



Greece

GENERAL INFORMATION

Greece is a country with an approximate area of 132 thousand square kilometers (UNO, 2008). The population is 11,183,393 and the sex ratio (men per hundred women) is 98 (UNO, 2009). The proportion of the population under the age of 18 years is 17% and the proportion above age 60 is 19% (UNO, 2009). The literacy rate is 99% for men and 99% for women (UN Statistics, 2008). The life expectancy at birth is 77 years for males and 82 years for females (UNO, 2005-2010). The healthy life expectancy at birth is 71 years for males and 82 years for females (UNPD, 2010). The country is in the High income group (based on 2010 World Bank criteria). The total expenditure on health as a percentage of gross domestic product is 10.62% and the per capita government expenditure on health (PPP int. \$) is \$1580.0 (WHO, 2006). The suicide rate for males is 5.9 per 100, 000 population and for females is 1.2 per 100, 000 population. In Greece, neuropsychiatric disorders are estimated to contribute to 26.8% of the global burden of disease (WHO, 2008).

GOVERNANCE

An officially approved mental health policy exists and was approved or most recently revised in 2001. Mental health is not specifically mentioned in the general health policy.

Note: The mental health policy emphasizes the development of community networks. The relevant goals are:

- Development of a community unit network, reduction of the average hospitalization by 40%, reform of the Psychiatric Hospitals of Athens, Thessaloniki and Leros until 2015 and of Dromokaiteion until 2010.
- Promotion for mental health in the community. Interventions in the community against the stigma of mental illness, support of psychosocial rehabilitation and voluntary actions.
- Work reintegration of mental health service users by the functioning of 46 Units for Work reintegration and Social Cooperatives in equal numbers as the Mental Health Sectors.
- Until 2010 the goal was to reintegrate 55-65% of the users capable of working.

A mental health plan exists and was approved or most recently revised in 2010. The mental health plan components include:

- Shift of services and resources from mental hospitals to community mental health facilities.

Note: There are action plans (2010) which refer to the development of a monitoring system, the promotion of social cooperations and sectorization. There is not a comprehensive action plan which can integrate the partial politics and there is no planning for issues of promotion, prevention, and staff training.

Dedicated mental health legislation exists and it was initiated or most recently revised in 1999. Legal provisions concerning mental health are also covered in other laws (e.g., welfare, disability, general health legislation etc.).

- Note: The law 2716/99 is exclusively for mental health. This law legislates a wide range of community services and refers to matters of sectorization, protection of rights, psychosocial rehabilitation and social inclusion.

FINANCING

Mental health expenditures by the government health department/ministry are 4.43% of the total health budget. Mental hospital expenditures are not available.

MENTAL HEALTH CARE DELIVERY

Primary Care

Prescription regulations authorize primary health care doctors to prescribe and/or to continue prescription of psychotherapeutic medicines. In contrast, the department of health does not authorize primary health care nurses to prescribe and/or to continue prescription of psychotherapeutic medicines. However, official policy enables primary health care nurses to independently diagnose and treat mental disorders within the primary care system.

The majority of primary health care doctors have received official in-service training on mental health within the last five years. In contrast, the majority of primary health care nurses have not received official in-service training on mental health within the last five years. Officially approved manuals on the management and treatment of mental disorders are not available in the majority of primary health care clinics. Official referral procedures for referring persons from primary care to secondary/tertiary care exist, as do referral procedures from tertiary/secondary care to primary care.

Mental Health Services

Availability of mental health facilities

	Total number of facilities/beds	Rate per 100,000 population	Number of facilities/beds reserved for children and adolescents only	Rate per 100,000 population
Mental health outpatient facilities	148	1.32	34	0.30
Day treatment facilities	45	0.40	13	0.12
Psychiatric beds in general hospitals	570	5.1	UN	UN
Community residential facilities	146	1.31	5	0.04
Beds/places in community residential facilities	UN	UN	UN	UN
Mental hospitals	9	0.08	1	0.01
Beds in mental hospitals	2125	19.0	10	0.09

Data collected in 2011

UN = information unavailable, NA = item not applicable

Access to care

	Rates per 100,000 population)	Females (%)	Under age 18 (%)
Persons treated in mental health outpatient facilities	UN	UN	UN
Persons treated in mental health day treatment facilities	UN	UN	UN
Admissions to psychiatric beds in general hospitals	20.3	UN	UN
Persons staying in community residential facilities at the end of the year	24.1	UN	UN
Admissions to mental hospitals	78.92	UN	0.004%

Long term care in mental hospitals (% of persons staying):

Less than 1 year	UN
More than 1 and less than 5 years	UN
More than 5 years	UN

HUMAN RESOURCES

Workforce and training

	Health professionals working in the mental health sector Rate per 100,000	Training of health professions in educational institutions Rate per 100,000
Psychiatrists	12.88	0.36
Medical doctors, not specialized in psychiatry	UN	UN
Nurses	UN	4.65
Psychologists	26.83	5.37
Social workers	UN	2.91
Occupational therapists	UN	0.72
Other health workers	UN	NA

Informal human resources (Family and User Associations)

	User	Family
Present in the country?	Yes	Yes
Number of members	550	2000
Participation in the formulation/implementation of policy/plan/legislation?	Never or rarely	Never or rarely:

Data collected in 2011

UN = information unavailable, NA = item not applicable

MEDICINES

Expenditures for medicines for mental and behavioral disorders at country level

Type of Medicines	Expenditures at country level per year and per 100,000 population (in USD)
All the psychotherapeutic medicines ¹	UN
Medicines used for bipolar disorders ²	UN
Medicines for psychotic disorders ³	UN
Medicines used for general anxiety ⁴	UN
Medicines used for mood disorders ⁵	UN

INFORMATION SYSTEMS

	Data on number of people/ activities are collected and reported	Data on age and gender are collected and reported	Data on patient's diagnosis are collected and reported
Persons with mental disorders treated in primary health care	NO	NO	NO
Interventions (psychopharmacological and psychosocial) delivered in primary health care for people with mental disorders	NO	NO	NO
Persons treated in mental health outpatient facilities	NO	NO	NO
Contacts in mental health outpatient facilities	NO	NO	NO
Persons treated in mental health day treatment facilities	NO	NO	NO
Admissions in general hospitals with psychiatric beds	NO	NO	NO
Admissions in mental hospitals	NO	NO	NO
Days spent in mental hospitals	NO	NO	NO
Admissions in community residential facilities	NO	NO	NO

Note: Data are frequently collected only on the number of service units (in certain contexts information on the number of users, beds etc. are also collected).

The development of a monitoring system with the help of the Unit of Support will improve the data collection (input, process, outcome indicators). In the direction of materializing such a goal, an action plan has been developed (with certain steps and time charts). The ultimate goal is the regular functioning of a Mental Health Observatory under the auspices of the Ministry of Health for the frequent collection and procession of the necessary information.

¹ N03AG01, N05A, N05B, N05C, N06A

² N03AG01, N05A, N05B, N05C, N06A

³ N05A (excluding N05AN)

⁴ N05B & N05C

⁵ N06A

Data collected in 2011

UN = information unavailable, NA = item not applicable