Mental Health Reform: the Greek Experience

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Why is mental care (and mental care reform) important?

- mental illnesses associated with social costs: unemployment, homelessness, violence, crime
- mental illnesses increase risk of communicable and non-communicable diseases; co- & multi-morbidity (Prince et al, 2007)
- large savings in hospital costs have resulted from treatment improvements (Buxton et al, 2004)

→ reforming mental care may lead to substantial economies of health expenditure (see KCL, KI study on dementia)
Why look at stakeholders, and their engagement in reform?

- ‘programme’ or ‘project environment’ of healthcare infrastructure and/or service reform programmes: several stakeholders, e.g. int’l organisations, national government, practitioners, patients, communities play a part in reform (‘change’)
- stigma associated with (mental) health conditions :: relevant to delivering community-based care and rehabilitation
- consensual and pluralist national policy systems
- the role of civil society.
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Reform programme 1984-1995: EEC/815/84 Programme B

- mental care prior to reform: institutional care for virtually all pathologies, ten overcrowded hospitals, uneven geography, lack of alternative services and qualified staff
- reform prompted upon entry of Greece to the EU (EEC)
- a 4-year programme designed with input from EC, WHO to:
  - replace institutional care with primary & acute care;
  - offer care to long-stay hospital patients in extramural, social, vocational rehabilitation structures in communities;
  - upgrade hospital infrastructure, provide care staff training.
- Finance: yearly matched funding, national and EU at 55%.
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- Reform programme 1984-1995: EEC/815/84 Programme B
  - irregular stakeholder engagement led to:
    (a) delays in site selection for new service infrastructure;
    (b) very slow progress with construction;
    (c) slow progress with care staff completing training;
    (d) absence of programme monitoring.
  - these were not addressed by the national government, or other stakeholders
  - (a) – (c) persisted → funding withdrawal → reform at risk
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- Reform programme 1984-1995: EEC/815/84 Programme B
  - in 1989: EC intervened, introduced own expertise and rallied other stakeholders:
    - monitoring and evaluation established, uninitiated projects cancelled; three expert groups introduced to review progress
  - national gvt presented special actions, a revised programme
  - expert groups working with national gvt and care staff to deliver primary and acute care services, new legislation, balancing the geographic distribution of new services
  - programme completed in 1995 :: due to active stakeholder engagement after 1989.
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- Reform programme of 1995-1999: Psychargos A
  - a further programme to broaden de-institutionalisation, community-based, extramural and primary care;
  - financed by national, EU Structural Funds: ERDF, ESF
  - stakeholder engagement promoted by the EU:
    - support for concerted actions in psychiatric hospitals;
    - emphasis on developing motivated, qualified staff;
    - stakeholder participation formalised through programme Monitoring Committees (EC/1260/99), reviewing progress periodically.
  - improvements in the legal and administrative framework requested by the EU
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Reform programme of 1995-1999: Psychargos A

- provided financial support to new care structures
- enhanced knowledge of frontline practitioners through training, interaction with international experts invited by the Greek government
- prepared the ground for a larger scale de-institutionalisation after 2000

However:
- legal and administrative improvements introduced in 1999
- delays with launching the national autism care centres through regional programmes suggest these may not be the optimum instrument for delivering specialist care
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Reform programme 2000-2008: Psychargos B

→ programme foci:

• de-institutionalisation of mental hospital patients;

• expansion of community-based and primary mental care, integration with acute care;

• illness prevention, solidarity, labour market inclusion;

• training for care practitioners.

→ Law 2716/1999 set out the framework of implementation:

• service design based on population-based needs assessment;

• community psychiatry, emphasis on primary, extramural care;

• de-institutionalisation, social rehabilitation, continuity of care;
Reform programme 2000-2008: Psychargos B

Law 2716/1999 (cont’d):

- information dissemination, growth of volunteerism;
- launch of a Committee for the Protection of Patients’ Rights;
- hospitals entitled to launch new care structures & services: mental care centres, child care centres, mental care surgeries for adults and children, specialised care centres, rehabilitation, mobile care structures, home-based services;
- private actors entitled to launch new care structures & services: day care centres, protected flats, hostels, social rehabilitation and employment centres, communal limited liability partnerships with local government.
Reform programme 2000-2008: Psychargos B

- delineation of mental health sectors according to geography and population: fifty two prefectures of Greece as basis
- new care services to be managed and monitored by Sectoral Mental Care Committees (SMCCs), staffed by senior practitioners working in mental care hospitals and private structures in Greek prefectures
- absence of a priori distinction at programme level among types of mental illness and services to be provided
- epidemiological data collection and analysis lacking as basis for designing specialist care structures: reliance on mental hospital patient data
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Reform programme 2000-2008: the role of SFs

→ use of the ERDF and ESF *in combination*:
  - ERDF: infrastructure build and equipment - €21.5mio;
  - ESF: care staff training, salaries, property rent costs - €182.6mio;
  - National funding - €51.1mio.

→ traditional focus of ESF: development of human resources

→ “Psychargos B” designed as an intervention relevant to human resources, social inclusion, and the labour market:
  - patients accessing the labour market - rehabilitation, job training;
  - patient family members free to access the labour market;
  - growth of community-based mental care services;
  - career opportunities for care practitioners.
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Reform programme 2000-2008: the process

Programme Scoping

- Action Plan put together by MoH, communicated to stakeholders
- Scope of New & Deferred projects assessed and approved by MoH
- OP, Programming Complement texts finalised and published by the MA

Prospective Beneficiaries Certification

- Prospective beneficiary organisations invited to obtain certification by the MA
- Organisations prepare and submit their certification dossiers to the MA
- Certification dossiers assessed, results published by the MA

Project Approval

- Project ToR developed by MoHPD
- Mature project ToR sent to MA for approval
- Mature project ToR finalised, published by MoHPD
- Tenders submitted within timeframe set
- Submitted tenders assessed, winning bid selected
- Contract prepared by MoHPD

Project Implementation

- Project start put together by the MA
- Funding claim sent to PA by MA
- Contract signed betw. beneficiary, project contractor
- Payment approved, drawn on ERDF, ESF, national accounts, sent to beneficiary by PA
- Beneficiary submits monthly expenses to MA
- Beneficiary submits 6-month report to MA

New Structure Operation

- Further infrastructure, equipment procurement managed by beneficiary
- Staff hiring, patient profiling, further prep steps managed by beneficiary
- Structure begins operation funded by Psychargos B for 12, 18 months
- Operation funded by ordinary MoH budget
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- Reform programme 2000-2008: issues

  → intermittent stakeholder engagement in the design and implementation of the programme led to these deficiencies:

  (a) priority on patients exiting hospitals prior to expanding capacity of extramural & primary care service network;

  (b) finance plan disproportionately reliant on EU funding: lack of additional funding, irregularity of national funding;

  (c) no care quality guidelines or control developed \textit{a priori};

  (d) little, unsuccessful engagement of local stakeholders;

  (e) weak project maturation and management in regions.
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- Reform programme 2000-2008: performance
  - care delivery problems after 2005, putting reform at risk:
    (a) patient safety incidents;
    (b) inconsistent quality of care;
    (c) new private structures came to be underfunded after 2005, compromising care quality further;
    (d) loss of commitment to reform on the part of practitioners;
    (e) negative reaction by local residents towards new services.

  - 2009: EU and Greek government secured funding, established a care quality control system.
Conclusions

→ patient de-institutionalisation may ensue once primary and extramural network, care quality control are in place;

→ mode and regularity of stakeholder engagement matter: roles and expertise contributions important to agree, map, communicate and evaluate at every stage of reform;

→ periodic, or exception reporting seemingly not suitable: need for other more appropriate PM methods

→ finance supporting reform may affect continuity of care: multiple funding channels required to sustain reform;
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- Structuring a new healthcare market:
  - patient de-institutionalisation leads to demand for launching new services
  - demand sees new structures launched, care practitioners gain employment
  - patient family members released to access the labour market;
  - patients themselves enter the labour force.

→ Care quality control; complementary funding channels; career development pathways; active stakeholder engagement needed.
Your questions

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