

An occupational therapist from Greece

I graduated in 1994 from the Department of Occupational Therapy, School of Health Professions, Technological Educational Institution of Athens. My first job as an ot was at a Day Center for children with developmental disorders. After a year I became the first ot in the Social Enterprise of Kefallonia, an island of west Greece. There I had the chance to participate in innovative community based rehabilitation projects run by the local authorities. In the end of 1995 I decided to move back to Athens and I was recruited as a public servant at the Psychiatric Hospital of Attiki (PHA).

The hospital

PHA is a large hospital cited 10 km from the center of Athens with a long history, from the beginning of the century (1925) as an asylum that covered the needs of the whole country. The last 15 years the hospital has played a main role to the process of Psychiatric Reform for the whole country as it has developed ideas and knowledge regarding the management of change from asylum to a hospital and has attracted funding from EU. Although the process of the Greek Psychiatric Reform has been slow and laborious, the progress the hospital has achieved is very important for the implementation of change to other psychiatric and general hospitals. The identification of problems and gaps together with a stronger collaboration and common efforts with other services is necessary in order to ensure that the hospital will shut in the next 10-15 years and the general hospitals and the mental health centers will mainly be the providers of mental health services.

At the moment the hospital offers **in-patient** (acute care) and **residential services** to 1200 people: in the hospital, in psychogeriatric clinics, in community psychosocial rehabilitation units (group homes). The hospital also has developed **outpatient services** (outpatient clinic, community mental health center) and services for **pre-vocational and vocational training** (Occupational Therapy Sheltered Workshops, supported employment within the hospital, i.e. café, mini-market and Social Co-operative Group). PHA also offers a wide variety of services for **substance abuse** (drug and alcohol users) (in-patients, out-patient, therapeutic community, community programmes, group and individual therapies).

Occupational Therapy in Mental Health

It is paradoxical that Occupational Therapy, as a profession, although it exists in Hellas the last 20-25 years does not articulate a coherent paradigm and especially in mental health had, till recently, the features of an emerging profession with low autonomy and low appreciation from the other professionals. The paradox stems from the fact that "Occupational therapy Department" in the hospital exists since late 1960s, as "pastime therapy" or "work therapy". The first OTs were nurses from Red Cross or graduates from School of Home Economics and, unfortunately, this had created a tradition of arts and crafts therapy or "pastime" therapy, very difficult to overpass. Gradually the hospital recruited 17 ots and the last 6 years, in order to implement deinstitutionalization programmers, this number reached to 45 ots.

The recent changes in health care funding and service delivery in mental health and the establishment of community mental health services have still a positive impact in occupational therapy and gave the opportunity to the therapists to show a different role and their unique identity. European Union programmes for the design and implementation of de-institutionalization and rehabilitation programmes seem to absorb the working force of the mental health ots in the whole of Greece. How ots respond to these changes and influence the direction of these changes will contribute to the focus of occupational therapy as a profession in the future.

At the moment there are 42 occupational therapists in the hospital and they are working full-time or part-time in different areas within the hospital: community rehabilitation units (residential), sheltered workshops, supported employment, in-patient units (acute care), in-patient clinics (long stay), community mental health center, substance abuse department.

My experience of my workplace

Mental health was very challenging for me and became a clear choice for my career. Working in this hospital gave me many opportunities as the last 11 years I changed various positions within the service: long term hospitalization, sheltered work, social club, rehabilitation group home, acute care. Also being a public servant in Greece at the moment is a permanent position which offers many opportunities for those who are interested to develop their skills. Under different schemes, I managed to take educational leave to complete my MSc in University of East London in 2001. When I returned I realized how much my postgraduate studies had helped me to deepen my understanding and develop a critical thinking of my work context. This provided me the background to take part in a Task Force project for developing the business plan of the hospital. On the same time I covered a position in the Regional Health Trust (part time for 2 ½ years) where I had the opportunity to know more about managing services, teamworking and implementing projects of mental health services in west area of Athens.

The last 1 ½ years I became again a clinician and now I am working in the 1st Inpatient Psychiatric Department (1st IPD) of PHA, which offers services to persons with acute mental health problems (mostly psychosis or bipolar disorder). The 1st IPD is a ward with 25 beds (male and female) and one of the nine in-patient psychiatric departments of the hospital. Every IPD is on emergency duty twice per month accepting in-patients from half of the country. The rest of the days can accept re-admissions. Members of the disciplinary team are four psychiatrists, five trainee doctors, four psychiatric nurses, one health visitor, two psychologists, one occupational therapist, one social worker, and auxiliary nursing staff. Only 4 out of the 9 IPDs have occupational therapists. I am working there 4 days per week 07.00 – 14.30 and every Monday from 13.30 – 22.00.

The central aspect of my work there is to develop and implement group and individual programmes to meet the individual needs of the persons in hospital and minimize the negative impact of mental health conditions in their every day life. Soon I realized that the needs of our service users were to feel they are in a safe and relaxed environment, to be relieved from feelings of guilty and trauma, to gain positive experiences, and to create opportunities of improving their life conditions after they leave the hospital.

The development of the programmes was gradual and it was based on theoretical evidence from different disciplines. The most important feature of my work there is the strong alliance with the psychologist and the nursing staff in various stages (development of programmes, running of the groups, supporting individual interventions). Although I was aware from the start that there was a strong biomedical culture in the clinic, our cooperation was challenging but realistic. This has enhanced the occupational perspective of the chosen interventions and supports a more holistic approach towards the everyday life of those people with bad experiences of mental health.

Group programmes that we use are: DVD Night, Personal Development Group, Orientation Group, Expressive Art Group, Outdoor Social Group, Stress Management Group. Individual interventions vary according to the needs and the demands of the person, such as: preparation for living in sheltered accommodation, functional assessment, socialization programme, home visit for organizing daily tasks, etc.

I choose to describe Tuesday

Tuesday is a difficult day because waking up is hard. Monday evening I am working in the hospital till 22.00 o' clock, providing leisure time activities (i.e. DVD night). So Tuesday morning I am always late. I start my work almost always half seven when I punch my card at the headquarters of the hospital. This is the perfect time to leave paperwork there or arrange administrative work with the head of the department.

Eight o'clock every Tuesday is the meeting of the clinical OTs of the inpatient departments. We are four of us and this was our own initiative in order to support our practice in acute mental health and create a common model of practice. This meeting lasts one hour and it is very productive time.

The Orientation Group of the clinic starts 9.30, so by 9.00 I and the psychologist have to prepare the room and "put the kettle on". It is the discussion group for the users of the clinic, a formal but

relaxing time for talking about their experiences in the hospital. It is a group with a different theme every week (mostly chosen by the members of the group). Mind mapping helps to keep the orientation of the discussion towards the focus theme and also is a good way of keeping track of the thinking process, so everybody can add and develop ideas. Also is a good way of keeping records and reflecting the work of the group to the multidisciplinary team. This mind map remains in the room for one week and people have the chance to talk about it and add more thoughts. This group can have from 4-12 members. Orientation group stops strictly 10.30, and then half an hour is necessary for clearing up and writing up stats and notes.

The next two hours is time for individual work: meeting new inpatients, take interviews, study personal records or write up notes, visiting the wards etc. Some days when I am not very busy I watch psychiatric interviews or I find the opportunity to spend time with other staff.

After one o'clock is the meeting of the Therapeutic Team of the clinic. Although the discussion is biomedically focused (medication, diagnostic reasoning) the director psychiatrist always gives time for us (ot and psychologist) to make comments of our observations and suggest ideas for the continuation of individual interventions. The meeting finishes after 14.00 and the working day comes to an end. This is the time to make arrangements and prepare the room for the next day, put down reminders, and talk to service users and other staff. Some time after 14.30 I punch my card at the headquarters and this can call it a day for me... Tuesday!

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