

# The State of Mental Health in Greece compared with Europe: A Reflective View of the Completion of Psychiatric Reform

Korakidi Iliada<sup>1</sup>, Apostolakis Ioannis<sup>2</sup>, Sarafis Pavlos<sup>3</sup>

<sup>1</sup> Hellenic Open University, School of Social Sciences

<sup>2</sup> Hellenic Open University, School of Social Sciences / National and Kapodistrian University of Athens, School of Medicine

<sup>3</sup> Hellenic Open University, School of Social Sciences / University of Thessaly, Department of Nursing

## ABSTRACT

Mental health constitutes a fundamental social good and an inalienable human right. Its status is systematically evaluated through specific public health indicators that reflect both the prevalence of mental disorders and the adequacy of mental health services. Globally, approximately one in eight individuals experiences mental health problems, while in Greece the corresponding prevalence in 2019 approached one in five people. Both the World Health Organization and the European Union consistently emphasize every individual's right to accessible, high-quality mental health care, encompassing prevention, treatment, rehabilitation, and social reintegration. Mental health is not solely a concern for mental health service users, but also for healthcare professionals, policymakers, and society as a whole. A comparative review of Greece's mental health indicators against those of other European countries over the past decade provides important insights into the impact of the economic crisis, the COVID-19 pandemic, and the current post-pandemic period on the mental health landscape in Greece. These findings underscore the urgent need for systematic epidemiological monitoring of mental health and for the completion of psychiatric reform in the country. During the years of economic crisis, Greece experienced a significant increase in the prevalence of mental disorders, particularly depression, while the pandemic period further intensified unmet mental health needs and exposed persistent structural weaknesses within the system. Over the past 25 years, Greece has undergone an ongoing process of mental health reform that has led to substantial changes, primarily focusing on deinstitutionalization and the transition toward community-based care. Despite important progress, however, the reform process has not fully achieved its objectives due to economic constraints, structural deficiencies, and unforeseen social and public health challenges. Within this context, Law 5129/2024, which aims to complete psychiatric reform in Greece, is expected to establish a new administrative framework for mental health service provision, address long-standing deficiencies, and facilitate the transition to a more integrated, holistic, community-oriented, and effectively organized mental healthcare model.

**Keywords:** Health indicators, mental health, Law 5129/2024, psychiatric reform

**Corresponding Author:** Iliada Korakidi

**email:** [ikorakidi@gmail.com](mailto:ikorakidi@gmail.com)

**Submitted date:** 14/02/2025

**Accepted date:** 23/07/2025

Citation: Korakidi I., Apostolakis I., Sarafis P. (2026). The State of Mental Health in Greece compared with Europe: A Reflective View of the Completion of Psychiatric Reform. *Hellenic Journal of Nursing Science* 19(1): 46-51, <https://doi.org/10.24283/hjns.202616>

## INTRODUCTION

The precise conceptual definition of health has long concerned both researchers and those working in the broader field of health. Over time, various models have been developed to describe the term/concept of health, with the most prevalent being the one formulated by the World Health Organization (WHO) in 1947, which defines health as «a state of complete physical, mental, and social well-being and not merely the absence of disease or disability» (Lachana 2020).

Based on the WHO model of health, mental health is one of the three pillars of health and is an integral and important component of the concept of health. By extension, mental health differs from the mere absence of mental illness or disability. According to the WHO, mental health conceptually reflects a state of well-being in which individuals recognize their abilities, can cope effectively with the normal stresses of daily life, can be productive in work or learning, and are able to contribute to and belong to their community. Mental health is a fundamental condition for people's collective and individual capacity to think, feel, interact with others, be economically independent, and enjoy life (WHO 2022). The definition of mental health also includes every person's right to the highest attainable level of mental health and, by extension, the right to prevention, treatment, and integration into the community.

As stated on World Mental Health Day in 2023, mental health is a core and universal human right. This includes the right to protection from risks to mental health, the right to high-quality treatment, and the right to freedom, independence, and inclusion in the community (WHO 2023). In 2024, special emphasis on World Mental Health Day was placed on work. Given that 60% of the world's population works, there is an urgent need for measures and actions that will both limit mental health risks and protect and support mental health at work (WHO 2024a).

As European Commission President Ursula von der Leyen emphasized in 2022, the Commission is committed to promoting mental health in the Member States, with emphasis on prevention, education, mental health awareness, improved access to health services, combating social stigma, supporting young people, and promoting mental health among vulnerable population groups (European Commission 2022).

Health indicators are units for measuring and recording various aspects of the health of a specific population during a specific period of time. They are classified as positive health indicators, negative health indicators, indicators of sanitary conditions, indicators of administrative activities and health services, and socio-demographic indicators (Varaklioti 2020).

This article provides an extensive description of the health indicators through which mental health can be assessed. It then presents the situation in Greece with regard to mental health indicators over the last decade,

in comparison with other European countries. Finally, it offers a descriptive and critical overview of the content of Law 5129/2024 (Hellenic Republic 2024).

## MENTAL HEALTH INDICATORS

As with health in general, mental health is measured and recorded over time and across countries with the help of specific mental health indicators. According to Sergentanis (2020):

1. Subjective indicators of positive health, such as self-reported well-being and quality of life.

2. Prevalence, a negative health indicator, describes the number of people who are ill in general or with a specific disease (e.g., a specific mental illness) at a specific point in time or during a specific period, divided by the total population at the same point in time (point prevalence) or during the same period (period prevalence). For example, the prevalence of depression on 10.10.2022 (self-reported or recorded) in Greece = the number of patients who suffer from or report depression on 10.10.2022 / the total population of the country on 10.10.2022 - point prevalence.

Prevalence is also calculated as the product of the incidence rate (described below) and the average duration of the disease.

3. Incidence rate, a negative health indicator, is a measure of the rate at which new cases occur. The incidence rate (IR) equals the quotient of new cases of a disease during a specific period divided by the total person-time of follow-up. For clarification, person-time of follow-up is the product of the number of people followed and the number of years.

4. Cumulative incidence equals the quotient of new cases of a disease during a specific period, with the denominator being the number of people followed.

5. Mortality, a negative health indicator, describes the number of deaths per 1,000 inhabitants, both overall and by disease. It is distinguished into: - crude mortality rate (annual), which equals the quotient of deaths in a given year, regardless of cause, divided by the mid-year population in that year; and - cause-specific mortality rate (annual), calculated as the quotient of deaths from a specific cause in a given year divided by the mid-year population in that year.

Mortality is also the product of the incidence rate and case fatality.

6. Case-fatality rate is the quotient of the number of deaths from a disease divided by the number of people suffering from that disease.

7. Disability/disability prevalence, for example among individuals with impaired mental health.

8. Administrative and economic indicators, such as: - per capita health expenditure; - health expenditure as a percentage of GDP; - number of hospital beds (psychiatric beds) per 100,000 inhabitants; - number of physicians/nurses specialized in mental health, or with knowledge

of mental health (general practitioners), per 100,000 inhabitants; - use/consumption of medicines/psychotropic medicines; - insurance coverage; - days of hospitalization; - outpatients; - average disposable income per household; - unemployment rate.

## MENTAL HEALTH IN GREECE AND EUROPE OVER A DECADE

According to WHO data, it is estimated that one in eight people worldwide experiences mental health problems (WHO 2022).

Regarding mental health and its specific aspects in Greece compared with Europe, it is useful to distinguish two periods: (a) the period of the economic crisis in Greece (2010-2020) and (b) the period of the pandemic (2020-2023).

At a broad glance over the decade 2010-2020, the main mental disorders among the Greek population during the economic recession were depression and anxiety disorders, accompanied by a more general increase in mental disorders.

According to OECD data (European Observatory on Health Systems and Policies 2023), in Greece in 2019, in the aftermath of the economic crisis and at the threshold of the pandemic (then still unknown), almost one in five Greeks - 19% of the population - experienced mental health problems, the third highest percentage in Europe. The most common mental disorders were depression (7%), anxiety disorders, and disorders arising from drug or alcohol dependence. The European average stood at 17%.

During the later period of the pandemic, risks for mental illness increased rapidly, and 25% of unmet needs in the field of health concerned mental health (OECD 2023).

There is a failure of early and timely diagnosis of mental illness and, by extension, of timely treatment. Evidence indicates that 50% of people with mental illness in European countries remain without diagnosis and treatment at the level of primary health care (Souliotis et al. 2017). The pandemic period began in 2020, with repeated stay-at-home restrictions and increased mental health needs among the population. The prevalence of depression among university students in Greece during quarantine periods is estimated at 12.43% (Patsali et al. 2020).

According to the EHIS-3 survey, during the period 2018-2020, the point prevalence of clinically relevant depressive symptoms in Europe was 6.54%. There was a range of prevalence across countries, with Greece at 1.85% (the lowest among the countries examined) and Sweden at 10.72% (the highest percentage). Differences were observed between men and women, with women having higher prevalence (7.78% versus 5.16% for men). Between the periods 2013-2015 (EHIS-2) and 2018-2020 (EHIS-3), the prevalence of depressive symptoms increased by 1.11 percentage points. Older citizens, citizens with low income,

chronic conditions, and low educational level were more vulnerable (Arias-de la Torre et al. 2023).

The consumption of antidepressant medicines, measured as daily doses per 1,000 people at two time points, 2010 and 2020, varies across European countries. During the decade, all countries except Denmark recorded an increase in daily antidepressant consumption. Conclusions also emerge from comparing the various countries of Europe with one another. In brief, Greece showed a notable increase in antidepressant consumption in 2020 compared with 2010 and occupied an intermediate position in relation to other European countries (Euronews 2023).

The prevalence of mental disorders in various European countries from 2010 to 2022 also shows considerable variation. It is worth noting that sufficient data are not available for all years and all countries. Broadly speaking, the wider European area shows stability in the prevalence of mental illnesses during the decade 2010-2019 and a mild upward trend during the pandemic period 2020-2023. In Greece, a very low prevalence rate is recorded up to 2017 compared with European countries, while after 2017 no data are available (WHO 2024b).

## PSYCHIATRIC REFORM

### Historical overview

The provision of psychiatric care in Greece has passed through many different stages. Broadly, three periods can be distinguished (Madianos 2019): (a) the period of institutionalization, up to 1983; (b) the transitional period, 1984-1998; and (c) the reform period, from 1999 to the present.

Regarding the most recent reform period, four (4) time intervals can be distinguished (Madianos 2019; Anargyros et al. 2021):

- 1999-2001: through the Psychargos I programme, deinstitutionalization was achieved, and the first transition of mental health services to the community took place.
- 2001-2010: through the Psychargos II programme, deinstitutionalization continued, resulting in the reduction of public psychiatric hospitals by five.
- 2011-2020: Psychargos III / period of the economic crisis and pandemic, followed by a dramatic reduction in health-sector expenditure and the obstruction of any further reform.
- 2021-2030: the national action plan for mental health, with the announcement of Law 5129/2024 on the completion of mental health reform as a key milestone.

The course of mental health reform in Greece faced difficulties and challenges. After the completion of the Psychargos II program, the country entered the economic crisis, which resulted in underfunding at an insurmountable and dramatic level in the health sector. This obstructed any progress and further reform in the field of mental health as well (Loukidou et al. 2013).

It is also worth noting that in Greece there have been,

and still are, weak points in the field of mental health, such as insufficient organizational policy at both central and regional levels, lack of effective management, and unequal distribution of specialized personnel between urban and less urban areas. In addition, stigma and the insufficient preparation of society and the community to absorb and reintegrate people who have received mental health care constitute chronic weaknesses of the system. High out-of-pocket costs for pharmaceutical and psychotherapeutic treatment in a population where 25% live below the poverty line, and finally the capacity and availability of a health and mental health system to respond more effectively in the future to challenges such as the COVID-19 pandemic, are all areas in need of improvement (Souliotis et al. 2017; Madianos 2019; Stylianidis 2024).

#### **Law 5129/2024**

The main objective of the new law is, on the one hand, to optimize and promote citizens' mental health by improving the prevention, diagnosis, treatment, and rehabilitation of mental health disorders, and, on the other hand, to ensure the unhindered access of all citizens to all mental health services regardless of economic, social, and professional status or geographic distribution. In addition, the law aims to eliminate inequalities among mental health service users, combat social stigma, and inform society. It seeks to continue the effort toward deinstitutionalization and to promote psychosocial rehabilitation and more community-based mental health care, as well as to facilitate social reintegration. Finally, the new law guarantees continuous care for citizens who need mental health treatment, as well as strengthening and protecting the rights and dignity of these patients.

Under the new law, mental health services (MHS) are fully integrated into the National Health System (NHS), provided free of charge and on an equal basis to the entire population of the country through the National Network of Mental Health Services (NNMHS). Through the NNMHS, the law provides for the organization, at national and local level, of bodies intended to achieve deinstitutionalization and to provide mental health care outside hospitals, at community level. Importance is attached to early diagnosis, care, and treatment of mental disorders, the provision of emergencies and specialized inpatient mental health care, and home nursing services. The law also seeks integrated and continuous psychiatric care, as well as occupational reintegration and community reintegration for mental health service users.

Special reference is made to the prevention of mental disorders in children and adolescents and to the connection of mental health structures and services with the educational system. A priority of the new Law is to improve the provision of health services to children and adolescents with mental disorders, autism, neurodevelopmental disorders, and learning difficulties. Support is also provided

for adults with psychiatric disorders, adults with dementia and neurodegenerative disorders, patients with chronic conditions that burden mental health, and, of course, vulnerable groups of the population.

The development of community-based health-service structures is provided for and planned, such as mobile units, day care, home care, day hospitals, and community mental health teams. A distinct and important point of structural change introduced through the new law is the establishment of the National Organization for the Prevention and Treatment of Addictions (EOPAE), into which all service-providing bodies in the field of addictions are integrated, such as the Organization Against Drugs (OKANA) and the Therapy Center for Dependent Individuals (KETHEA). The aim of this restructuring is to improve the quality of life of dependent individuals, to ensure citizens' unhindered and guaranteed access to different addiction-treatment programs, to reduce waiting times, to enable treatment to be adapted to different individual needs, and to avoid the interruption of addiction-treatment programs.

An effort is made to connect and encourage cooperation between public and supervised private non-profit or for-profit mental health service providers, as well as private physicians, for the co-management of cases. The law also introduces structural changes at the administrative level, establishes the position of deputy governor of the health region for mental health matters, and provides for the establishment of the Scientific Council for Mental Health (SCMH).

Furthermore, particular importance is given to the organization and management of future crises, support for research and innovation, and the establishment and operation of an information system for epidemiological monitoring and therapeutic management (Hellenic Republic 2024). The law on the completion of psychiatric reform came as the result of a reform course over at least the last twenty years, with long interruptions during the economic crisis and the pandemic.

Even before this law, reform policy had already borne fruit through the Psychargos I and II programs, reducing psychiatric hospitals from eight to three, transferring patient care and treatment from the institution to the community, and drastically increasing day-care units. Naturally, there are goals that were not achieved and that the new Law 5129/2024 is now called upon to carry out. Specifically, the unmet goals concern mental health centers for children, alcohol and drug addiction-treatment centers, and community mental health clinics. The major inequalities in the provision of mental health services between urban and rural areas also require reform. In addition, there is a need to train the staff who provide mental health services with regard to the goals of the reform, the new method of caring for mental health service users (deinstitutionalization), and a new model of integrated and more holistic care for these patients.

The new law is called upon to overcome administrative and organizational problems, such as the uncoordinated action of different bodies, the lack of a mechanism for evaluating the mental healthcare provided, deficiencies in epidemiological studies, and the need for financial support for the reform project. Through the law, therefore, most of the above-mentioned problems and deficiencies are expected to be overcome, specifically those relating to administration, control, and organization. An effort to include specialized psychiatrists in primary care is also apparent. The effort to eliminate social stigma and fully reintegrate mental health care recipients into the community continues. Particularly important is the new law's effort to care for the mental health of adolescents and young people through prevention, as well as through improvements in care, treatment, and rehabilitation. Finally, it is worth highlighting the aim of rationalizing the bodies responsible for the prevention and treatment of addictions.

Despite the radical changes attempted by the new law, certain points remain insufficiently clarified or do not provide for the management of existing deficiencies. The costly access of the Greek population to treatments, such as different forms of psychotherapy in the context of prevention and/or treatment of various mental disorders, is neither abolished nor financially supported. Moreover, no clarification is provided regarding the high rate of individual financial participation in pharmaceutical treatment.

Finally, given the limited funding in the health sector (limited ICU beds, a limited number of ambulances, restrictions on consumable materials, etc.), the attempt to implement radical reforms appears uncertain, as funding for the changes, and more generally funding for mental health, constitutes only a portion of the funding allocated to strengthening health. To achieve the objectives, it is necessary to secure and increase public expenditure in the field of mental health.

## CONCLUSIONS

Mental health includes every person's right to the highest attainable level of mental health. The World Health Organization (WHO), the European Union, and individual states introduce measures and promote policies to protect and improve the mental health of the population.

The measurement and recording of mental health over time and across countries are carried out through specific health indicators defined by the WHO and/or the European Union. Such indicators include the prevalence of various mental disorders, the case-fatality rate, drug- or alcohol-related mortality, disability prevalence, and others. These indicators also provide the basis for evaluating the various policies concerning mental health.

The prevalence of mental disorders is high in Europe and worldwide. In our country, however, there is insufficient recording of data concerning mental health. Over the course of a decade, the mental health of the Greek population worsened due both to the economic and fiscal crisis and to the pandemic. A similar, but milder, deterioration was also observed across Europe.

Broad data show that the Greek population suffers from unmet needs in the field of mental health, stigma, and lack of reintegration into the community. For at least the last two decades, psychiatric reform has been attempted in our country with the aim of correcting deficits, promoting deinstitutionalization, and improving the mental health of the population at the levels of prevention, treatment, and reintegration. The new Law 5129/2024 provides for improved mental health service delivery. It introduces substantial measures and changes that will promote and improve, at multiple levels, the services provided in the field of mental health. However, there are points that remain unclear, such as insufficient funding for the entire undertaking, which raise doubts about the success of the ambitious and necessary plan for the radical restructuring of psychiatric reform.

## REFERENCES

- Varaklioti, A. (2020). Needs assessment - Measurement of health level, in Sarafis, P. and Bamidis, P. (Eds.), *Health Services: Systems and Policies*. Nicosia: Broken Hill Publishers, pp. 37-56.
- Hellenic Republic (2024). Law 5129/2024: Completion of psychiatric reform. *Government Gazette A'* 124/01.08.2024.
- Lachana, E. (2020). Health - Illness, health care and nursing care, in Sarafis, P. and Bamidis, P. (Eds.), *Health Services: Systems and Policies*. Nicosia: Broken Hill Publishers, pp. 24-25.
- Sergentanis, T. (2020). Public health and epidemiology, in Sarafis, P. and Bamidis, P. (Eds.), *Health Services: Systems and Policies*. Nicosia: Broken Hill Publishers, pp. 85-88.
- Anargyros, K. P., Christodoulou, N. G. and Lappas, A. S. (2021). Community mental health services in Greece: Development, challenges and future directions, *Consortium Psychiatricum*, 2(4), pp. 62-67. <https://doi.org/10.17816/CP111>
- Arias-de la Torre, J., Vilagut, G., Ronaldson, A., Bakolis, I., Dregan, A., Martin, V., Martinez-Ales, G., Molina, A. J., Serrano-Blanco, A., Valderas, J. M., Viana, M. C. and Alonso, J. (2023). Prevalence and variability of depressive symptoms in Europe: Update using representative data from the second and third waves of the European Health Interview Survey (EHIS-2 and EHIS-3), *The Lancet Public Health*, 8(11), pp. e889-e898. [https://doi.org/10.1016/S2468-2667\(23\)00220-7](https://doi.org/10.1016/S2468-2667(23)00220-7)
- Euronews (2023). Europe's mental health crisis in data: Which country uses the most antidepressants?, Euronews [Online]. Available at: <https://www.euronews.com/health/2023/09/09/europes-mental-health-crisis-in-data-which-country-uses-the-most-antidepressants>.
- European Commission (2022). Speech by President von der Leyen

- at the European Parliament Plenary on the State of the Union Address 2022 [Speech]. Available at: [https://ec.europa.eu/commission/presscorner/detail/en/speech\\_22\\_5493](https://ec.europa.eu/commission/presscorner/detail/en/speech_22_5493).
- European Commission (2017). European Core Health Indicators (ECHI). Health and Food Safety [Online]. Available at: [https://health.ec.europa.eu/indicators-and-data/european-core-health-indicators-echi\\_en](https://health.ec.europa.eu/indicators-and-data/european-core-health-indicators-echi_en).
- Loukidou, E., Mastroyannakis, A., Power, T., Thornicroft, G., Craig, T. and Bouras, N. (2013). Evaluation of Greek psychiatric reforms: Methodological issues, *International Journal of Mental Health Systems*, 7(1), p. 11. <https://doi.org/10.1186/1752-4458-7-11>
- Madianos, M. G. (2020). The adventures of psychiatric reform in Greece: 1999-2019, *BJPsych International*, 17(2), pp. 26-28. Available at: <https://doi.org/10.1192/bji.2019.30>
- OECD/European Observatory on Health Systems and Policies (2023). Greece: Country Health Profile 2023, State of Health in the EU. Paris/Brussels: OECD Publishing/European Observatory on Health Systems and Policies [Online]. Available at: [https://www.oecd.org/en/publications/greece-country-health-profile-2023\\_dd530c3e-en.html](https://www.oecd.org/en/publications/greece-country-health-profile-2023_dd530c3e-en.html).
- Patsali, M. E., Mousa, D. V., Papadopoulou, E. V. K., Papadopoulou, K. K. K. and Kaparounaki, C. K. (2020). University students' mental health amidst the COVID-19 quarantine in Greece, *Psychiatry Research*, 290, 113111. <https://doi.org/10.1016/j.psychres.2020.113111>
- Pisot, S., Milovanovic, I., Simunic, B., Gentile, A., Bosnar, K., Prot, F., Bianco, A., Lo Coco, G., Bartoluci, S. and Katovic, D. (2020). Maintaining everyday life praxis in the time of COVID-19 pandemic measures (ELP-COVID-19 survey), *European Journal of Public Health*, 30(6), pp. 1181-1186. <https://doi.org/10.1093/eurpub/ckaa157>
- Souliotis, K., Agapidaki, E., Tzavara, C. and Economou, M. (2017). Psychiatrists' role in primary health care in Greece: Findings from a quantitative study, *International Journal of Mental Health Systems*, 11, p. 65. <https://doi.org/10.1186/s13033-017-0172-0>
- Stavridou, A., Stergiopoulou, A. A., Panagouli, E., Mesiris, G., Thirios, A., Mougiakos, T., Troupis, T., Psaltopoulou, T., Tsoia, M., Sergeantanis, T. N. and Tsitsika, A. (2020). Psychosocial consequences of COVID-19 in children, adolescents and young adults: A systematic review, *Psychiatry and Clinical Neurosciences*, 74(11), pp. 615-616. <https://doi.org/10.1111/pcn.13134>
- Stylianidis, S. (2024). The blind spots of psychiatric reform in Greece, *Psychiatriki*, 35(2), pp. 99-102. <https://doi.org/10.22365/jpsych.2024.009>
- World Health Organization (2022). Mental health [Online]. Available at: <https://www.who.int/health-topics/mental-health>.
- World Health Organization (2023). World Mental Health Day 2023: Mental health is a universal human right [Online]. Available at: <https://www.who.int/campaigns/world-mental-health-day/2023>.
- World Health Organization (2024a). World Mental Health Day 2024: Mental health at work [Online]. Available at: <https://www.who.int/campaigns/world-mental-health-day/2024>.
- World Health Organization (2024b). European Health Information Gateway [Online]. Available at: <https://gateway.euro.who.int/en/hfa-explorer/>.
- OECD/European Observatory on Health Systems and Policies (2023).