"Violent deinstitutionalization and economic crisis in Greece"

Theodoros Megaloeconomou, CHMC, Athens, Greece

Those who do not live from inside the everyday tragedy, the everyday dying of the existing mental health services in Greece, it is maybe difficult to conceive in what this dying consists of and how it is expressed.

For some this may be an exaggerated statement, aiming to put obstacles to the ongoing closing down, until June 2015, of the remaining three (3) mental hospitals – as an institutional defense, aiming to defend strictly trade-union and corporate interests.

What creates even more confusion is the fact that, those who promote the rapid closing down of the mental hospitals, are using the terminology, and relate this closing down with the completion of the so called "psychiatric reform"- a term, that, as international experience has showed, is capable to cover diametrically opposing ways of psychiatric "thinking, practice and systems" (as to their content, function and social mission).

It was for the definite "closing down of the mental hospital" that we always were and are struggling, as a repressive, barbarous institution, that, instead of curing, creates illness – meaning this closing down in the sense of Deinstitutionalization. That is, not as mere abolition but as "going beyond" mental hospital and, at the same time, beyond the dominant psychiatric paradigm, on which the total institution is based, towards a community based system, which establishes a radically alternative way of conceiving and understanding the mental suffering of the person and responding to the complexity of the needs expressed though this suffering. With respect to the dignity and the subjectivity of the person and also (as far as we speak and mean Deinstitutionalization, psychosocial rehabilitation and social support) considering as self-evident the importance of the recognition of the full citizenship rights and the real, material access to them.

On the contrary, the "closing down" which is now taking place in Greece is something much worse form what Franco Basaglia called as "updating the old form of management" and as "extending it into the community".(1) It consists in empowering, instead of weakening and de-structuring, the system "of social control and sanctions", which "carefully allocates a measured dose of sanction to each particular case".(2)

The neoliberal policies, with the successive memorandums imposed by troika (IMF, EU, ECB), which, in Mental Health, is expressed, among else, with the ongoing violent closing down of mental hospitals, are imposing this "measured dose of sanction to each particular case" through successive steps: from the level of the complete therapeutic and social abandonment, to that of the creation, in the place of the mental hospital (and inside a complete desert from any other mental health services), of "high security" units for the confinement of all those who, because of their so called "mental incapacitation" are judged by dominant Psychiatry as "dangerous" for the established Social Order.

When in other countries, as in Italy, the institution of Forensic Mental Hospital (FMH) has been forcefully questioned and asked its abolition, Greece is going soon to have, for the first time, two FMH' s. Besides, emphasis on "dangerousness" and on creating corresponding "security structures" is common throughout Europe, in the direction of what is happening in Greece and not of what is been forcefully claimed by a broad movement in Italy.

In order to understand the devastating crisis with which the Mental health system is

now being confronted, one has to see it in the light of the thirty years course of the Greek Psychiatric Reform, which started, in 1984, not because it was ever the vision of a social movement, neither because the Greek psychiatric community ever wanted it as a fundamental instrument to "go beyond" repressive practices and social control, towards a really therapeutic and emancipative culture and practice.

It was the "scandal of Leros", as a product of this dominant Psychiatry and of the post civil war state in Greece, which functioned as an external, international pressure, for starting, in 1984, of transformation procedures through co-financed (with EU) programs.

However, there was never a serious and long term planning of a Mental Health policy towards overcoming Mental Hospital - which, if ever was, it should have been inevitably connected with 'going beyond' the dominant psychiatric paradigm. At most there were plans, programs and activities towards mere humanization and embellishment.

As Basaglia emphatically underlined, "it was necessary to look beyond the asylum, at the role psychiatry had in society at large: for psychiatric diagnoses were rooted in the prevailing moral order, which defined normality and abnormality in its own rigid terms".(3) The very existence of asylum, he added, embodied the central contradiction of psychiatry itself, that between ***cura*** (therapy or treatment) and ***custodia*** (custody), with custodia cancelling and suffocating cura.(4)

So, except for some, very few, exemplary cases, isolated in the context of a Psychiatric Hospital based system (which was always forcefully resisting any radical transformation), the result was just the system' s modernization, since almost all co-financed programs were directed to activities that did not lead to an alternative system (as the way of "thinking and practice" that guided them, remained unchanged), but to activities and structures that were merely reproducing the traditional "circuit of control", under a neo-institutional form. Fixing and persisting to the dominant psychiatric paradigm can lead either, at most, to just the embellishment of the asylum, or to practices of De-hospitalization (those that we are facing today), which are simply just the other side of the same thing. From confinement, to abandonment.

The radical, although unfinished, transformation in Leros was possible only through the collaboration (in planning, organization and actual presence in all practical activity) with Trieste.

This intervention for the radical transformation of the Leros Mental Hospital, in the logic of De-institutionalization was in contradistinction to the rapid (just for two months) and organized directly by the State authorities, intervention of the mental health NGO's just to select and pick up the so called, "most functional" patients and bring them to various hostels in continental Greece. This model of action is maintained unaltered until today, as the NGO's have undertaken the 40% of this whole "enterprise of transfer", from mental hospital to the hostel. With rapid visits to mental hospitals just to pick up the "best" and, then, bring some of them "back", when the complexity of the patient' s needs requires something more than their simplifying and managerial methods.

NGO units (but, also, most public sector units) are functioning through self-imposed and self-referential criteria for the unit' s operation, on the basis of which the "proper patient" is being selected, and not on the basis of their ability to develop individualized programs, each time adapted to the particularity and complexity of the person's needs.

During the 30 years (1984-2014) of the co-financed (with EU) "Psychiatric Reform" in Greece, what took place was mainly a ***trans-institutionalization*** of the patients form the Mental Hospitals' back wards to community residential units. In many of these units (either in the public sector, or in the NGO's) the codes of the Mental Hospital were transferred (locked doors, restraints, isolation rooms, cameras etc). There are very few community Mental Health Centers (MHC) –less than thirty- dramatically under-stuffed, more as an image of a service than a real one. They function as ambulatories, oriented to the, so called, most "soft" cases. Open, usually, only in the morning and with no connection with any other service or unit.

Besides, although Greek "Psychiatric Reform" has a history of 30 years, there has not been implemented, until today, even the ***Sectorization*** of the services, so that not only there is not a Community Care network, but even when a person needs hospitalization (usually involuntary), this hospitalization may take place every time in a different hospital - the hospital which, according to the weekly program, accepts the admissions of the day. In the countryside and in the islands there are the so called Mobile Units, which, in the great majority, are run by NGO's, and which are supposed to cover, through visits in various villages and islands, once or twice a month (very seldom once a week), some of the needs, but (except for some very few cases) in an ambulatory logic, without any interconnection with other services, while, at the same time, due to the everlasting problems as far as their financing, they may remain without sufficient stuff, increasing or diminishing the frequency of these village or island visits according to their possibility.

So it is not surprising that the percentage of involuntary admissions in Greece is still, as it was thirty years before, 55% of all admissions. This indicator, by itself, shows that the traditional "circuit of control" remains invariably the same.

The situation in the admission units of Psychiatric Hospitals and in the psychiatric clinics of the general hospitals is difficult to describe. On an everyday basis, either in mental hospitals or in general hospitals, in most of the units, except from the regular beds (from 20 to 27), there are five, ten or even thirty additional beds. In order to cover the admission needs, corridors, dining rooms, sitting rooms are full of beds.

According to a rough calculation, taking Trieste as a point of reference, where there are 32 beds (in MHC's and 'D'e'C') for a population of 240.000, it was to be expected that in Greece, proportionally to the population, we would need about 1500 beds – if all Greece was "Trieste", that is, if all country had a fully developed and comprehensive community based mental health system. Beds in admission, or acute, units in Greece (which is not "Trieste") are very much fewer.

The reduction of De-institutionalization in a mere Trans-institutionalization, to which we referred before (with the mere transfer of beds from inside, outside), meant the reproduction of a system articulated on the basis of beds (for hospitalization or residence). However, even so, admission beds in the public mental health system remain insufficient.

In addition to the pressure on the level of the available beds, these admission units in general hospitals not only do not operate, even at a minimum level, differently from mental hospitals, but they have reproduced their most repressive aspects, transferring to the general hospital all the codes of the function of the total institution, locked doors, restraints, seclusion, the unilateral use of drugs, the insufficient, or even complete lack,

of follow up and continuity of care. It is for this kind of operation of the psychiatric clinics in general hospitals that still remains very significant what Basaglia underlined about the relation between "transcending the medical model and the traditional role of the patient" and "the abolition of the mental hospital" : "Mental illness, he said referring to the Gorizia experience, as we know it, was seen not as what the mental hospital cures, but as what creates: from this source emanate both the categories of disorder and the fundamental meaning of metal illness as something to be segregated and contained. The social fact of confinement which the mental hospital enshrines, creates a 'germ' or 'infection' which is carried to the private clinic, the therapist's office and the social worker: as long as the building still exists - even if one hardly gets sent there- the mildest form of treatment must conceal the threat of the ultimate sanction – hospitalization. Conversely, ***to abolish the place is to change the meaning the psychiatric exercise across the whole spectrum of services and even in the layman' s understanding"***.(5) It is this "meaning of the psychiatric exercise" that has not changed in Greece (but not only in Greece).

It is in the midst of this fragmented neo-institutional context of the mental health system that we were able, ten years ago (2004), to create an admission unit inside the mental hospital (Dafni), with open doors and avoiding, until finally almost complete abolition, of mechanical restraints and without any kind of seclusion. We have to note that the almost abolition of restraints became possible in a unit with 27 normal beds, with usually three to five (sometimes more) additional beds, with only 14 nurses on the whole, now with only two psychiatrists and, most important, with no agreement between doctors as to the abolition of restraints.

This unit since 2007, is interconnected with a Mental Health Center (MHC Agion Anargiron), focusing on a certain catchment area. In 2013 there have been more than 10.000 visits of users to the MHC and almost 2500 home visits. There is also a Day Center and a Social Club with various activities every day. In the context of the Day Center, there has been created an autonomous group of users with various activities.

We are referring to a function with reference to a concrete territory and for an interconnected operation of the MHC with the admission unit, things that elsewhere might sound as self evident, but in Greece are something special, an exception from the rule. It is the only MHC in Athens (and one of the very few around Greece), that is functioning interconnected with the admission unit and by undertaking the full responsibility for all, indiscriminately, mental health needs of a certain catchment area, without any selection or exclusion and trying to organize individualized responses according to the particular needs of the person .

Although the MHC did not manage, until now, to develop the full range of its potential, however it has proved that "what it looked as impossible can become possible". But, at the same time, it may (in the near future) have a negative effect the fact that it still continues to be an exception in a period of strengthening of "counter reform" at all levels and, also, of the psychiatric institution, with the complete collapse of all health services because of the economic crisis.

It is now more than five years that this neo - institutional system, created through this distorted reform, faces severe financing problems. This is because when the co-financed programs ended, the Greek state was delaying or even refusing to undertake its own

responsibilities as to support financially what was created. This had big impact especially on the NGO's services, which are completely depended on State financing. Stuff remained, very often for months, without their salaries and the level of the services to the users had deteriorated. A lot of money from these co-financed programs was spent with no result, spent in useless activities, aiming, often, more to the personal profit instead to reform. This regards mainly the NGO's, but also, in a significant degree, the public sector.

So, when economic crisis broke out, it took its first, more obvious, form in the collapse of the NGO's.

The debt crisis in Greece (starting from 2010) and the imposition of successive memorandums which destroyed the lives of millions of people (mass unemployment, mass impoverishment, rising homelessness, collapse of the health, education and welfare systems) coincided with the implementation of a (since 2000) contract between Greece and EU, to close down the remaining three bigger mental Hospitals until 2015 (as, eight to ten years before, the four smaller mental hospitals were closed), this considered to be the "completion of the psychiatric reform", for which Greece had taken billions of euro from EU.

They were no statements at all about Leros, where, although there are still about 250 inmates, it is considered as "no Hospital" but as a "rehabilitation unit" – although a severe regression is more than obvious.

The five smaller mental hospitals (with 200-300 patients each) were closed long before the crisis (although one of them, in Tripolis, despite being declared as "closed", has still more than one hundred patients and accepts new admissions). The jobs of the stuff were not threatened, so there was not any serious resistance to the closure. But, in most cases (with the exception, mainly, for Chania in Crete), there had never been created a comprehensive care system, but only a weak community network - so the vacuum that was created, was covered by the significant growth of beds in private clinics (most of which are out of control as to what kind of treatment and management of the patients is taking place there).

The question of closing down the three remaining mental hospitals is now posed in a completely different way, in a radically different situation and with completely different targets (aims). We have to note here that the number of patients from these mental hospitals was largely diminished during the last decade, through the transfer of the patients from long term wards to community hostels. But hospitalizations of acute cases, admission units etc, were always and remain, not exclusively, but mainly the competence of mental hospitals.

Since 2011 the first plans started to be created which provided for the closure of these three bigger hospitals in three phases. ***First,*** the transfer of the remaining patients from long term wards (about 400 on the whole) to community hostels, or other special institutions (for mental retardation, for patients with various handicaps etc) - still in the logic of trans-institutionalization. ***Second,*** the rapid transfer of the acute units of mental hospitals (on the whole, twenty) to general hospitals, the plan being that some of these units would be transferred (with less of the existing beds) to hospitals where already exists another psychiatric clinic, in very small and unsuitable spaces inside the general hospital. ***Third,*** the establishment, in the place of the three mental hospitals, of

two Forensic Hospitals (one in Athens and one in Thessaloniki). The three mental hospitals should have been closed down, according to the agreements with EU, until June 2015. Of course, the need for the creation of Mental Health Centers and for Sectorization of the services were, again, mentioned just as a wishful thinking without any real intention to be created.

At the same time, the residential units created by NGO's were beyond the limits of their possibility for survival, with the stuff again with no salary for months. Some stopped their operation sending the patients to other NGO's, or back to the mental hospital – a move very symbolic of the impasse of the current mental health policies: from the one side, pursuing the rapid closing of the mental hospitals and, from the other, providing no other answer to the crisis of the NGO's residential units than the return of the patients to the mental hospital!

It was then that EU intervened to finance, for a second time, the NGO's with 105 millions of euro, securing their survival for three years, until the end of 2015. The reason for this financing, for a second time, was to keep them alive, so as to be able to accept patients from the long term wards and to facilitate, in this way, the rapid closure of the mental hospitals. Then, after 2015, the NGO's should have to find by themselves the sources for their economic survival, being pushed in the direction of an outright privatization. In this direction there is already a law, waiting for its implementation, which provides for the deduction of the pension (from 50 to 80%) of the persons living in residential units, either of NGO's or of the public sector. This amount from the deduction would replace equal amount from the state budget, which automatically will be cut off. There also plans for laws that will provide for demanding from the families to pay for residence of the person in the residential unit.

As the time went by, the margin of time was every day getting narrower, the successive administrations and governments every year announced, once more, the imminent closure of the hospitals, without, however, having managed to practically put forward their plans (except for transferring some patients to NGO' s residential units). Now it is only six months before of the deadline and not even one unit has been transferred. But at the same time, mental hospitals, as all health services, are all the more lacking of stuff, since, according to the directives of the troika memorandum, it is now four years that there is no hiring of stuff, so that all (very many) who retire (be pensioned off), are not replaced. Psychiatric wards, and residential units are at the limits (or, sometimes, under the limits) of their inability to operate.

The way that the closure of Mental Hospitals is promoted is in the logic of De-hospitalization (in the spirit and tradition of Reagan' s and Thatcher' s neo-liberalism) in contradistinction to what we mean as De-institutionalization. We will not make any further reference as to what we mean, to what consists of, De-institutionalization, in its definitions, contents and procedures, that we all know and are contained in the Trieste Declaration 0f 2011. We will only refer, once again, to Basaglia's "Circuit of Control": "Let's look briefly at what this far reaching program meant in concrete terms ('devising new links between patients and society-job opportunities, accommodation, economic support…reintegrating them into society'…as the inmates were discharged, the old system of management which had formerly run their lives was replaced by a network of centers in the city'). The transformations we are describing did not take place overnight,

of course, but over a period of seven years: patients were discharged only gradually, and in the interim drastic changes were made in the way the hospital was run. The first step was to remove the regimentation and physical coercion…patients moved about the hospital only in supervised groups, to the accompaniment of an elaborated ritual of locking and unlocking doors. They were not trusted with metal knives and forks…those who caused trouble could be isolated in cells, or physically strapped down to their beds. All these constraints were abolished…".(6)

What is being attempted now in Greece is the export of fragments of the total institution to the various general hospitals, transferring there all the nexus of the repressive and power relations of the asylum, through authoritarian procedures "from the top", without any participation "form the bottom", without those "from the bottom" (mainly psychiatrists) to have ever wished and involved to any transformation process and transition "beyond asylum", without not even an ostensible establishment and operation of community services. As has been said before, the already existing psychiatric units in general hospitals are exact copies of mental hospital units, sometimes even worse.

It was, of course, inevitable the emergence of resistances 'from the bottom" against the closure of the mental hospitals, which, however, took the form not of an opposition to this kind, this way of violent closure (as mere abolition), but (comprising even the majority of the Left) of defending the asylum, the total institution, as a guarantee of jobs, but, also, as further confirmation of the attachment to the social mandate for social control.

We made, against the violent closure of the mental hospitals, some proposals in the direction of De-institutionalization and, as a first step, the implementation of ***Sectorization*** of the services, simultaneously with the second step, the ***establishment of MHC' s.*** We proposed, in the logic that the Mental Health Center Agion Anargiron was established, the immediate implementation of sectorization as a starting point towards the closure of the Mental Hospital – just as Basaglia describes, again in the "Circuit of Control", the experience of Trieste: "parallel to the dismantling of the structure of institutional confinement was the building up of a new form of psychiatric services within the community. From1972 onwards the hospital was divided internally into five sections, each corresponding to a sector of the community outside…" etc.(7)

How else, if not exactly this way, can we conceive a real transformation and closure of the mental hospital? A similar and completely elaborated proposal was given by our team to the Ministry and the Administration of the Hospital, but there was not any interest at all.

It is, however, the demand and struggle for a process in this direction that, in addition to the transformation of the Mental Health System, can guarantee jobs, against the ongoing reduction of the stuff numbers and the very real possibility of firing some of them.

The attempted violent closure of mental hospitals in Greece means, if accomplished, the acceleration and augmentation of a real humanitarian disaster. A disaster that is not simply awaiting, in order to take place, the closure of the hospitals. It takes place every day through the continuous dismantling and demolition of all public services. It is expressed through the fact that one out of three today in Greece is without insurance

and cannot have even the medicines that he/she needs. It is expressed also through the fact even many of those having an insurance, cannot bye their medicines because they have not enough money to pay for their participation to the cost of the medicine. It is done trough the fact that disability benefits, pensions and allowances are severely cut and, every year (as the debt crisis is becoming worse instead to diminish) are cut even more. It takes a lot of time, almost one year, until a benefit or allowance is approved, so that most beneficiaries may remain for a long time without any income. All provisions of the welfare state, always insufficient and weak in Greece, are collapsing. One can also see this disaster to the rapidly growing numbers of homeless (roofless) people in the streets, with an all the more bigger percentage among them having mental health problems, receiving no help at all and having not any access to services and usually (as happens with the immigrants), if they happen to ask for help, are dismissed – sometimes with tragic consequences.

In the face of this catastrophic demolition of everything, the only "positive" act (positive in the sense of Foucault's bio-politics), the only thing to be built, is the Forensic Mental Hospital, the castle and symbol of the mental patient's "dangerousness", in the context of the ongoing establishment in Greece of "high security prisons" for confinement of all those that are defined as (and pushed in the social construction of) "dangerousness". We have to underline here the fact that there has never been a Forensic Hospital in Greece. People who had committed a crime and were judged as "mentally incapacitated", were detained in special wards in psychiatric hospitals. It is now thirty years that there is only one such ward in Greece, in the mental hospital of Thessaloniki, with 60 inmates, since the other, and bigger, one, in Athens (Dafni), was abolished in the eighties, because of the extremely miserable and repressive conditions that existed there (there was a reaction by mental health workers). Since then, all patients under this regime are "detained" in acute wards, together with all other patients, although some of these wards, in Dafni and Dromokateion, have open doors - and while the 9nth ward in Dafni operates with open doors and with no restraints. Today, there are 90 such patients in Dafni and 20 of them are living in community residential units, although still considered "under custody". All this happens since there is not a law that, in a clear and precise way, permits or forbids these movements. This very unclear and indefinite situation was never confronted in the direction of establishing individualized programs for these persons, as, at the same time, it was never put in discussion, with an aim to transform it, the reactionary and self-defeating legislation regarding the treatment of a person judged as "mentally incapacitated".

Now, after so many years, they are preparing the return to the situation before thirty years. All persons having perpetrated any kind of crime, independently of the concrete personal history, motives etc, will be crowded in a locked, heavily guarded building, with bars and barbed wires, a mental hospital/prison, that it will be presented to the public as the proper management of the "dangerous" people for the sake of the security of society.

We have finally to note that those of the EU, that has signed this contract for this violent closing down of mental hospitals until 2015 and put continuous pressure in this direction, know very well, as they knew all previous years, that the alternative community units that would substituted mental hospitals, were never done.. they do not exist.

However, although they know about the humanitarian disaster that is taking place, they insist for the closure-obviously because the reason for which they promote this kind of closure is not their "love" for "psychiatric reform", but the neoliberal adaptation of the economy, whose basic rule, according Foucault, is "that it will be not asked by society to secure individuals from dangers, either individual dangers, like illness, or accident, or collective dangers, as for example, disasters-it will not be asked from society to guarantee for individuals against these dangers"..."Security of the individuals against any dangers, even those regarding the existence itself of the person, as old age or death, is its own personal case".(8) It is based on this way of thinking and practicing the fact that, the further reduction of funds aimed for the needs social groups as people with mental health problems and others, (considered all the more as "social burden" and as "superfluous"), is for them, for EU, a first priority. EU has the primary responsibility for what is going on these days in Greece, in the Mental Health field (although not only there).

In the same way, World Health Organization (WHO), whose mental health department formulates and declares directives for "psychiatric reform" in various countries, Balkans, Eastern Europe etc (and supports, sometimes together with EU, "pilot actions" towards the implementation of "psychiatric reform"), cannot but know very well what is taking place in Greece, in the Mental Health field. All the more so, when, the Greek representative in WHO mental health department is the chief Administrator of the two psychiatric hospitals in Athens (Dafni and Dromokaiteion), being, at the same time, chief counsellor of the successive Ministers of Health, on Mental Health and Primary Care and, also, the person that has undertaken the full responsibility for the implementation of this policy for the violent closing down of mental hospitals. Maintaining a position of silence on these developments, on the part of WHO, means complicity, making all declarations for "reform" look as superficial and ostensible.

I believe that there has to be an active international interest for what happens in Greece in the Mental Health field. There is need that a strong protest and denounce be raised all around Europe against these developments, so as to stop and put an end to this humanitarian disaster that is now taking place.

Notes

1. Basaglia Franco : "Breaking the circuit of control", in "Critical Psychiatry", ed. by David Ingleby, Penguin Books, 1981.("Il circuito del controllo", Scritti, vol II).
2. opp.
3. opp.
4. opp.
5. opp.
6. opp.
7. opp.
8. Foucault Michel : "Naissance de la Biopolitique. Cours au College de France". 1978-1979. Seuil/Gallimard, 2004.