

DEINSTITUTIONALIZATION AND FAMILY BURDEN FOLLOWING THE PSYCHIATRIC REFORM

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Introduction: Deinstitutionalization in Crete and the closure of the only Psychiatric Hospital in 2006, has resulted in a significant shift of treatment options that were available for chronic psychiatric patients. Specifically, psychiatric care shifted from long-term or even lifetime hospitalization, to short-term hospitalization and community-based treatment.

Objective: To examine the residential/occupational status of the patients discharged from the Psychiatric Hospital after its closure and the profile of residence, psychiatric profile and sociodemographic data of inpatients of the Psychiatric Department of the University Hospital of Crete (PD/UHC).

Aim: To explore the burden of family members living in the same home with chronic psychiatric patients.

Method: We examined the residence status of the patients discharged from the Psychiatric Hospital. Furthermore, we examined the psychiatric profile and sociodemographic data from 400 inpatients that were admitted between Nov 2011 and August 2012 in the PD/UHC. We analyzed the data by using frequencies.

Results: Among Psychiatric Hospital residents, 72% returned home after its closure, while 2.5% were referred to community services. Among psychiatric inpatients, 82,9% return home after discharge. From a subset of 212 patients, 64% live with their own/paternal families, while 24.5% live alone, and 63% of patients living with family/relatives, remain unemployed/on welfare.

Conclusions: Psychiatric reform and inadequate community-based psychiatric services, has resulted in an increasing family burden, since most psychiatric patients remain unemployed, under the care of their family. There is a need for development of community-based services to provide care and assistance to chronic patients and their families.