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Forging partnerships for mental health: the case of a prefecture in crisis ravaged Greece

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Abstract

Public health and in particular mental health have been severely affected by the multitude of socioeconomic crises experienced by people in Greece. The severe austerity programmes, have reduced access to health services and increased demand for publically funded health care. This paper presents a case study focusing on the impact of these measures on the lives of mental health providers in one prefecture in Crete. Focus group methodology was applied and the data were analysed using thematic analysis. Analyses revealed three superordinate themes that converge at many levels and appear to be going counter to the circumstances: firstly, 'forging partnerships for mental health'; secondly, 'extending our reach'; and, thirdly 'transformations in professional identity through praxis'. These themes are discussed using the words of the participants and the relevant literature.

Key words: mental health services; service providers; community; economic crisis; Greece

Introduction

There is a growing body of research focusing on the impact of the socioeconomic crises that have engulfed Greece in the past three years on people's overall health. The country's problematic level of indebtedness and its distressed economy led to drastic healthcare restructuring and huge cuts in health care expenditures. There are a number of reports that conclude that unprecedented severity of the austerity policies have effected people's mental and physical health, limited their access to services, led to greater privatisation of health services and increased expenditures in copayments (Economou, Madianos, Theleritis, Peppou, & Stefanis 2011; Kondilis, et al., 2013; Polyzos, 2012; Zarvas, Tsiantou, Pavi, Mylona, & Koriopoulos, 2012). In other words, a "healthconomic crisis" (Williams & Maruthappu, 2013 p.7) is being documented. There is now empirical support indicating that the "healthconomic crisis" is characterised by the following: exponential increases in unemployment, suicidality (Economou, Madianos, Peppou, Patlelakis, & Stefanis, 2012) social exclusion, poverty, homelessness (Giannetou, 2012), increasing socioeconomic inequalities in the older populations (Tsimbos, 2009) and in childhood and adolescence (Anagnostopoulos & Soumaki, 2013), medication shortages (Karamanoli, 2012), violence (Ifanti, Argyriou, Kalofonou, & Kalofonos, in press) decreases in the use of prevention services and in self rated health by the elderly and other vulnerable populations (Zarvas et al., 2012) and increases in infectious diseases (Bonovas & Nikolopoulos, 2012; Paraskevis et al., 2011). As a consequence, people's health outcomes and well-being are being put at risk, and the most vulnerable populations are confronting challenges that are often rendered

insurmountable (Anagnostopoulos & Soumaki, 2013; Bonovas & Nikolopoulos, 2012; Kondilis, et al., 2013).

Many prominent researchers point out that a 'tragedy' (Karanikolos et al., 2013; Kentikelenis, et al., 2011) is in the making in Greece in that the country "has become an important test" (Kondilis, et al., 2013, p. e5), "a clinical trial" (Stuckler & Basu, 2013 p. 140) and "a failed experiment on the people" (McKee, Karanikolos, Belcher, & Stuckler, 2012, p. 346), an experiment where austerity, debt, and restrictive health access policies are the variables being manipulated by the 'Troika' and the Greek government. In summary, the argument made by the research cited above is that the economic crisis is strongly associated with a burgeoning health crisis and that most vulnerable populations are at greater risk. The rising probabilities for "social exclusion," "vulnerability," and "inequalities" and the surmounting challenges in maintaining social welfare, justice, and cohesion are also highlighted (Anagnostopoulos & Soumaki, 2013). Taken together, all these social issues attest to social-political and perhaps 'humanitarian' crises that have been in the making in Greece for many years now (Dalakoglou, 2013).

The social and 'humanitarian' crises are perhaps not new developments in Greece. Beginning in the 1980s psychiatric reforms were originally planned when the National System of Health Care (ESY) was established. It was not until 1990, however, when Greece suffered "serious embarrassment, when the distressing conditions at Leros Mental Hospital were exposed to national and international public scrutiny" (Karastergiou, Mastrogianni, Georgiadou, Kotrotisios & Mauratziotou, 2005, p. 198), that reform efforts such as the founding of community mental health centres, psychiatric units in general hospitals, community based residential facilities vocational rehabilitation programmes, and services for children and youth began to be put into place. In 1997, the 'Psychargos' programme was funded by the European Union and the Ministry of Health and Social Solidarity and money became available for the provision a range of services in community settings for those who had been placed back into communities after the closing down of the asylums (Loukidou, et al., 2013). Moreover, Law 2716 of 1999 put into place "the basic principles of mental health practice in Greece, identified the 'units of mental health' and introduced the concept of 'social cooperative units', "which would, hopefully, provide people with mental illness the opportunity to work and ideally live on this work" (Christodoulou , Ploumpidis, Christodoulou, & Anagnostopoulos, 2012, p. 302). The question remained as to whether sufficient resources from the Ministry of Health, needed to sustain the gains made, would be available for the initiatives that were taking place. Just when the reforms were beginning to be more fully implemented the economic crisis took hold.

Psychiatric reforms and modernization were not the only changes taking place in Greece in the past 30 years. Dalakoglou (2013) describes how immigration in a system lacking in readiness for it and the concomitant economic 'growth', urban development and 'modernisation' created a context that was rife for exploitation of workers, especially migrants. The neo-liberal economic policies and values came with 'modernization' and 'growth and development' initiatives which 'earned' Greece a spot in the European Monetary Union and a bid to host the Olympic Games. Migrant workers were, at that time, a part of the development engine. When the economic crisis began to unfold rapidly and intensely, the attacks on migrants, the accelerated

rise of the far-Right wing parties, the political violence, the rising tide of homelessness, unemployment and precariousness, and the increase in poverty led into a more generalized social crisis, that NGOs, the international media and the United Nations High Commissioner for Refugees have used the term "humanitarian crisis" (Dalakoglou, 2013, p. 35) to describe.

The many-fold crises and the lack of preparedness is evidenced by: the state of flux of the National Health System (ESY); lack of prevention and mental health promotion and awareness programmes; incomplete psychiatric reforms and patchy professional development programmes (Christodulou, et al, 2012); and the absence of culturally specific epidemiological programme evaluation, and evidence -based research with regard to intervention and prevention (Karastergiou et al., 2005; Christodoulou, et al., 2012). This state of unpreparedness with regard to research and evidence-based intervention strategies is more apparent in the field of psychology and psychotherapy. Potamianos argues (2003) that the emergence of psychology and psychotherapy is more recent than psychiatry in Greece. Hence, alternatives to pharmacotherapies were slower in developing. Moreover, psychology was equated with individual psychotherapy becoming a-political, focused on the individual, and a-social. He concludes that psychology is in an 'adolescent' stage of development in Greece and perhaps it was 'obliged' to learn to run before it learned to walk. It has also been popularized by the mass media and developed by people who were educated and trained in other contexts (who, evidently, did not re-contextualize their practices, research, and teaching).

The crises in Greece are many, have impacted the most vulnerable populations (elderly, children and adolescents, migrants, unemployed, lower income earners, and people confronting mental health and disability challenges) and have brought about political, social, economic, ethical, and psychic dysphoria. The social welfare systems in Greece were not well-prepared to prevent or quickly intervene so that the mental health, social and humanitarian ramifications of the crises would be alleviated. Given that there is a dearth of psychological research, it is an ethical obligation to document what are the effects of these crises on mental health services, practice, and the lives of the service users. The focus of this paper is to present research investigating how the 'crises' described above have impacted the work and lives of mental health professionals working in one prefecture in Crete.

Method

Methodology

The present study focuses on the Greek current economic crisis and its impact on the mental health services provided within one prefecture. The idiographic nature of this project requires a detailed analysis of the specific context, the services provided, the use of services and the subjective accounts of service providers on how the crises have affected their work and lives. Therefore, a case study research design has been implemented.

Participants

Participants were recruited from the service providers at the General Hospital and the Mental Health Centre of the prefecture. They were contacted and informed about the project by the first researcher via phone and in person. All of the staff at both agencies agreed to participate (3 psychiatrists, 3 psychologists, 3 social workers and 1 psychiatric nurse).

Contexts and services provided in the prefecture

The Psychiatric Clinic at the General Hospital opened in January of 2009. The inpatient clinic is a 10 bed acute care facility for adults. Staffs include two psychiatrists, one psychologist, two social workers and one psychiatric nurse. Staffs admit patients with the aim of stabilising them and limiting their stay as much as possible. Some patients are discharged to their homes and families and others are transferred to the hospital 'hospice' where they are prepared to transition back home. Within this hospital a 3-day a week outpatient clinic is operated by the same providers. Services are also administered to "chronic psychiatric patients" in the "Psychargos Program" who were de-institutionalized in 2006 when the Psychiatric Hospital of Chania was closed down as part of "the Psychiatric Reform Movement". In collaboration with the Mental Health Centre, staff organized a "Social Cooperative Unit" with the aim of setting up work units so that people with mental illness can work and lead more productive lives within the community, a mobile "Mental Health Unit" to provide services to people living in villages and an alcohol and drug abuse intervention network.

The Mental Health Centre officially opened in 2007. It is staffed by one psychiatrist, two psychologists and one social worker. The services have a community-wide intervention focus. The community outreach services are supervised by staff and run by community volunteers and include: a family support group; self-help groups; publication of the periodical: "I hear voices"; production of the radio program: "Life is a form of craziness"; a work cooperative; and a community therapeutic theatre initiative.

Data collection

Data was collected by conducting two focus groups and one individual interview. The questions were based on three axes: the impact, if any, of the economic crisis on the participants work, the differentiations in the presenting issues of the service users as observed by the professionals over the three years, and their subjective experiences as mental health professionals in their provision of services during a period of constant reform. The focus group discussions and interview lasted from one-and-a-half hours to two hours. They were audio taped, transcribed verbatim, translated into English and analysed.

Data analysis

Thematic analysis as described by Braun and Clarke (2006) was relied upon in organizing the data set into recurrent themes reflecting the voices, experiences and realities of the participants. The transcripts were read and re-read by the researchers and coded by hand into meaningful patterns of semantic content using inductive procedures.

Ethical considerations

Informed consent was obtained from all participants. The research protocol was approved by the Ethical Review Board of the Department of Psychology, University of Crete.

Outcomes

The analyses of the transcripts revealed three superordinate themes that converge at many levels and appear to be going counter to the circumstances: 'forging partnerships for mental health'; 'extending our reach'; and 'transformations in professional identity through praxis'. These themes are further elaborated upon below using the words of the participants.

Forging partnerships for mental health

The two settings that compose the present case study are newly established. Their presence marks the psychiatric reform process that had been taking place in Greece. They have not been adequately staffed and are not considered fully formed services. For example, there are no services for children, adolescents and families. The crisis imposed new challenges since hiring ceased while needs increased. Waiting lists expanded and the time devoted to each patient has been shortened.

Psychiatrist, (15.00): "It has increased (the caseload) – we see also see that in the outpatient clinic. The waiting list has extended from ten days to two months. It has to do with the ESY changes and private practitioners that don't exist anymore. People cannot pay private practitioners any more….as a result everybody comes to the hospital. There has been a huge increase."

Psychologist, (30.50): "The sense I have....is that there has been a great increase in numbers… With our waiting list, both for psychiatrists and psychologists, we have the sense that there is no end. I am constantly nagged inside…that there are people waiting for you and this is an ethical dilemma and pressure…How fast must I work? Can one work fast as a therapist?"

Local mental health services suffer the social components of the crises, confronting the impact of fiscal constraints and cuts in social security and social welfare in their everyday practice. Both the providers and the service users are now in a precarious situation. There are major amendments to lists of medications that can be prescribed as well as larger co-payments. Psychiatrists explore the patients' choices on the basis of availability and financial capacity in order to prescribe medication many times at the expense of efficacy of the medication.

Psychiatrist, (30.05): "I am now looking not for the first-choice medication but for the second-choice medication which must be as good but it has to be cheaper and be on the list…Wasting time to abide by the impossible new rules."

Social worker, (30.10): "This brings us great frustration. Welfare benefits are significantly less. Another big issue for us is social exclusion of our psychiatric population. We don't know where this is going. For me, when the big rapid changes started I thought people are going to live on the streets. It seems that there is no end to the demise and it also seems to be an organized undertaking."

The mental health professionals describe mounting problems in the social welfare system in the past three 'crisis' years. The establishment of more effective links between programmes and professionals from different disciplines and with the community were essential in order to more effectively implement holistic and integrated programming. They had to advocate for social justice and broaden their focus from the individual to the group and to the community at large. The practitioners describe a social-humanitarian crisis which has a great impact on families who had traditionally taken on the burden of care. As a result, patients need greater care which individualised services were and are hard pressed to provide.

Psychiatrist, (13.20): "Our work is now community based…far beyond the prescribing medications and conducting psychotherapy sessions.…We had to become advocates...people need to know that they have a right to mental health and that they can address their needs in publically funded settings, community settings. Each year that we are here we see the ice breaking slowly…we have a long way to go."

Social Worker, (25.45): "Organizing outreach activities, collaborating with other team members… and liaison with organizations such as the Red Cross, and welfare programs such as 'Help at home.' We had to network."

Psychiatric Nurse, (25:50): "All this comes at a huge cost for us though, too much work."

Psychiatrist, (25:52): "We had to draw from our own blood to do all this."

The above constituents of the national crises have created a number of changes in the provision of mental health services locally in an effort to both accommodate the needs of the service users and to fulfil the psychiatric reform agenda even though funding for it is no longer available. Outreach and community activities have increased and the services have moved away from pharmacological and psychotherapeutic interventions, towards community empowerment and capacity building practices such as self-help groups, networks, coalitions and cooperatives. Furthermore, professionals tend to work in teams now and collaboratively, whereas before they were more lone service providers treating individual patients. Without adequate staffing and feeling overburdened they admit that the extended community outreach services are necessary if they are to respond to the injustice they and their clients have been experiencing.

Extending our reach

The 10 mental health professionals described a milieu where the social, economic and political crises encompassed the lives of everybody in the community, and hence, their reach was extended to 'chronic' and 'new service users' and the entire community. As one Social Worker stated, everyone's life has been "violated" and "we are all challenged to adapt to never-ending measures."

Chronic service users

The participants highlighted the fact that people confronting mental health challenges are a "weak" and vulnerable population with no political or social force that could ensure them a sense of security and care. Their social welfare benefits and health provisions were reduced or even cut down completely with the advent of austerity. Most of the existing service users were unable to understand the rapid and ongoing changes and amendments to the policies regarding services. They were left feeling more vulnerable and at risk.

Psychiatrist, (46.03): "Our patients work these stressors into their delusional thoughts; they talk about catastrophes, impending calamities and devastation, not so much only personal but for the country, the nation."

Social Worker, (46.09): "There was a couple of months last year when all our patients were supposed to be re-evaluated in order to continue getting their disability pensions, it was chaos for all of us …our patients who just could not grasp what was going on."

Psychiatrist, (35.20): "The people who have mental health needs are not a large politically active force so they do not defend, vindicate themselves, and voice and demand that their needs be met, as they are not a large mess of voters and have not had a voice. It is not only the government however, in that traditionally it was and still continues to be to some extent, part of the cultural belief system that people who confront such psychic difficulties belong in psychiatric hospitals..(pause) perhaps that they should be locked up there for life. To override these beliefs and 'common logic' is difficult; this is what we are confronting.

Support for the chronic service users was expanded from pharmacotherapy and psychotherapy to advocating for their rights and stigma reduction. Community outreach interventions such as "The Family Support Group", the radio program, community theatre and the publication of "Hearing voices" play an integral role.

New service users

The changes in the National Health System did not only affect the people facing chronic mental health problems. They also posed challenges for those who had been receiving services from private practice providers, psychiatrists and psychologists. A new wave of service users inundated the two facilities. More young people and men now tend to seek mental health care. Young people seem to agonise about their future, unemployment and the uncertainty they face. Moreover, "new types of psychic

malaise seem to be emerging such as adaptation and maladjustment disturbances" (Psychiatrist, 35.09), that the hopelessness and paralyzing insecurity bring forth.

Psychiatrist, (37.00): "Younger people come for help, they are in the productive years of life and productivity has been compromised, some are unemployed, many underemployed, and many feeling insecure and precarious they fear losing their jobs."

Psychiatrist, (52.24): "(New service users) are saying clearly that they feel betrayed...The political system for them is not trustworthy, it is disputable, plotting and scheming and full of hypocrisy. The system of reciprocity between citizens and politicians is now defunct and people feel numb, like their lives are placed on hold. They are frightened, scared and immobilized by all this. ... People had some stability in their lives; they had planned their lives in accordance with the stable things that were there for them....They are grounded in quicksand now, and they do not know who to turn to or trust. This is particularly so for youth. Psychically, there is a fear, mixed with fury, and wrath. This is a horrible amalgam of feelings it can bring about either violence against the self or violence towards others."

Professionals have been documenting more anxiety in younger people, anger, resentment, fear and betrayal. None of the participants mentioned an increase in suicide rates in their patient caseload. They explained that suicides that have occurred since the advent of the crises seem not to be so inexorably linked to existing psychopathology but appear to be outcomes of the stressors people face in their everyday lives and their difficulties in coping to constant turmoil.

Serving the community

The participants mentioned that service users and non-users talk about unfairness, not knowing whom and what to believe, and a growing sense of malaise. People are hard pressed to constantly adapt to new systems of care, the politically volatile system and the imposed austerity policies. This has created a new pressing concern for the providers that of developing a knowledge base as to how this social situation impinges on people's lives.

Psychiatrist, (20.11): "I have been reflecting a lot about diagnosis and case formulation…things have come up that the textbooks do not cover. For example suicides that are not linked in any diagnosable way to psychopathology. There has been an increase in suicidal ideation, attempts, and completed suicides. All these not amongst the people we have been seeing here. Suicide has some particularities in this culture. It is linked to pride which is a crucial component of one's psychic and relational world in this culture. These crises have negatively affected and impinged upon people's pride… pride is tied to people's social roles and persona, many people have had to confront and deal with the fact that they are not what other people perceived them to be. For example, change in social positioning from the father who made a comfortable living and brought home money for his family, the reveller, merrymaker in his social group, the successful businessman to the man who could not sustain such social roles and standing. This is a change in identity."

At this juncture these professionals attribute this despondency to the sense of injustice, betrayal by the ruling elite, pessimism and insecurity that appear to have permeated the psychic of the people in Greece. They would like to conduct research that can aid in comprehending the phenomenon and in intervening to prevent it.

Transformations in Professional identity through praxis

Professionals have tried to adapt to the new work environment, endure the uncertainty and insecurity, the daunting numbers of clients and expanding waiting lists and the significant reductions in their salaries. They have collectively decided not to reduce the quality of the services they offer, to expand the anti-stigma and community involvement components of their work and to establish work cooperatives for their clients. They explain that it is an 'ethical imperative' for them to keep doing their best, to help their clients become involved and politically active. Professionals confront issues in their everyday practice that are similar to their problems: financial difficulties, social injustice, insecurity and threat to dignity. Moreover, they seem to identify with their patients, feeling that they are on the "same boat."

Psychologist, (41.32): "We have the sense we don't know what to do…Many times I feel I have to deal with things in therapy that I myself feel and this is hard. I have someone who expresses despair, anger, hopelessness, and insecurity for this situation and, at the same time, I experience these things. It is a challenge."

Psychiatrist, (1.10): "Society has all this instability to drive you crazy even when you are OK. We are trying to act as support-back-up."

Psychiatrist, (28.10): "On a personal level there is exhaustion. Either you call it burn out or professional exhaustion. I say that it has special characteristics. You experience the unfairness. On the other hand there is....a professional ethical consciousness that commits you to overcome yourself and continue to do things for the people you work with ....who are in a state of despair."

This situation puts practitioners in a position to reflect on social, political and practice issues. They try to contextualise the developments and incorporate them into the philosophical underpinnings of their interventions. Contemplations regarding professional conscientiousness, political injustice, "betrayal" and the effects of these on people, help them critically reflect on their work, the humanitarian values they embrace, and hence, their identities.

Psychiatrist, (53.20): "We work as a team and reflect as a team, we problematise on the social, political, and economic situation and how it is impacting our lives and our work. We need to turn to what is happening around us and make a conscious movement and answer the question: "Who am I? " and not "What do I have?…this is the creative part of the crisis."

Psychologist, (57.01): “I want to convey and bequeath to others that we had been searching for the wrong meaning, we have to reconsider our ethics and values to do this.”

Psychiatrist, (59.25): “We are now moving from logos to praxis. Now we are moving from narratives, logic, talking to doing...The seasons for ideologies are over, praxis is essential, it implies movement and vitality. Collectives, networks, cooperatives and community theatre or psychodrama are based in praxis.”

Psychiatrist, (60.10): “More interdisciplinary collaborations, developing shared trust and values, sensitivity to diversity…….changes in identity….what you are is because others reflect it upon you, what others mirror about you, what the culture thinks is important.”

The participants outlined the very complicated interplay of how economic policies impacted mental health services and their lives. They indicate that hierarchies are beginning to shift in their community in that everybody is affected by the relentless and devastating outcomes arising from the financial crisis. They note that the community’s collective psychic has been pervaded by injustice, pessimism and a sense of violation. This has led to mutual compassion and these professionals try to find ways to deepen respect, acknowledgement, and belonging within the community. The crises have precipitated changes in how mental health professionals do their work and how they perceive themselves and their roles. As it is outlined above they had to work differently and contemplate a series of issues involved in service provision and case formulation. They seem to be swiftly departing from the ‘mainstream’ way of thinking about mental health services and embracing a more social-holistic and community-wide perspective. Whilst, in the process of adapting their praxis to the constantly shifting and challenging circumstances they appear to be negotiating a community focused professional identity.

Discussion

The mental health professionals were most eager to participate in the research and articulated a story of how the crises have impacted their work, their relationships with their clients, and their personal and professional development. They described a milieu where the social, economic and political crises surround and encompass their and their clients’ lives. There words echo the literature in public health that predicts how austerity measures and policies jeopardize services and peoples’ health (Annas, 2013; Kondilis et al.,2013; Zavras et al., 2012) and how, indeed, the austerity measures are “a failed experiment on the people” (McKee, et al., 2012, p. 346).

The mental health service providers focused on the social, psychological and humanitarian aspects in describing the problems they encounter and talked about the different levels of vulnerability in the populations they serve (Giotakos, 2010; Zarvas et al., 2012). They also explained that it was incumbent on mental health professionals to pave the way from vulnerability, stigma and inequality to community engagement. According to the service providers, their attempts to forge partnerships with the community helped them develop holistic and viable interventions aiming at bridging services and linking people and concomitantly debunking long-standing and

malignant power structures. Such alignments are ultimately aimed toward achieving social justice and emancipation (Murray & Poland, 2006). These types of interventions have been found to mitigate mental health risks (Wahlbeck & McDaid, 2012) and to be more cost effective (Milionis, 2013). In this fashion, social capital within the community grows (Murray & Poland, 2006) and the despondency and morbidity that such turmoil can cause is addressed.

In conjunction to developing new forms of intervention, the mental health professionals began to evolve professionally and to cultivate new ways of being with each other, with their clients, with the community, and within themselves. They have changed their praxis and become more critical in their outlook and this has led them to new ways of working and seeing themselves. Their approach to service-provision evolved into a community-based and resilience-enhancing praxis, offering structure, stability, support and bolstering community cohesion. This appears to have had a formative impact in their professional development, shaped their professional identities and sensitized them to the needs of the populations they serve. In essence, in the wake of crises, "betrayal," insecurity, and mounting instability they found ways to surpass themselves, be more accountable, formulate problems in therapy using the context as foreground, and embracing the challenges.

Using suicide as an example, they explain that from their assessments suicidality has increased in their community, not among the people facing chronic mental health challenges but in people who never sought mental health help. They explain that in their catchment area suicide rates were the highest in the nation for the psychiatric population (Giotakos, Tsouvelas, & Kontaxakis, 2012) until about 2009 when mental health services were founded. They see this effect of the crises as a challenge and an ethical dilemma. They are thinking about how they can create and integrate a screening component at the primary care level of services so that persons who are at greater risk for suicide but have never come into contact with the mental health system can be reached. This is in line with the recommendations made by Economou et al. (2012) who have documented the increasing suicidality in Greece. These thoughts, planning and interventions are in a very early stage of development, as the professionals stated themselves, and their outreach activities are new and not evaluated.

Notwithstanding, these service providers are developing a wider systems perspective—individual-family-community-services-policies-sociopolitical context. The 'individualistic' approaches they had been using in conducting therapy have changed to include group, family and community interventions. The community theatre and psychodrama interventions appear to be more 'indigenous' forms of therapy that as one psychiatrist described are 'experience and praxis' based and 'not narrative' in nature. These interventions are art based and coincide with the community health psychology programming recommended by Murray and Crummett (2010).

In summary, the mental health professionals in this case study appear to be moving away from the de-contextualized and individualistic perspectives that have dominated the research and training agendas of mental health professionals in Greece (Dafermos, Marvakis, & Triliva, 2006; Potamianos, 2003). It is important to note, however, that this is a small and localised case study that has certain limitations with regard to

generalization and to fully capturing all of the complicated and confounding variables that need to be taken into account in assessing the impact of these crises in services, service users and service providers. Nevertheless, it is, a tiny step towards breaking the silence regarding the austerity realities in the Psychological literature emanating from Greece. Empirical evidence is necessary to guide programming initiatives, mental health professional training practices, and to conduct research that is ethical and context relevant. This places the impetus on researchers in the field of Psychology to study and to develop a psychological knowledge base through apposite and applicative research and practice initiatives that are befitting and address the needs and exigencies of the current social situation regarding health and well-being in Greece.

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