More Greek Tragedy

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In 1987 I first visited Leros – a small island in the Dodecanese (population 6000) now forever associated with the abuse of people with mental health problems, intellectual impairments and profound and multiple handicaps. Having previously been a leper colony, a prisoner of war camp and a prison for political prisoners, a decision was made in the 1950s to ship out to Leros from Athens’ overflowing public asylums, 2000 inmates with severe and very mixed disabilities. These were to be housed in the remains of old Italian military installations at a place called Lepida and looked after by the island’s inhabitants. By 1987 there was just one psychiatrist and one nurse. The rest of the staff were locals who referred to themselves as “guards of madmen”. Some time after the original admissions to the State Psychiatric Hospital of Leros another institution was established by a national organisation known as Pikpa. This was supposedly a hospital for children with profound and multiple handicaps but as the children were never expected to leave, it soon became a human dustbin for people of all ages.

The excuse for arranging for people like me to visit in 1987 was a conference held in the island’s only nightclub to discuss psychiatric reform. As we sat in a darkened room listening to endless speeches about deinstitutionalisation in other countries we gradually became aware of another agenda. There was a great deal of tension in the room especially from those who were from Greece. A representative of the EU spoke about a special programme which the European Parliament had approved on Greece’s accession to the European Community some 5 years before. Regulation 815/84 was intended to help the Greeks bring their public mental health services up to the standards of the time and we were offered the chance to see how things were progressing on Leros. The visit to the institutions was an appalling experience – people in grey rags shuffling around wired compounds, naked men being fed by staff in gumboots in St Georges (aka Pavilion of the Naked), the naked women’s block with people strapped to beds, apparently comatose. The visit to Pikpa was if anything worse. There were three storeys to the building and it was clear that no one ever left their section. The youngest children were confined to the top floor either naked or in pyjamas, with those who were immobile in bed and many who could walk strapped to the beds to prevent them doing so. Three metres above each child’s bed was a soft toy nailed to the wall.

After my visit I wrote an article about my experience which was published in Open Mind. It was entitled A Greek Tragedy. It was a small spark that contributed to the blaze of publicity in 1989 when Leros became an internationally known scandal. Following its exposure in the Observer Newspaper and on Channel 4 in the UK there were anguished debates in the European Parliament and the Commission about whether the 5 year programme which had
produced so few results should be extended. Reluctantly the politicians agreed to extend it by 5 years subject to regular external independent monitoring and I became a member of the so-called European Commission Independent Team of Experts (ECITE) led by the late Dr John Henderson. From 1990 – 1995 we visited Leros and other equally appalling places (eg. the state hospitals at Dafni near Athens, Corfu, Crete and another children’s “hospital” at Pendelli).

The plan was sound. Greece was to be divided from a service point of view into sectors and local services were to be established which would obviate the necessity of sending people with more serious problems to the large asylums in Athens or the other big population centre of Thessaloniki. The local services were to be attached to other health services and in rural areas mobile teams were to be established who would support patients and families to remain within their own communities. In the longer term the asylums would be closed and replaced by acute beds in general hospitals with supported accommodation locally for those who needed long term care. Buildings were built to house mental health centres, day centres and social cooperatives which would enable patients to work in specially created businesses as in Trieste after the reforms of the 1970s. In Leros teams of mental health professionals from Italy, the Netherlands and other parts of Greece worked tirelessly and heroically to end the worst abuses and train the local staff in new ways of working. However ECITE also had to draw attention to emerging weaknesses in the delivery of the programme. Many of the hostels were staffed by untrained people and quickly became smaller versions of the big institutions, more comfortable but equally dehumanising and cut off from their local communities. Other buildings were shown to us as examples of new thinking but were strangely empty of staff or patients. A freeze on appointments in the public sector applied to the 815 programme as for other public services. Worst of all the sectorization never really happened. The reasons for this are complex and very much embedded in the Greek political system, but the effect was that everything was micro-managed (or not) by central government. This worked reasonably well when there were people in post who were committed to reform and prepared to take on both local and national vested interests, but when the political colour of the Government changed so did all the people, with the result that the political will needed to drive the reforms was always inconsistent.

On the positive side by 1995 the worst abuses in Leros were ended and the Greek Government produced the Psychargos programme, still supported by EU funding, to continue the reforms there and elsewhere. My colleagues and I continued to visit occasionally at the invitation of the Greek Government to evaluate the Psychargos programme and although many good things were happening, it was clear that by 2003 sectorization was still not working. People both at national and local levels were beginning to struggle and there was a sense that momentum was being lost. Some of the smaller psychiatric hospitals were closing but the services to cater for those who left them were not sufficient in quality or quantity. We also heard of severe delays in paying staff and not being Greek, we found it hard to understand how people managed. Apparently the strength of
Greek family loyalties meant that people could carry on working, trusting that eventually their pay would turn up.

Between 2003 and 2009 as far as I can tell everything continued in much the same way. We continued with occasional visits and were told several times that the payments – especially those to NGOs who ran the hostels and supported accommodation - were not being made. Agreements were made between the Government and European Commission which was still supporting Greece with Regional Funds, but still the funding for the services to pay staff was not forthcoming. Many reasons were given for this – no proper evaluation of services, wasteful staffing – but the truth was that the Government was by then in the throes of a much bigger crisis and mental patients were not high on their list of concerns.

So in 2013 I attended a conference in Athens with a depressingly similar agenda to the conference in Leros 26 years earlier. Again we spoke and heard about deinstitutionalisation in other European countries and again heard from very distressed people – staff, service users and families - about what is now a full blown crisis in public mental healthcare in Greece. Once again it was organised under the auspices of the EU, this time by a Greek MEP, Mr Chrysogelos. The extent of the crisis is hard to encapsulate in a few words, but it stems from the total failure of the Greek Government to understand what is going on or to act on the information they have. There is still no money, there is no plan and there is no one in charge. The result is that for people with mental health problems who are dependent on the public healthcare system in Greece things are rapidly returning to the situation of the early 1980s. We were told of huge increases in suicide and involuntary admissions mostly via the police. We even heard the tragic story of a patient losing his life in a fire because he was strapped to a bed and no one was able to release him. In an intervention that is beyond satire the Mayor of Leros has written to the Minister of Health suggesting that Leros should receive the patients from the long stay hospitals that are closing because "It is very important for the patients... to transfer them to a familiar environment since our staff is adequately trained to handle such situations". Leros wants its main industry back!

What can be done? Clearly the Greek Government has to take responsibility for its most vulnerable citizens and honour its agreements with the EU and its service providers. Difficult as it will be, sectorization has to begin so that localities have the responsibility and the means to take care of their own people. Greece has in fact some very good things to build on in this respect. The mobile teams – of which there are currently 17 – were a Greek invention and if extended across the country would lead the world in taking services to people in their own families and communities. The experience is there, so training staff would be relatively easy, simply by seconding experienced staff to lead the new teams and enabling inexperienced practitioners to learn on the job with current teams. The Social Cooperatives also have the potential to offer local leadership and a forum for local providers to coordinate their efforts. Established by law as employment creation schemes they are owned and run by their members and could with a small amount of adjustment become
focal points at local level, especially as each of the 58 proposed sectors is supposed to have one.

But these are just the ideas of an outsider. Greece has to come up with its own solutions. Alliances of service users, professionals and families are already trying to do this from the bottom up. Taking a broader view this is not a uniquely Greek problem and it is another sign of a trend right across Europe, where poor, disadvantaged and disabled people are being made to pay the heaviest price for political and economic failure. The most important thing the rest of the world can do is raise awareness about the plight of some of the EU’s most vulnerable citizens and the risks of returning them to the psychiatric dark ages. It was the persistent questioning of MEPs and other concerned people internationally that made the first stages of reform in Greece possible. We cannot abandon our fellow citizens now and I urge readers to write to their MEPs asking them to support Mr Chrysogelos, to ask questions in the European Parliament and even perhaps go on study visits to see the situation for themselves. A fact finding delegation of MEPs and Commission staff or indeed an international delegation from countries such as Germany, Italy, the Netherlands, UK and France would show those who are struggling without pay to keep basic care services running that they have not been forgotten and abandoned in the great crisis which is paralysing our Continent. If this idea is of interest please get in touch with the present writer through Mental Health Europe: secretariat@mhe-sme.org