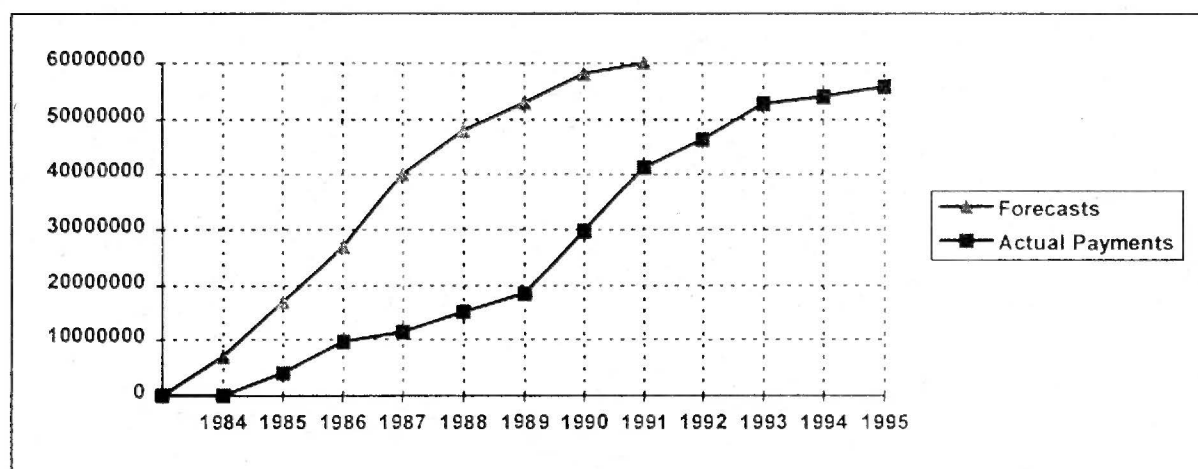
The rate of actual commitments (about 7,6 MECU per year) for this part of the Regulation is nearly two thirds of the estimated rate and reflects the difficulties in the implementation of the Programme. However, the nearly linear flow of commitments reflects the relatively smooth implementation of Programme "A".

### Payments

Total payments made **to date** for actions under Programme "A" amount to 55.830.378 ECU, i.e. 93,2% of total net commitments. This rate is expected to rise to 97% after the execution of remaining payments under way.

Year	Payments
1984	0
1985	3.973.217
1986	5.734.565
1987	1.822.623
1988	3.597.995
1989	3.357.326
1990	11.257.804
1991	11.555.311
1992	5.118.605
1993	6.423.026
1994	1.186.990
1995	1.802.916
<b>Total:</b>	<b>55.830.378</b>

The following diagram shows the progress of the total payments made between 1984 and 1995 compared with the initial estimates. This also demonstrates the initial delay and the smoothness in the implementation of the Programme.



The overall financial situation **to date** with regard to Community aid for Programme "A" is given below:

Total estimated budget	60.000.000
Total net commitments	59.905.134
Total payments	55.830.378
Total decommitments since 1991	149.931
Balance	3.924.825
Utilisation rate	93,20 %

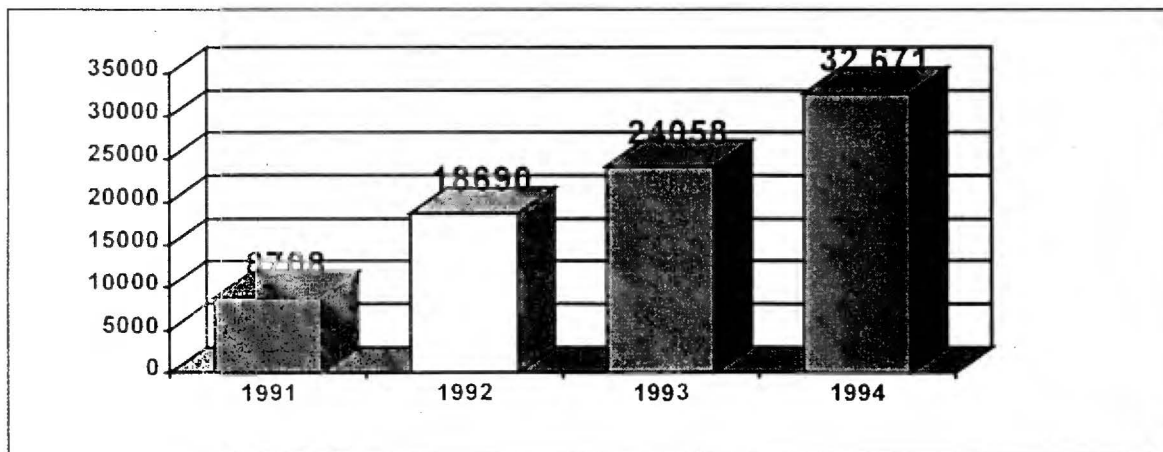


## 2.4. The impact of Programme "A"

The direct result of Community assistance for the improvement and expansion of the training infrastructure in the Athens area under Programme "A" is summarised in the following table. Compared to 1984 this represents an increase of more than 60% of training capacities outside the formal education system in the greater Athens area.

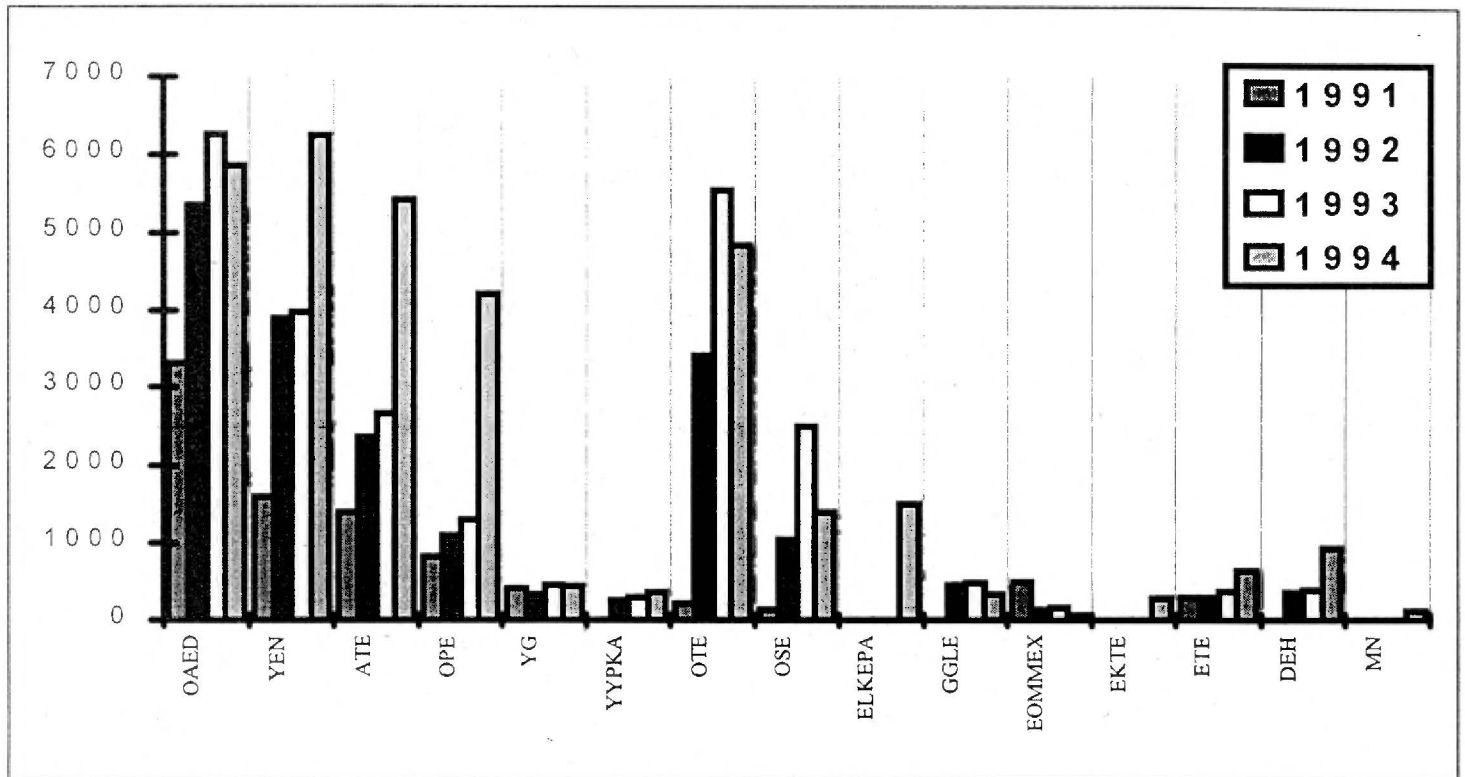
<ul style="list-style-type: none"> <li>Total number of vocational training centres constructed/adapted/extended and equipped under Programme "A"</li> </ul>	<ul style="list-style-type: none"> <li>35 vocational training centres were constructed or adapted/extended and equipped;</li> <li>11 vocational training centres benefited from the procurement of modern training equipment.</li> </ul>
<ul style="list-style-type: none"> <li>Total surface of the vocational training centres created</li> </ul>	<ul style="list-style-type: none"> <li>over 115.000 m<sup>2</sup></li> </ul>
<ul style="list-style-type: none"> <li>Total number of training places created</li> </ul>	<ul style="list-style-type: none"> <li>around 10.000 training places; some centres provide also accommodation (around 400 places) for trainees from other parts of the country or persons with special needs</li> </ul>
<ul style="list-style-type: none"> <li>Total number of trainers and administrative personnel of the centres</li> </ul>	<ul style="list-style-type: none"> <li>Around 1.400 trainers and 800 administrative personnel</li> </ul>

The following diagram, which shows the **number of persons trained** during the period 1991-1994 in the centres that were constructed/adapted/extended and equipped under Programme "A" of the Regulation, illustrates the importance of the intervention.



The figures shown above do not correspond to the total capacity of the centres, since not all of them were in full operation in 1994. The annual throughput once all centres are in full operation is estimated at around 45.000 trainees.

The following diagram shows **the distribution of the number of persons trained in the new centres by promoter during the period 1991-1994:**



The preceding analysis suggests that, in spite of the delays in the initial period of the implementation of Programme "A", the overall objective of the Programme has been achieved. The increase in the provision of training facilities in the Athens area has contributed to a substantial increase in the volume of vocational training carried out in Greece; and, since the major part of training activity of the newly created centres is E.S.F.-financed, this has also contributed to raising Greece's access to E.S.F. resources.

The rising demand for vocational training in recent years especially in the Athens area, where the population continues to increase and the unemployment rate is higher than in the rest of the country, renders the impact of Programme "A" of the Regulation much more significant. Regulation 815/84 provided also an opportunity for improving co-ordination between the various promoters engaged in vocational training, encouraging the exchange of experience and the transfer of know-how from the most developed Community countries and developing management plans for the centres, even before the new structures were ready for operation.

The Commission has emphasised that, in order to obtain maximum advantage of the opportunities offered by the new training capacities, top priority should be placed on the effective management and functioning of the centres and on securing high quality standards in training provision.

Under the new C.S.F. for Greece (1994-1999) these capacities are expected to form part of a decentralised network of accredited training institutions thus contributing to the development of a more systematic approach to initial training and life-long learning in the country.

### **3. PROGRAMME "B": THE REFORM OF THE PSYCHIATRIC CARE SYSTEM**

#### **3.1. The Programme**

Historically, mental health care - in Greece as elsewhere - was largely based on psychiatric hospitals, predominantly asylum-like. By 1950, the entire inpatient care facilities in Greece for the mentally ill persons consisted of five public mental hospitals, together with a few local private hospitals. By the mid 1950s, the severity of overcrowding in the public sector mental hospitals led to an increase in beds in the existing hospitals and in the opening of four additional public hospitals, among which the Mental Hospital of Leros. The latter was, in fact, to cater for an overspill of patients from other mental hospitals. By the mid '70s the number of patients had increased further: the Mental Hospital of Attica had more than 2.500 patients and the number of patients in Leros had reached 1.900.

Thus, by the early 1980s, the public mental health care system in Greece was dependent entirely on institutional care in ten overcrowded hospitals/asylums (including one residential institution for children) unevenly distributed in the country, leaving some regions without access to local psychiatric services of any kind. For many of the patients living in these hospitals this meant losing touch with their communities and permanent incarceration. This, together with the absence of any alternative extra-mural services and the severe lack of qualified personnel, were the main features of the sad state of the provision of mental health care in Greece.

Meanwhile, the decreasing reliance on large psychiatric hospitals as sole providers of mental health services and the increasing utilisation of community-based services were the main goals of mental health reforms that were already in progress in most European countries.

In the early 1980s, with assistance from the World Health Organisation (W.H.O.), the Greek government undertook to review the system of mental health care and to develop a national policy based on the provision of comprehensive community-based psychiatric services in accordance with the WHO Health for All policy. The legal foundation for this effort was established by Article 21 of Law No 1397/83 concerning the National Health System.

This policy of the Greek government was subsequently reflected in a five-year programme (1984-1988). This programme, which incorporated the recommendations of a committee of international experts set up by the Commission, was presented on 29 May 1984 to the Commission under Part "B" of the Regulation and served as a framework within which action was presented for co-financing by the Community.

## Objectives

Programme "B" of Regulation 815/84 set out, in particular, to reduce the number of new admissions in the large mental hospitals, to prevent mental patients from becoming chronic and institutionalised and to promote the return of long-stay patients into the community. Its strategic objectives were the following:

- The gradual replacement of the institution-based system of psychiatric care by a decentralised network of flexible prevention-led and therapeutic mental health services and facilities based in the community or in general hospitals.
- The de-institutionalisation and reduction of long-stay patients in the psychiatric hospitals through the provision of vocational and social rehabilitation services including training facilities and residential accommodation in the community; this was to be accompanied by the upgrading of living and care conditions of the patients still living in psychiatric hospitals.
- The vocational adaptation of medical, therapeutic and para-medical staff to new methods and models of care through training and re-training.

To achieve these objectives, the action proposed under the Programme concerned in particular:

- The creation of new mental health structures (construction and equipment) including:
  - Structures acting as filters to prevent admissions of patients to mental hospitals  
Community Mental Health Centres  
Clinical Guidance Centers
  - Structures preventing mental patients from becoming chronic  
Psychiatric Units in General Hospitals  
Acute and Short-Stay Units  
Rehabilitation Units
  - Structures facilitating the return of long-stay patients to the community  
Residential Hostels and Apartments  
Day Centres
  - Structures facilitating the reintegration of patients in the Community  
Prevocational and Vocational Training Centres  
Cooperatives
- The implementation of training programmes (including in-service training) for the nursing staff and the mental health professionals.
- The implementation of pilot schemes to demonstrate the most efficient methods for carrying out the psychiatric reform, including programmes aiming at the vocational rehabilitation and social integration of long-stay patients.

### 3.2. The course of implementation of Programme "B"

#### *First phase: 1984-1988*

Each year the Greek authorities submitted to the Commission applications for financial support in respect of distinct actions covered by the five-year programme. Between 1984 and the end of 1988, five decisions were taken by the Commission approving the granting of assistance for a total number of 197 actions concerning in particular:

- the construction and equipment of:
  - 29 mental health centres,
  - 29 psychiatric units in general hospitals,
  - 18 acute and short stay units in psychiatric hospitals,
  - 32 prevocational and vocational training centres, including 4 cooperatives,
  - 28 hostels.
- the implementation of 8 staff training schemes
- the implementation of 53 pilot schemes;

During the same period the Commission carried out a number of technical assistance actions in order to assist Greece in the implementation of the Programme, including exchange of Greek professionals with professionals from other Member States, training for Greek psychiatric personnel abroad, liaison activities with vocational rehabilitation centres throughout Europe and demonstration operations in Greek psychiatric hospitals involving teams from other Member States.

However, implementation of the Programme did not follow the initial timetable, not least because of the enormous size and complexity of the task of the reform. Furthermore, considerable delays in the implementation of the Programme were caused by a number of practical problems, such as the difficulty of finding suitable construction plots and the rigid legal and administrative procedures concerning public works. This resulted in a very low absorption rate of available funds and led the Commission to extend the period of implementation for a number of actions and, towards the end of this phase, to reduce the number of new actions and the volume of new financial commitments.

The slow rate of implementation made clear that it would not be possible to use the available Community financial support within the period 1984-1988. At the end of 1987 the Greek authorities requested a three-year extension accompanied by a revised programme for the period 1988-1991.

In December 1988, the Council adopted Regulation 4130/88 amending Regulation 815/84 entailing, in particular, an extension until 1991 of the period for decisions granting Community support.

*Second phase: 1989-1990*

In view of the difficulties encountered during the first phase, Regulation 4130/88 included inter alia the setting up by the Greek authorities of a monitoring and evaluation system.

In the absence of such a system, in 1989 the Commission carried out on-the-spot checks for 135 projects. It was found that a significant number of projects had not yet been initiated.

It became clear that the revised programme of 31 December 1987 was being very unevenly applied and that measures to overcome the difficulties experienced in the past had not yet been adopted. Moreover, the situation remained stagnant in many psychiatric hospitals/asylums; the intolerable conditions in Leros received considerable publicity in the media and the matter came to the attention of the European Parliament and of other international organisations.

Accordingly, in 1989, the Commission decided to postpone the approval of new actions under Part "B" of the Regulation subject to the respect of a number of conditions endorsed by the European Parliament. These conditions were the following:

- |    |  |
|----|--|
| a. | the revision of the psychiatric reform programme to include concrete and realistic measures to ensure success of the reform on the basis of a new implementation schedule; |
| b. | the establishment of the monitoring and evaluation system;   |
| c. | a demonstrable effort to improve the conditions in the Leros Mental Hospital.  |

Furthermore, the Commission decided to cancel 76 projects on which work had not begun on 1 December 1990.

In response to the above conditions the Greek authorities presented a special two-year action for Leros which the Commission approved, exceptionally, in December 1990. This action involved on the one hand the exit of 110 patients and their transfer to 11 hostels on the mainland of Greece and on the other hand the launching of rehabilitation work within the hospital and the improvement of living conditions.

In 1989, the Commission engaged three groups of experts to assist the Greek authorities in the review of the programme.

### *Final phase: 1991-1995*

In March 1991 the Greek authorities presented a revised programme, covering the period 1991-2000. The aspects of prevention, early intervention and extra-hospital treatment, training and evaluation were reinforced in accordance with recommendations made by the groups of experts. The programme also placed emphasis on aspects such as geographical sectorisation of services, living and care conditions in the large hospitals, new legislation etc. Within the framework of this programme, a coherent set of actions for the period 1991-1994 were submitted to the Commission for financial support.

During 1991, a concentrated effort was made to fulfill the other two conditions laid down for the resumption of funding. By December 1991 it was confirmed that:

- a monitoring and evaluation system had been established, involving an external technical assistance unit for the follow-up and management of the Programme and an evaluation team of international experts; and
- the implementation of the special action for Leros approved in 1990 had already showed a significant positive impact in terms of the de-institutionalisation pathway of a substantial number of patients. This was found by Commission officials and by the international team of experts on visits to Leros and to the newly established hostels elsewhere in Greece, in April and November 1991.

On the basis of these positive developments the Commission decided (December 1991) to resume Community funding for new projects under Programme "B" of the Regulation and approved the action proposed for the period 1991-1994. The programme was composed of nine measures involving 44 distinct actions (projects). Provision was also made for the substantial reinforcement of the action in Leros including improvements in the hospital infrastructure and the creation of alternative small structures (hostels and apartments) within and outside the hospital. The monitoring and evaluation activities were strengthened.

During the period 1991-1994 there was a strong acceleration in the implementation of Programme "B". This applies also to the action carried out in Leros, especially since November 1993. The concentrated efforts of the Greek government together with effective management and leadership within the hospital and the valuable contribution of Greek and international (Dutch and Italian) teams of mental health professionals, resulted by the end of 1994 in a remarkable transformation of the hospital.

In December 1994, the Commission decided a six-month extension of the period of implementation for a limited number of actions approved in 1991 including, in particular, works and activities in Leros so as to allow for their effective completion.

Implementation of action under Programme "B" of the Regulation was completed on 30.06.1995 with the exception of monitoring and evaluation activity which will come to an end on 31.03.1996.



### 3.3. Overall physical and financial implementation of Programme "B"

#### *The overall physical implementation*

The following table shows the distribution of the projects approved by the Commission under Programme "B" by year of approval:

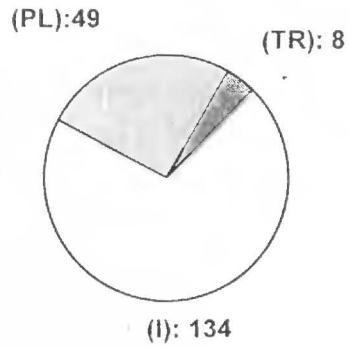
Year	No of Projects approved	No of Projects cancelled <sup>1</sup>	No of projects completed
1984	26	1 (1985)	25
1985	67	17 (1988: 1; 1990: 15; 1993: 1)	50
1986	56	28 (1990)	28
1987	11	6 (1990)	5
1988	37	27 (1990)	10
1989	—	—	—
1990	1	—	1
1991	44	1 (1994)	43
<b>Total</b>	<b>242</b>	<b>80</b>	<b>162</b>

Overall, Programme "B" involved 162 projects comprising 191 actions that can be classified in the following three broad categories:

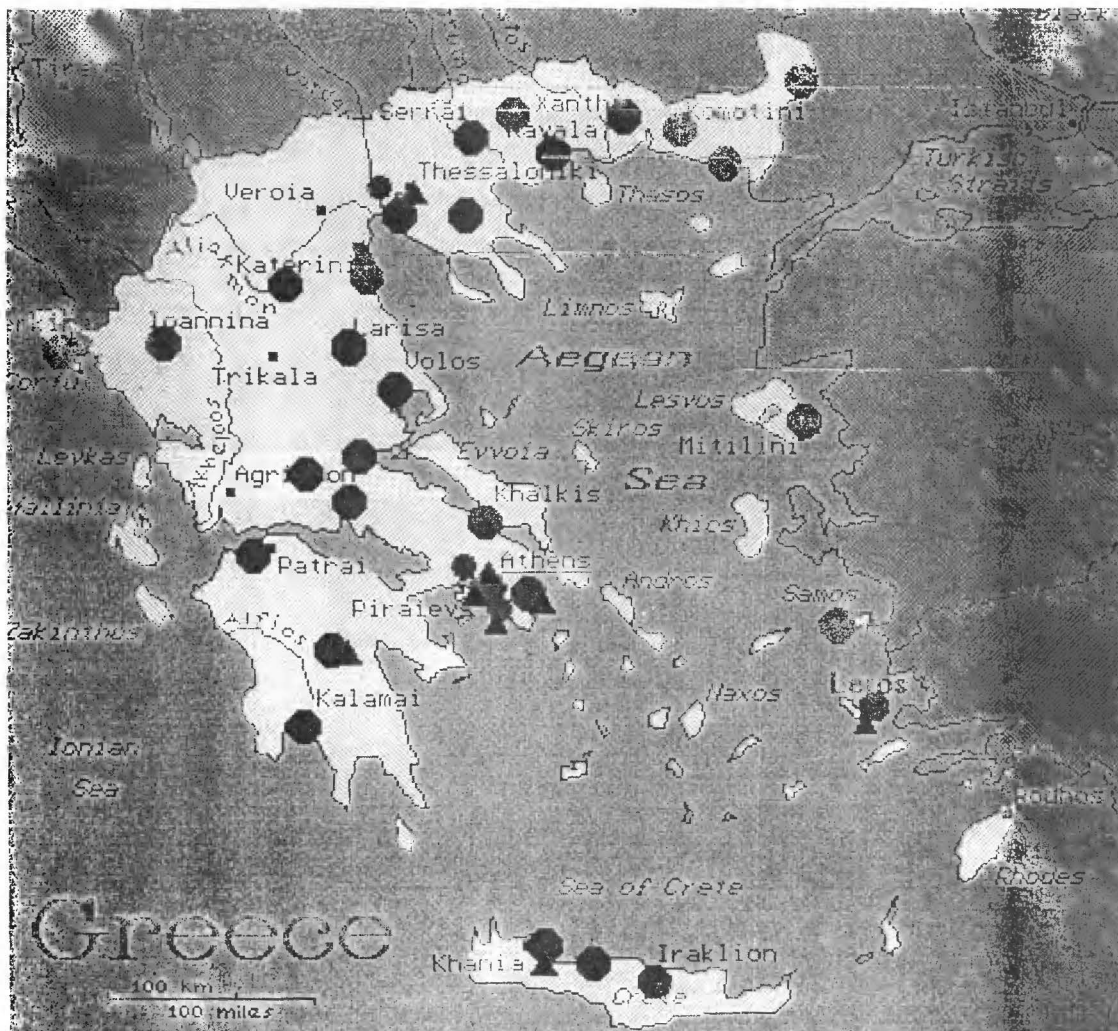
- (I): Infrastructure works (134), concerning the construction and equipment of:
- 25 Mental Health Centres;
  - 28 Psychiatric Units in general hospitals;
  - 7 Acute and Short Stay Units;
  - 9 Guidance and Day Treatment centres;
  - 42 Hostels and apartments;
  - 23 Pre-voc./Vocational Training and Rehabilitation Centres and Workshops.
- (PL): Pilot schemes (49).
- (TR): Training schemes (8), including in-service staff training.

<sup>1</sup> In parenthesis the year the projects were cancelled.

The pie-chart opposite illustrates the distribution of the actions by broad category.



The broad geographical distribution of the actions shown on the following map reflects the effort to decentralise psychiatric services in the country. The ten large psychiatric hospitals are indicated by small triangles.



The following table shows the distribution of the actions by broad category and location.

Region	Infrastructure	Pilot	Training	Total	(%)
Greater Athens Area	34	27	6	67	35%
Greater Thessaloniki Area	23	9	1	33	17%
Rest of country	77	13	1	91	48%
<b>Total</b>	<b>134</b>	<b>49</b>	<b>8</b>	<b>191</b>	<b>100%</b>

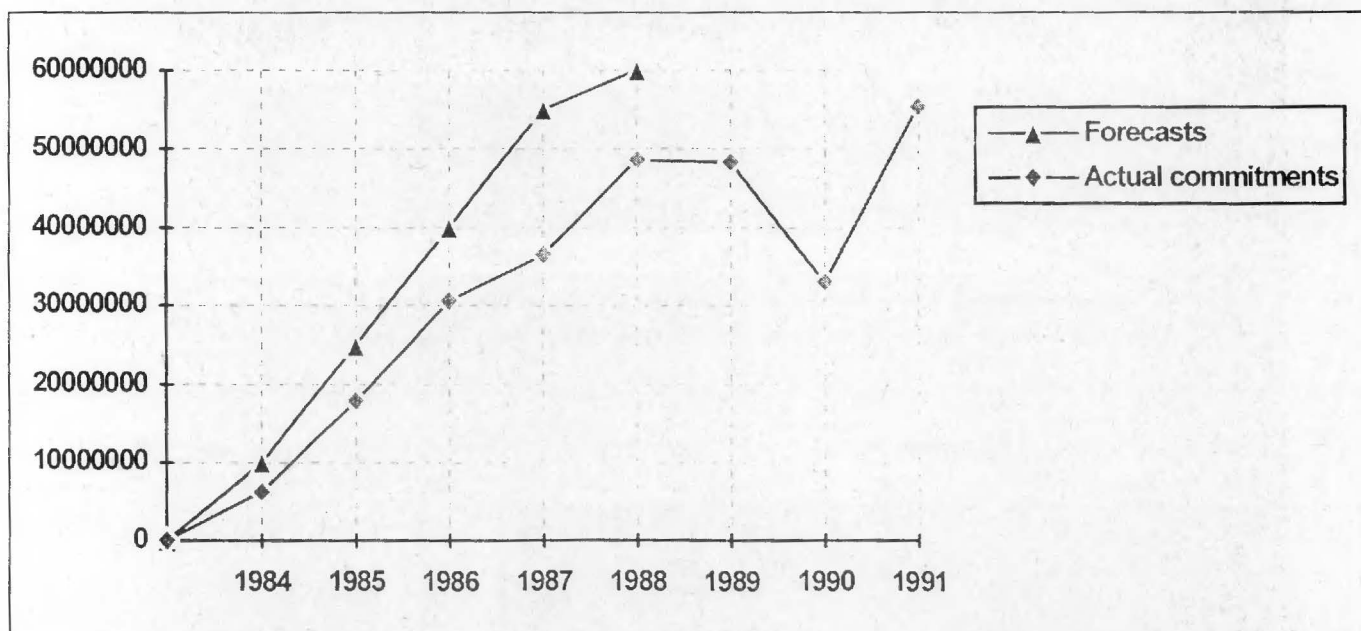
### *The overall financial execution*

#### *Budgetary commitments*

The table opposite shows the commitments and decommitments that occurred each year from 1984 to 1991, i.e. the period foreseen for decisions granting Community support. At the end of this period, total net commitments amounted to 55.439.145 ECU. This amount represents 92,4% of the total estimated budget of Community support for this part of the Regulation (60 MECU) and reflects the serious difficulties and delays that were encountered in the implementation of Programme "B".

Year	Commitments	Decommitments
1984	6.330.521	0
1985	13.033.520	1.494.377
1986	12.678.109	0
1987	5.950.832	0
1988	12.388.324	414.883
1989	0	277.283
1990	5.567.915	20.789.921
1991 <sup>1</sup>	23.051.779	585.391
<b>Total net commitments: 55.439.145 ECU</b>		

The evolution of net commitments for actions under Programme "B" from 1984 to 1991 compared with the initial estimates is shown in the following diagram:



<sup>1</sup> Including the amount of 2.811.000 ECU committed in 1992 due to limited budget availability.

The above diagram reflects in particular:

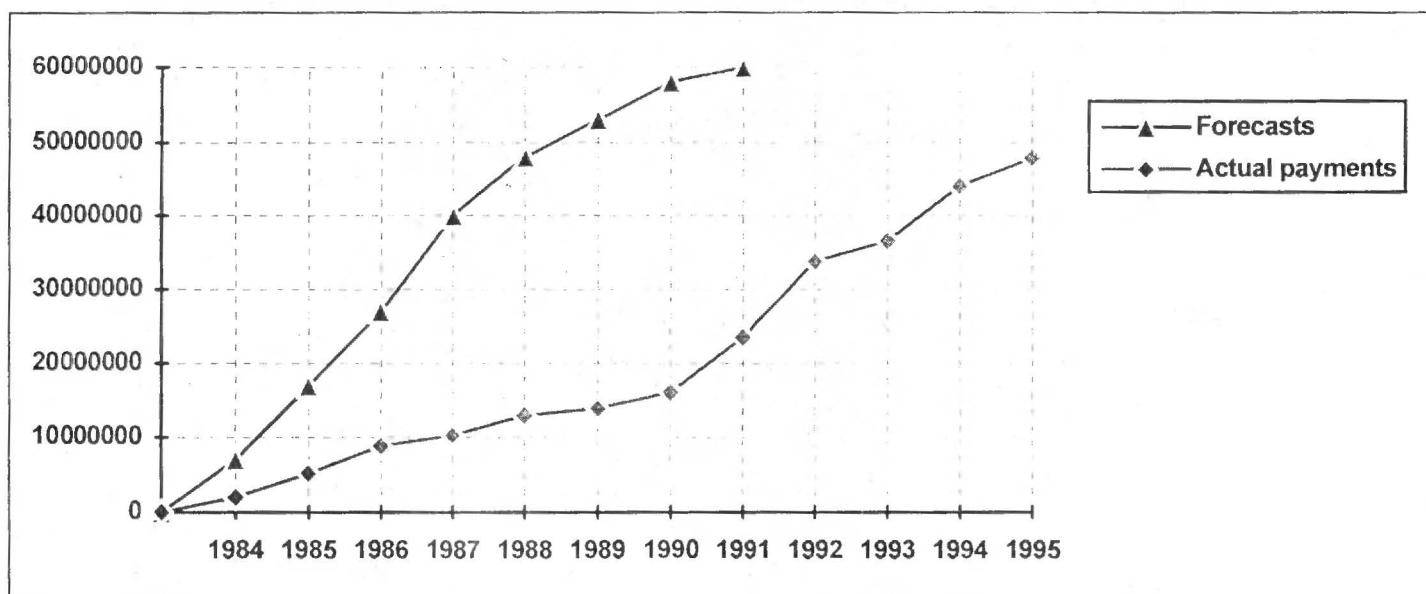
- the suspension of Community funding in 1989;
- the cancellation of a significant number of projects in 1990;
- the concentrated effort made since 1990 and the resumption of Community funding.

### Payments

Total payments made **to date** for Programme "B" amount to 48.722.776 ECU, i.e. 87,9% of total net commitments. This rate is expected to rise to more than 98% in 1996 after the execution of remaining payments under way.

The following diagram shows the progress of the total payments made between 1984 and 1995 compared with the initial estimates. It demonstrates the very slow execution up to 1990 and the concentrated effort thereafter.

Year	Payments
1984	2.003.542
1985	3.156.518
1986	3.692.959
1987	1.431.035
1988	2.724.194
1989	960.506
1990	2.179.620
1991	7.307.265
1992	10.368.873
1993	2.788.882
1994	7.335.933
1995	4.773.449
<b>Total:</b>	<b>48.722.776</b>



The overall financial situation **to date** with regard to Community aid for Programme "B" is given below:

Total estimated budget	60.000.000
Total net commitments	55.439.145
Total payments	48.722.776
Total decommitments since 1991	144.593
Balance	6.571.776
Utilisation rate	87,9 %

### 3.4. The impact of Programme "B"

Until 1984, mental health care in Greece was largely based on psychiatric hospitals, of which there are ten in the country. The emphasis had been on the containment of patients in overcrowded hospitals/asylums, whilst extra-mural services remained underdeveloped. This situation was extremely unsatisfactory and in some cases (Leros) totally unacceptable.

Programme "B" set out to achieve the following objectives (see section 3.1):

A.	The gradual replacement of the institution-based system of psychiatric care by a decentralised network of flexible prevention-led and therapeutic mental health services and facilities based in the community or in general hospitals.
B.	The de-institutionalisation and reduction of long-stay patients in the psychiatric hospitals through the provision of vocational and social rehabilitation services including training facilities and residential accommodation in the community; this was to be accompanied by the upgrading of living and care conditions of the patients still living in the psychiatric hospitals.
C.	The vocational adaptation of medical, therapeutic and para-medical staff to new methods and models of care through training and re-training.

The impact of the implementation of Programme "B" with regard to each of the above objectives is presented below:

#### A. *The development of a network of alternative mental health care services & facilities*

The following table shows the number of the various kinds of the new mental health structures that have been created (**buildings and equipment**) under Programme "B":

• Structures serving as filters to prevent admissions of patients to mental hospitals	• 25 Community Mental Health Centres; 2 Clinical Guidance Centres (most Mental Health Centres also provide clinical guidance)
• Structures preventing a mental patient from becoming chronic	• 28 Psychiatric Units in general hospitals; 7 Acute and Short-Stay Units; 6 Rehabilitation Units
• Structures facilitating the return of long-stay patients to the Community	• 42 Hostels and appartments; 7 Day Treatment Centres
• Structures facilitating the reintegration of patients in the Community	• 15 Prevoc./Vocational Training Centres; 2 Workshops (Cooperatives) <i>*in addition, a large number of cooperatives which were initiated as pilot schemes under the Programme are now operating on a permanent basis</i>
<i>Total number of new structures</i>	<i>134 Mental Health Structures</i>

It is clear that Regulation 815/84 has made a very important contribution towards developing a network of preventative, therapeutic and mental health services and facilities in the community or in general hospitals. The total number of new services and facilities for the mentally ill and disabled created under Programme "B" has reached 134; the creation, in particular, of 42 hostels and apartments throughout Greece as well as the support for the operation of another 34 such structures under the Programme has led to the provision of around 700 places nationally, thus also contributing to the objective of discharging long-stay patients from psychiatric hospitals. In addition, a large number of pilot schemes implemented under the Programme has resulted in a variety of new mental health structures which are now functioning on a permanent basis.

The following table presents the **number of available places in psychosocial rehabilitation services** for psychiatric patients before and after the implementation of Regulation 815/84:

Health Regions	Mental Hospitals		Day Hospitals		Prevoc./ Vocational training		Cooperatives		Hostels/ apartments		Total places	
	1983	1995	1983	1995	1983	1995	1983	1995	1983	1995	1983	1995
Athens area	-	80	40	156	-	426	-	134	15	146	55	942
Central Greece	-	-	-	-	-	-	-	11	-	46	-	57
Epirus-Corfu	-	-	-	-	-	65	-	-	-	52	-	117
Thessaly	-	-	-	-	-	22	-	-	-	13	-	35
Central Macedonia	-	25	15	60	-	120	-	105	-	239	15	549
Western Macedonia	-	-	-	-	-	-	-	-	-	-	-	-
Eastern Macedonia	-	-	-	-	-	-	-	-	-	-	-	-
Thrace	-	-	-	26	-	-	-	24	-	41	-	91
Aegean islands	-	-	-	-	-	-	-	91	-	112	-	203
Crete	-	25	-	30	-	30	-	27	-	-	-	112
Eastern Peloponese	-	27	-	-	-	25	-	40	-	91	-	183
Western Peloponese	-	-	-	-	-	45	-	-	-	-	-	45
<b>Total places</b>	-	<b>157</b>	<b>55</b>	<b>272</b>	-	<b>733</b>	-	<b>432</b>	<b>15</b>	<b>740</b>	<b>70</b>	<b>2,334</b>

Although the geographical distribution of the new structures is characterised by a high density in urban areas and a relative scarcity in the countryside, every area in Greece which avails of a public mental hospital disposes of a variety of other psychiatric facilities which include an election from short-stay units, day hospitals, rehabilitation units, hostels, cooperatives and vocational workshops. In the areas without public mental hospitals, about half the number dispose of psychiatric units in general hospitals and mental health centres together with other local services. In some remaining areas, there exists a number of mental health personnel providing services under the auspices of the general health services.

The implementation of the plans concerning the geographical sectorization of public mental health services defining catchment areas as well as forward planning and strengthened co-ordination of existing services are ever more urgent to increase effectiveness in the use of the mental health services established under the Regulation.

### *B. The reduction of long stay patients in the public psychiatric hospitals*

On the basis of a one-day census in 1982, 8.149 patients were residents in public psychiatric hospitals; only 6.377 were still recorded in a similar census in 1989, whereas in 1995 the number of residents was reduced to 5.118. This reduction has not been accompanied by an increase in the number of patients in private psychiatric hospitals where a reduction is also recorded. Although further information is needed to identify the causes of this reduction fully, it would seem that the shift towards extramural care and de-institutionalisation that has taken place in relation to the implementation of Regulation 815/84 has had a significant influence on the in-patient population of the psychiatric hospitals. Moreover, available data reveal that since 1988 there has been a very substantial reduction (by more than half) in the average duration of stay of new patients in the psychiatric hospitals in Greece.

This evolution is also reflected in the **number of beds** in the public psychiatric hospitals as seen in the following table.

	1982 <sup>1</sup>	1992 <sup>1</sup>	1995 <sup>1</sup>	Difference 1982-1995	Change ±% 1982-1995
1. Attica Mental Hospital	2.750	2.200	1.700	-1.050	-38,2
2. Eginition	100	100	68	-32	-32,0
3. Dromokaition	880	850	672	-208	-23,6
4. Leros Mental Hospital	1.905	851	570 <sup>2</sup>	-1.335	-70,1
5. Thessaloniki Mental Hospital	1.000	762	711	-289	-28,9
6. Petra Olympou Mental Hospital	500	350	340	-160	-32,0
7. Tripolis Mental Hospital	450	436	280	-170	-37,7
8. Chania Mental Hospital	415	415	400	-15	-3,6
9. Corfu Mental Hospital	416	400	360	-56	-13,4
10. Child Mental Hospital of Attica	100	140	140	+40	+40,0
<i>Total</i>	<b>8.516</b>	<b>6.504</b>	<b>5.241</b>	<b>-3.275</b>	<b>-38,5</b>

<sup>1</sup> Sources: Nat. Stat. Service: Health Stat. 1982; Central Health Council: 1992 Year book; Min. of Health (1995).

<sup>2</sup> 148 patients of the former PIKPA institution (for children) are not included.

The reduction in size of the public mental hospitals shown above has led to significant degongestion of the hospital wards. This has often been accompanied by an improvement in the living conditions of the patients and by the introduction of new practices geared to their rehabilitation. The latter is also reflected in the following table showing **the ratio of mental health personnel per 100 beds** in the public mental hospitals in 1982 and 1995, where the shift towards the non-medical personnel is evident.

Mental Health Personnel	1982 <sup>1</sup>	1995 <sup>1</sup>	Change (±%)
Psychiatrists	1,48	3,44	+132%
Psychologists	0,10	1,00	+900%
Social workers	0,31	1,18	+280%
Nurses	28,80	37,30	+29%
Occupational Therapists	0,02	1,00	+4.900%

These positive developments, combined with the significant increase in the available places for rehabilitation of mental health patients, will play a crucial role in the further reduction in size of the public mental hospitals.

However, a lot remains to be done in order to further reduce the existing long-stay population of the psychiatric hospitals in Greece and to improve living conditions there. In particular, the physical and care conditions remain very inadequate in some parts of the Attica Mental Hospital (Dafni), of the Child Mental Hospital of Attica and of the Mental Hospital of Corfu. Although partial progress has been achieved even in these hospitals, the implementation, as in the case of Leros, of specific action plans aiming at the rehabilitation, de-institutionalisation and the upgrading of living conditions is urgently required.

### The Mental Hospital of Leros

Leros has been a focal point in the implementation of the mental health reform financed under the Regulation. The combined Community (15 MECU) and national financing of action from December 1990 to June 1995 concerning the **Leros Mental Hospital** has resulted in:

- the operation of 14 hostels on the mainland of Greece providing accommodation and rehabilitation for about 130 former Leros patients;
- the operation of 18 hostels and apartments rented on the island itself providing accommodation and rehabilitation for about 110 former patients;

<sup>1</sup> Source: Monitoring report (Sept. 1995) by the Monitoring and Evaluation Unit for the actions under Regulation 815/84 - Programme "B".



- the organisation and carrying out of rehabilitation activity (social, recreational, cultural, training) including help to recover basic human functions. This has involved more than 200 young mental health professionals and volunteers (in addition to the permanent personnel) including the dispatching of qualified teams from Italy (Centro Studi e Ricerche Salute Mentale - Trieste), the Netherlands (Stichting Leros - Maastricht), Thessaloniki (Aristotelion University / Mental Hospital of Thessaloniki) and, in the case of the Childrens' Ward, from Athens (Association for Child and Adolescent Psychosocial Health);
- the creation of 6 cooperatives (agricultural, pottery, art, cleaning, coffee shops) employing about 90 persons;
- the adaptation of the Children's Ward (former PIKPA) to provide modern facilities and physical rehabilitation services for 148 severely disabled children;
- the closing down (1991 and 1994-95) of almost all large wards of the hospital and their replacement by small buildings (villas) adapted to accommodate patients and by 13 domestic scale hostels within the hospital, newly constructed and equipped;

These developments compose a radical transformation of the Leros Mental Hospital. The benefits to the patients in terms of living and care conditions and of their rehabilitation are striking.

During the last ten years there has been a considerable reduction in the number of patients in the hospital. To a large extent this is due to the embargo on long term admissions (1982) combined with natural morbidity (50% of the patients are above the age of 60). However, the development of alternative hostels and appartments and other types of accommodation (e.g. foster families) and, most importantly, the rehabilitation effort carried out throughout the hospital since 1991 and especially since 1993 has made it possible for more than 250 former patients to lead semi-independent lives outside the hospital, on the mainland of Greece and on the island. At the same time, the vast majority of the remaining 570 patients (69% men and 31% women) still resident in the hospital are now living in a radically different environment. The walls of segregation have been pulled down and the former outcasts, often after decades of stay in the hospital, have regained human dignity and access to basic human rights.

This change includes the Childrens's Ward (former PIKPA) which forms part of the hospital since 1993 and which has been totally renovated to offer a good standard of services. Staffing has been increased in number and quality to cater for the physical, mental, social and educational needs of the 148 severely handicapped children and youngsters.

A very important aspect of this change in Leros is that it has been carried out in a relatively short time and has overcome the factors inhibiting progress, including the geographical isolation of the island, the established attitudes of the local society and personnel and weak and bureaucratic administration. The case of Leros may serve as an example of a large psychiatric institution where concentrated action integrating rehabilitation with improvements in infrastructure and equipment has brought about drastic change. It has also highlighted the impact of effective management (especially since the end of 1993), of highly committed scientific leadership and the value of joint intervention from external teams from other parts of Greece and from other Member States.

The above have been confirmed by successive reports of the independent team of experts (ECITE) who have been engaged to advise the Commission and the Greek authorities and to contribute to the monitoring and evaluation of the reform programme.

Regression to the previous situation in Leros is inconceivable. However, in order to consolidate the achievements and further promote the changes in the hospital, it is imperative that the necessary adaptations to the administrative/legal context are made with regard to the new structures and the new models of rehabilitation and care. In addition, there is a need to maintain the momentum of change through the continuing active presence on the island of highly motivated and qualified personnel. This should include a new training programme for the permanent personnel.

Finally, it is important to stress that, in the medium-term the winding down of the hospital can be expected to have a substantial impact on employment and on the local economy, which for decades have been dependent on the activity directly or indirectly generated by the hospital. In this context, as foreseen in the Community Support Framework 1994-99 for Greece, in particular under the Regional Programme for the South Aegean islands, it is essential to promote economic adjustment through the implementation of an integrated programme aiming at the development of alternative economic activities on the island.

### *C. The training of mental health personnel*

The Commission has insisted on the importance of personnel training as an essential component of the mental health reform.

A total number of 8 training programmes were implemented under Programme "B". These consisted of a large number of short in-service training courses and seminars including a scheme of traineeships abroad for mental health professionals. The greater part of this activity was carried out in 1994-95; more than 2.000 mental health workers and administrative personnel took part in these courses. This number represents about 40% of all mental health personnel working in public mental health services (totalling 5.000 people, excluding psychiatrists). In addition, training was also provided in the context of the pilot schemes on a "shoulder-to-shoulder" basis in the daily practice of new models of care in the hospital wards and mental health services.

These programmes have begun to have a positive impact on the qualitative adaptation and improvement of professional skills of a large number of mental health personnel contributing to helping the mental health personnel to learn different models of care and to making better use of new facilities.

Notwithstanding the fact that most staff training programmes implemented under Programme "B" are permanent and on-going, there is still a long way to go before mental health services have sufficient numbers of trained and experienced personnel to meet the requirements of the mental health reform. This is particularly important in relation to the new alternative structures created under the Regulation where staff shortages inhibit the realisation of their full potential.

### *Consolidation and further development of the reform*

The preceding analysis demonstrates that radical change has been achieved in the psychiatric care system in Greece over the duration of the implementation of Regulation 815/84. Although sustained progress of the mental health reform may still be fragile, the strong momentum for change which is evident throughout the psychiatric care services in the country is expected to play a crucial role in ensuring the consolidation and further development of the reform.

The fact that the exceptional financial support provided for under Regulation 815/84 has come to an end need not be an obstacle. The Greek authorities are expected to ensure continuity of the reform and build upon the achievements of the Regulation through new forms of intervention, notably under the Community Support Framework 1994-99 for Greece. This concerns in particular the following operational programmes: "Education and Initial Training", "Continuing Training", "Combating Exclusion from the Labour Market", "Health & Welfare" and the regional programme for the "Southern Aegean Islands".

To consolidate the achievements of the Regulation, the Greek authorities will need to address the following issues:

- the elimination of the few remaining "black spots" within some psychiatric hospitals as regards the living conditions of the patients and the extension of de-institutionalisation/rehabilitation programmes to all large psychiatric hospitals;
- the implementation of the plan for the geographical sectorisation of mental health services in the country and the introduction of legal/administrative improvements to secure uninhibited operation and effective coordination of the new mental health structures;
- the adequate staffing of the newly established structures and the development of staff training; shortages of staff seriously hinder the operation of the new structures;
- the expansion of training and employment opportunities for the mentally ill and disabled through the further development of appropriate vocational training programmes, cooperatives and other social enterprises;
- the continuation and strengthening of systematic monitoring.

ISSN 0254-1475

COM(95) 668 final

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Catalogue number : CB-CO-95-708-EN-C

ISBN 92-77-97861-9

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Office for Official Publications of the European Communities

L-2985 Luxembourg