British Journal of Psychiatry (1995), **167** (suppl. 28), 78–79

Conclusions

JOHN TSIANTIS

The intervention carried out at the Leros PIKPA asylum with the assistance of European Community funds has proved beyond all doubt that financial resources, essential as they may be, are not in themselves sufficient to ensure the success of an effort to reform a custodial care structure. It might seem a unique opportunity for a country to receive financial support to improve its public mental health care system, especially during a period of economic recession, and one might have expected that, if the financial resources were sufficient, reform would be relatively easy. However, our experience has shown that this is not the case and that much time and effort are needed. Emphasis needs also to be placed on a number of factors that we have found to be of decisive importance.

In the case of Greece, the lack of funds has undoubtedly been a constraint. Little priority has been given to the development of programmes and structures for the community care of people with learning disabilities. These trends have been reinforced by the prevailing social attitudes towards learning disabled people which associate disability with a social stigma affecting the status of an entire family. The Greek concept of the self is intertwined with the status and identity of the family as an honourable unit. The mental handicap of a family member thus undermines, threatens and stigmatises its identity and structure. This leads to rejection and the removal and concealment of the suffering family member in asylum-type institutions such as the Leros PIKPA one, this being a solution tacitly encouraged and accepted by Greek society.

The exposure of the picture of the asylums in Greece internationally was, we believe, a lever that facilitated the process of change because it activated in the Greek community feelings of shame and guilt. We need to emphasise that deinstitutionalisation and rehabilitation cannot be achieved merely by improving the quality of life of the residents and developing new, community-based, care structures: another factor that has to be taken into consideration is the negative attitudes of the public in general, and especially of those in charge of public mental health and welfare policy, of professionals who work with people with learning disability, and of the disabled person's family.

The Leros PIKPA institution possessed all the characteristics of asylum custodial care practices and functions, appalling resident living conditions and no role differentiation among the poorly educated staff, who were also grossly insufficient in numbers. Institutions of this type are by no means unique to Greece.

The asylum characteristics of Leros PIKPA make the task of the intervention team both difficult and painful. We believe that such changes as have been achieved can be attributed primarily to the following factors.

(a) The fact that the intervention was multilevel and addressed both the Ministry officials, the administration of the asylum, the staff and the island population, as well as the residents. Our impression is that the publicity given to the intervention in Leros had a positive effect on Greek public opinion and increased support for such efforts.

(b) The characteristics, structure and functioning of the multidisciplinary intervention team, together with the objectives that it set. It was important that the intervention team was independent and did not operate under the administration of the institution. This allowed it to operate with relative independence, without being at risk of assimilation into the asylum process. On the other hand, this had the disadvantage that the team was not able to intervene directly in the decision-making mechanisms of the institution, an essential factor for the intervention. The team had to maintain a delicate balance in its attempt to deal with the overt and covert resistance of the administration and the staff, while at the same time keeping on good terms with the staff and attempting to raise their low self-esteem. The team also had to help the staff to see the need for improving residents' living conditions and for developing community care. The team further tried to help the staff of the institution to overcome their fear of losing their jobs. This fear was connected both with feelings of guilt for the poor care provided by them and with our clearly stated long-term objective to close down the asylum. One of the major problems with which the members of the intervention team had to cope was that of working in difficult conditions and of the very real risk of burn-out facing them. In order to deal with this, various incentives were planned and granted to the members of the team. In parallel, strategies were worked out to support their motivation, together with mechanisms to help them work through their

https://doi.org/10.1192/S0007125000298218 Published online by Cambridge University Press

emotions and explore the problems that emerged during the functioning of the team and which placed at risk the task that they had undertaken.

(c) The development of a demonstration project with two groups of residents: one with younger residents with severe disabilities in one of the four wards (ward C), and another with older residents with less severe disabilities from all the wards. This prevented the diffusion of the team's resources and potential, while ensuring that the selection of residents covered more or less the range of problems encountered at the asylum.

Our hypothesis was that – to some extent at least – the results of our work would be generalised. This hypothesis was confirmed, in that changes were observed in the staff's management practices and, more generally, in the atmosphere and ambience of all four wards of the institution. There is still a long way to go before major improvement can be said to have occurred at the Leros PIKPA asylum. While these lines are being written, a new phase of intervention has been implemented at Leros PIKPA asylum, and a reassessment of all aspects of the asylum will be carried out and compared with the ones presented in this supplement. We hope results will show that continuing and persistent effort can be fruitful.

One of the most important problems that we encountered in implementing the project was the strong resistance to change. Resistance was observed at all levels, from the administration to the inhabitants of the island. It was typically expressed in the form of allegedly insuperable bureaucratic obstacles to implementing the project and carrying out the remodelling of the buildings. Resistance to change had an adverse effect on the work of the untrained staff of the PIKPA asylum. It also took the form of a negative stance among the islanders, who on occasion expressed open hostility. Much of the resistance stemmed from the considerable extent to which the economy of the island depends on the two asylums. Strong financial interests have led to the formation of pressure groups from the island which influence local as well as central government and the administrative mechanisms. In many cases, the authorities submitted to this pressure, failing to push forward with the improvement of the residents' living conditions, the remodelling of the buildings, the eventual closing of the asylums, and effective measures towards the reform of the mental health care system. Among the factors that encouraged this resistance were the shortcomings of the mental health care system in Greece, which favoured the setting up of institutions. It is only in recent years that work has begun on the development of a comprehensive mental health care system. At times of crisis during the course of the intervention project, the committee of European Community experts had the difficult and delicate task of monitoring developments and was instrumental in ensuring that the project proceeded as planned.

We believe that our multilevel intervention, in conjunction with the careful design, systematic work and painstaking and continuous presence of a well trained and well motivated team, created the dynamics and built the momentum that gradually set in motion a series of processes that are beginning, slowly, to overcome resistance.

Apart from the resistance of the islanders of Leros, we have also had to deal with the reaction of the neighbours of the community home we set up in Athens to which 11 residents from the Leros PIKPA asylum have been transferred. This reaction was proof of a general problem of negative attitudes towards people with learning disabilities – once again, not a phenomenon unique to Greece. This further emphasises the need to develop and implement a systematic education programme for the promotion of the principles of community-based mental health care throughout Greece. It has been recognised that the development of new mental health care structures oriented towards the community and the gradual closing of asylums cannot proceed without taking the prevailing social atmosphere and attitudes into account. In order to develop community care it is necessary not only to provide the required services but also to change the attitude of the public towards people with learning disabilities.

John Tsiantis, Professor of Child Psychiatry, Medical School, University of Athens; Director, Department of Psychological Paediatrics, ''Aghia Sophia'' Children's Hospital, GR 11527 Athens, Greece

https://doi.org/10.1192/S0007125000298218 Published online by Cambridge University Press