Promoting user participation in Greece
Examples of good practice from EPAPSY

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Our organization

• NGO providing community mental health and psychosocial support services as a public body
• Established in 1988 by Stelios Stylianidis
• Community services:
  • 25 Residential Facilities (hostels, apartments) (225 community beds)
  • 2 Day Centers in Athens
  • 2 Mobile Mental Health Units in the NE and W Cyclades
  • 3770 service users in 2018
• Staff: 255
• Funded projects
  • Mental health and psychosocial support of refugees/ asylum seekers in urban settings funded by UNHCR Greece
  • Improvement of child and adolescent care by the Mobile Mental health units funded by National Strategic Reference Framework
• Past projects: 17 funded by NSRF, DG Justice, EAA Grants, FP6 and other
Participation and Empowerment

The WHO Comprehensive mental health action plan 2013–2020, in Objectives 2 & 3, calls member countries to:

- Develop and implement tools or strategies for self-help and care for persons with mental disorders, including the use of electronic and mobile technologies.
- Enhance self-help groups, social support, community networks and community participation opportunities for people with mental disorders and psychosocial disabilities and other vulnerable groups.
Past activities

• Empowerment of mental health services users: Life Long Learning, Integration and Action (EMILIA) [FP6], 2005-2010 (Chondros, Stylianidis, Lambaki, 2010)

• Collaborative seminar at the Department of Psychology, Panteion University, 2009 – 2018. (Stylianidis, Chondros, Lavdas, 2014)

• Support of Social Cooperatives and User and Family Associations (Chondros, Stylianidis, Boini, 2018)

• Citizens against Depression project (Menediatou et al, 2018)

• Emergency intervention for the victims of the wildfires in Mati, Attica, 2018 - 2019

• Representation at the “Users and carers participation in ICD revision process” by the WHO CC Lille (2018)
WHO

QualityRights as evaluation and training tool

- 2010 – 2011; EPAPSY translates QualityRights Tool kit and hosts training by M. Funk and N. Drew in Athens.
- 2011; Project management team is established, leading Deputy Ombudsman for social protection. Letter to the Ministry to approve the implementation. Never approved.
- Unit level evaluation
  - 2012 by K. Nomidou, General Hospital of Serres, Psychiatric Department
  - 2013 10 supported living apartments of EPAPSY
  - 2016-7 13 residential PSR units of EPAPSY
  - 2018 – 10 supported living apartments of EPAPSY
- Publications, presentations and training based on the tool
Method

• All visits scheduled – day time
• Written Consent from participants
• Interviews with service users and staff
• Observation
• Official documents review
Results

• 25 residential facilities in 4 different regions
• **63 interviews: 32 staff members, 31 users**
• 75% women
• Mean duration of interviews: 62’ (68’ users, 57’ staff)
• **Improvement reports for each unit**
• No report for immediate action
Results

• Recommendations for improving physical environment, promoting protection of privacy and safety

• Lack of written information regarding the right to legal representation and advocacy

• Lack of written procedures regarding complaints and reporting of abuse

• Need for training on crisis prevention models
Follow up Actions

- Presentation of results with the participation of users involved in the assessment team -6/3/17
- Training of unit heads on legal capacity by the Greek Ombudsman – 8/5/17
- Training for staff and service users on CRPD (13 meetings)
- Provision on information material regarding rights and advocacy
- Change of service regulations regarding reporting complaints
- Training regarding sexuality issues of people with disabilities ( 1 one day course, 2 two day course)
Challenges

• Members of assessment team were not paid
• Lack of evaluation of general health
• Need to evaluate other types of mental health services
• Need to train users in research skills
• Need to make evaluation mandatory at country level
Introduction to PM+

What is PM+?
- PM+ is a tool that can be used as a **scalable intervention in communities affected by any kind of adversity** (e.g. violence, disasters, etc.)
- delivered by paraprofessionals and/or non specialists

Aims of PM:
- Help to reduce symptoms of emotional distress in People of Concerns (PoCs) affected by adversity
- **Empower beneficiaries to be their own helpers to maintain their therapeutic gains**

PM+ Intervention:
- 5 weekly sessions of 90 minutes duration
- Session by session structure
With the support of UNHCR and MoH:

- 8-16/5/2019 – training for PM+ Helpers (19 participants from: Refugee communities, NHS, UN Agencies, National and International NGOs)
- 16-17/5/2019 – training for PM+ Supervisors (25 participants from: NHS, UN Agencies, National and International NGOs)
- A follow up will take place about the implementation, challenges from the field and suggestion for the future steps
- 2 more trainings scheduled for 2019
Open Dialogue

• Implementing the Open Dialogue approach at the Day Center “Franco Basaglia” in Athens
• Since 2018
• Aims:
  • implement change in practices, power structures, professional roles, etc. within the organisation
  • Create an open dialogue network, common language, common experiences, involve users and families, start continuing dialogues with more experienced professionals.
  • Document all experiences
  • Expand the network, include the whole system
  • Educational group
  • Clinical application group
  • Research group
Training – Evaluation

• June 19: Large O.D. meeting at the Day Center with professionals, users, families, Greek mental health Forums

• Discussion through video conference with Mark Hopfenbeck (Social Anthropologist Assistant, Professor Department of Health Sciences Gjøvik) Kari Valtanen (Western Lapland Hospital District), Eija-Liisa Rautiainen (Family therapist, trainer and supervisor at Dialogic Partners)

• Action research

• Collaboration between EPAPSY, Panteion University (Dpt of Psychology) and the Department of Qualitative Research at the National University of Athens

• How the organization receives and implements the concept of open dialogue approach. Researchers record the entire experience, observe teams, meetings, and clinical application
Barriers

• The extent of representation and support is consistent with the available resources as well as each country’s model of services (WHO, 2008)

• Fragmented, low capacity and low accountability mental health system (Chondros & Stylianidis, 2016)

• Level of involuntary admissions and service user rights’ abuse as a structural and outcome index
On going study on involuntary admissions

- Study in Athens (2011-2016) (Stylianidis et al, 2017a)
  - 2011: 57,4% of admissions (N=946 involuntary )

Focus group with patients regarding hospitalization Stylianidis et al, 2017b:
- Attitudes towards the decision to be admitted
- Absent from decision making
- Serious violation of rights
- Lack of knowledge concerning rights
Suggestions

• Put pressure for implementing and broadening law requirements for users’ representation and active participation
• Funding for user participation
• Include empowerment in academic curricula