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Pathways to social integration for people with mental health problems: the establishment of social co-operatives

Comment Paper,
Mental Health Europe /
Santé Mentale Europe



on behalf of



European Commission
DG Employment, Social Affairs
and Equal Opportunities





Mental Health Europe would like to congratulate Erwin Seyfried and Dimitris Ziomas for the interesting Discussion Paper they produced.

We would however like to offer a few comments.

General comments

We are missing the “historical” reference to the dramatic living situation of people with mental health problems in Greece in the 1980’s (the Leros period!). It is important to see where this “human rights-based” integration approach started.

Supported employment in the form of cooperatives were one of the bigger range of activities of the Greek Mental Health Programme, providing also community care, treatment in general hospitals and day centres, housing, training of staff and users, etc.

Social co-operatives have been set up in several countries (Italy, Spain, ...).

Mental Health Europe is specially concerned with the situation in the new EU Member States where the mental health structures are still very far behind the rest of the European countries and where as well the countries priorities, policies and funding are not oriented towards people with mental health problems who are at risk of even greater discrimination and exclusion. Situations like Leros can still be found in nearly all the new Member States.

For Mental Health Europe it is important to insist (as the discussion paper is doing):

- on the fact that in the majority of countries, the NAPs Inclusion make no reference to people with mental health problems
- that more efforts should be made to provide more support to long-term developments and programmes (through EU funded projects support to make an analysis of the situation is possible, but after that no long-term support is available).

Mental Health Europe wishes to inform the participants of the meeting that a new EU funded project on “Good Practices for combating social exclusion of



people with mental health problems” is starting now. MHE will be happy to share the outcomes of this project and to collaborate in the further integration of people with mental health problems in Europe.

Specific comments

1) In Greece, it is generally agreed that the law 2716/1999 concerning the development and modernisation of mental health services was good, aiming at solving problems of the traditional psychiatry.

Article 12 concerns the creation and functioning of the social cooperatives (Koispe).

Full translation of this article should be given so that the peer country can understand what is relevant and what not for their reality.

Nevertheless, the points that can be of interest could be:

- Koispe have independent legal and tax status
- They are private legal units with limited responsibility for their members
- They have tax exemptions
- They create work units based on the economic needs of the community in which they are functioning with the equal participation of people suffering from psychosocial problems (35%), mental health professionals (45%), unemployed people, municipalities, other disadvantaged (20%)
- They belong to the social economy philosophy and culture
- They operate under the CEFEC definition of social firms-social cooperatives that most countries have adopted.

There are elements of article 12 that could be transferred to each country; they could benefit from the Greek experience.

Questions:

- the establishment of one social cooperative for every catchment area makes it inflexible, ambitious and difficult to run. It needs managers with a good knowledge of the economy of the third sector, good knowledge of financial and managerial issues, and enough experience on the needs of people with mental health problems. How is it going to work?



- How will each peer country overcome their bureaucratic procedures?
 - It needs a good business plan and marketing to overcome the attitude and prejudices of society
 - What will be the support or consultative body?
 - Koispe are depending on the mental health professionals and psychiatric institutions. How are they going to bring in new attitudes, new ideas, new approaches with a staff that has worked in psychiatric asylums?
- 2) The document “Case illustrations of Greek social cooperatives” is an impressive account of the developments in accord with the Psychargos programme of reform. It is to be hoped that other centres in other parts of Greece (Katerini, Patras, Pripolis) will show the same developments of their community based resources for people with mental health problems.
 - 3) One other matter is the misuse of the term “mental health professionals”. It would give a better picture of the situation if that term was confined to persons in employments such as doctors, nurses, psychologists or social workers, and reserve another terminology for paid or volunteer helpers, technicians or the like. It is not appropriate to have the total of employees under the rubric of mental health professionals; it distorts the picture of the enterprises and their purpose.
 - 4) The statement about social firms and cooperatives being successful in Southern Europe is contentious. Italy is the only Southern European country in which they are successful as yet. The next largest concentrations are in Germany, UK and Finland, in that order.
 - 5) The closure of the hospitals is welcome, but will not alter the fact that for many of the inhabitants, Leros, Chios and Corfu are their permanent homes and the cooperatives if successful are an excellent – perhaps the only possible – vehicle to help them integrate economically as full participative citizens.