



# Depression scorecard: Greece

This scorecard report was produced by The Health Policy Partnership and the Health Policy Institute as part of the Words to Actions initiative. Words to Actions began in 2018 with a report from nine mental health organisations across Europe. This scorecard report was developed as a follow-on but separate activity. The authors had full control over its content. All Words to Actions materials were initiated and funded by Janssen Pharmaceutica NV. For full details, please see [wordstoaction.eu/about](http://wordstoaction.eu/about). No experts involved in this work, other than The Health Policy Partnership and the Health Policy Institute, were paid for their time.

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Partnership

## About the depression scorecard project

The depression scorecard is a tool that aims to support the assessment of national-level performance in key aspects of policy, delivery and care for people with depression. The framework that underpins the scorecard was developed based on an international literature review and consultation with an expert advisory group.

The scorecard framework has been applied to various countries by The Health Policy Partnership, in collaboration with experts, with national-level findings summarised in individual scorecard reports. The findings for this report were developed based on an in-depth literature review.

**This scorecard focuses on Greece.**

## Author and contributor details

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## About The Health Policy Partnership

The Health Policy Partnership (HPP) is an independent research organisation working with partners across the health spectrum to drive the policy and system changes that will improve people's health.

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# Depression: why it matters

Depression is the most common mental health condition affecting people today.<sup>1</sup> It is a distinct, diagnosable mood disorder not to be confused with normal feelings of sadness.<sup>2</sup> Anyone can develop depression, and if a person is also experiencing another illness, addiction, poverty, unemployment or a personal loss, their risk of depression increases.<sup>2</sup>

Depression can range in severity and persistence.<sup>2</sup> Best practice is to manage the condition as early as possible, while the person is still well enough

to be fully engaged in their recovery and before treatment-resistant depression sets in.<sup>3</sup> Yet stigma associated with depression may prevent people from seeking and receiving the care they need, exacerbating suffering.<sup>4</sup>

Depression has a devastating impact on the lives of those affected, their families and carers, and societies and economies more broadly. The condition is associated with numerous negative outcomes throughout a person's life, including

**3.8%**

of people in Greece are living with depression<sup>12\*</sup>

**25 psychiatrists**

per 100,000 inhabitants in Greece, which is above the EU average of 18<sup>14 †</sup>

**5 per 100,000**

people in Greece die from suicide or self-harm, and global estimates indicate that depression may contribute to up to 60% of these deaths<sup>8 13\*</sup>

**€1.4 billion**

cost of depression (in productivity lost) annually in Greece<sup>15 §</sup>



poorer academic performance, reduced earnings, other chronic illnesses, diminished quality of life and a higher chance of premature death.<sup>5,6</sup> Depression is a primary cause of suicide<sup>7</sup> – as many as 15% of people with untreated depression may die by suicide.<sup>1</sup> Research also shows that up to 60% of all deaths by suicide worldwide are associated with depression.<sup>8</sup>

The COVID-19 pandemic exacerbated the already significant crisis of depression. Demand for mental

health services soared while the availability of in-person care was constrained.<sup>9</sup> It is estimated that the pandemic was responsible for an additional 53.2 million cases of depression globally in 2020.<sup>10</sup>

Despite a growing understanding of depression and how best to support people living with the condition, its global prevalence has risen nearly every year since 1990.<sup>11</sup>



# Depression in Greece

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Greece experienced rapidly increasing rates of depression in the aftermath of the economic crisis that followed the global recession in 2008.<sup>16</sup> The prevalence of major depression rose sharply from 3.3% in 2008 to 12.3% in 2013,<sup>16</sup> while rates of suicide rose by almost 40% between 2009 and 2014.<sup>17</sup> The crisis led to widespread financial difficulties, which contributed to the increased levels of depression and suicide.<sup>18</sup> Mental health services were also stretched, with reports of overcrowded psychiatric hospitals and challenges around access to mental health care.<sup>17,19</sup> Community health services were particularly under pressure,<sup>20</sup> which may have made it more difficult for people in the remote and island regions of the country to receive care.<sup>21</sup>

Greece has the highest number of physicians per capita in the European Union (EU). However, many

of these healthcare professionals are specialists, with just 7% of physicians being general practitioners (GPs) vs. the EU average of 26%.<sup>22</sup> This presents a challenge for people accessing primary care who need a GP to identify their health issues and then refer them to specialist services, such as those for depression. Improved integration of mental health services into primary care is important to mitigate this challenge.

The Greek government has ramped up its efforts to strengthen mental health services, using a series of strategies to try to improve the situation in Greece. These strategies have included targeted interventions for young people, adolescents<sup>23</sup> and people living in remote regions of the country where healthcare services tend to be more difficult to access.<sup>24</sup>



The Greek health system is taking significant steps towards digitalisation. This was prompted, in part, by the COVID-19 pandemic, which has accelerated the move towards telemedicine to facilitate access to services for people in remote areas.<sup>22</sup> Efforts are also being made to address deficiencies in healthcare data collection. These efforts include the roll-out of a comprehensive electronic patient record system<sup>25</sup> and the creation of a virtual map of mental health services,<sup>26</sup> which would allow for evidence-based service planning and more appropriate resource allocation.

The latest prevalence data, from 2019, show that Greece now has one of the lowest rates of chronic depression in the EU.<sup>27</sup> Although these data are

self-reported, and we are yet to see the full extent of the impact of the COVID-19 pandemic, they indicate that the measures implemented to counter the sharp increase in mental health conditions may be starting to have a positive effect. Improvements are, however, still necessary in some areas, such as strengthening the patient voice, bolstering support for families and carers of people with depression, and intensifying the integration of mental health services into primary care.



# Assessing depression management: the scorecard

This scorecard was developed to highlight to policymakers where change is most needed to improve the management of depression in Greece. It is our hope that this document may galvanise policymakers to work in close partnership with all stakeholders to reverse the course of depression

in Greece, taking a comprehensive and preventive approach to addressing depression in all its complexity.

**The scorecard focuses on four key areas identified as priorities for improvement:**

1

## Joined-up and comprehensive depression services

Integrated care – that is, a patient-centred system that supports the person with depression throughout their lifetime and with continuity across the health system – is essential for the delivery of adequate support and treatment. Integrating mental health services into wider health and social care services is convenient and can increase treatment rates, improve comprehensiveness of care and reduce overall costs.<sup>28</sup>

2

## Data to drive improvements in depression care

Collecting and analysing robust and up-to-date data on depression is essential for ensuring the right services are available to everyone who needs them. Monitoring patient outcomes helps to identify and inform good practice, and it may give hope to service users that their mental health can improve.<sup>28</sup> Data on services can support clinicians, policymakers and people with depression to better understand what treatment options are available and accessible. More transparent data will also facilitate shared learning across all domains of depression care. New digital tools may have the potential to facilitate documentation for transparency and research purposes while retaining the anonymity of the user.<sup>28</sup>





## 3

### Engaging and empowering people with depression

It is essential that people with depression – along with their families, friends and carers – are actively empowered to participate in depression care plans at all stages. Empowerment involves a person building their confidence by increasing their understanding and knowledge of their condition.<sup>29</sup> This can help them gain control over their life and expand their capacity to act on what they find important, which will, in turn, allow them to manage their depression more optimally.<sup>29</sup> Peer support, whereby a person who has previously experienced depression offers empathy and hope to others in the same position, can assist both people with depression and the peer supporter in their recovery.<sup>30</sup> Social systems, patient advocacy groups and other civil society organisations with access to underserved communities are critical in ensuring that mental health services reach everyone, including those who have ‘slipped through the net’.<sup>28</sup>

## 4

### Harnessing technology to improve access to care

Digital platforms – such as those that facilitate remote therapy sessions and online prescription requests – and other depression-focused software, smartphone applications and virtual platforms can allow a greater choice of treatment for people with depression while supporting them to take more control of self-managing their condition. Although virtual sessions cannot replace in-person therapy, they may be a flexible option to support people with depression between regularly scheduled visits. Health and social services may also use digital tools to facilitate data collection and monitor care.<sup>31 32</sup> In addition, people with depression may find it helpful to use digital tools to connect with others and reduce feelings of isolation.<sup>33</sup>



# Summary scorecard for Greece

## Joined-up and comprehensive depression services

Is depression included in either the national health plan or a specific plan for mental health?



Is there a government lead on mental health, with cross-ministerial responsibility to support a 'mental health in all plans' approach?



Is collaboration between primary care and mental health services supported and incentivised/encouraged/facilitated?



Are there guidelines on depression care developed jointly by primary care and psychiatry?



Is a range of therapeutic options, such as psychotherapy, counselling and cognitive behavioural therapy, reimbursed and available to people with depression?



Are depression services available and tailored to at-risk groups?

- Young people
- Older people
- People in the workplace
- People without housing



## Data to drive improvements in depression care

Are data on people with depression systematically collected by the health system?

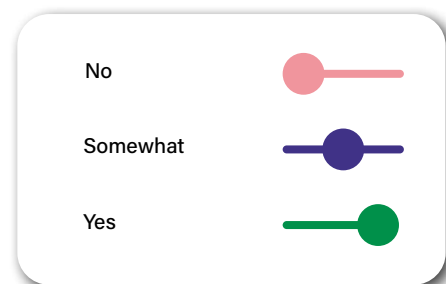


Are data on mental health services being used for planning?



Are patient-reported outcomes being measured systematically?





## Engaging and empowering people with depression

Do guidelines or care pathways for depression recognise the importance of patient empowerment?



Do guidelines on depression recognise the role of families and carers in making decisions on the planning and delivery of care?



Were patient and carer representatives involved in the most recent national plan or strategy covering depression?



Do carers have access to financial aid to help them support their loved ones with depression?



Is peer support recommended in depression care guidelines?



Are peer support roles reimbursed?



Are there national associations advocating for the rights of:

- people living with depression?
- carers of people living with depression?



## Harnessing technology to improve access to care

Can people access depression support remotely (via telephone or the internet) in addition to services delivered face-to-face?



Do professional societies or guidelines recommend the use of remote services alongside face-to-face services?



Is remote support for depression reimbursed?



Are people with depression able to use telephone or online platforms that allow them to renew their prescriptions from home?



# Joined-up and comprehensive depression services

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## Mental health is prominent within Greek health policy, signalling a strong commitment from the government

Mental health is included in the National Action Plan for Public Health 2021–25, developed by the Ministry of Health. The plan also mentions information campaigns specifically for depression.<sup>23</sup> A set of interventions that seek to prevent mental health issues and promote access to quality care for targeted populations is also expected to be rolled out.<sup>23</sup> These interventions, which include 56 additional mental health outpatient units,<sup>25</sup> are part of the Recovery and Resilience Plan funded by the EU.<sup>25</sup>

The Ministry of Health in Greece has developed a series of dedicated national mental health plans since 1997, the last of which expired in 2020.<sup>24</sup> Each of these plans included actions on mental health promotion and the prevention of mental health conditions, including depression.<sup>24</sup> In December 2022, the Minister of Health and the Deputy Minister for Mental Health officially presented the new National Action Plan for Mental Health. The plan was developed by a committee of 35 clinical and academic experts in collaboration with the Ministry of Health, with technical support from the World Health Organization. Although the plan has not yet officially been published, media reports suggest that its priorities include the integration of mental health services into primary care and the use of modern digital technologies.<sup>34</sup>

## A wide range of mental health services are reimbursed for the vast majority of people, but there is no recent evidence to show the extent to which people with mental health conditions are able to access care

Free mental health services – including psychotherapy, counselling and pharmacological interventions – are available for all people insured by the National Organisation for the Provision of Health Services (98% of the Greek population).<sup>35 36</sup> However, there is a monthly cap on the number of reimbursed sessions, which is related to the type of mental health condition being treated.<sup>35</sup> Access to psychotherapy or counselling requires a formal referral from a psychiatrist.

There is no recent evidence outlining the precise level of access to mental health services in Greece. In 2019, among all countries in the EU, Greece recorded the second highest level of unmet need for all types of medical care, primarily driven by cost, travel distance and waiting times.<sup>22</sup> Furthermore, some people in recent years have sought mental health support through the private sector due to long waiting lists.<sup>37</sup> Greece has taken significant steps towards addressing these challenges – for example, through the introduction of mobile mental health units (MMHUs) (see **Case study 1**), which aim to improve access to mental health care for people in remote areas.

## Case study 1. Mobile mental health units

Made up of interdisciplinary teams, mobile mental health units (MMHUs) offer a range of pharmacological and psychological treatments, as well as support for families and carers.<sup>38</sup> MMHUs treat people who have either self-referred or been referred from primary care.<sup>38</sup>

The first two MMHUs were established in the 1980s with the aim of addressing the disparities in access to mental health care between rural and urban areas in Greece.<sup>21 38</sup> As of 2019, there were 20 units in operation across the country, and they are considered to have a central role in the delivery of mental health care in the communities they serve.<sup>38</sup>

Studies have shown MMHUs to be effective in reducing hospitalisations for severe mental health conditions and improving outcomes for people with common psychiatric disorders.<sup>38</sup>

MMHUs are currently facing issues around staffing and coping with increased demand from growing populations of refugees, who are often located on remote islands and have a higher risk of developing psychiatric symptoms.<sup>38</sup>



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## Young people are a key priority for mental health care, and some targeted support is available for other groups

Children and adolescents have been prioritised in the National Action Plan for Public Health as a target population for a series of mental health interventions to strengthen and expand care.<sup>23</sup> This is in addition to a number of mental health facilities dedicated to young people that are already in place.<sup>39</sup> Some targeted support is also available for older people – notably a programme for those living in remote and island regions of the country, which seeks to offer specialist mental health care through virtual consultations.<sup>40</sup> Targeted support for people in the workplace appears to feature in the current draft of the National Action Plan for Mental Health. This includes the creation of day centres to support the mental health of people in the workplace.<sup>34</sup>

People without housing can receive mental health support through the national health service and through wider programmes, such as the dedicated open day centres operated by local municipalities, which also offer food and rehabilitation support.<sup>41</sup> There currently appear to be no specific plans to expand mental health support for people without housing.

## Significant efforts are being made to improve the integration of mental health services into primary care

The government has outlined a range of strategies to strengthen this integration, with the aim of maximising the number of people who have easier and faster access to mental health care. The recently published primary health care reform seeks to further integrate mental health care into general health services. It also assigns the responsibility of co-managing long-term mental health conditions to primary care doctors.<sup>42</sup> The integration of mental health services into primary care is also reportedly included as a priority in the National Action Plan for Mental Health.<sup>34</sup>



# Data to drive improvements in depression care

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## Data collection for depression in Greece appears to be substandard, but it may be improved by the planned digitalisation of health services

In recent years, systematic data collection for depression has been scarce and limited to basic data, such as prevalence. However, the latest prevalence statistics are based on self-reported data from a 2019 national health survey.<sup>12</sup> Furthermore, no patient-reported outcomes for people with depression are being measured.<sup>43</sup> This is just one part of a wider data collection problem in Greece, which has no registries for non-communicable diseases, including depression.

The COVID-19 pandemic sparked a shift towards a digitalised health system in Greece, and the Recovery and Resilience Plan lists the development of national electronic patient records as a priority.<sup>25</sup> Electronic patient records are not specific to depression, but they can systematically gather comprehensive information on diagnoses, treatments and outcomes, which would likely include data on people diagnosed with and treated for depression. Electronic patient records can also support continuity of care between different providers and settings. This could benefit people with depression if, for example, they move between primary and institutional care settings. The development of the electronic health record system is expected to be completed by 2024.<sup>25</sup>

In June 2022, the Ministry of Health also outlined plans for the development of a virtual map of mental health services, which would contribute to a better understanding of current service provision levels by mapping the distribution of mental health units and workforces.<sup>26</sup> The map's roll-out will provide a crucial evidence base for decisions on future resource allocation and planning for mental health services. Plans to develop the map were only announced recently, and the estimated date of completion is not yet known.



# Engaging and empowering people with depression

## People with depression appear to be involved in decisions around their treatment, but the patient voice requires further strengthening

Clinical guidelines on depression state that people should be involved in the development of their treatment plan. For example, patient preference should be considered when selecting a type of antidepressant.<sup>44</sup> Although this is positive in principle, desk-based research could not ascertain the extent to which these guidelines have been implemented. The Greek Patients Association has called for the facilitation of supported decision-making for people with mental health conditions during their treatment,<sup>45</sup> which suggests the need for further strengthening in this area.

## There is very little support in place for carers and families

No financial aid is available for carers or families of people with depression in Greece, which has a relatively low reported rate of informal carers over the age of 50 compared with the Organisation for Economic Co-operation and Development (OECD) average.<sup>46</sup> Recently introduced legislation, which is focused on social and work life for carers, formally recognises 'caregivers' as employees and makes provisions for accommodations such as flexible working arrangements for caring purposes.<sup>47</sup> This may offer a limited degree of support for carers balancing other employment with caregiving, but the lack of financial aid remains a key challenge, particularly for full-time carers.

## There is no evidence of peer support being available for people with depression

Peer support involves a person with lived experience of depression providing support to someone who is also experiencing the illness. Greek national guidelines for depression do not mention peer support, and the National Organisation for the Provision of Health Services' reimbursement handbook does not formally recognise it.<sup>35</sup> Furthermore, there is no mention in any health plan of offering peer-support services to people with depression.





# Harnessing technology to improve access to care

## Remote mental health services are becoming more readily available

As the current depression guidelines in Greece were published in 2015, before remote services were widely available, they do not include formal recommendations on the provision of remote mental health services.<sup>44</sup> Despite this, the COVID-19 pandemic has sparked the launch of several interventions aimed at providing remote access to mental health services, such as the National Psychosocial Support Helpline (see **Case study 2**).

The National Telemedicine Network (known as EDIT) has been in operation since 2016<sup>48</sup> to further facilitate access to all health services for people in remote areas.<sup>22</sup> During the first year of the pandemic, 38% of people in Greece reported having a medical consultation online or by telephone – this is close to the EU average, indicating EDIT's relative success.<sup>22</sup> In addition, a platform has been developed to provide virtual consultations for children and adolescents.<sup>49</sup>

The current draft of the National Action Plan for Mental Health has also reportedly outlined plans to create a platform for the provision of telepsychiatry and teleconsultation services for the entire population, in collaboration with the Ministry of Digital Governance.<sup>34</sup>

### Case study 2. National Psychosocial Support Helpline

During the COVID-19 pandemic, the National Psychosocial Support Helpline was established to provide free psychological, psychosocial and welfare support to people of all ages. The helpline, a joint initiative by the Ministry of Health and the University of Athens, is open 24 hours a day, seven days a week.<sup>26</sup> As of June 2022, it had received 400,000 calls.<sup>26</sup> For people who require further care following their call, the helpline can provide access to eight weekly sessions with a therapist.<sup>50</sup>

The helpline was vital during the pandemic-imposed lockdowns, when face-to-face care was more restricted. It also provides a model for virtual mental health care provision in countries such as Greece, where some regions are particularly remote and lack a comprehensive healthcare infrastructure.

## Prescriptions can now be easily issued and renewed online

In early 2020, in collaboration with the Ministry of Health, the Ministry of Digital Governance introduced a paperless system for repeat prescriptions for people with chronic conditions, including mental health conditions.<sup>51</sup> A person can now contact their doctor and receive their electronic prescription on their phone or via email. They can then use the prescription in a pharmacy.<sup>52</sup>

# Conclusion and recommendations

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The economic crisis in Greece had a widespread impact on the population's mental health, as well as the government's ability to provide public services. Greece has taken significant steps in recent years to tackle high rates of mental health conditions, and the latest data (although self-reported) on chronic depression appear to suggest that the implemented policies are having a positive effect.

Historically, Greek health services have struggled to reach people living in remote and island regions of the country. Recent interventions aim to mitigate this challenge by focusing on the provision of community healthcare, boosting access to mental health services for people living in these locations through the expansion of the MMHU programme and the introduction of the National Telemedicine Network.

Despite this progress, more still needs to be done, such as integrating mental health services further into primary care, increasing support for families and carers, and strengthening the patient voice. In addition, more data are needed to fully evaluate the impact of recent policies and improve access to mental health services. Studies have indicated challenges related to waiting times for mental health services, but as these data are not up to date, more evidence is required to establish the extent to which progress has been made.

## Priority recommendations

### Joined-up and comprehensive depression services

- Continue to implement planned interventions in mental health that focus on strengthening the integration of mental health services into primary care.
- Update the national clinical guidelines for depression, last updated in 2015, to ensure best-practice care.
- Encourage the development of studies on access to mental health services to establish a more up-to-date evidence base that can inform policy decisions.

### **Data to drive improvements in depression care**

- Ensure that the new electronic patient records system allows for data on depression care and outcomes to be collected, aggregated and used to monitor trends and inform service alterations.
- Consider how patient-reported outcome measures could be collected and used to drive improvements for people with depression.

### **Harnessing technology to improve access to care**

- Encourage the development of quality standards for remote mental health consultations to promote equitable access to high-quality care.
- Consider embedding remote mental health services into national depression guidelines and accompanying these with quality standards to guide service providers.

### **Engaging and empowering people with depression**

- Develop a system to allow for the formal recognition of informal carers of people with depression, which can be used to support the provision of financial aid.
- Pilot peer-support networks as part of routine care and incorporate their use into national depression guidelines.
- Strengthen shared decision-making around treatment for depression by facilitating the involvement of families and carers, where appropriate.

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