

Progressive science meets indifferent state? Revisiting mental health care reform in post-war Greece (1950-1980)

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SUMMARY: 1.—Introduction. 2.—Mental health care in the post-war period. 3.—Mental health legislation in Greece. 4.—Mental health services in Greece. 4.1.—The founding of new public psychiatric services. 4.2.—The reorganisation of public psychiatric hospitals. 5.—Conclusions.

ABSTRACT: After the Second World War, many Western countries implemented mental health care reforms that included legislative changes, measures to modernise psychiatric hospitals, and policies to deinstitutionalise mental health care, shifting its locus from residential hospitals to community services. In Greece, psychiatric reform began in the late 1970s and was linked to the fall of the military dictatorship in 1974, the general reorganisation of health care, accession to the European Economic Community and international outcry at the inhuman treatment of the Leros psychiatric hospital inmates. The 1950s, 1960s and most of the 1970s had been an ambivalent period in relation to psychiatric reform. On the one hand, a dynamic group of experts, some long established and some newly emergent, including psychiatrists, hygienists, psychologists and social workers, strove to introduce institutional and legislative changes. On the other hand, the state, while officially inviting expert opinion on mental health care more than once, did not initiate any substantial reform until the late 1970s and the early 1980s. Within this framework, we ask whether the story of psychiatric modernisation in Greece before the late 1970s could be summarised as a futile encounter between progressive scientists and indifferent state authorities. By assessing the early attempts to restructure mental health care in Greece, examining both the expert proposals and the state policies between the end of the civil war in 1949 and the fall of the dictatorship in 1974, this paper proposes a more nuanced view, which brings out the tensions between state and expert discourses as well as the discrepancies between the discourses and the implemented programmes.

PALABRAS CLAVE: Grecia, reforma de la salud mental, servicios psiquiátricos, legislación psiquiátrica, periodo de posguerra.

KEYWORDS: Greece, mental health care reform, psychiatric services, psychiatric legislation, post-war period.

1. Introduction

The concept of progressive science vs. indifferent state is deep-rooted in the interpretations of mental health care problems in Greece, evoked by mental health professionals of different generations. The psychiatrist Kostas Filandrianos, who worked at the public psychiatric hospital of Athens (Dafni) from 1933 to 1966, recounted the hospital's advances, but also the many difficulties caused by the state's neglect¹. More recently, another retired Dafni psychiatrist, Charis Varouchakis, castigated the state's attitude in covering up problems (this time in relation to the care of offenders acquitted on the ground of insanity), in contrast to the hospital's endeavours to reveal and tackle them².

Not surprisingly, then, the concept of progressive science vs. indifferent state springs to mind when attempting to explain why a comprehensive mental health care reform did not start in Greece before the late 1970s and early 1980s. This paper, however, offers a more nuanced view. Placing Greece within the context of the Western world, it argues, on the one hand, that Greece was probably an extreme but not a unique case of delayed or unsuccessful mental health care reform, indicative of broader obstacles and failures of post-war reform. On the other hand, by examining the attempted and implemented reforms from the end of the Civil War (1949) to the fall of the dictatorship (1974), it claims that there was a reform dynamic in Greece before the late 1970s. Various plans were proposed, based on internationally accepted professional ideologies, and, while innovations were mainly carried out in the private sector, public mental health care did not remain stagnant: although no overall reform was implemented, new public hospitals were founded, existing hospitals were reorganised and new legislation was brought forward. Analysing the proposed and implemented programmes, the paper reassesses the delay of the reform and the roles played by the state and mental health professionals.

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1. Filandrianos, Kostas. *The Public Hospital of Athens: Dafni... a fantastic story*. Athens: (n. p.); 1977 (in Greek).
 2. Varouchakis, Charis. Law 4509/2018. Historical retrospection. One. [cited 3 Sep 2018] Available from: <http://en-asilo.blogspot.gr/2018/02/4509-2018.html> (in Greek).

2. Mental health care in the post-war period

In the West, the post-war period witnessed widespread endeavours for mental health care reform, focusing on the reorganisation of psychiatric hospitals, the establishment of new services and the reform of legislation. The asylum, still in the 1950s the main therapeutic locus of psychiatry, was coming under attack in the 1950s, 1960s and 1970s, its main problems being overcrowding, lack of staff, harsh conditions, inefficiency of treatment and the detrimental effects of institutional life on patients³. Professionals, governments and international bodies, like the World Health Organisation, argued for a thorough reorganisation of mental health care on the basis of prevention, children's mental health, early treatment, community care and rehabilitation. These policies were presented as more effective, humane and economical than the (usually delayed) treatment of (already chronic) patients with prolonged isolation in mental hospitals. Either to complement or gradually replace mental hospitals, different services were founded, such as community mental health centres, outpatient clinics and day hospitals, so that patients would be treated in the community and their social integration would be facilitated⁴. Although in many countries, for example the Netherlands, Germany, UK, and France, extra-mural services had already been founded in the first part of the twentieth century, they multiplied after the war, culminating in the policy of deinstitutionalisation, namely the decrease of the population of mental hospitals, their substitution with models of community care and, ultimately, their closure⁵.

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3. Grob, Gerald. *From asylum to community: Mental health policy in modern America*. Princeton, New Jersey: Princeton University Press; 2014; Crossley, Nick. *Contesting psychiatry: Social movements in mental health*. London: Routledge; 2006.
 4. Grob, Gerald. The transformation of mental health policy in twentieth-century America. In: Gijswijt-Hofstra, Marijke; Oosterhuis, Harry; Vjlselaar, Joost et al., eds. *Psychiatric cultures compared. Psychiatry and mental health care in the twentieth century: Comparisons and approaches*. Amsterdam: Amsterdam University Press; 2005, p. 141-161; Freeman, Hugh. *Psychiatry and the state in Britain*. In: Gijswijt-Hofstra; Oosterhuis; Vjlselaar et al., eds. *Psychiatric cultures compared. Psychiatry and mental health care in the twentieth century: Comparisons and approaches*. Amsterdam: Amsterdam University Press; 2005, p. 116-140; Smith, Matthew. *Hyperactive: The controversial history of ADHD*. London: Reaktion Books; 2012.
 5. Oosterhuis, Harry. *Between institutional psychiatry and mental health care: Social psychiatry in the Netherlands, 1916-2000*. *Medical History*. 2004; 48 (4): 413-428; Schmiedebach, Heinz-Peter; Priebe, Stefan. *Social psychiatry in Germany in the twentieth century: Ideas and models*. *Medical History*. 2004; 48 (4): 449-472.

Nevertheless, mental hospitals remained central in mental health care systems at least until the 1970s. Hospital practices of the interwar period, such as trial home leave, boarding out and occupational therapy, became established and widespread⁶. In addition, facilities improved, rehabilitation centres were established and new therapies (social, dynamic and biological) were applied; staff increased, including new professionals, such as social workers, and, in some cases, hospital life was reorganised based on the concept of therapeutic community⁷. These changes in hospital practice and ideology, as well as the foundation of community services and psychiatric departments in general hospitals led to the decrease in the size and number of psychiatric hospitals.

In some countries the new ideology and practices of psychiatric care were reflected in new mental health legislation. Already in 1955, the WHO Expert Committee on mental health, established in 1949⁸, declared mental health legislation in many countries problematic: it exaggerated the dangerousness of the mentally ill, prioritised legal over medical views, and hindered hospitalisation with unnecessary and humiliating procedures, rarely allowing voluntary treatment. The committee noted that many countries had trouble in revising their legislation, and suggested changes to be made gradually⁹. An early example of legislation reform was the 1959 England and Wales Mental Health Act, which, building on the 1930 Mental Health Act, promoted voluntary admission and easy access to community services¹⁰. Nevertheless, legislation did not change everywhere. In France, the law of 1838, although criticised by mental health professionals, was not replaced;

6. Long, Vicky. «Heading up a blind alley?» Scottish psychiatric hospitals in the era of deinstitutionalization. *History of Psychiatry*. 2016; 28 (1): 115-128.

7. Fussinger, Catherine. «Therapeutic community», psychiatry's reformers and antipsychiatrists: Reconsidering changes in the field of psychiatry after World War II. *History of Psychiatry*. 2011; 22 (2): 146-163; Coffin, Jean-Christophe. «Misery» and «revolution»: The organisation of French psychiatry, 1900-1980. In: Gijswijt-Hofstra; Oosterhuis; Vijsselaar; et al., n. 4, p. 225-247; Delille, Emmanuel. Reform at Bonneval hospital directed by Doctor Henri Ey after the Second World War. *Archive ouverte en Sciences de l'Homme et de la Société*; 2012. [cited 9 Sep 2018]. Available from: <https://halshs.archives-ouvertes.fr/halshs-00795783/>.

8. Henckes, Nicolas. Narratives of change and reform processes: Global and local transactions in French psychiatric hospital reform after the Second World War. *Social Science & Medicine*. 2008; 68 (3): 511-518.

9. WHO. Legislation affecting psychiatric treatment. Fourth report of the expert committee on mental health. Geneva: World Health Organization; 1955.

10. Freeman, n. 4; Crossley, n. 3; Long, n. 6.

it was complemented by the circular of the Ministry of Health of 15/3/1960 that initiated the policy of sectorisation, and by a new law on the protection of handicapped adults in 1968¹¹.

As the case of legislation highlights, mental health care reform was in no case uniform, simultaneous or equally successful in all western countries, and in most cases, it did not make a radical break with the past¹². Even in France, where the state cooperated with mental health professionals and actively pursued the reorganisation of care, services and staff remained insufficient at the end of 1950s. In addition, while the state initiated the sectorisation policy in 1960, it subsequently diminished its support, postponing mental health care reform¹³. In other countries, such as East Germany, the reform proposals made in the 1960s and 1970s did not materialise, as the state was not interested and did not have the resources for innovation¹⁴, and, in both East and West Germany, mental hospitals remained the main locus of care until the 1980s¹⁵.

Greece was one of the countries in which psychiatric reform was slow and unsuccessful until the late 1970s and early 1980s. The political instability of the post-civil war period, the severe oppression of personal and political rights within the «sickly democracy» established after the Civil War, and the prioritisation of economic growth without much concern over public health and social welfare, did not favour a transformation of the mental health system, while the political and social reforms undertaken by the Centre Union in the 1960s were soon halted by the military dictatorship (1967-1974). On the contrary, the fall of the dictatorship in 1974 released demands for political and social change, which had repercussions for the health system as well. An early attempt of mental health care reform was undertaken between 1977 and 1981 with the foundation of the first psychiatric clinic in a general hospital (in Alexandroupoli and, a little later, in Patrai and Ioannina), the first child

11. Coffin, n. 7.

12. Kritsotaki, Despo; Long, Vicky; Smith, Matthew. Introduction: Deinstitutionalisation and the pathways of post-war psychiatry in the western world. In Kritsotaki, Despo; Long, Vicky; Smith, Matthew, eds. *Deinstitutionalisation and after. Post-war psychiatry in the western world*. Cham: Palgrave MacMillan; 2016, p. 1-36.

13. Coffin, n. 7.

14. Eghigian, Greg. Care and control in a communist state. The place of politics in East German psychiatry. In: Gijswijt-Hofstra; Oosterhuis; Vjlselaar; et al., n. 4, p.183-199; Hess, Volker. *The Rodewisch (1963) and Brandenburg (1974) propositions*. *History of Psychiatry*. 2011; 22 (2): 232-234.

15. Schmiedebach; Priebe, n. 5.

psychiatry clinic in a paediatric hospital (Athens) and the first Urban Centre of Mental Hygiene (Athens)¹⁶. Along with the democratisation of the late 1970s, two more circumstances in the late 1970s and early 1980s instigated mental health care reform. First, in the 1970s the scandal of the Leros psychiatric hospital was publicised. The inhuman reality of more than 2,000 patients, many physically restrained, receiving minimal treatment and care, demonstrated that a radical change was needed¹⁷. Second, in 1981 Greece became a member of the European Economic Community. This created the expectation and possibility —with the Community's economic and expert support— that the country would adopt European social policy standards¹⁸. In 1983 the National Health System (NHS) was created, incorporating psychiatry within general hospital practice. Centres for Mental Health were established, and the reorganisation of psychiatric hospitals was envisioned, aiming at deinstitutionalisation¹⁹. The next year, Council Regulation (EEC) No 815/84 initiated a programme of social and professional rehabilitation for the mentally ill and handicapped. Mental hospitals were to decrease in size, but not to shut down before the establishment of alternative services, such as mental health centres, sheltered homes and psychiatric wings in general hospitals²⁰.

Thus, psychiatric reform started officially during the late 1970s and early 1980s. However, there had been previous endeavours. In the 1950s and 1960s, private organisations instigated new services and programmes, which, despite their limited scale, played a part in familiarising the population with new mental health ideas and practices²¹. The public sector occasionally

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16. Papadimitriou, Maria. The history of child psychiatry in Greece in relation to the developments in European countries [doctoral thesis]. Aristotle University of Thessaloniki; 2013 (in Greek), p. 204 and 236.
 17. Blue, Amy. The making of Greek psychiatry. Athens: Exadas; 1999 (in Greek), p. 23-32 and 313-314; Mitrosyli, Maria. Leros Mental Hospital and reform. Public policies, institution, patients, community. Athens: Papazisi; 2015 (in Greek).
 18. Madianos, Michalis. The psychiatric reform and its development. From theory to practice. Athens: Ellinika Grammata; 1994 (in Greek); Tzanakis, Manolis. Beyond the asylum. Community psychiatry and the issue of the subject. Athens: Synapsis; 2008 (in Greek), p. 104-112.
 19. Law 1397. National health system. Government Gazette. 7 Oct 1983; 143 (a) (in Greek).
 20. Mitrosyli, n. 17.
 21. Kritsotaki, Despo. Initiating deinstitutionalisation: Early attempts of mental health care reform in Greece, 1950s-1970s. In Kritsotaki, Despo; Long, Vicky; Smith, Matthew, eds. Deinstitutionalisation and after. Post-war psychiatry in the western world. Cham: Palgrave MacMillan; 2016, p. 155-172; Kritsotaki, Despo. From «social aid» to «social psychiatry»: Mental health and social welfare in

contributed to the funding of these private organisations, and used them to serve clients and train staff²². Finally, between the late 1940s and early 1970s the state attempted to change mental health care several times, calling on health professionals for expert advice, founding new public mental health services, reorganising public hospitals, and passing new legislation. These state initiatives, which have so far been ignored by histories of psychiatry and psychiatric reform in Greece, probably because of their limited degree of efficiency and innovation, are explored in the remaining part of the paper, starting with legislation and moving on to services.

3. Mental health legislation in Greece

At the end of the Greek Civil War the existing mental health law dated from 1862 and was based on the 1838 French law. It defined «madhouses» as the only legitimate setting for care and treatment, and described their funding, management and staff. As most nineteenth-century legislation, it paid less attention to treatment than safety (protection from dangerous patients) and the rights of prospective and existing inmates (protection against wrongful confinement and of patients' property). To these ends, the law created a formal procedure of admission and discharge by relatives, acquaintances and public authorities, necessitating medical consent²³.

While the 1862 law remained valid until 1973, other laws were passed in 1925, 1930 and 1934, in order to regulate the public hospitals founded in Athens, Thessaloniki and Crete in the 1910s. Law 6033 of 1934, effective until 1973, replaced the term «insane» with the term «psychopath», which in Greek denoted the mentally ill in general, and not just those diagnosed with «psychopathy». The 1934 law also sanctioned the movement of public mental hospitals from the supervision of the Ministry of Interior to the Ministry of Hygiene (founded in 1923) and turned the public hospital of Athens to a «colony of psychopaths», where treatment would be based

post-war Greece (1950s-1960s). Palgrave Communications. 2018; 4, doi:10.1057/s41599-018-0064-1.

22. Lyketsos, Georgios. *The novel of my life*. Athens: Gavriilidis; 1998 (in Greek); Kritsotaki, Despo. «Mental hygiene», social welfare and psychiatric reform in post-war Greece. The Centre for Mental Health and Research, 1956-1978. Athens: Pedio; 2016 (in Greek).
23. Law 742 on the establishment of madhouses. *Government Gazette*. 19 May 1862; 28 (a) (in Greek); Mitrosyli, n. 17.

on agricultural and industrial occupation. It created new departments in public hospitals, stressed their scientific work and enabled the foundation of outpatient clinics²⁴. This law was fully applied after the Second World War, and enabled the increase of medical staff and the more systematic treatment of patients, but did not lead to the establishment of outpatient services or to the decrease of patient numbers²⁵.

By the end of the 1940s, both state authorities and health professionals argued that the 1862 law and, to a lesser extent, the 1934 law were in need of change, as they were out-dated and did not cover private and university clinics. Around that time the General Director of the Ministry of Hygiene, Fokion Kopanaris, instigated a bill «on Mental Hygiene and Psychiatric Hospitals», which envisioned the establishment of agricultural colonies, a Board of Mental Hygiene, and institutions for the observation, care and protection of children²⁶. This bill never reached parliament.

A few years later, in the second half of the 1950s, a new bill «on Mental Hospitals and Mental Hygiene» was being prepared. The Ministry of Social Welfare asserted that the laws of 1862 and 1934 did not sufficiently cover the needs for prophylaxis, treatment and rehabilitation, and that a new law was needed, which would correspond to «today's scientific and social views» on mental illness. To draft the new bill at least two consecutive committees were formed, including mental health, justice and education professionals of high standing, such as university professors, directors of institutions and government officials²⁷. A prominent part was played by the professor of Hygiene at the University of Athens, Gerasimos Alivizatos, who along with the younger psychiatrist Georgios Lyketsos were eager to modernise mental

24. Law 6077 on the organisation of public psychiatric hospitals. Government Gazette. 21 Feb 1934; 78 (a) (in Greek). During most of the twentieth century, at least until the 1980s, the term «hygiene» was widely used in state and professional discourses on health to denote the methods and actions that safeguarded and promoted health. In the paper we have kept the term when it was originally used, for example in legislation and the titles of governmental bodies, mental health institutions and professional organisations.

25. Filandrianos, n. 1, p. 36-83.

26. Agoropoulos, Christos. The department of social hygiene. Archives of Hygiene. 1950; 1 (10-12): 439-448 (in Greek).

27. Ministry of Social Welfare. Decision on the formation of a committee to compose a bill on psychiatric hospitals and mental hygiene. 16 Nov 1956. Archive of Michail Goutos/Dimitris Ploumpidis (in Greek); Ministry of Social Welfare. Decision «On the establishment of committee». 2 Sep 1958. Archive of Michail Goutos/Dimitris Ploumpidis (in Greek).

health care²⁸. Another member of the committee was the psychiatrist Andreas Kaloutsis, a protagonist of the establishment of child psychiatry in Greece.

Keen to carve a more extended and more socially accepted role for psychiatry, these professionals envisioned a law that would create new, numerous and better staffed psychiatric services, and would establish psychiatry as a caring profession rather than as a custodial discipline attached to judicial and police authorities. Being familiar with foreign mental health developments through their studies in, or professional trips to, Europe and the USA, they had been mostly influenced by social psychiatry, even in the 1960s and most of the 1970s, as radical psychiatry and anti-psychiatry had a practically non-existent impact on Greek psychiatrists during this period. After the fall of the dictatorship, and especially from the late 1970s, anti-psychiatry became more known and influenced young psychiatrists, while in the 1980s democratic psychiatry and the experience of Trieste exerted a strong impact. Before that, however, reform-minded mental health professionals did not radically challenge biomedicine, the mental hospital or the hierarchical relationships between doctors and patients. They preferred a more subtle reform, endorsing social psychiatry and methods such as patients' clubs and occupational therapy.

Social psychiatry was also central to the discourse of the World Health Organisation (WHO), with which Greek professionals and state officials were in contact. One of the mental health experts of the WHO Regional Office of Europe, the Swiss Dr André Repond, previously vice-president and president of the World Federation of Mental Health, visited Greece in 1956 and 1957 to discuss psychiatric reform with government officials and mental health professionals. He noted the problems of mental health care in Greece: non-existence of prevention, social care and rehabilitation; overcrowding, and the primacy of administrative over medical directors in public hospitals; out-dated legislation; absence of control of private clinics; lack of outpatient clinics and services for children. Repond's suggestions included the foundation of mental hospitals in the periphery of Greece; the establishment of outpatient clinics and small psychiatric departments in general hospitals; the renovation of existing hospitals, with better facilities and trained staff; the extension of occupational therapy; and the development of a system of family placements for patients. He also thought that the modernisation of

28. Lyketsos, n. 22, p. 290.

the law could improve the situation, and specifically proposed that the new law should allow voluntary admissions and make admission and discharge easier²⁹. For Repond, the model for the Greek law, the French law of 1838, was obsolete, hindered early treatment, and had been already attacked by the French psychiatrists, albeit without result³⁰. Repond's recommendations were in line with those of the WHO Expert Committee on Mental Health, namely that legislation should accelerate and facilitate treatment, and, at the same time, care and protect the patient and society. The isolation of the mentally ill in asylums was to be avoided, and open hospitals, outpatient treatment and social reintegration were to be prioritised³¹.

Following these social psychiatry principles, different versions of the 1950s mental health bill were drafted. All replaced the old terminology («insane» and «madhouses») with a new one («mentally abnormal» / «mentally ill» and «mental hospitals» / «therapy institutions»), in order to lessen stigma. They introduced voluntary treatment, prohibited the non-medical treatment of mental illness, and required that patients or their relatives consented to the applied treatment, unless no alternative method existed. Moreover, the bill included articles on prevention (through services for children and adolescents and services of vocational orientation) and social rehabilitation. Trial home leave was introduced, and discharge was made obligatory not only for the cured, but for all patients who could live in society or whose relatives requested it, unless the medical director objected. The bill facilitated the employment of discharged patients and introduced the cooperation of mental health authorities with the Ministries of Social Welfare and Work. In hospitals, occupational therapy, including workshops and departments of agriculture, was emphasised. In addition, as part of the «facilitation of social readjustment of the mentally ill» and their «gradual familiarisation with the social life», «patients' clubs» were to be founded. Patients were to be placed in boarding homes or families during the period of their «socialisation» under the monitoring of the hospitals' social services. The latter were to employ new staff, including child psychiatrists, psychologists, educators, social workers,

29. WHO. Report on the mission to Greece of Dr André Repond, expert consultant of the Regional Office of Europe on mental health, 9/5-7/6/1956. Archive of Michail Goutos/Dimitris Ploumpidis (in Greek).

30. Repond, André. Remarques sur le project de loi du gouvernement du royaume de Grèce «relatif aux asiles d'aliénés et à l'hygiène mentale». 1957. Archive of Michail Goutos/Dimitris Ploumpidis.

31. WHO, n. 9.

nurses, occupational therapists, vocational orientation professionals and physical instructors.

Additionally, the bill founded a school for mental health nurses, established a General Board of Mental Hygiene, and introduced a system of intra- and extra-mural mental health services: separate mental hospitals for adults and children, psychiatric clinics in general hospitals and in children's hospitals and children's homes, medico-pedagogical centres, boarding homes, day hospitals, centres of professional and social rehabilitation (inside and outside mental hospitals and also accessible to outpatients), outpatient clinics, but also asylums for the incurable and colonies for occupational therapy for the chronically ill who were able to live with others and were not dangerous³².

While in general the bill was in compliance with the WHO recommendations, the plan to found asylums and colonies was not: the WHO experts advised against the separation of chronic and incurable patients, as it might lead to the neglect of their treatment and socialisation³³. In any case Repond's review of the bill was positive³⁴. On the contrary, the review made earlier by a committee of Greek judicial authorities (university professors of criminology and penal justice and officials of the Ministry of Justice), concluded that, from a legal-technical aspect, the bill was vague, insufficient and potentially dangerous. The committee highlighted the fact that, in contrast to the 1862 law, the bill did not provide safeguards for the freedom and property of the (alleged) mentally ill, and for the protection of the public from the patients who were to be transferred to colonies. Thus, they advised against the abolition of the 1862 law. The committee had additional objections, including the prohibition of non-medical treatments, which they argued would meet the Church's opposition, as many mentally ill were still asking for treatment in monasteries and churches. The legal experts argued that religious care was a refuge for desperate patients and families, and did not strengthen prejudice but faith, which could have a therapeutic

32. Law on the organisation of mental hygiene. Archive of Michail Goutos/Dimitris Ploumpidis (in Greek); Bill on the organisation of mental hygiene. Archive of Aspasia Tavlaridou-Kaloutsis (in Greek); Bill on psychiatric hospitals and mental hygiene. Archive of Michail Goutos/Dimitris Ploumpidis (in Greek); Subcommittee for the legislation on children and adolescents' mental hygiene. 1957. Archive of Aspasia Tavlaridou-Kaloutsis (in Greek); Theologos, Spyridon. Proposing note on the issue of the social rehabilitation of the mentally ill. 29 Apr 1957. Archive of Michail Goutos/Dimitris Ploumpidis (in Greek).

33. WHO, n. 31.

34. Repond, n. 30.

effect through the power of suggestion (as accepted by psychiatrists)³⁵. The abolition of non-medical treatments was also criticised by Repond, but for different reasons. The WHO expert argued that it was risky, since some deemed as non-scientific such methods as psychotherapy, psychoanalysis and occupational therapy, while others held the same opinion of psychosurgery³⁶.

The bill was submitted to the Ministry of Social Welfare in 1959, and remained for many years in the process of approval and modification³⁷. However, it never reached parliament. This can be partly explained by the objections raised by the legal experts. The 1950s bill was attempting a move from legalism —the emphasis on the legal regulation of hospitalisation, in order to secure individual rights— to professional discretion —the emphasis on medical criteria for hospitalisation, with few formalities, in order to enable easy and early treatment. Legal and psychiatric opposition was not new or unique in Greece, but had been evident in the process of legislation reform in many countries since the second half of the nineteenth century. During the 1950s, when psychiatry was generally perceived as a humane scientific discipline that was making progress in treating mental illness, professional discretion was prioritised in some countries, most notably in the UK with the 1959 England and Wales Mental Health Act and the 1960 Scotland Mental Health Act³⁸. However, in many countries judicial considerations remained strong, hindering the renewal of the legislation, especially when reform attempts were in competition with existing legal or cultural views³⁹.

This was the case in Greece. Until the late twentieth century, Greek psychiatry lacked organisation and sufficient numbers of professionals. Its weak social standing was demonstrated by the bill's prohibition of non-medical treatments of mental illness. On the contrary, the legal professions⁴⁰ and the Church had a solid social position and influence, playing an important role in the definition and treatment of mental illness, while the

35. Report of the law-preparatory committee on the bill «On mental hospitals and mental hygiene». 1 Oct 1955. Archive of Michail Goutos/Dimitris Ploumpidis (in Greek).

36. Repond, n. 30.

37. Lyketsos, n. 22, p. 286 and 291-296.

38. Jones, Kathleen. The limitations of the legal approach to mental health. *International Journal of Law and Psychiatry*. 1980; 3: 1-15; Gostin, Lawrence. Contemporary social historical perspectives on mental health reform. *Journal of Law and Society*. 1983; 10 (1): 47-70.

39. WHO, n. 31; Repond, n. 30.

40. Avdela, Efi. «Youths in danger». *Minors' supervision, reformation and justice after the war*. Athens: Polis; 2013 (in Greek).

public was to a great extent indifferent towards the issues of mental health. Furthermore, mental hospital administrations had increased weight over admissions and discharges, as they supervised the medical directors until 1973. The intervention of religious, legal and administrative authorities in the negotiations between psychiatrists, patients and families, and the state, undermined the position of psychiatry and led to increased involuntary hospitalisation⁴¹.

Other reasons for the failure of the bill were related to economic factors. According to Repond, the persistence in formalities was probably caused not only by the increased legal influence, but also by the lack of beds and the fear that relaxing the admission process would overload hospitals and the state finances⁴². In addition, as the legal committee underlined, new services were important, but costly⁴³. To refute such concerns, the Greek and WHO health experts argued that reform was less expensive than maintaining chronic patients in asylums for life⁴⁴, and that spending money to improve the hospitals and rehabilitate the patients was not charity but «public money investment», as it made patients productive members of society, able to pay the cost of their treatment back to the state⁴⁵.

The abandonment of the 1950s bill did not mean the end of the attempts for legislation reform. In 1969, during the military dictatorship, the Ministry of Social Services (as the Ministry of Health and Welfare was named from 1968 to 1982) announced that a new mental health bill was ready. The bill was supposed to reflect the international tendencies of its time and enable the increase in the number of beds, the improvement of hospital buildings and equipment, as well as the increase and training of staff and the amelioration of working conditions and salaries⁴⁶. Four years later, legislative decree (L.D.) 104 «on Mental Hygiene and Care of the Mentally Ill» was published, and was complemented in 1973 and 1974 by four ministerial decisions on patient admission, discharge and professional rehabilitation and the regulation of public and private institutions.

41. Stylianidis, Stylianos; Ploumpidis, Dimitrios. Les reflêts de la loi du 30 Juin 1838: L'expérience hellénique et l'évolution contemporaine. *L'évolution psychiatrique*. 1989; 54 (3): 643-649.

42. Repond, n. 30.

43. Report of the law-preparatory committee, n. 35.

44. WHO, n. 29.

45. Theologos, n. 32.

46. Derdemezis, Vasilios. Report on the work of the Ministry of Social Services, Section of Hygiene. *Archives of Hygiene*. 1969; 19 (3-4): 173-345 (in Greek).

The legislation of 1973 and 1974 abolished the laws of 1862 and 1934 and envisioned the policy of mental health sectors, known in Greece through its application in France. Apart from this innovation, the 1970s legislation incorporated many elements of the 1950s bill: it termed mental hospitals «places of therapy», placed public and private mental institutions under the supervision of the Ministry of Social Services, and emphasised prevention and rehabilitation with new types of services. These facilities included psychiatric departments for children and adolescents in general or children hospitals, centres of therapeutic pedagogy, centres of mental hygiene children and adolescents, medico-pedagogical stations, outpatient clinics and «entertainment clubs» in mental hospitals for the «social readjustment of the mentally ill» (here the law repeated the 1950s bill article on patients' clubs). The employment of discharged patients was to be facilitated, occupational, social, psychological and visiting nurse departments were to be established in mental hospitals, and a school of mental health nurses was to be founded. As in the case of the 1950s bill, the legislation of 1973 and 1974 aimed at facilitating admission to and discharge from mental hospitals through voluntary admissions, fewer formalities for involuntary admissions, and home leave. It also attempted to induce relatives and guardians to take patients who were cured or able to live in the community, by the unusual measure of punishing those who failed to do so with imprisonment⁴⁷.

This legislation was heavily criticised by mental health professionals in the 1970s and 1980s. In terms of deinstitutionalisation, prevention and rehabilitation, it was underlined that not much could be achieved, as the legislation did not substitute asylums with services for swift treatment and social rehabilitation, and did not bind authorities to found new services and implement prevention and rehabilitation programmes⁴⁸. In addition, it was stressed that, despite the lessening of legal formalities, the law increased

47. Legislative Decree 104. On the mental hygiene and care of the mentally ill. Government Gazette. 16 Aug 1973; 177 (a) (in Greek); Ministerial Decision on the application of article 4 of the L.D. 104/73. Government Gazette. 31 Dec 1973; 1523 (b) (in Greek); Ministerial Decision on the regulation of the internal operation of the private psychiatric clinics. Government Gazette. 1 Jul 1974; 665 (b) (in Greek); Ministerial Decision on the internal regulation of the state psychiatric institutions. Government Gazette. 16 Aug 1974; 813 (b) (in Greek). Ministerial Decision on the professional rehabilitation of the mentally ill and socially readjusted individuals. Government Gazette. 3 Sep 1974; 850 (b) (in Greek).

48. Kotsopoulos, Sotirios. Greek legislation on mental hygiene. A critical view. *Political Issues*. 1975; 42: 3-10 (in Greek).

the interference of justice, as it placed great emphasis on «dangerous psychopaths»⁴⁹. At the same time, the simplification of the admission process was condemned as corrupt and illiberal, inevitably linked with the impingement of human rights by the dictatorship. It is indicative that, in contrast to the 1862 law, no means to control the medical decision for involuntary treatment were provided, and patients did not have the right to appeal against their hospitalisation⁵⁰. These aspects of involuntary hospitalisation were connected most closely to the crimes of the dictatorship crimes, and were the first to change after democracy was established⁵¹. However, the perspective of individual rights was introduced only in 1992⁵².

Therefore, the passing of new legislation, after almost twenty years of relevant discussions, was immediately denounced by mental health experts as a failed reform, in need of further change. This highlights how complicated legislation reform was, and explains why in some countries mental health care reforms (e.g. in services) did not include or presuppose a complete substitution of existing general psychiatric laws⁵³. In Greece, as well, as we will now see, modifications of the mental health care system—the establishment of new institutions and the reorganisation of existing public mental hospitals— were implemented irrespectively of the general psychiatric legislation.

4. Mental health services in Greece

Throughout the 1950s, 1960s and 1970s, experts, for example the psychiatrist Andreas Kaloutsis, the dermatologist, venereologist and psychoanalyst Nikolaos Drakoulidis, and the psychiatric social worker Aspasia Tavlaridou-Kaloutsi, gave their opinion on how the Greek mental health system should

49. Legislative Decree 104, n. 47, article 5.

50. Kotsopoulos, n. 48; Varouchakis, Charis. The legislative decree 104/73. A law of the dictatorship also unwavering in time of democracy. *Psychiatric Notebooks*. 1984; 2: 2-32 (in Greek); Ploumpidis, Dimitrios; Stylianidis, Stylianos. From confinement to abandonment. Issues for a change in the psychiatric legislation and practice. *Psychiatric Notebooks*. 1988; 21-22: 11-16 (in Greek); Ploumpidis; Stylianidis, n. 41.

51. Ministerial Decision on the substitution of the article 2 of the C2b/3036/73 decision «on the application of article 4 of the 104/73 L.D». *Government Gazette*. 10 Nov 1978; 983 (b) (in Greek).

52. Mitrosyli, n. 17, p. 52-60.

53. Repond, n. 30.

be reorganised. Most of these suggestions, which were close to those made by the committees of the 1950s bill, were not implemented. Whereas they all stressed the need for both the increase *and* diversification of mental health services, the state was more concerned at the insufficient number of beds and the resulting overcrowding in mental hospitals. As early as 1950, the Ministry of Health suggested the increase in beds, the ascertainment of the number of the mentally ill and the division of the country into mental health sectors⁵⁴. In 1969, the Ministry of Social Services still considered the lack of beds as the number one problem of mental health care, along with the out-dated organisation and deficiencies of hospitals⁵⁵. While the recording of the mentally ill and the sectorisation did not materialise (although the 1973 law envisioned the latter), the number of beds increased and more beds became available in different parts of Greece, as new psychiatric hospitals were founded and existing ones were reorganised: buildings were renovated and enhanced, new professionals (psychologists and social workers) were hired and new treatments were initiated. The last part of the paper examines whether these changes were sufficient and to what kinds of care and treatment they resulted.

4.1. The founding of new public psychiatric services

After the Civil War, Greece had four public psychiatric hospitals (in Athens, Thessaloniki, Crete and Corfu), three private/charitable psychiatric hospitals, which also served public patients (in Athens, Cephalonia and Lesbos), two university neurological and psychiatric clinics (in Athens and Thessaloniki) and more than ten private clinics (mainly in Athens and Thessaloniki) (Table 1). In the post-war period the hospital network expanded, as three new psychiatric hospitals were founded in different parts of Greece, in order to promote the «decentralisation» of beds: in Kalamata (1961, 200 beds), Tripoli (1967, 360 beds) and Petra Olympou (1969, 500 beds). The first was founded by the ecclesiastic authorities of the city⁵⁶, and all three were former sanatoria. While in principle they endorsed contemporary

54. Agoropoulos, n. 26.

55. Derdemezis, n. 46.

56. Charity work. [updated 2015; cited 9 Sep 2018]. Available from mness.gr/filanthropiko-ergo/filanthropiko-ergo.1 (in Greek).

ideas and practices of social rehabilitation, they closely resembled asylums, especially the hospital of Petra Olympou, which admitted mainly chronic patients from the public psychiatric hospital of Thessaloniki⁵⁷. Only in 1978 was a different type of hospital service founded, the first psychiatric clinic in a general hospital (in Alexandroupoli, Thrace).

Table 1
Psychiatric institutions in 1950s Greece

<i>Institution</i>	<i>Number of beds</i>
Public psychiatric hospital of Athens (Dafni)	*1200
Public psychiatric hospital of Thessaloniki	325
Public psychiatric hospital of Corfu	338
Public psychiatric hospital of Chania, Crete	181
Dromokaiteio (charitable psychiatric hospital), Athens	**770
Vegeio (charitable psychiatric hospital), Cephalonia	***50
Asylum of Psychopaths (charitable psychiatric hospital), Lesvos	20
University psychiatric and neurological clinic, Athens	105
* Public hospitals had many more patients than beds (the problem of overcrowding). For example, in Dafni, patients exceeded existing beds by 417 in 1950.	
** 590 of the 770 beds of Dromokaiteio were for paupers.	
*** Vegeio was destroyed by the earthquakes of 1953.	

Source: Agoropoulos, n. 26, p. 441.

Moreover, two «colonies of psychopaths» were founded. As already noted, the concept of colony was introduced in Greece by the 1934 law, and was incorporated in the 1950s bill. In the 1950s and 1960s mental health professionals and state officials regarded colonies as a humane, practical and non-expensive solution that would decrease the patients in public hospitals, by receiving the chronic and able to work mentally ill. The first colony was established in 1953 and remained open until 1963. It was located on the small island of Aghios Georgios between the island of Salamina and Perama in Attica, where a lazaretto had operated in the nineteenth century. The second

57. Filandrianos, n. 1; Blue, Amy. Greek psychiatry's transition from the hospital to the community. *Medical Anthropology Quarterly*. 1993; 7 (3): 301-318.

centre was the larger colony of Leros (650 beds), and was established at the end of 1957 at the former Italian military facilities of the island. In 1965 it was renamed «Psychiatric Hospital of Leros», and in 1976 it was integrated into the General Hospital of the island⁵⁸. One more colony was supposed to be established in Attica, but did not materialise⁵⁹.

The case of the Leros colony, as that of the Petra Olympou hospital, is indicative of the discrepancies between planned objectives and real outcomes. The colony aimed at «the care and surveillance of the chronically ill», and also at «the medical and nursing care of psychopaths from the Dodecanese and the concern for their professional and social rehabilitation» with a social and an occupational service⁶⁰. However, the policy of transferring to Leros large numbers of patients (in 1981 the hospital had 2750 inmates), and in particular patients who were viewed as the «static chronic material of the ill», in order to «decongest» the public mental hospitals⁶¹, in combination with the lack of staff and general neglect, turned it into a custodial and inhumane institution⁶².

Besides adult psychiatric hospitals and «colonies of psychopaths», a third post-war mental health policy pertained to the organisation of child mental health care. Here a strong professional claim was at stake: if child psychiatry was to be established and legitimised as a separate medical specialty, specialised institutions and trained professionals, psychiatrists, psychologists and social workers, were needed. In Dafni, the child psychiatry department was turned into an independent clinic in 1949, and a Child Psychiatry Unit, which was planned since the 1960s, was founded in the 1970s. Earlier, in the 1950s, the Ministry of Welfare, taking into consideration the propositions of the expert committees of the 1950s bill, intended to establish a child psychiatry hospital, an asylum for incurables and an outpatient clinic⁶³.

58. Mitrosyli, n. 17; Megalooikonomou, Theodoros. Leros. A living challenge of classical psychiatry. Athens: Agra; 2017 (in Greek).

59. Mavroulidis, I. Report on mental hygiene and the general action in the field of health of the Ministry of Social Welfare during 1957. Archives of Hygiene. 1959; 8 (1-3): 17-115 (in Greek).

60. Decree on the sanction of the regulation of the Colony of Psychopaths of Leros. Government Gazette, 1 (a), 2/1/1958 (in Greek).

61. Filandrianos, n. 1, p. 86-87, 95 and 101.

62. Loukas, Giannis. Leros and psychiatric reform. From institutionalisation to new institutionalisation. Society and Mental Health. 2006; 3: 26-36 (in Greek).

63. Naylor, George. Preliminary comments and suggestions on the child neuropsychiatry hospital to be founded under the aegis of the Ministry of Social Welfare and Hygiene of Greece. 13/1/1959. Archive of Aspasia Tavlaridou-Kaloutsis (in Greek).

The asylum, which was to be located at the old leper colony on the island of Spinalonga, Crete, was not implemented, but the first Child Psychiatric Hospital was founded in 1958 at the former tuberculosis sanatorium of Penteli, Attica. Its outpatient clinic (medico-pedagogical centre) opened in 1960 and the inpatient clinic (200 beds) in 1961. The hospital aimed at the prevention of mental illness, and the care, readjustment and rehabilitation of children until 16 years of age through special education and occupational training. It included a special school, a service for occupational (agricultural and industrial) therapy and entertainment, and a social service for the aftercare and social rehabilitation of the patients. The hospital's staff included not only psychiatrists, but also psychologists, pedagogues and social workers⁶⁴. Kaloutsis, who was in charge of the organisation of the Hospital from 1958 to 1960, intended to exclude incurable cases, transferring them to special asylums. However, since the latter were not created, and because, according to Kaloutsis, «the social needs of Greece for asylum care of the ill children are great»⁶⁵, this plan was abandoned. Consequently, the Child Psychiatric Hospital undertook to some extent an asylum function, as was also the case with the Child Psychiatric Clinic of Dafni.

If the establishment of new services led mostly to the increase in beds in asylum-like institutions, there were some attempts to create novel community services. From the end of the 1950s outpatient clinics increased modestly and in 1959 the WHO, the UNICEF and the Greek state established a Model Hygiene Unit of Public Health in Thessaly, based in Larisa, which included a Centre for Mental Hygiene with a mobile rural unit. In the 1960s two mental health units were included in the policlinics of Vyronas-Kaisariani and Peristeri in Athens. Public medico-pedagogical stations were founded in the University Clinic of Thessaloniki in 1956, the Child Psychiatric Hospital in 1960, the Centre for Mental Hygiene in Larisa in 1961 and Dafni in 1964⁶⁶. Nevertheless, the establishment of extra-mural services was a lesser priority than the foundation of new intra-mural services and the reorganisation of existing ones.

64. Decree on the validation of the regulation of the Public Paediatric Neuropsychiatric Hospital. Government Gazette, 120 (a), 13/8/1958 (in Greek).

65. Kaloutsis, Andreas. Child Psychiatry Clinic. Letter to the General Administration of the General Hospital of Mental Illnesses of Attica, 18/1/1966. Archive of Aspasia Tavlaridou-Kaloutsi (in Greek).

66. Kaloutsis, n. 65; Derdemezis, n. 46.

4.2. *The reorganisation of public psychiatric hospitals*

Greek and foreign mental health experts perceived the modernisation of hospitals through the elimination of pressure, lifelong confinement and segregation, and the employment of sufficient numbers of adequately trained and supervised staff, as a precondition for early treatment, as it would decrease the stigma of hospitals, but also as a precondition of social rehabilitation, as it would enable patients to go back to society⁶⁷. While this ambitious vision was not adopted, public hospitals were renovated, acquired new buildings and hired more and diverse staff (psychologists, social workers, occupational therapists).

Two head psychiatrists of Athenian psychiatric hospitals, Kostas Filandrianos of Dafni, and Georgios Lyketsos of Dromokaitio, remembered the post-civil-war period as a time of positive change in comparison to the 1940s, when the problems and shortages in staff, supplies and buildings were exacerbated, and violence and physical restraint were extensive⁶⁸. Both psychiatrists considered as a progress the biological treatments in the 1930s and 1940s: cardiazol and insulin comma in the 1930s, leucotomies mainly between 1946 and 1949⁶⁹, and ECT since 1945. At the same time, they acknowledged that the conditions and results of hospitalisation improved since the 1950s through a combination of biological, psychodynamic and psychosocial methods⁷⁰.

In Dromokaitio, the 1950s witnessed the extension of occupational therapy, professional training and protected work, as well as the introduction of sport and social activities, art therapy (including ancient drama) and group psychotherapies. A social service was set to help patients with their family problems, social psychiatry methods were used to mobilise and socialise patients, the open-door policy was initiated, and efforts were made to organise the clinic as a therapeutic community. In 1953 Lyketsos, who had been familiarised with social psychiatry when studying between 1950

67. Repond, n. 30; Theologos, Spyridon. Proposal plan for the modification and supplementation of the existing legislation on mental hospitals and mental hygiene and social rehabilitation of the mentally ill. Archive of Michail Goutos/Dimitris Ploumpidis (in Greek).

68. Fafaliou, Maria. Iera Odos 343. Testimonies from Dromokaiteio. Athens: Kedros; 1995 (in Greek).

69. Ploumpidis, Dimitrios; Tsiamis, Costas; Poulakou-Rebelakou, Efi. History of leucotomies in Greece. *History of Psychiatry*. 2015; 26 (1): 80-87.

70. Filandrianos, n.1; Lyketsos, n. 22.

and 1952 in London and Illinois, removed the bars from the windows in his department. Conditions in the rooms improved and restraint was limited. From 1955, when the new drugs became available, more steps were made to this direction. In addition, the hospital became more community-orientated: from the late 1950s a number of discharged patients were monitored through a system based on their relatives, efforts to enlighten the public were made, and patients were placed at homes in the community with guardians. Some patients spent the night at the hospital, but worked outside, and others went to the hospital during the day for treatment. In 1964, the outpatient clinic and the day hospital were founded. In some respects, these developments were similar to European ones, such as the initiatives of F. Basaglia in Gorizia and Trieste, but without the radical turn that his work took from the late 1960s; this had an influence on Greek psychiatry only later, in the 1980s. In any case, the reforms of the 1950s and 1960s in Dromokaiteio, inspired by social, biological and dynamic models, prompted Lyketsos to claim that deinstitutionalisation had been taking place in this hospital before it started officially «as an obligation» from the European Economic Community⁷¹.

In Dafni conditions did not improve as much. Dromokaiteio, as a charitable hospital, had more control over admissions, while Dafni, as a public hospital, was compelled to accommodate more patients than planned (Table 1). However, more buildings and clinics were added (as had happened in the other public psychiatric hospitals, for example in the hospital of Crete in 1971), and more staff was hired. In addition, since the late 1940s there were efforts to apply new methods, including ECT and occupational therapy. Between 1956 and 1965 the hospital's services were reorganised; its scientific profile was elevated; and conditions changed because of the new drugs, occupational therapy, the work of the social service, and the introduction of the principles of after care and dynamic psychiatry. As a result, restraint was reduced, and discharges increased. In 1965, the outpatient clinic was established, where occupational therapy was also undertaken. Living conditions improved further in the 1970s, when all patients were lodged in more hygienic and humane rooms. Nevertheless, staff, facilities and supplies remained insufficient —due to lack of state initiatives and support— and disproportionate to the number of patients, who were still too numerous, as

71. Lyketsos, n. 22, p. 106-178, 214-288 and 296.

there were not sufficient alternative mental health services. Thus, conditions and treatment methods remained highly problematic⁷².

5. Conclusions

This paper highlights the ambivalence of post-war psychiatric reform in Greece. We argue that the years between the end of the Greek Civil War (1949) and the fall of the dictatorship (1974), namely the time before the official beginning of reform at the late 1970s and early 1980s, were not a period of stagnancy. A number of plans were made, the hospital network was extended and modernised, and new services and legislation were introduced. In theory, these developments followed internationally accepted models of mental health care, mainly drawing from social psychiatry, but also from biological and dynamic psychiatry, and focused on swift and early treatment, community care, prevention and rehabilitation. However, in practice they lacked innovation and efficiency, and did not match either the expectations of experts or the needs of the population.

Indeed, the central problem of the attempted reforms between the late 1940s and early 1970s was the discrepancy between theory and implementation. A telling example is that of legislation reform of 1973-1974. In theory, this aimed to facilitate treatment by lessening the formalities of hospitalisation; but, as implemented by the dictatorship, it simultaneously increased the interference of justice and threatened the patients' rights. Equally telling is the case of institutional reform. Hospitals and colonies were meant to endorse modern treatments and practices of rehabilitation; in reality though, most of them resembled, or were, asylums. For economic reasons, newly found hospitals and colonies were even based on existing buildings of asylum-type institutions, mainly sanatoria. In old and new institutions, the staff remained insufficient, and living conditions and treatment problematic, in some cases scandalous, while overcrowding was a common issue, because of the inadequacy of alternative services.

The gap between intentions and outcomes exposes early reform initiatives as failed, and explains why they have been largely overlooked by present-day research. Contrariwise, we argue that they are worth examining. One the

72. Agoropoulos, n. 26; Filandrianos, n. 1, p. 85-87 and 95-113.

one hand, while some vanished, others were maintained within the official reform of the 1980s and 1990s (Law 1397/1983, European Regulation 815/84, Law 2071/1992 and the programme «Psychargos», designed in the late 1990s and still running). On the other hand, delays and failures throughout the process of mental health care reorganisation were extreme but not unique to Greece. Other countries undertook inconsistent policies too and faced similar obstacles. These perspectives bring out the significance of studying the early psychiatric reforms in Greece.

Our research reveals that mental health care reform was a complex process, and its pitfalls cannot be simply attributed to the fruitless encounter between progressive science and an indifferent state. Certainly, this is not a myth. In post-war Greece mental health care was not high enough on governmental agendas, and health experts and state authorities often understood in different ways the problems and needs of mental health care; for example, the former aspired both to increase and diversify services, while the latter mainly sought to increase them. In addition, while no open conflicts between professionals and state authorities are documented, it is undeniable that the state did not support the reforms enough to maintain and complete them, mainly because of their perceived cost and the fear that patient numbers would increase, if the mental health system became better and more accessible. Nevertheless, there were instances in which state officials were interested in reform, and cooperated willingly with reform-minded experts. Moreover, we must keep in mind that mental health professionals—even psychiatrists, not to mention newer professionals, such as psychologists and psychiatric social workers—had a weak professional and social status in Greece. Indeed, by striving to refashion the mental health system, they were also striving to strengthen their professional and social standing. Within this context they had trouble promoting transformations, especially when these were in conflict with prevailing ideologies and practices, supported by more powerful social agents, such as the legal professions and the Church. All this, along with the general absence of public interest in mental health issues, impeded reform as much as the lack of state support. Thus, the case of Greece clearly illustrates the dependency of mental health care systems on the economic, political, ideological and professional dynamics of their time, and demonstrates that no single explanatory model suffices to interpret the achievements and failures of reform policies. ■

