

GREEK NPM'S EXPERIENCE-CARE INSTITUTIONS AND DEMENTIA

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The L. 4228/2014, which ratified the Optional Protocol to the Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment of the General Assembly of the United Nations. Article 2 of the above mentioned law nominates the Ombudsman as the "National Preventive Mechanism".

The mission of the National Preventive Mechanism includes investigation of the treatment of persons deprived of their liberty on a regular basis, submission of respective improvement recommendations to the competent authorities, and, finally submission of proposals and observations regarding the applicable legislation or drafting of legislation.

To implement the mission assigned to the Ombudsman, a regulatory decision was initially issued setting up a working group, regarding the activities of the "National Preventive Mechanism" (NPM), under the responsibility of a Deputy Ombudsman. This group assumed the task of the management of all the matters falling within the spectrum of competence of the NPM and the effective organization and function of the National Preventive Mechanism, the performance of visits-inspections, and the meetings and co-operation with relative administration authorities.

Furthermore, in the context of preparation, the Ombudsman informed the competent ministries about this new competence, highlighted that this specific mission is an international obligation of the country, under which, there must be a regular information input of the competent UN bodies, and asked for their cooperation, aiming at the successful implementation of such a competence.

The last two years was most of a preparatory phase for the Greek NPM. Even though taking preventive action was not something unknown to the Greek Ombudsman in specific fields and especially in the area of persons deprived of their liberty, setting up a NPM was something far beyond that.

Within the last two years of our functioning, we conducted a series of visits to traditional places for people deprived of liberty, such as prisons, and police detention centres, but also to first reception centres for refugees and third country nationals, and pre removal centres, as well as to public mental care institutions, and institutions for people with disabilities.

As far as it concerns, the situation in mental health care we note that:

The prolonged economic crisis has detrimental consequences to the increase of mental disorders in the general population, particularly depression and suicidal tendencies, and to the increase in the demand for psychiatric and psychological assistance. But due the crisis and non sufficient funding, there is a general degradation of the public system of mental health services. Accordingly, the major challenges in the area of mental health are:

- to block the exclusion of the mental health of the priorities of social policy and the wider health policy
- to try to stop the further weakening of mental health facilities network
- to face the burnout of mental health professionals.

The Ombudsman has repeatedly referred to issues of violation of the rights of the mentally ill persons and the need to safeguard these rights. We have sought to highlight the violations of the rights of mental patients and mobilize relevant authorities. Unfortunately, the response was not satisfactory.

Apart from the visits to the main state institutions for people deprived of their liberty, such as prisons and police stations, where the Ombudsman had already a significant experience, it was and still remains a crucial point for the NPM to approach and address mental care institutions and other institutions e.g for people with disabilities, which often challenge the scope of the NPM's mandate, on the basis that they provide health care and people hosted there are not officially deprived of their liberty.

Nevertheless, according to the Advices of the SPT, the preventive approach which underpins the OPCAT means that the interpretation of article 4 of OPCAT, should be as expansive as possible, in order to maximise the preventive impact of the work of the NPM. The SPT therefore takes the view that any place in which a person is deprived of liberty (in the sense of not being free to leave), or where it is considered that might be deprived of liberty, should fall within the scope of the OPCAT, if it relates to a situation in which the State either exercises, or might be expected to exercise a regulatory function.

In any case, the NPM ought also to be mindful of the principle of proportionality and necessity when determining its priorities and the focus of its work. In the light of recent developments in the management of the huge number of refugee and immigration flows, and on the condition that we have limited financial and human resources, it is logical that the administrative detention of refugees and third country nationals remains a priority for the Greek NPM, but we will try not to exclude from our work the rights of patients or disabilities. Your input concerning the rights of people with dementia is extremely fruitful, since we do not have up to now sufficient experience on the matter.

We will continue with the presentation of the Greek national preventive mechanism against torture and maltreatment (NPM) by summarising some data on the situation in Greece with regard to our topic.

In Greece, there are about 200,000 individuals with dementia, and this number is expected to exceed 600,000 by 2050. The annual cost of dementia in Greece is estimated at 3 to 6 billion euros.

According to a survey conducted by the Athens Association of Alzheimer's Disease, 89% of patients with Alzheimer's in Greece receive care at home and the role of caregiver is taken on by close relatives, even if there is a paid caregiver available to provide help.

The main problems related to the system of care for dementia patients are as follows:

No allowance for carers

Flawed primary healthcare & hospitalization

Severe shortages:

Adult daycare centres

Home care services

Long-term care facilities

Palliative care facilities

Hospice facilities

The Health Ministry formed a working group to prepare a National Action Plan for Dementia/Alzheimer's Disease in order to increase and coordinate services and healthcare and social welfare infrastructures that are currently still fragmentary in Greece. You can see the axes of the National Plan in the slides.

The results of a recent survey conducted by the Athens Association of Alzheimer's Disease on the needs of caregivers of dementia patients are presented below.

To date, the Greek NPM has visited the Municipal Nursing Home in Chania, Crete, after a report submitted to the Ombudsman by a relative of an elderly patient regarding the healthcare provided there.

The key problems documented during our visit to the facility were as follows:

- Elderly persons are housed with varying and different diagnoses: elderly people without cognitive function problems, patients with dementia with varying degrees of functionality, and patients suffering from chronic psychosis.
- Inadequate re-evaluation of health status due to a shortage of specialised staff and delays in patient referrals to other healthcare facilities in the area (hospital, outpatient clinic, etc.).
- Intervention by relatives and non-participation by patients themselves in their treatment plan.
- Rudimentary interventions, e.g. through work therapy, to maintain cognitive function of dementia patients.
- The drug treatment usually prescribed to patients with dementia in Greece involves:

Anti-dementia drugs

Aricept = donepezil

Exelon = **rivastigmine**

Ebixa= **MEMANTINE HYDROCHLORIDE**

Antipsychotic drugs

Seroquel=**Quetiapine**

Risperdal=**Risperidone**

Prazine=promazine

Antidepressant drugs

Seropram = **Citalopram**

Zoloft=**sertraline**

Alzheimer's Disease in Greece today

- 200,000 patients
- 89% of patients receive home care – 400,000 carers
- No allowance for carers
- Flawed primary healthcare & hospitalization
- Severe shortages:
 - ✓ Adult daycare centers
 - ✓ Home care services
 - ✓ Long-term care facilities
 - ✓ Palliative care facilities
 - ✓ Hospice facilities
- Often negative/pessimistic approach from doctors and others) → STIGMA

National Action Plan Axes for Dementia / Alzheimer's Disease

Axis 1: Research on dementia

Axis 2: Education on dementia

Axis 3: Management of dementia (health and social care facilities and services /
patient and carer allowance)

Axis 4: Prevention / Providing information and raising awareness

Axis 5: Support for carers

Axis 6: Legislation / Patient and carer rights

Axis 3: Management of dementia (health and social care facilities and services / patient and carer allowance)

- **Action 1:** Dementia in primary healthcare
- **Action 2:** Patients with dementia at Emergency Departments and General Hospital Departments
- **Action 3:** Memory & cognitive function clinics
- **Action 4:** Adult daycare centers
- **Action 5:** Hospitality & long-term care facilities for patients with dementia
- **Action 6:** Hospice facilities
- **Action 7:** Decentralized care / Home care
- **Action 8:** Telemedicine services

Establish a benefit policy!

Axis 4: Prevention / Providing information and raising awareness

- **Action 1: Intervention for dementia prevention**
- **Action 2: Providing information and raising social awareness**

Dementia & Alzheimer's Disease: Can we limit the risk?

- Take care of your heart
- Be physically active
- Follow a healthy diet
- Stimulate your brain
- Participate in social activities



World Alzheimer's Month
September
Alzheimer's Disease International

Άνοια και νόσος Αλτσχάιμερ:
Μπορούμε να μειώσουμε τον κίνδυνο;

Φροντίστε την καρδιά σας

Να είστε σωματικά δραστήριοι

Ακολουθήστε υγιεινή διατροφή

Εξασκήστε το μυαλό σας;

Συμμετέχετε σε κοινωνικές δραστηριότητες



ΕΤΑΙΡΕΙΑ ΝΟΣΟΥ ALZHEIMER ΚΑΙ ΣΥΝΑΦΩΝ ΔΙΑΤΑΡΑΧΩΝ ΑΘΗΝΩΝ

Carer survey 2014

When asked about what other services they would wish for or what would help them cope with the problems arising from caring for patients with dementia, the carers answered the following:

- 90% – allowance and financial aid
- 80% – adult daycare facilities with programs for keeping patients occupied
- 75% – education and information on dementia and patient care
- 65% – short-term care facilities
- 55% – home visits by healthcare professionals / home assistance
- 40% – emotional support groups for people with similar problems and common experiences
- 40% – assistance and support in bureaucratic matters and online services