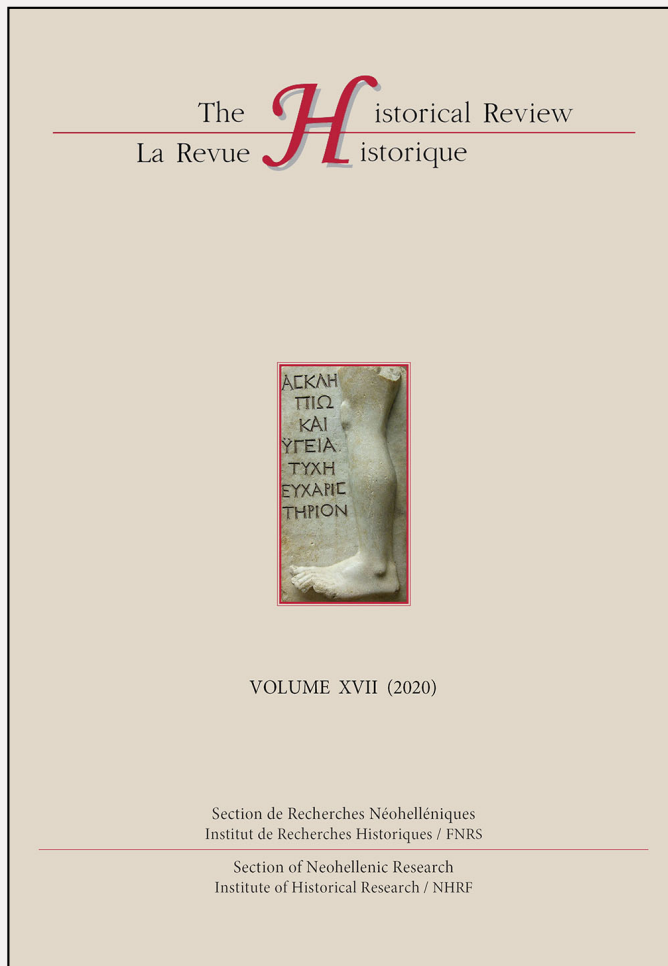


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MENTAL HEALTHCARE IN POSTWAR GREECE, C. 1950–1970

Despo Kritsotaki

ABSTRACT: While mental health experts and government officials all over Europe and North America were concerned about the increase in mental troubles and hospitalised patients after World War II, in Greece the mental health system entered a phase of development: between 1950 and 1970 traditional intramural institutions expanded, and alternative extramural services and prevention and aftercare programmes were introduced. This article analyses the sum of these mental healthcare strategies, at the central, local, public and private levels, highlighting the growing public and private demands for mental healthcare, the interplay between the public and private sector, and the inadequacy of these policies in meeting the needs of the population in quality services for the care and cure of the mentally ill.

“We all live within the stressful tendency of the postwar world, under the coercion, which, in a thousand ways, hinders the harmonious development of the personality.”¹

Thus stated the Greek psychiatrist Andreas Kaloutsis in 1950, adding that mental illness was increasing in Greece, especially after the wartime occupation and the “physical and mental disruption” it had wrought.² Kaloutsis was not alone in voicing the concern that the individual in modern society was weaker and more vulnerable to mental illness.³ Mental health experts all over the Western world were concerned about the postwar state of mind. They were also doubtful about the potential of existing mental healthcare systems to deal with the perceived increase in mental troubles. Thus, psychiatrists, along with relatively newer professionals, like psychologists and social workers, argued in favour of mental healthcare reform.

* The author would like to thank Katerina Gardikas for the opportunity to publish in this special issue, and the General State Archives in Athens for their guidance in the Ministry of Health archive.

¹ Andreas Kaloutsis, “Αι ψυχώσεις και αι νευρώσεις,” *Η Βραδυνή*, 8 November 1950.

² Ibid. Kaloutsis had co-authored a study on the psychological effects of hunger, fear and stress during the occupation. Fotis Skouras, Apostolos Chatzidimos, Andreas Kaloutsis and Giorgos Papadimitriou, *Η ψυχοπαθολογία της πείνας, του φόβου και του άγχους: Νευρώσεις και ψυχονευρώσεις* (1947; Athens: Odysseas, 1991).

³ Center for Mental Health and Research, *An Epidemiological Study on Mental Health: The Findings* (Athens: Center for Mental Health and Research, 1976), 99.

As they increasingly took into consideration the role of the environment in mental distress, they argued that mental illness and long-term asylum isolation could be prevented if mental health policies turned to public health for inspiration and endorsed prevention, treatment in the community and rehabilitation. All over Europe and North America, many public and private agents implemented reforms of hospitals and legislation, and developed extramural services, such as community mental health centres, outpatient clinics and day hospitals.⁴

In Greece, between 1950 and the 1970s the efforts to reshape mental healthcare provisions, although eagerly campaigned for by a number of experts, failed to gain momentum. Thus, the implemented innovations did not match the reform discourses, and were inadequate to meet the significant needs in mental healthcare provision.⁵ Even as economic growth was under way and the standard of living was improving, great parts of the population were still impoverished. In addition, the rapidly progressing urbanisation was challenging established networks of care, mainly within the family.⁶ During this period, however, mental healthcare was not a major priority of state policies. The mental health system was being established without much overall planning, by taking measures to meet problems as they arose. Still, we need to assess the mental health policies undertaken, irrespective of whether they aimed to reform or sustain the system. This is the aim of this article, which argues that, combining old and new elements, the mental healthcare system entered a phase of expansion after the war, remaining grounded on intramural institutions, but also including a variety of new policies at the central, local, private and public levels. The article starts by analysing the main trend in mental health policy in Greece from the interwar period, that is, the increase in hospital beds, and moves on to examine alternative policies, namely the attempts to transform public asylums into therapeutic hospitals, to implement education, prevention and aftercare programmes, and to establish outpatient services. It stops in the 1970s, when more noticeable changes started to appear: the critique of mental hospitals as detrimental to mental health and repressive

⁴ Marijke Gijswijt-Hofstra, Harry Oosterhuis, Joost Vijsselaar and Hugh Freeman, eds., *Psychiatric Cultures Compared: Psychiatry and Mental Health Care in the Twentieth Century: Comparisons and Approaches* (Amsterdam: Amsterdam University Press, 2005).

⁵ Despo Kritsotaki and Dimitris Ploumpidis, "Progressive Science Meets Indifferent State? Revisiting the Attempts for Mental Health Care Reforms in Post-war Greece (1950–1980)," *Dynamis* 39, no. 1 (2019): 99–121.

⁶ Thomas Gallant, *Modern Greece* (London: Oxford University Press, 2001), 178–95; Christoforos Vernardakis and Giannis Mavris, *Κόμματα και κοινωνικές συμμαχίες στην προδικτατορική Ελλάδα* (Athens: Exantas, 1991), 118–35.

of freedom and rights,⁷ and the appearance of new types of psychiatric services, integrated into general ones.⁸

The Perpetual Increase in Hospital Beds

From 1862, when the first psychiatric law was enacted, mental hospitals were the principal mental healthcare agents in Greece. The first one, the Corfu Mental Asylum, had been founded in 1836 by the British and was passed on to the Greek state in 1864, when the Ionian Islands were united with Greece. In 1887, the Dromokaiteio, a charitable, private law mental hospital, was founded in Athens, which was followed in 1905 by the Eginitio, the neurology and psychiatry clinic of the University of Athens. In the early twentieth century, a few smaller charitable mental hospitals were established in Chios (Skylitsio), Thessaloniki (Hirsh) and Syros. These admitted fee-paying patients, but also public patients, usually subsidised by local authorities. In the 1910s small public asylums were created in Athens (Agia Eleousa), Chania and Thessaloniki, which mainly admitted impoverished and “dangerous” patients, that is, patients referred by the police.

Until then the total number of hospitalised mental patients was low. Only since the 1920s did demand for psychiatric beds grow, as the population increased and the immigrant waves, along with rising urbanisation, altered family and community abilities and willingness to care. As the numbers of patients grew, a new law was passed in 1925 to regulate the growth of the public asylums, establishing 400 beds in Athens, 150 in Chania and 150 in Thessaloniki. The same year, an annexe to the Athens asylum was founded in Dafni, which coexisted with Agia Eleousa up to 1936, when the latter closed.⁹ Still, around 1930 public hospitals had a relatively controlled number of patients, whereas three years later their population had increased unexpectedly by 1,100 patients, having more than doubled in Athens (table 1). The rise was also evidenced in the Dromokaiteio, where patient numbers increased from 400 in 1927 to approximately 600 in 1933.¹⁰

⁷ Giorgos Koumantos, “Ψυχικές παθήσεις και νομικά παθήματα,” *Το Βήμα*, March 1978, archive of Dimitris Ploumpidis.

⁸ The main examples of these new services were the first child psychiatry clinic in a paediatric hospital (Athens, 1977) and the first psychiatric clinic in a general hospital (Alexandroupoli, 1978).

⁹ Isaac Tastsoglou, “Η εν Ελλάδι περίθαλψις των ψυχοπαθών,” *Αρχαία Υγιεινής*, 3rd. ser., 6 (1948): 35–44; Kostas Filandrianos, *Δημόσιο Ψυχιατρείο Αθηνών: Το Δαφνί... μια φανταστική πολιτεία* (Athens: s.n., 1977), 33–53.

¹⁰ “Εισηγητική έκθεση νόμου 6077,” in Konstantinos Sifnaios, *Πανδέκται νέων νόμων και διαταγμάτων* (Athens, 1934), 9:493–94.

Table 1.
Numbers of patients in public mental hospitals before World War I

| Public psychiatric hospital | ca. 1930 | ca. 1933 | ca. 1939 |
|-----------------------------|----------|----------|----------|
| Athens | 540 | 1350 | 2250 |
| Thessaloniki | 80 | 125 | 361 |
| Corfu | 350 | 560 | 732 |
| Chania | 70 | 105 | 323 |
| Total | 1,040 | 2,140 | 3,666 |

Sources: “Εισηγητική έκθεση νόμου 6077,” in Konstantinos Sifnaios, Πανδέκται νέων νόμων και διαταγμάτων (Athens: Τυρ. Makridou kai Alevropoulou, 1934), 9:493–94; Isaac Tastsoglou, “Η εν Ελλάδι περίθαλψις των ψυχοπαθών,” *Αρχαία Υγιεινής*, 3rd ser., 6 (1948): 35–44.

This unforeseen rise created many problems in the institutions and led to calls for their reorganisation. From 1931 to 1946 eleven laws and decrees were passed for public mental hospitals and nine for the Athens hospital, mainly to accommodate for the growth of patient numbers and the required increases in staff and buildings. The main law, passed in 1934, prescribed 1,500 beds for the Athens hospital, 650 for the Corfu hospital, 600 for the Thessaloniki hospital and 300 for the Chania hospital.¹¹ In its introductory report, the committee that presented the law to parliament stressed that this growth and reorganisation of public mental hospitals was necessary in order to meet the needs of the increasing number of patients, many of whom “were dangerous to public order”.¹² Although the law forbade the admission of more patients, before long, by the end of the 1930s, there were more patients than beds again in the Athens and Corfu asylums (table 1). Patients in Dafni hospital had reached an “immense number”, almost equal to half the hospitalised mental patients in Greece. In hospitals governed by private law, like the Dromokaiteio and Eginitio, there was no increase, as their administration had more control over admissions.¹³

While patient numbers fell during World War II, they started to swell again shortly after, and by the end of 1947 there were 2,775 hospitalised patients. Public hospitals were once again called to care for an increasing patient population. In 1948, Dafni’s first medical director, psychiatrist Isaac Tastsoglou, stated that the capacity of mental hospitals was making “progress” and was “satisfying”, at least in

¹¹ Law 6077, “Περί οργάνωσης δημοσίων ψυχιατρειών,” *Εφημερίς της Κυβερνήσεως (FEK)*, no. 78 A, 21 February 1934.

¹² “Εισηγητική έκθεση νόμου 6077,” 493.

¹³ Tastsoglou, “Η εν Ελλάδι περίθαλψις των ψυχοπαθών.”

comparison to other Balkan countries. Dafni, he underlined, was able to relatively satisfy the needs of the state, and it was hoped that the number of beds in Greece would soon be similar to that in “advanced countries” and meet the needs of the population.¹⁴ Two years later, however, a state official deemed the approximately 3,000 available beds insufficient in relation to the constant pressure to hospitalise “dangerous psychopaths” referred by the police. These had to be admitted to public hospitals despite the lack of beds, which resulted in overcrowding: in 1950 Dafni had 417 patients above capacity, and Thessaloniki public hospital 177. Based on European statistics of the incidence of mental illness, the same official speculated that 10,000 beds were needed, but admitted that the state planned an increase of 1,000, in order to satisfy pending applications and hospitalise drug addicts for detoxification.¹⁵

Along with pressure from public agents (chiefly the police, courts and municipalities) for the admission of “dangerous psychopaths”, private applications were also pressing: families too demanded more hospital beds. It is telling that more than 1,000 family applications were pending for admission to the first child psychiatric hospital when it commenced operations.¹⁶ Moreover, state pressure was sometimes family pressure in disguise: relatives often applied to the authorities for the hospitalisation of patients, whom they described as violent, threatening and dangerous.¹⁷ In many cases this was the only way to secure free hospitalisation for a family member during this period of insufficient mental healthcare provision, especially in the early 1950s, when, due to overcrowding, public hospitals sometimes admitted only “dangerous psychopaths”, that is, those sent by public authorities.¹⁸

Then, to meet both public and private demand, the number of beds was constantly on the increase in the 1950s and 1960s (table 2). Simultaneously, patient numbers were also increasing, surpassing the available beds in some hospitals. Health authorities attributed the “congestion” of hospitals to the postwar trend of mental illness increase (which, however, they deemed less pronounced in Greece

¹⁴ Ibid.

¹⁵ Christos Agoropoulos, “Η διεύθυνσις κοινωνικής υγιεινής,” *Αρχαία Υγιεινής*, 4th ser, 1 (1950): 439–48.

¹⁶ Georges Naylor, “Προκαταρκτικά σχόλια και συστάσεις δια το μέλλον να ιδρυθή παιδικόν νευροψυχιατρικόν νοσοκομείον υπό την αιγίδα του Υπουργείου Κοινωνικής Προνοίας και Υγιεινής της Ελλάδος,” 13 January 1959, archive of Aspasia Tavlaridou-Kaloutsis.

¹⁷ For example, application of A.K. to the Court of First Instance, 13 March 1962, General State Archives (GAK), Archive of the Municipality of Athens, folder 247.

¹⁸ Tr. Triantafyllos, “Περιληπτική έκθεσις περί της δημοσίας υγιεινής και της εν γένει δράσεως επί του πεδίου της υγείας του Υπουργείου Κοιν. Προνοίας κατά το έτος 1953,” *Αρχαία Υγιεινής*, 5th ser., 4 (1954): 235–324.

than internationally),¹⁹ but also to the nature of mental illness, as 25 percent of new patients each year became chronic patients, taking up hospital beds indefinitely.²⁰ Hospital statistics showed that every year admissions outnumbered discharges, which was interpreted as an increase in chronic patients.²¹

A way out of the problem was the hospitalisation of public patients in private, charitable institutions. In 1950, 590 of the 770 beds of the Dromokaiteio were subsidised by the Ministry of Health.²² The Eginitio also had many public patients and a long waiting list for state admissions.²³ Public patients were also admitted to private clinics, a major care and treatment agent in Greece since the early twentieth century, at least in the large cities. In the 1930s and 1940s there were 12 private clinics with approximately 200 beds, mostly in Attica.²⁴ In the following decade, they almost doubled (in 1953 they were 23 clinics with 682 beds)²⁵ and by the end of the 1960s they had more than doubled (56 clinics with 3,263 beds in 1968).²⁶ In the 1930s social security funds began subsidising many of their patients.

However, for the health authorities the problem of bed shortages and public hospital congestion could only be solved by the corresponding increase and “decentralisation” of beds. In the 1950s, to achieve this they proposed the foundation of “psychopath colonies”, in other words low-cost rural asylums. Ideally, these would be situated in spacious, sunny areas with plenty of water and suitable ground for agricultural work.²⁷ According to mental health professionals and state officials, these institutions would offer the incurable/chronic, quiet

¹⁹ Andreas Stratos, “Εισήγησις περί της ψυχικής υγιεινής εν Ελλάδι,” *Αρχαία Υγιεινής*, 5th ser., 8 (1959): 25–26.

²⁰ Triantafyllos, “Περιληπτική έκθεσις περί της δημοσίας υγιεινής.”

²¹ “Έκθεσις πεπραγμένων Υπουργείου Κοινωνικών Υπηρεσιών έτους 1970,” *Αρχαία Υγιεινής* 21 (1971).

²² Since its foundation in 1917 as the Ministry of Medical Care, the Ministry of Health changed names and integrated into and split from the Ministry of Welfare numerous times. For most of the 1950s it was part of the Ministry of Social Welfare, while from 1961 to 1967 it was separate. In 1968 it was integrated into the Ministry of Social Services. Theodoros Dardavesis, “Η ιστορική πορεία του Υπουργείου Υγείας στην Ελλάδα (1833–1981),” *Ιατρικό Βήμα* 115 (2008): 50–61. For the sake of simplicity, this article uses the designation Ministry of Health throughout.

²³ Letter of the sanitary inspector David Sarfatis to the Directorate of Inspection, 14 May 1966, GAK, ABE 2001, box 310.

²⁴ Tastsoglou, “Η εν Ελλάδι περίθαλψις των ψυχοπαθών.”

²⁵ Triantafyllos, “Περιληπτική έκθεσις περί της δημοσίας υγιεινής.”

²⁶ Vasilios Derdemezis, “Έκθεσις πεπραγμένων του Υπουργείου Κοινωνικών Υπηρεσιών, Τομέυς Υγιεινής, 1968,” *Αρχαία Υγιεινής* 19 (1969): 173–345.

²⁷ Agoropoulos, “Η διεύθυνσις κοινωνικής υγιεινής.”

and able-bodied mentally ill an occupation, low-cost care and a humane life, and would decongest hospitals, which would become scientific centres for the treatment of the “curable”.²⁸

To this end, two “psychopath colonies” were founded in the 1950s. The first was the agricultural colony for the chronically ill on Agios Georgios, a small island between the island of Salamina and Perama in Attica. It was founded in 1953 as an annexe to Dafni for approximately 320 patients. Initially 200 and eventually 500 patients were transferred there from Dafni. The second and larger colony was established at the end of 1957 on Leros, in a former Italian military facility. Its establishment elicited reactions from a neighbouring hospital and naval base because of fears about the proximity of “psychopaths” to their premises.²⁹ The island’s local authorities, on the contrary, were in favour of the colony, hoping that it would give employment to the population and would help the island overcome its economic problems.³⁰ The Leros colony was meant to have 650 beds but its capacity expanded in the late 1960s.³¹ Its patients came mainly from the large public mental hospitals in Athens and Thessaloniki. For example, in 1968 out of the 546 patients admitted to Leros, 300 were transferred from Dafni and 120 from Thessaloniki.³²

The foundation of these two colonies was not the end of the bed expansion policy. In 1959, a new increase of 3,900 beds was planned, including an asylum for incurable children in the old leper colony in Spinalonga, Crete; a hospital in Agios Nikolaos, Crete; a rehabilitation station in Kiourka (Afidnes), Attica; and a detoxification centre in the former sanatorium of Vytina, in the Peloponnese.³³ These did not materialise, and the concept of the colony was abandoned: in 1965 the Agios Georgios colony was closed and its patients were transferred to the Leros colony, which was renamed Leros Psychiatric Hospital. In place of colonies, four hospitals were established in different parts of Greece: the first

²⁸ Tr. Triantafyllos, “Παρατηρήσεις και σκέψεις αφορώσαι την βελτίωσιν της υγειονομικής υπηρεσίας του Υπουργείου Υγιεινής,” *Αρχαία Υγιεινής*, 4th ser., 1 (1950): 468–75.

²⁹ Letter of the Ministry of Social Welfare to the Ministry of National Defence, 11 December 1957, and letter of the Asklepion of Leros to the Greek Red Cross, 26 March 1956, GAK, ABE 966, folder 88.

³⁰ Letter of the Municipality of Leros to the prime minister and responsible ministers, n.d., GAK, ABE 966, folder 88.

³¹ Maria Mitrosyli, *Ψυχιατρείο Λέρου και μεταρρύθμιση: Δημόσιες πολιτικές, ίδρυμα, ασθενείς, κοινότητα* (Athens: Papazisis, 2015).

³² Derdemezis, “Εκθεσις πεπραγμένων.”

³³ Ilias Mavroulidis, “Εκθεσις περί της δημοσίας υγιεινής και της εν γένει δράσεως επί του πεδίου της υγείας του Υπουργείου Κοινωνικής Προνοίας κατά το έτος 1957,” *Αρχαία Υγιεινής*, 5th ser., 8 (1959): 17–115; Ioannis Psarreas, “Κήρυξις ενάρξεως των εργασιών του σεμιναριού προσωπικού ψυχιατρειών,” *Αρχαία Υγιεινής*, 5th ser., 8 (1959): 549–54.

Child Psychiatric Hospital (in Attica) with outpatient (1960) and inpatient services (1961) and the hospitals of Kalamata, Tripoli and Petra Olympou in Pieria. The Kalamata hospital was founded by the city's church authorities but was run by staff from Dafni and supported by the state.³⁴

Table 2.
Number of beds (and patients where available, in parenthesis), 1950–1970

| Institution | 1950 | 1953 | 1957 | 1968 | 1970 |
|--|---------------|---------------|-------|---------------|---------------|
| Athens Public Psychiatric Hospital, Dafni | 1,200 (1,417) | 1,600 (2,337) | 2,313 | 2,395 (2,246) | 2,500 (2,315) |
| Thessaloniki Public Psychiatric Hospital | 325 (502) | 700 (750) | 928 | 1,000 (1,038) | 1,185 (1,188) |
| Corfu Public Psychiatric Hospital | 338 | 395 (450) | 480 | 500 (529) | 510 (508) |
| Chania Public Psychiatric Hospital | 181 | 235 (250) | 264 | 330 (352) | 330 (321) |
| Leros Psychopath Colony/ Psychiatric Hospital (est. 1957) | | | | 2362 (1,999) | 2250 (2,212) |
| Daou Pentelis Child Psychiatric Hospital (est. 1958) | | | | 120 (99) | 250 (117) |
| Tripoli Public Psychiatric Hospital (est. 1967) | | | | 189 (128) | 400 (328)* |
| Petra Olympou Public Psychiatric Hospital (est. 1969) | | | | | 125 (120)** |
| Dromokaiteio (charitable psychiatric hospital), Athens | 770 | 935 | 921 | 864 | 900 |
| Vegeio (charitable psychiatric hospital), Kefalonia | 50 | 20 | 40 | 43 | |
| Lesvos Psychopath Asylum (charitable psychiatric hospital) | 20 | | | | |
| Eginitio (university psychiatric and neurological clinic), Athens | 105 | 130 | 190 | 170 | 178 |
| Kalamata Mental Hospital (private law) (est. 1961) | | | | 50 | 60 |
| Psychological Centre of Northern Greece (private law) | | | | 120 | 1,080 |
| Total | 2,989 | 4,015 | 5,136 | 8,143 | 9,768 |

* Patients were transferred from Dafni and Corfu.

** Commenced operations on 21 April 1970, admitted women only.

Sources: For 1950, Christos Agoropoulos, "Η διεύθυνσις κοινωνικής υγιεινής," *Αρχαία Υγιεινής*, 4th ser., 1 (1950): 439–48; for 1953, Tr. Triantafyllou, "Περληπτική έκθεσις περί της δημοσίας υγιεινής και της εν γένει δράσεως επί του πεδίου της υγείας του Υπουργείου Κοιν. Προνοίας κατά το έτος 1953," *Αρχαία Υγιεινής*, 5th ser., 4 (1954): 235–324; for 1957, Ilias Mavroulidis, "Έκθεσις περί της δημοσίας υγιεινής και της εν γένει δράσεως επί του πεδίου της υγείας του Υπουργείου Κοινωνικής Προνοίας κατά το έτος 1957," *Αρχαία Υγιεινής*, 5th ser., 8 (1959): 17–115; for 1968, Vasilios Derdemezis, "Έκθεσις πεπραγμένων του Υπουργείου Κοινωνικών Υπηρεσιών, Τομέυς Υγιεινής, 1968," *Αρχαία Υγιεινής* 19 (1969): 173–345; for 1970, "Έκθεσις πεπραγμένων Υπουργείου Κοινωνικών Υπηρεσιών έτους 1970," *Αρχαία Υγιεινής* 21 (1971).

³⁴ Kritsotaki and Ploumpidis, "Progressive Science Meets Indifferent State?"

Despite the ensuing increase (almost doubling) and “decentralisation” of beds, in 1969 the Ministry of Health still considered the lack of beds as the number one problem in mental healthcare.³⁵ What is more, some mental health professionals like Kaloutsis believed that the social needs of Greece “in asylum care”, at least of children, were great and not covered by existing institutions. While the government was studying the development of further programmes, Kaloutsis suggested that the Child Psychiatry Clinic in Dafni, of which he was in charge, should retain its asylum character.³⁶ In any case, it seems that by 1970 hospitals had managed to keep their increasing populations within the prescribed bed limits (table 2). This was mostly achieved through the increase in beds, often without the necessary changes in hospital conditions and provisions, as we will subsequently see.

Alternative Policies?

Along with concern about the increase in mental illness and patients, in the late 1950s, some optimism spread, internationally and in Greece, about the prospects of securing and promoting mental health with prevention, early diagnosis, new forms of inpatient and outpatient treatment, and rehabilitation. This optimism was advanced, among others, by the World Health Organization (WHO), which dispatched expert advisors to Greece, organised seminars in the country and gave scholarships to Greek professionals to train abroad.³⁷ The latter also participated in WHO conferences and seminars in other countries, while *Αρχαία Υγιεινής*, the official journal of the Ministry of Health, periodically published pieces by the WHO on mental hygiene.³⁸

Following trends disseminated by the WHO, Greek health authorities and mental health professionals in their public discourse stressed the international progress in the prevention and cure of mental illness, the possibility of avoiding chronicity with timely diagnosis and treatment, and the recognition of psychiatry as equal to other medical specialties and of mental illness as similar to any other

³⁵ Derdemezis, “Εκθεσις πεπραγμένων.”

³⁶ Andreas Kaloutsis, “Η παιδική ψυχιατρική κλινική,” 18 January 1966, GAK, ABE 2001, box 44. Kaloutsis mentioned two institutions for asylum care of children besides the Child Psychiatry Clinic in Dafni: the Child Department of Leros Hospital and the Centre for the Care of Children of the Patriotic Foundation for the Protection of Children, which had been founded in 1961.

³⁷ Agoropoulos, “Η διεύθυνσις κοινωνικής υγιεινής.”

³⁸ See, for example, Isaac Tastsoglou, “Διεθνές συνέδριο ψυχικής υγιεινής, 1948,” *Αρχαία Υγιεινής*, 3rd ser., 6 (1948): 171–78; “Το σύγχρονον ψυχιατρείον (ανακοίνωσις Π.Ο.Υ.),” *Αρχαία Υγιεινής*, 5th ser., 3 (1953): 494–97; *Αρχαία Υγιεινής* 19, no. 1 (1969) (a special issue marking the twentieth anniversary of the WHO).

disease. In parallel to the policy of increasing beds and the idea, supported even by progressive psychiatrists of the 1950s and 1960s, that asylums were needed, officials and professionals underlined the necessity for alternative policies, including therapeutic hospitals – that is, hospitals that, with modern treatments, prepared patients for life in the community after short periods of hospitalisation – prevention and education programmes and different kinds of extramural care and aftercare, such as day and night hospitals, hostels, protected workshops and therapeutic clubs.³⁹ The remainder of this article deals with these alternative policies in postwar Greece.

Towards the Therapeutic Hospital?

From the 1920s, there was a constant discourse of improving mental hospitals. The 1925 law aimed to turn hospitals from custodial to therapeutic institutions, and the 1934 law also stressed the mission of the public asylums to cure and care, moving them from the supervision of the Ministry of the Interior to the Ministry of Health. The move was meant to signify a change in attitude towards mental illness from viewing it as a threat to the social order to a health condition. The same law enabled the increase in medical staff and the systematic treatment of patients, mainly through occupational therapy.⁴⁰

After the war, numerous proposals were articulated and laws and decrees were enacted to regulate the transitional expansion phase of the hospitals, aiming at renovating facilities and building new ones, improving the cooperation of scientific and administrative staff, hiring more staff and new specialties, founding new departments and rehabilitation centres, and organising recreational activities and occupational therapy.⁴¹ To some extent, improvements were made. Hospitals were renovated and enhanced with new clinics and facilities, creating a “civilised and hygienic environment”. Hospital regulations were reformed and new professionals (psychologists, social workers and occupational therapists) were hired with better working conditions and salaries. Even hospitals with economic and infrastructural problems were found to be operating smoothly and to have enhanced their scientific

³⁹ Stratos, “Εισήγησις περί της ψυχικής υγιεινής εν Ελλάδι”; Ioannis Psarreas, “Αι ψυχικάί νόσοι και η ψυχική υγιεινή,” *Αρχεία Υγιεινής*, 5th ser., 8 (1959): 23–24; Gerasimos Alivisatos, “Η ανά τον κόσμον σήμερον ψυχική υγεία και αι ψυχικάί νόσοι,” *Αρχεία Υγιεινής*, 5th ser., 8 (1959): 27–41.

⁴⁰ Law 6077, “Περί οργανώσεως δημοσίων ψυχιατρειών”; Filandrianos, *Δημόσιο Ψυχιατρείο Αθηνών*, 36–83.

⁴¹ “Πορίσματα εργασιών του Α’ εν Ελλάδι Σεμιναρίου δια προσωπικών ψυχιατρειών,” *Αρχεία Υγιεινής*, 5th ser., 8 (1959): 565–78.

performance with meetings, discussions and courses.⁴² The diet, cleanness and care of patients were improved and a variety of older and newer treatments were applied, such as insulin and cardiazol coma (from the 1930s to the 1950s), electroconvulsive therapy (ECT) from 1945 (by 1954 all hospitals had ECT machines), psychosurgery (mainly between 1946 and 1949) and occupational therapy.⁴³ In comparison to the 1940s, when public hospitals confronted acute problems and shortages in staff, supplies, therapeutic means and buildings, leading to violence and widespread physical restraint, the 1950s and 1960s were perceived as a time of positive change.⁴⁴

Nevertheless, Greek psychiatrists and state officials faced great difficulties in turning asylums to therapeutic hospitals. They were constantly confronted by serious problems: insufficient and inadequate supplies, equipment and buildings (even in new hospitals, as they were usually located in old facilities, such as former sanatoria); outdated organisation methods; scarce and untrained staff, the lack of professionals, small remuneration and the usually long distance of hospitals from the city centres; problems in the cooperation between scientific and administrative staff; and overcrowding. As a result, patients were improperly handled, and scientific, up-to-date treatment and rehabilitation methods were impossible to apply. Reports on hospital conditions and work were, to say the least, ambivalent. For example, an inspection of the Corfu hospital in 1959 found it in order and clean, with beautiful gardens, where the inmates wandered freely, but made no comment on treatment, apart from the insufficiency of the nursing staff. Additionally, it stressed the total lack of clothes and shoes for the patients: “in winter and summer the inmates wear rags, giving the impression of abandonment.”⁴⁵

At the root of the problems lay a constant lack of funding. The number of beds expanded, but they were not properly supported, revealing that hospital treatment was still equated with asylum seclusion. At the end of the 1950s, a health official argued that money to improve hospitals would be found when conditions were ripe and when it was realised that understanding and support by the community and the state were needed.⁴⁶

⁴² Mavroulidis, “Εκθεσις περί της δημοσίας υγιεινής”; “Εκθεσις πεπραγμένων Υπουργείου Κοινωνικών Υπηρεσιών έτους 1970.”

⁴³ Triantafyllos, “Περιληπτική έκθεσις περί της δημοσίας υγιεινής”; Dimitrios Ploumpidis, Costas Tsiamis and Effie Poulakou-Rebelakou, “History of Leucotomies in Greece,” *History of Psychiatry* 26, no. 1 (2015): 80–87.

⁴⁴ Filandrianos, *Δημόσιο Ψυχιατρείο Αθηνών*, 91–105.

⁴⁵ “Απόσπασμα της υπ’ αριθ. 12/2/6/1959 πράξεως του Δ.Σ. του Ψυχ/κού Νοσοκομείου Κερκύρας,” GAK, ABE 2001, box 222.

⁴⁶ Ilias Giannakakis, “Χαιρετισμός στα μέλη του σεμιναρίου,” *Αρχεία Υγιεινής*, 5th ser., 8 (1959): 563–65.

Was therefore the old asylum giving way to the new therapeutic hospital, as an official claimed in 1969?⁴⁷ Below, we focus on the largest public hospitals of the time, those in Dafni (Athens) and Leros, in order to answer this question.

Dafni

Athens public psychiatric hospital was the first to be reformed in the interwar period: it acquired a medical director and was placed under the Ministry of Health in 1924. In the 1930s it was better organised, with water and electricity supplies, new buildings and services. Around 15 new doctors were hired, a scientific board was formed and files were kept for the systematic observation of patients. However, Kostas Filandrianos, a psychiatrist in Dafni from 1933 to 1966, stated that conditions and treatment remained problematic, and the staff, facilities and supplies insufficient due to the lack of state support, but mainly because for many years before and after the war the hospital bore “the weight of the psychiatric needs of the whole country” and “was tried beyond all limits by the constant and unbearable pressure of receiving surplus patients”.⁴⁸

Postwar official reports drew an alarming picture. Inspections were not frequent or regular: between 1945 and 1955 just two had taken place, in 1946 and in 1951, with the latter being limited to the management of food. In 1954 a scheduled financial control was reoriented to the control of staff quality, because of complaints of violence against patients, and after the inspectors themselves witnessed attendants and patients stoning and seriously injuring a patient. The inspectors’ report underlined the dissatisfactory organisation of almost all clinics, the poor infrastructure, overcrowding, insufficient cleanliness, lack of disinfectant, beds, linen and mattresses, heating and clothing, despite the large amounts of money spent every year on the hospital. They painted a dramatic picture of patients afflicted with lice and scabies, shivering out in the cold with no shoes and half-naked, sleeping on the floor, sometimes naked and injured, or chained in the yards. The hospital’s doctors testified that “failed shepherds” were hired as attendants, and that even some of the graduate nurses lacked devotion. Patients’ relatives stated that attendants and nurses blackmailed them to extract weekly sums in order to take care of the patients and secure them a bed. Attendants were violent, tied patients to beds and did not supervise them enough: the mother of a patient with dementia testified that a patient with syphilis sexually abused her son. Items of patients’ clothing were stolen, as were medicines, which were then sold to the patients’ relatives. The wife of a patient testified that she was

⁴⁷ Derdemezis, “Εκθεσις πεπραγμένων.”

⁴⁸ Filandrianos, *Δημόσιο Ψυχιατρείο Αθηνών*, 53.

systematically sexually harassed by attendants, who asked for sexual favours in order to look after the patients.⁴⁹

Things seemed to improve from the mid-1950s. According to Filandrianos, the period from 1956 to 1965 was the hospital's "heyday", a time of great developments and modernisation: new buildings and departments were added; more staff was hired; a social service, a psychological laboratory and, in some clinics, the psychiatric team were established; the scientific profile of the hospital was elevated and new treatments were added, mainly ECT and surgery, new drugs, the systematic application of occupational therapy, and, in the 1960s, group psychotherapy. As a result, conditions changed, restraint was reduced and discharges increased.⁵⁰ An inspection in 1963 was more positive on the order and cleanness of Dafni. Still, it underlined that some attendants were violent to patients, and cautioned that this behaviour caused bad publicity for the institution, undermining the public's trust in it. The report stressed that the medical and nursing staff had to treat all patients with affection and calmness, and asked the superiors to give guidelines to the staff.⁵¹

Such reports and later ones, which also highlighted similar problems, were often disputed by the hospital's administrators, who occasionally requested new inspections, arguing that some of the testimonies were the result of "the tendency to slander the institution", and that some inspectors wished to create strong impressions or had not correctly perceived the conditions in the hospital. Administrators emphasised the efforts made from the time of the first asylum in Agia Eleousa, efforts that had turned Dafni to "a tolerable asylum", where patients lived well, recognising at the same time the need for new and better staff and buildings, better-quality treatment, aftercare and rehabilitation, and the limitation of patient numbers. With these improvements, they claimed, "this poor Institution will be able to lose its asylum form and become ... a nursing Institution".⁵²

⁴⁹ "Διαπιστώσεις εκ του ενεργηθέντος μερικού διοικητικού ελέγχου του Δημοσίου Ψυχιατρείου Αθηνών," 3 February 1955, GAK, ABE 966, folder 69.

⁵⁰ Filandrianos, *Δημόσιο Ψυχιατρείο Αθηνών*, 85–87, 95, 97–113. See also Filandrianos, "Το έργο της νοσοκόμου του ψυχιατρείου στην ψυχιατρική ομάδα," *Αρχαία Υγιεινής*, 5th ser., 8 (1959): 628–42; A. Michalakeas, M. Grilla, E. Drouga and N. Dimopoulou, "Επί της εφαρμογής της βιομηχανικής απασχολήσεως εις το Κ.Θ.Ψ.Π.Α.," *Αρχαία Υγιεινής* 19 (1969): 114–26.

⁵¹ Letter of the Ministry of Hygiene to Athens Public Psychiatric Hospital, 19 November 1963, GAK, ABE 966, folder 36.

⁵² "Απόσπασμα πρακτικών της υπ' αριθ. 13/18/7/68 συνεδριάσεως του διοικητικού συμβουλίου του Κ.Θ.Ψ.Π.Α.," GAK, ABE 2001, box 310 (1966–1968).

Thus, representations of Dafni in the 1950s and 1960s were contradictory. Conditions improved, more in some of its clinics than in others, as the “decentralisation” of psychiatric beds and the hospital’s “decongestion” allowed all patients to live in “sanitary chambers with enough humanity”.⁵³ At the same time, stagnation and multiple problems were in evidence. As Filandrianos stated, the hospital was not perfect, nor was it a disgrace. This type of verdict was based on a traditional/conservative view that deemed the existence of large hospitals like Dafni indispensable in order to care for patients from the lower classes, provide a way out of social, economic and familial problems, and secure social order. From this perspective, in 1977 Filandrianos, who was a fervent supporter of reforms and improvements in Dafni, suggested that those who criticised the hospital did not see its social contribution, and were guided by a misconceived idea of the role and potential of psychiatry: they were “ultra-modernists”, who proposed fantasies like the replacement of the closed hospital by an open one where all admissions would be voluntary. They ignored, he continued, the existing issue of the security of the healthy. They also disregarded the fact that, until there was a cure for mental illness, closed psychiatric institutions would be necessary.⁵⁴

Leros

Progress in Dafni was based, Filandrianos underlined, on its decongestion and, thus, primarily on the founding of the Leros colony. Then, the attempt to transform Dafni from an asylum into a hospital presupposed the creation of another asylum for the patients deemed incurable. The serious problems of the Leros colony/hospital in the 1960s and 1970s became notorious: the overwhelming number of patients, the inadequate staff, the neglect, restraint and inhuman conditions, all of which led to what became known as the scandal of Leros.⁵⁵ Whereas the scandal was vividly portrayed in the late 1970s and mainly in the 1980s, state officials and some mental

⁵³ Filandrianos, *Δημόσιο Ψυχιατρείο Αθηνών*, 108–9.

⁵⁴ *Ibid.*, 131.

⁵⁵ Amy Blue, *Η δημιουργία της ελληνικής ψυχιατρικής: πολιτισμός, εαυτός και ιατρική* (Athens: Exantas, 1999), 23–32 and 313–14; Ioannis Loukas, “Λέρος και ψυχιατρική μεταρρύθμιση: Από τον ιδρυματισμό στο νεοϊδρυματισμό,” *Κοινωνία και Ψυχική Υγεία* 3 (2006): 26–36; Danaï Karydaki, “A Greek Neverland: The History of the Leros Asylums Inmates with Intellectual Disability (1958–1995),” in *Intellectual Disability in the Twentieth Century: Transnational Perspectives on People, Policy, and Practice*, ed. Simon Jarrett and Jan Walmsley (Bristol: Polity, 2019), 79–97. Scandals of misconduct and maladministration are not unknown in psychiatry. See, for example, David May, “The Baldovan Institution Abuse Inquiry: A Forgotten Scandal,” *History of Psychiatry* 30 (2019): 267–82.

health professionals had been aware of these conditions earlier. For example, in 1967–1968 a series of inspections by the director of Kos Hygiene Centre highlighted that occupational therapy – the supposed aim of the colony/hospital – was extremely limited, and that conditions were overcrowded and unhygienic: he noted the lack of space between beds, the lack of beds for all patients, and the unclean sheets, dishes and floors. He reported again and again that many patients had lice, were naked or half-naked and were left without shoes in the rain and cold. The staff contended that laundry facilities were not sufficient, and that the washing machines were not working because of the inadequate electrical supply. The inspector, however, identified as the main problem the quantity and quality of the staff: it was deficient in numbers and training, indifferent, unjustifiably absent and idle. They did not give patients spoons in case they lost them or pillows and pillowcases so that they would not destroy them, and did not supply the heaters with oil.⁵⁶ Although the inspector detected some improvement in treatment, such as a book of reports kept in all departments, no progress was made in recreation and occupational therapy.⁵⁷ Obviously, a major problem was the unlimited increase in patients: in 1971 an inspector went as far as to state that more and more patients were being sent to Leros not for their own care but for the benefit of the island's merchants, who provided the hospital with goods. This, it was later explained, was hyperbole, to highlight the opposition between the continuously increasing patient numbers and the administrative chaos and lack of interest in the hospital by the state and staff.⁵⁸

The administrative board responded to these reports by making some effort to improve, for example by ordering clothes and laundry machines,⁵⁹ or by replying that it was unable to do much. In a letter to the Ministry of Health in 1967, the hospital administrative director asked: “how could those who created Leros Psychiatric Hospital with 2,650 beds not have considered with what and of what quality personnel they would staff it? ... Did they ask themselves how it would be possible to start from scratch, apart from the abandoned buildings, to create within a short period of time a ‘Hospital’ as we mean it in 1967?” He also stressed that it was hard to discipline the staff, as they were hired without any control, and

⁵⁶ Letter from the Ministry of Social Welfare to the administrative board of Leros Psychiatric Hospital, 6 March 1968, and Report of the inspections of Leros Psychiatric Hospital in January 1968, 2 February 1968, GAK, ABE 2001, box 310 (1966–1968).

⁵⁷ Reports from the inspections of Leros Psychiatric Hospital, 31 March 1967 and 11 November 1967, GAK, ABE 2001, box 310 (1966–1968).

⁵⁸ Letter from the Regional Administration of Attica and Islands to the Ministry of Social Services on the report of the inspector I. Triantafyllopoulos, 22 November 1971, GAK, ABE 2001, box 310, 1971.

⁵⁹ Report on the inspections of Leros Psychiatric Hospital in January 1968.

often quit if sanctioned. Nevertheless, he pointed out that everything possible was done and much had been accomplished: equipment was purchased, buildings were improved, the staff was better supervised, and seminars for the nursing staff were organised.⁶⁰ Similarly, public accounts of the conditions in Leros hospital, like the ones published in *Αρχαία Υγιεινής*, stressed the technical works and building improvements, for example the creation of two rooms for occupational therapy, as well as the undertaking of “every effort” for the monitoring and treatment of the patients.⁶¹ Despite the lack of administrative, medical, nursing and other staff (in 1970 just 15 of the 33 doctor positions were filled and there was only psychiatrist on the staff), it was found that the staff fulfilled their duties adequately.⁶²

In a nutshell, the Leros and Dafni cases highlight that conditions in public hospitals were highly problematic and made them look more like asylums than therapeutic institutions. However, these conditions were known and tolerated by professionals and the authorities for two reasons: first, such institutions were deemed necessary and were demanded by the state, families and society in general; second, they had improved in comparison to their recent past.

Other than a Hospital: Mental Hygiene and Extramural Care

Given the situation in large public mental hospitals, some professionals thought that the improvement of mental healthcare was less likely to happen in such institutions than in small, private services, where initiatives and reforms could take off more easily. The first Greek psychiatric social worker, Aspasia Tavlaridou-Kaloutsi, described how her friends dissuaded her from working in Dafni, arguing that “outside the hospital we can do something”.⁶³ On the contrary, reform-minded public hospital psychiatrists, like Filandrianos, claimed that despite all the obstacles, new practices could and were successfully implemented in the public sector.⁶⁴ Filandrianos was possibly trying to show that public hospital practice was as good as the practice of new private initiatives, thus responding to an implicit antagonism between public and private mental healthcare, evident in Tavlaridou-Kaloutsi’s testimony. It seems, though,

⁶⁰ Letter from the administrative director of Leros Psychiatric Hospital to the Ministry of Social Welfare, 17 July 1967, GAK, ABE 2001, box 310 (1966–1968).

⁶¹ Derdemezis, “Εκθεσεις πεπραγμένων”; “Εκθεσεις πεπραγμένων Υπουργείου Κοινωνικών Υπηρεσιών έτους 1970.”

⁶² Efstathios Zolotas, “Εκθεσεις της εν γένει λειτουργίας της ενεστώσης καταστάσεως και των προπτικών ανυψώσεως στάθμης Ψυχιατρικού Νοσοκομείου Λέρου,” 18 March 1971, GAK, ABE 2001, box 310, 1971.

⁶³ Interview of Aspasia Tavlaridou-Kaloutsi with the author, 16 January 2012, 00.12.

⁶⁴ Filandrianos, “Το έργο της νοσοκόμου του ψυχιατρείου στην ψυχιατρική ομάδα.”

that private agents were indeed more dynamic than public ones in creating alternatives to the hospital. These can be grouped in two interconnected categories: mental hygiene programmes and extramural care.

Mental Hygiene

Mental hygiene, a mental health movement that developed in the first half of the twentieth century in Europe and North America, was focused on mental health promotion through education of the public, childhood mental health, and prevention of mental illness.⁶⁵ In Greece, some hints of mental hygiene were evident in the 1930s and 1940s; for example, according to the 1934 law, “psychiatric services and outpatient clinics of public hospitals aim ... at the research and popularisation of the conditions of mental hygiene”.⁶⁶ The movement became more noticeable in the 1950s, when a few private mental hygiene organisations were founded: the Mental Health Section of the Royal National Foundation in 1956 (in 1964 named the Centre for Mental Health and Research), the Panhellenic Association for Mental Hygiene in 1956, the Society for the Mental Hygiene and Neuropsychiatry of the Child in 1957 and the Psychological Centre of Northern Greece in 1958. The first was the most active, combining clinical treatment in outpatient services with mental hygiene programmes of education and prevention.⁶⁷

The state was not as dedicated to education and prevention, primarily focusing its efforts on increasing psychiatric hospital beds. Mental hygiene was usually under the authority of the Directorate or Department of (Social) Hygiene in the Ministry of Health, which was also responsible for mother and child hygiene and the fight against tuberculosis, venereal diseases, trachoma, alcoholism, drug addiction and cancer. These illnesses were dubbed, along with mental illness,

⁶⁵ For the mental hygiene movement, see Johannes C. Pols, “Managing the Mind: The Culture of American Mental Hygiene, 1910–1950” (PhD diss., University of Pennsylvania, 2001); Harry Oosterhuis, “Outpatient Psychiatry and Mental Health Care in the Twentieth Century: International Perspectives,” in Gijswijt-Hofstra et al., *Psychiatric Cultures Compared*, 248–76 and Mathew Thomson, “Mental Hygiene as an International Movement,” in *International Health Organisations and Movements, 1918–1939*, ed. Paul Weindling (Cambridge: Cambridge University Press, 1995), 283–304.

⁶⁶ Law 6077, “Περί οργανώσεως δημοσίων ψυχιατρείων.”

⁶⁷ Despo Kritsotaki, “Social and Mental Hygiene: Models of Mental Illness Prevention in Twentieth-Century Greece (1900–1980),” in *Preventing Mental Illness: Past, Present and Future*, ed. Despo Kritsotaki, Vicky Long and Matthew Smith (Cham: Palgrave Macmillan, 2019), 111–30.

“social illnesses”,⁶⁸ a grouping that often led to a vague approach to mental hygiene, focusing on non-psychiatric concepts, such as the cultivation of the Christian sentiments of love, interest and understanding for fellow human beings,⁶⁹ and the protection of children from inappropriate and immoral stimuli.⁷⁰ Within this context, mental hygiene programmes were haphazard and limited to occasional enlightenment activities, like the distribution of educational material and the organisation of lectures, radio talks, film screenings and exhibitions.⁷¹ Not surprisingly, in 1969 the director of the Hygiene Department of the ministry admitted that not much had been done in terms of mental hygiene. He attributed this to the lack of legislative provision and to the public’s reluctance to cooperate, arguing that “the lower social classes and mostly the rural population” perceived mental health in terms of madness and seclusion in hospitals.⁷²

If not active itself, the state acknowledged and supported private mental hygiene initiatives. State officials participated in the administrative boards of private organisations, and public funding and cooperation was provided to their activities.⁷³ For example, in 1958 the Ministry of Health organised, with the Mental Health Section, a seminar for psychiatric hospital staff, and, in 1962, the Panhellenic Association for Mental Hygiene organised the Mental Health Week under the auspices of the ministry, in order to disseminate the principles of mental hygiene to the public.⁷⁴ Furthermore, the state made use of the services and employees or members of private organisations. For instance, in the 1960s the Mental Health Section prepared social histories of clients for services without social workers, and examined and treated cases referred by the police.⁷⁵ Thus, in

⁶⁸ Agoropoulos, “Η διεύθυνσις κοινωνικής υγιεινής.”

⁶⁹ Psarreas, “Αι ψυχικά νόσοι και η ψυχική υγιεινή.”

⁷⁰ Kritsotaki, “Social and Mental Hygiene.”

⁷¹ For example, the ministry organised 20 screenings of films on mental health in 1968. Derdemezis, “Εκθεσις πεπραγμένων.”

⁷² Ibid.

⁷³ Stratos, “Εισήγησις περί της ψυχικής υγιεινής εν Ελλάδι”; Agoropoulos, “Η διεύθυνσις κοινωνικής υγιεινής”; Psarreas, “Αι ψυχικά νόσοι και η ψυχική υγιεινή”; Andreas Kokkevis, “Προσφώνηση κατά τα εγκαίνια του Ψυχολογικού Κέντρου Βορείου Ελλάδος,” *Αρχαία Υγιεινής* 14 (1964): 448–49; “Πειραματική Μονάδα Υγείας Θεσσαλίας,” June 1962, GAK, ABE 2001, box 44.

⁷⁴ The proceedings of the seminar were published in *Αρχαία Υγιεινής*, 5th ser., 8 (1959): 549–660. The Mental Health Week featured speeches, films and visits to Dromokaiteio to familiarise the public with mental hospitals and mental illness. Giorgos Lyketsos, *Το μυθιστόρημα της ζωής μου* (Athens: Gavrilidis, 1998), 310–13.

⁷⁵ *Center for Mental Health and Research* (Athens: Center for Mental Health and Research, 1968); “2/62 συνεδρία του προσωπικού του Σταθμού Κοινωνικών Βοηθειών Πατρών, 16 January 1962,” archive of Aspasia Tavlaridou-Kaloutsis.

the 1950s and 1960s the state relied on private initiatives for the dissemination of mental hygiene, but also for the treatment of patients, not only in charitable hospitals, as we have already mentioned, but also in outpatient services, as we will see next. The mixed economy of mental healthcare was generally characteristic of welfare in postwar Greece, where various agents, such as voluntary organisations, the church and the palace, were active in sectors where the state was lacking or absent. The aims and results of these agents have been questioned and debated, but their activities were extensive and cannot be ignored.⁷⁶

Outpatient Services

The move of care from closed institutions to open services was a major development of twentieth-century mental healthcare, of which Greek professionals and health officials were aware. Already in the interwar period, Law 6077/1934 established outpatient clinics in mental hospitals, although these did not materialise. After the war, psychiatrists and state authorities underlined that public mental healthcare should include not only hospitals, but also institutions of prevention, early diagnosis and treatment of illness in its incipient stages, such as mental hygiene clinics in the large general hospitals.⁷⁷ Kaloutsis, who, as we saw, stressed the needs for asylum care for children, argued that medico-pedagogical centres, that is, open child psychiatry services, had more social value, as they offered prevention and early diagnosis, proposed the appropriate treatment, advised parents, teachers and institutions, such as the juvenile court, and intervened directly in the relationships within the family and every environment concerning children.⁷⁸ In addition, since medico-pedagogical centres even treated children who were not mentally ill but only difficult and neurotic, these services were deemed ideal for the prevention of

⁷⁶ Efi Avdela, “*Νέοι εν κινδύνω*”: επιτήρηση, αναμόρφωση και δικαιοσύνη ανηλίκων μετά τον Πόλεμο (Athens: Polis, 2013); Andreas Andreou, Sofia Pliadou-Tachou and Giannis Betsas, “Από το ‘παιδομάζωμα’ στο βασιλικό ‘παιδοφύλαγμα’: μεταπολεμικές όψεις κοινωνικής δικαιοσύνης στις Βόρειες Επαρχίες της χώρας” (paper presented at the 5th Scientific Conference on Education History “Education and Social Justice,” 2009); Vasiliki Rapti, “The Postwar Greek Welfare Model within the Context of Southern European Welfare,” in *Reciprocity and Redistribution: Work and Welfare Reconsidered*, ed. Gro Hagemann (Pisa: Plus–Pisa University Press, 2007), 43–60; Jean Meynaud, *Οι πολιτικές δυνάμεις στην Ελλάδα, 1946–1965* (Athens: Savvalas, 2002), 1:340–42.

⁷⁷ Triantafyllos, “Παρατηρήσεις και σκέψεις αφορώσαι την βελτίωσιν της υγειονομικής υπηρεσίας του Υπουργείου Υγιεινής”; Dimitrios Konstantinidis, “Περί της ψυχικής υγιεινής και του σκοπού αυτής,” *Αρχεία Υγιεινής*, 4th ser., 1 (1950): 322–31.

⁷⁸ Kaloutsis, “Η παιδική ψυχιατρική κλινική.”

mental illness.⁷⁹ In the 1950s, most medico-pedagogical centres were founded by private agents, such as the Association Athineon (1953), the Institute of Medical Psychology and Mental Hygiene (1954), the Mental Health Section (1956) and the Psychological Centre of Northern Greece (1958). Public medico-pedagogical centres would follow: in the University Clinic of Thessaloniki (1956), in Daou Pentelis Child Psychiatric Hospital (1960) and in Dafni (1964).⁸⁰ However, as their number was limited, private ones were still used by the state.

For adults, extramural psychiatric care was mostly provided by the outpatient neuropsychiatric clinics of hospitals, which had existed since the 1910s in Eginitio and since the 1920s in large general hospitals of Athens and Piraeus (for example in Evangelismos and Tzaneio, respectively).⁸¹ After the war, and especially from the late 1950s, more such clinics were founded. In 1965 Dafni acquired an outpatient service, which aimed to facilitate the admission of patients to the hospital and, with the help of visiting nurses, to examine and monitor outpatients, offer aftercare to discharged patients, and provide free medication to the poor.⁸² Additionally, the medical centres of the Social Security Foundation (IKA) had outpatient neurological departments,⁸³ which in this period also covered psychiatric cases, as neurology and psychiatry were a joint medical specialty. However, these often lacked staff and provided only short examinations.⁸⁴

Indeed, many of these outpatient clinics often offered only examination, diagnosis and medical certificates for hospital admission; frequently, they had no capacity to offer prevention, treatment and aftercare services. In particular, extramural programmes of prevention and rehabilitation were limited and principally run by private agents, like the Mental Health Section, with its social aid stations, counselling departments and therapeutic clubs, and the Centre for

⁷⁹ Despo Kritsotaki, "Mental Hygiene and Child Guidance in Post-war Greece: The Case of the Centre for Mental Health and Research, 1956–1970," *Social History of Medicine* 27 (2014): 751–67.

⁸⁰ Eleni Olivieri, *Η ψυχολογική εξέταση του παιδιού: η λειτουργία ενός ιατρο-παιδαγωγικού κέντρου* (Athens: Institute of Medical Psychology and Mental Hygiene, 1955); *Μεγάλη Παιδαγωγική Εγκυκλοπαίδεια Herder*, vol. 3, v. "κέντρα ιατροπαιδαγωγικά" (Aikaterini Michalopoulou).

⁸¹ Tastsoglou, "Η εν Ελλάδι περίθαλψις των ψυχοπαθών."

⁸² Filandrianos, *Δημόσιο Ψυχιατρείο Αθηνών*, 105.

⁸³ "Εκθεσις αφορώσα αποστολήν εις Ελλάδα υπό Dr André Repond, εμπειρογνώμονος συμβούλου του Περιφερειακού Γραφείου της Ευρώπης επί ζητημάτων ψυχικής υγιεινής, 9/5–7/6/1956," 15 June 1956, archive of Michail Goutos/Dimitris Ploumpidis.

⁸⁴ G. Katsafados, "Η ιατρική περίθαλψις εις την ασφάλισιν κατά της νόσου," *Αρχαία Υγιεινής*, 5th ser., 5 (1955): 113–80.

the Rehabilitation of Disabled Civilians (Κέντρο Αποκατάστασης Πολιτικών Αναπήρων) in Psychiko, which also covered mental patients.⁸⁵

Potential loci of public outpatient services for prevention, treatment and aftercare were the polyclinics, which operated at the local level of prefectures. The first polyclinics were founded in Attica during the 1930s and 1940s and were later named health centres. They were supposed to include a neurological clinic and to work extensively in the environment of patients with social illnesses (which, as we saw, included mental illness). Their work was defined as preventive and therapeutical: the prevention and treatment of contagious and social diseases; the sanitation of the environment; mother and child hygiene; the examination, treatment and facilitation of hospital admission of pauper patients; and the monitoring of home treatment by visiting nurses, who undertook the social research and educated the patients and their environment in hygiene. In practice, though, treatment absorbed much of the polyclinics' work, because pauper patients had limited other options to get treatment.⁸⁶ In addition, polyclinics were not sufficiently developed and faced serious problems and a lack of staff due to a shortage of financial resources, as hospitals absorbed most of the public health funding.⁸⁷ As a result, many polyclinics' neurological departments did not function efficiently, mostly assisting hospital admissions, and in some cases were even shut down.⁸⁸

There were a few exceptions. One was the Vyronas polyclinic, in Attica, where in 1961 a Mental Hygiene Department was founded. This open community service was oriented to the detection, prevention, early treatment and referral of psychiatric cases. Visiting nurses spotted cases in need of psychiatric help; the medico-pedagogical centre and the adult outpatient clinic offered diagnosis, family guidance, referral to other psychiatric services but also treatment with psychotherapy and medication.⁸⁹ Another exception was the Mental Hygiene

⁸⁵ Andreas Kaloutsis, “Κοινωνική ψυχιατρική” (undated speech), archive of Aspasia Tavlaridou-Kaloutsis; Efstathios Liberakis, “Group Techniques in a Therapeutic Club” (paper presented at the First Athenian Symposium on Group Techniques, Athens, 1966), archive of the Center for Mental Health and Research of Thessaloniki.

⁸⁶ Konstantinidis, “Περί της ψυχικής υγιεινής και του σκοπού αυτής”; Triantafyllos, “Περιληπτική έκθεσις περί της δημοσίας υγιεινής”; Tr. Triantafyllos, “Η εξέλιξις της κρατικής υγειονομικής υπηρεσίας της Ελλάδος και η σημερινή θέσις αυτής,” *Αρχαία Υγιεινής*, 4th ser., 1 (1950): 247–71; “Κέντρον Υγείας Βύρωνα” and “Υγειονομικόν Κέντρον Αττικής,” GAK, ABE 2001, box 44.

⁸⁷ In 1950, for example, out of 230 billion drachmas, 180 was absorbed by hospitals and only 50 by the other public health needs. Triantafyllos, “Η εξέλιξις της κρατικής υγειονομικής υπηρεσίας.”

⁸⁸ Triantafyllos, “Περιληπτική έκθεσις περί της δημοσίας υγιεινής.”

⁸⁹ “Κέντρον Υγείας Βύρωνα.”

Centre of the Experimental Sanitary Unit of Thessaly, which was established in 1959 by the WHO, UNICEF and the Greek state. It was based in Larissa, but also had a mobile rural unit covering the prefectures of Larissa, Magnesia, Trikala and Karditsa. In 1961 it acquired a medico-pedagogical centre.⁹⁰ By the end of the 1960s there was also a Mental Hygiene Centre in the Peristeri polyclinic, Attica⁹¹ and in the 1970s outpatient services in hospitals and social security medical centres spread further.⁹² However, up to this time, the establishment of extramural services was a lesser priority than the increase in beds, with the foundation of new intramural services and the growth of existing ones.

Conclusions

All in all, the Greek mental health system entered a phase of expansion after World War II. Until the 1970s, policies mainly sustained the traditional mental healthcare institution, the asylum and, only to a lesser degree, introduced innovations in terms of extramural services and mental hygiene programmes. For Greek experts and officials, and probably for a part of the public, asylums – closed institutions for the care and custody of the “dangerous” and chronically mentally ill – were a professional, social and national necessity. The increase in beds in closed mental hospitals was presented as a policy to catch up with the ratio of beds to population in the “advanced” countries, was supported by professionals, and responded to the continuous increase in family and state admissions to such institutions in the interwar and postwar periods. During this time, social social changes – mainly immigration and urbanisation, and the traumatic experiences of the Asia Minor War, World War II, the occupation and the civil war – were putting a strain on individuals’ mental health and families’ and communities’ capacities to support ill members.

Eventually, by 1970 statistics no longer indicated a surplus of inmates in mental hospitals. However, the bed-increase policy had taken place at the

⁹⁰ “Πειραματική Μονάδα Υγείας Θεσσαλίας.” The unit aimed at the promotion of public health in rural areas (prevention, treatment and enlightenment), the research and training of staff, as well as the coordination of agents and the better use of funding from state and international organisations. According to the agreement signed on 25 November 1959, the unit included services for the protection of mothers and children, for tuberculosis, venereal diseases and dermatology, and for mental and dental health care. Andreas Stratos, “Ομιλία επ’ ευκαιρία των εγκαινίων της Πειραματικής Υγειονομικής Μονάδος (Π.Υ.Μ.) Θεσσαλίας, γενομένη τη 25 Σεπτεμβρίου 1960 εις Φάρσαλα,” *Αρχαία Υγιεινής* (1960): 9–12.

⁹¹ Derdemezis, “Εκθεσις πεπραγμένων.”

⁹² Center for Mental Health and Research, *An Epidemiological Study on Mental Health*, 98–99.

expense of the quality of life, care and treatment in closed institutions, which did not manage to attain the international standards of the therapeutic hospital. Overcrowding, poor hygiene, non-existent therapeutic environments and violence were among the problems known and, to a large extent, tolerated by state officials, mental health professionals and families for many reasons: the lack of funding, interest and alternative care options, but also the fact that there had been improvements made in mental hospitals since the mid-1950s.

For all these reasons, there were no social or professional demands for the abolition of closed mental institutions in Greece until the 1970s; only demands for reforming them and complementing them with alternative mental healthcare options: education, prevention and aftercare programmes and outpatient services. While echoing international optimism on the potential to promote mental health, these initiatives were not widespread in Greece, and were less developed in the public than in the private sector. Despite the antagonism conveyed in contemporary professional discourses between the private sector, which promoted new mental health ideas and practices, and the public sector, which remained attached to traditional (asylum) practices, there were also interactions and synergies between the two. The public sector acknowledged and supported private mental hygiene initiatives, and certainly counted on them for the treatment of patients and the realisation of mental hygiene programmes, which were not prioritised in the public policy of the time. This mixed economy of mental health, though, was not sufficient to cover the needs of mental healthcare provision in the postwar period. Hopes for better-organised and more comprehensive policies arose with the fall of the dictatorship in 1974, but their fate is a different story.

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