



Child & Adolescent
Mental Health
Initiative

Understanding Priorities and Needs for Child and Adolescent Mental Health in Greece: A Landscape Analysis

Synthesis Report

ΙΣΝ / SNF

ΙΔΡΥΜΑ ΣΤΑΥΡΟΣ ΝΙΑΡΧΟΣ
STAVROS NIARCHOS FOUNDATION



Global
Health Initiative



Child Mind
Institute





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Synthesis Report

An initiative of
Stavros Niarchos Foundation (SNF)
Under the SNF Global Health Initiative
and Child Mind Institute

Through the support of the
Stavros Niarchos Foundation (SNF)

The Child and Adolescent Mental Health Initiative
(CAMHI) — A nationwide Network

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University of Crete

Aristotle University of Thessaloniki

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University General Hospital of Alexandroupolis

University General Hospital of Ioannina

University General Hospital of Heraklion

General Hospital of Thessaloniki "Papanikoloaou"

General Hospital of Thessaloniki "Ippokrateio"

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Table of contents

Background	3
Assumptions: the core beliefs that guide this work	4
Goals: this work will inform all CAMHI components	4
Analyzing the landscape: key components	5
Review of relevant literature	6
Systematic review of the scientific literature	6
Law and policy review	10
Assessment of service infrastructure	12
Service mapping	12
Listening to the general and professional communities	14
Nationwide survey	15
Focus groups	17
Local educational needs assessment	19
What does the data tell us?	20
The needs and perspectives of children and adolescents	20
The needs and perspectives of caregivers	24
The needs and perspectives of educators and other school professionals	28
The needs and perspectives of health professionals	31
Next steps: deepen, enrich, and continuously assess the landscape	39
References	40



Background

The ongoing global crisis affecting the mental health of children and adolescents poses a significant risk to youth worldwide. This issue has become increasingly prevalent and demands urgent attention. According to the World Health Organization (WHO), approximately one in seven people aged 10 to 17 suffer from a mental disorder.¹ This already alarming statistic has been further compounded by the COVID-19 pandemic.² The consequences of untreated mental health issues in children and adolescents can be severe, affecting not only their current well-being but also their future prospects.

Greece's mental healthcare system has undergone a major shift to a community-oriented primary care approach in recent decades, significantly improving child and adolescent mental health care delivery and creating potential for further change. However, numerous challenges continue to pose barriers to children and families requiring care. The financial crisis has stalled policies aimed at helping children and adolescents, due to inadequate funding.³ Distribution of resources is unequal, with a marked deficit in the availability of services and quality of care.^{4,5} The public sector faces a shortage of child and adolescent psychiatrists and other certified mental health professionals, creating challenging gaps for training programs to address.^{4,6,7} Additionally, there is a lack of official epidemiological data regarding the needs of children and adolescents, their families, and mental health professionals.

Given this context, the Stavros Niarchos Foundation (SNF) under its Global Health Initiative has partnered with the Child Mind Institute and a countrywide Network of mental health providers in the public system to jointly design, launch, and deliver the Child and Adolescent Mental Health Initiative (CAMHI) in Greece.

The CAMHI is a five-year program with the mission to enhance the capacity of mental health care providers, increase access to quality care, and ultimately improve the mental health outcomes for young people across the country. Ratified through the law no. 5015/2023, the CAMHI's various programmatic components are implemented under the public-private partnership in place between SNF and the Greek state through SNF's Global Health Initiative, with the support from the Hellenic Ministry of Health.

To set the foundations for the development and impactful implementation of the Initiative, the Child Mind Institute and the CAMHI Network conducted a comprehensive assessment of the needs and priorities for child and adolescent mental health in Greece, with a focus on incorporating multiple perspectives. This report outlines the approaches taken to conduct the assessment and offers insights and recommendations for enhancing the provision of mental health care in the country.

Assumptions: the core beliefs that guide this work

1) Intervention requires a comprehensive assessment of the landscape and needs

Effective interventions require a clear understanding of the scenario. This includes varied information from multiple viewpoints, such as the needs and perspectives of children/adolescents and their caregivers, the structure and dynamics of the health and educational systems, and the needs and perspectives of the professionals involved.

2) Evidence-based information provides a foundation for effective interventions

Scientific information is key to planning and delivering effective mental health care. To ensure our research is grounded in the best scientific and ethical practices, we employ established methodologies and submit our findings to scientific papers for peer-review and publication. This also contributes to the academic field and informs future programs.

3) Complex problems require systemic solutions

Improving healthcare delivery is a complex challenge and cannot be adequately addressed by a single methodology. To obtain a thorough understanding of the issues at hand, we employ multiple strategies such as literature review, epidemiological surveying, qualitative inquiry, and community-based research.

4) Listening to the community is vital

To ensure that our interventions meet the needs of those who will receive them, we prioritize hearing from multiple informants and stakeholders. This includes creating space for the voices of children and adolescents, their caregivers, and underrepresented minorities. Additionally, engaging with professionals provides unique insights into real-world practices and workflows.

5) Open science improves the field

Science is a powerful tool, but it needs to be accessible to have real-world impact. Our project is guided by the principles of the open science movement, which advocates for scientific knowledge and research material to be openly shared. Therefore, all results and resources from this landscape analysis will be freely available to the general and professional communities.

Goals: this work will inform all CAMHI components

The results of the comprehensive landscape analysis reported in this document will inform a series of projects designed to achieve the CAMHI aims of bolstering child and adolescent mental health care capacity in Greece:

- A nation-wide training program tailored for mental health and healthcare professionals and teachers, and other professionals working with children, comprising basic and advanced training curricula.
- The establishment of a nationwide network of collaborative professionals to facilitate care and supervision, aiming to strengthen mental health professionals who provide services to children and adolescents across the country.
- The development of online resources for the community to promote child and adolescent mental health by increasing mental health literacy, awareness, and access.

Analyzing the landscape: key components

Review of relevant literature	Assessment of service infrastructure
<p>Systematic review of the scientific literature</p> <p>Assessing the current state of knowledge on child and adolescent mental health in Greece.</p> <p>Resulting resources</p> <ul style="list-style-type: none"> An interactive dashboard for navigating the data on the prevalence of mental health conditions, instruments for mental health assessment, and treatment interventions. (https://rpubs.com/camhi/sysrev_table) A scientific paper published in the journal of <i>European Child & Adolescent Psychiatry</i>. 	<p>Service mapping</p> <p>Mapping mental health resources and facilities in the public sector in Greece to facilitate access and reveal gaps in the provision of care, particularly in underserved areas of the country.</p> <p>Resulting resources</p> <ul style="list-style-type: none"> Interactive maps of services with verified contact information. (https://camhi.gr)

Listening to the general and professional communities		
<p>Nationwide survey</p> <p>Collecting information from children/adolescents, caregivers, schoolteachers, and health professionals on topics such as mental health symptoms, needs, literacy and stigma, service use and access, professional practices, training background, and training needs and preferences.</p> <p>Resulting resources</p> <ul style="list-style-type: none"> Preliminary results summarized in this report. Dashboard including initial data analysis. (https://rpubs.com/camhi/sdashboard) Full survey data. (under curation for sharing) Scientific paper on the database and its preliminary results. (available at https://www.medrxiv.org/content/10.1101/2023.04.27.23288927v1) A set of assessment instruments translated into Greek. (available at https://osf.io/crz6h/) Comprehensive research protocols for review and methodological consultation. (available at https://osf.io/crz6h/) Scientific publication on the adaptation process and properties of the assessment instruments made available in Greek. (under preparation) 	<p>Focus groups</p> <p>Exploring the perspectives of children/adolescents, underrepresented minorities, caregivers, health professionals, and schoolteachers on mental health, stigma and discrimination, barriers and opportunities for assistance, service provision and access, and training needs and preferences.</p> <p>Resulting resources</p> <ul style="list-style-type: none"> Summary of views and attitudes on mental health in this report. Database summarizing the discussions from fourteen focus groups. (https://osf.io/crz6h/) Database with transcripts from fourteen focus groups. (available upon request) Conversation guides developed to conduct focus groups customized to different audiences. (available at https://osf.io/crz6h/) Scientific paper on the database and its preliminary results. (available at https://www.medrxiv.org/content/10.1101/2023.04.27.23288927v1) 	<p>Local educational needs assessment</p> <p>Capturing perspectives and opinions via visits to 52 schools across five regions in Greece to understand the challenges faced by educators and what they need to support student mental health in the classroom.</p> <p>Resulting resources</p> <ul style="list-style-type: none"> Preliminary results summarized in this report. Interactive dashboard for navigating the data. (available at https://tinyurl.com/yf9xehzh) A report summarizing the data. (available at https://osf.io/wu4rq) A scientific publication on the local needs assessment. (under development)

Review of relevant literature

Systematic review of the scientific literature

Background

To design and deliver effective healthcare programs, professionals and policymakers need access to information rooted in scientific evidence. However, a major obstacle is the limited accessibility of scientific publications, which are often behind paywalls and scattered among multiple sources. Additionally, analyzing the evidence requires specialized resources and experience. Such difficulties lead to a significant gap between science and its application in the real-world.

Greece has seen a significant number of publications on child and adolescent mental health over the years, resulting in a substantial body of scientific knowledge. However, as in several places worldwide, this literature is not easily accessible, as Greek studies have not been comprehensively appraised and cataloged. There is no single study or summary on the frequency and current trends of mental health problems in Greece at a national level. The tools used to assess mental health constructs are inconsistent in their quality and most validated instruments are inaccessible because of paywalls. Importantly, the impact of interventions used to help children recover in Greece has never been systematically collected and assessed.

To bridge the gap between scientific knowledge and its application in the real world, evidence-based information needs to be easily available. To facilitate access to this knowledge in Greece, the CAMHI conducted a systematic analysis of the scientific literature on child and adolescent mental health in the country. By cataloging and synthesizing this information, we also aimed to appraise the current state of knowledge in the field and use this information to ground our initiative.

Our approach

A systematic review is a rigorous and structured approach to review and synthesize existing research on a specific topic. It involves an all-inclusive search of the literature, appraisal of the quality of studies that are included, and synthesis of the findings to provide an evidence-based summary. In order to meet scientific standards, a systematic review must comply with established guidelines.

We employed this methodology to investigate three areas pertaining to the mental well-being of children and adolescents in Greece: prevalence estimates of mental health conditions, assessment tools used to measure mental health, and experimental interventions for mental health difficulties.

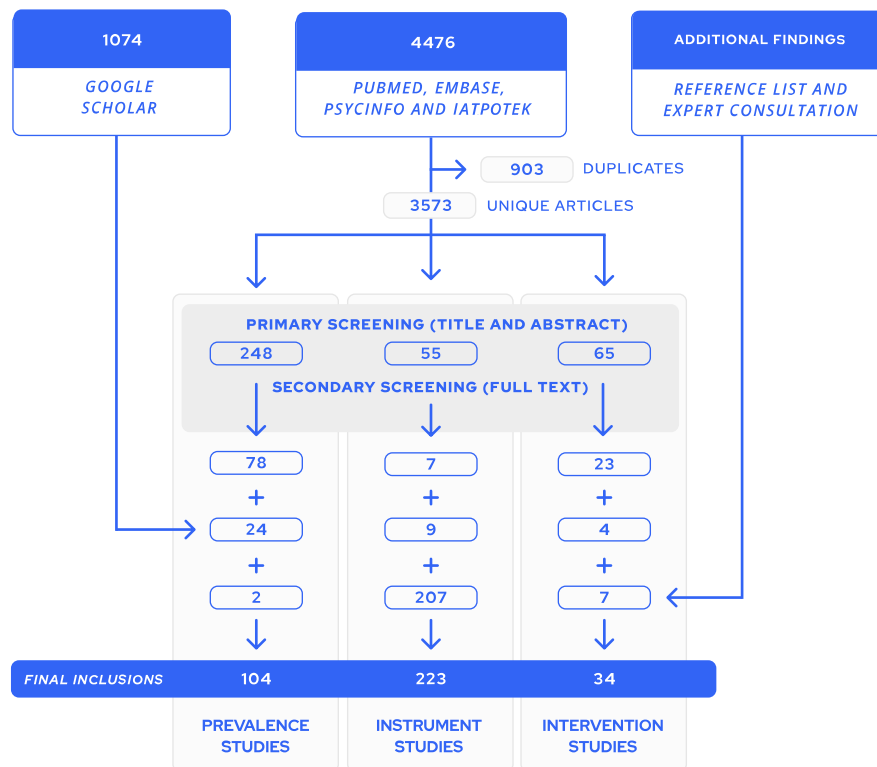
We assessed and extracted information following established guidelines concerning each research topic.^{8,9,10} We also followed the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) statement¹¹ and registered the research at Protocols.io (number 68583).

To ensure an exhaustive search strategy, we used both English and Greek terms, set no date restrictions, and included several scientific databases: Pubmed, Web of Science, PsycINFO, Google Scholar, and IATPOTEK. We also contacted experts in the field and consulted the reference list of the studies included in the analysis.

The initial search yielded more than 5,500 publications, all of which were evaluated by two authors to determine their suitability for the review.

Through this process, we obtained data on 533 prevalence estimates for over 79 mental health conditions across various regions in Greece. We also compiled a list of 261 assessment tools validated in Greece and summarized 34 interventions reported in clinical trials relevant to children and adolescents in the country. All of this information was meticulously extracted and recorded in a database for future reference.

Databases and number of studies in each step of the systematic review



Resulting resources

- **A free interactive dashboard is available online for navigating the review:**
https://rpubs.com/camhi/sysrev_table

This collection offers easy access to scientifically evaluated data, making it ideal for real-world scenarios that require quick access to curated information. Mental health practitioners and researchers can utilize these resources to determine locally validated tools that best align with their needs in research and clinical settings. Additionally, policymakers can rely on this dataset to consult prevalence estimates of mental health conditions, which can aid in setting care priorities and guide the allocation of resources.

- **Scientific publication:** The science of child and adolescent mental health in Greece: a nationwide systematic review

To communicate our research efforts and outcomes to the scholarly community, we have published this systematic review as a scientific article, which has been published in the *European Child and Adolescent Psychiatry* journal. This is the first nationwide assessment of the literature on child and adolescent mental health in Greece, and may inspire similar efforts in other countries, as it also provides a methodological blueprint for conducting such reviews.

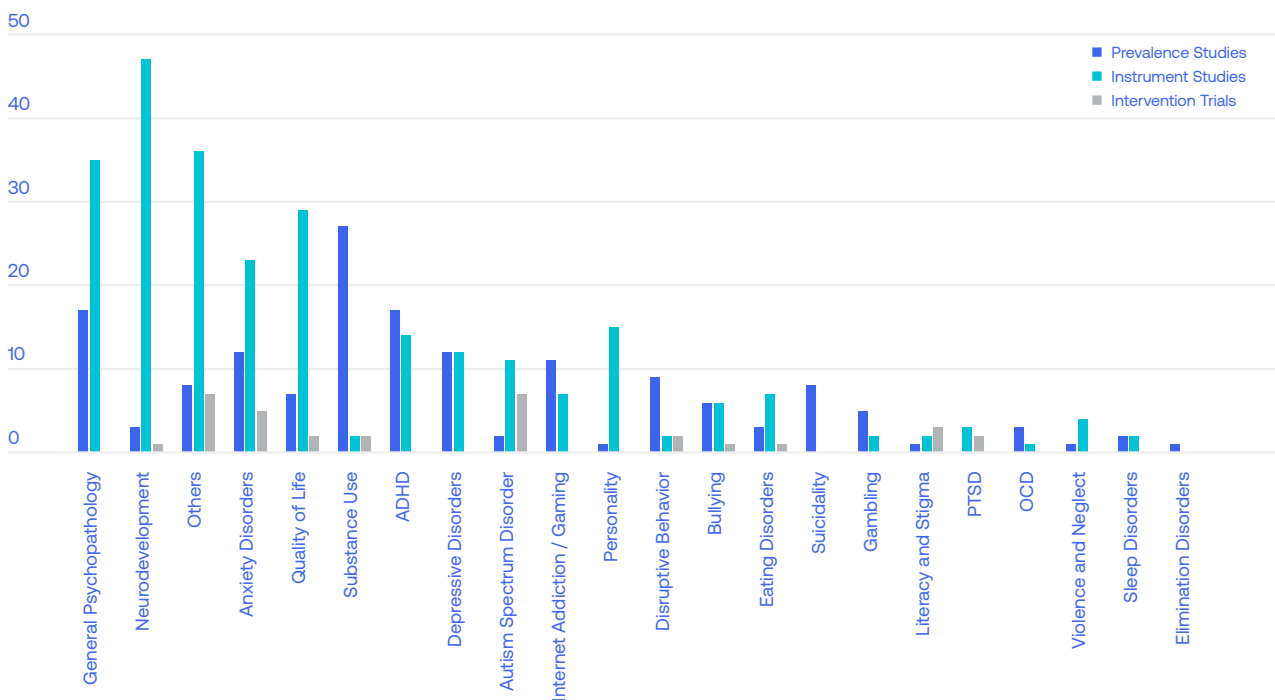
How does it inform the CAMHI?

Our assessment of the current state of the Greek scientific literature has provided results with immediate application to our program and uncovered gaps we aim to address through our ongoing research.

Lack of research in key areas

Some areas have received significant attention in the literature, such as general psychopathology and neurodevelopment. However, there is a lack of research in key areas such as violence and neglect, sleep disorders, obsessive-compulsive disorder, and bipolar disorder.

Number of studies according to each mental health domain



How to understand this graph: the columns represent the number of studies in each area of concentration.

What are the most frequent mental health conditions?

Our review has identified high prevalence rates for a range of conditions:

- o Attention-deficit/hyperactivity disorder
- o Anxiety
- o Disruptive behavior
- o Depression
- o Bullying

KEY MESSAGE

These conditions will be considered as priority areas for the CAMHI training curriculum.

The review also revealed a lack of nationally representative data for the majority of mental health conditions, which instead relied on regional data. This reveals a need for representative data to be generated.

Available instruments for assessing mental health conditions

The literature on assessment instruments reveals a variety of tools available for evaluating mental health constructs. However, a significant portion of these instruments lack appropriate adaptation and rigorous validation, and some are either excessively lengthy or require payment for access. This limits consistency in diagnosis and care.

Although we identified valid and freely available instruments measuring conditions like anxiety and depression, several other constructs did not have sufficient instruments, such as oppositionality, domains of substance use, child abuse, and psychotic disorders.

KEY MESSAGE

Our systematic review has identified the most reliable assessment instruments for a range of conditions, based on the strength of various psychometric properties. These will be incorporated in the CAMHI training curriculum as effective tools for assessing conditions.

Intervention studies

Few intervention studies have been conducted in the country, and most of these studies lack robust methodological approaches, such as large sample size, randomization, or control groups. In this sense, there is an important need to properly investigate the efficacy of interventions designed for the public sector.

KEY MESSAGE

The systematic review identified key clinical investigators that have developed interventions that align with the parameters and priorities of the CAMHI. This creates an opportunity for co-creating new interventions that can be administered in the mental health care system, particularly the public sector.

Law and policy review

Background

To secure adequate care, children, their caregivers, and relevant professionals should understand the legal context and mechanisms of the child welfare and health systems, particularly the legislation governing the protection of children's rights. The fragmented nature of the legal landscape makes this nearly impossible in Greece. Most professionals, as well as the general population, don't understand their legal obligations or rights.

Greece does not have a unified or coordinated system for child protection. Provisions are spread across multiple laws which assign and diffuse responsibilities to various ministries and actors. This is also true for the legislation related to mental health, which is similarly fragmented. The field is characterized by vagueness, administrative burdens, and overlapping responsibilities, which significantly impact the provision of support and care to children in need. Finally, the system lacks a single and uniform tool for diagnosing and assessing children's needs.

Our approach

The aim of this research is to synthesize the legal framework and to help professionals and the general population better understand available legal tools and obstacles in accessing mental health services for children and adolescents in Greece. This report further serves as a reference for professionals in navigating their legal obligations and upholding the rights of their patients.

The report adopts a child rights approach that emphasizes the rights of children receiving care and highlights the legal basis and issues related to the provision of mental health services to children and adolescents in Greece, with an additional focus on specialized groups of children. We compiled relevant legislation to facilitate access to this knowledge with the aim of improving children's and adolescents' access to appropriate care. We included the international and European legal frameworks, the legal

frameworks governing the Greek mental health system for children and adolescents, the challenges related to the hospitalization of children, and the rights of children when accessing care and information, as well as issues of confidentiality. We have highlighted legal obligations for various types of professionals, such as social workers, doctors, psychologists, and educators. The law and policy review also provides information on critical components of the broader child welfare and health systems, and children's rights when accessing mental health care.

The report is undergoing additional review by external experts and will be made available on the camhi.gr site in late 2023.

Conclusion

Our research showed that the current system of child protection and mental health care provision is compartmentalized and fragmented, based on an ad-hoc implementation of different policies and legal provisions that expand across the fields of health, social welfare, education, and justice. Important legal provisions that are set out to guarantee children's rights remain inactive and are not incorporated into professional practice. This lack of a unified system of child protection and mental health care provision is reflected in the absence of unified protocols, assessment tools, established referral pathways and official frameworks of cooperation between stakeholders and key-actors, while it often leads to children coming across differentiated treatment within the system, and across Greece. Children in need of mental health support are often faced with delays in their assessment and limited access to adequate and child-friendly services. Importantly, these systemic gaps may lead to unwarranted or prolonged hospitalization of children, limited quality of care and inadequate support of mental health professionals. On the basis of the above conclusions, the report identified a set of priorities that could guide future efforts to systemize and enhance the framework of protection and support for children accessing mental health services.

How does it inform the CAMHI?

This makes the legal and policy framework accessible for providing rights-based care to children. It helps the community and professionals to understand their roles, duties, and rights.

KEY MESSAGE

There is no unified and organized system for child protection in Greece and no formal coordination mechanism; this is the root of many operational problems. In certain cases, there is no existing legal framework addressed specifically to children, such as legal matters of involuntary hospitalization, where general laws concerning adults are followed.



KEY MESSAGE

International and Greek legal frameworks lay out the following:

- All children must be treated in an equal way without discrimination of any kind.
- The best interests of children must be a primary consideration for all decisions that concern them.
- Children have the right to health and the right to access adequate health care services that are age and need appropriate.
- Children must be able to express their views and be heard.
- Children have the right to confidentiality.
- Confidentiality must never be an obstacle to raise suspicions or concerns about a child's safety and wellbeing.
- Parents have the right to access information and the medical records of their children.
- The psychiatric hospitalization of children must be sought only when absolutely necessary and with due respect to their rights.
- All individuals have the obligation to report concerns or suspicions about a child being at risk of victimization.
- Special categories of professionals (doctors, psychologists, and social workers, for example) have additional obligations to report concerns or suspicions that a child may be at risk.

Assessment of service infrastructure

Service mapping

Background

The existence of health services alone is not enough: they must also be accessible to the population and linked in a coherent way to ensure the delivery and continuity of appropriate care. Key to accessibility is the knowledge of which services are available and, more importantly, how to reach those services. Professionals aiming to provide or facilitate care also need information about how services in their region are structured. This knowledge is critical to establishing an effective network wherein professionals can make referrals to relevant services with appropriate capacity.

Through our assessment, we found that there was no comprehensive mapping of all the public services available to support child and adolescent mental health throughout Greece. Information provided in existing references was segmented and, mostly, not updated with the services' real time functioning status or existing specialized personnel available on site. Only 30% of the initially planned child and adolescent mental health (CAMH) services per the National Mental Health Plan "Psychargos" were implemented²⁶ and many, in reality, have remained under development for a prolonged period of time.

We noted significant imbalances in physical and human resources for mental health care and psychoeducational services across urban areas compared to rural areas, as well as across continental and island regions of Greece. Moreover, we were not able to find any official information describing a referral pathway between mental health units comprising different levels of care. Additionally, no formalized, consistent referral system was found among the school-related psychoeducational and mental health services (eg. KEDASyS, EDEAYs etc.) with public specialized healthcare CAMH units that would facilitate personalized, coordinated support for students. This often leads to a lack of care coordination between school based staff and clinicians, loss of information, and inconsistent follow up needed to ensure students and families receive appropriate care and support.

Our approach

To address this gap, we undertook a nationwide mapping of services within the public healthcare and educational systems that are currently providing care and resources to children and adolescents with mental health or related difficulties in Greece. We attempted to present the existing functioning child and adolescent mental healthcare units, including Community CAMH centers, Mobile Units, Child and Adolescent Psychiatry (CAP) departments in General Hospitals, CAP Units in Psychiatric University Hospitals, Mental Health (MH) and Research Institutes, Day Centers, Specialized CAMH Centers (e.g., for autism), CAMH Rehabilitation Units, categorized in different groups per setting of care, and existing psychoeducational units categorized in groups per service provided, including Centers for Interdisciplinary Educational Assessment, Counseling and Support, and Medical-Pedagogical Centers throughout the country, up to year 2022. The above mental health and psychoeducational units' distribution is available online in interactive maps, geographically correlated with the corresponding 17 sectors for Child and Adolescent Mental Health Care Services (ΤΟ.Ψ.Υ.Π.Ε.) recently established across the country, the 7 Health Regions to which each sector belongs, and the 332 Greek municipalities. Therefore, different types of MH and psychoeducational units for children and adolescents are presented within geographic, functional, and administrative sections. This aims to facilitate users' navigation of public services, based on their individual targeted needs and their geographic availabilities.

Seven health regions of Greece



To locate and document existing mental health services, the CAMHI Network already established in five cities (Athens, Thessaloniki, Ioannina, Alexandroupolis, and Heraklion) collaborated with local health professionals, consulted governmental and official regional and state websites, and directly contacted remote facilities.

Data on each service (including its type, location, and contact information) were compiled into datasheets and plotted on a map. An interactive resource was developed so users can easily access and navigate the collected information.

We cataloged the following categories of services under the public system:

- o **72 Interdisciplinary Evaluation, Counseling and Support Centers (KEDASYs)**, which are public units under the Ministry of Education and Religious Affairs providing psychoeducational evaluations to students in need.
- o **103 outpatient units** providing mental health services to children and adolescents in Greece, including community centers, child psychiatric services provided by mobile units, day centers accepting children and adolescents, and outpatient child psychiatry clinics inside hospitals.
- o **12 inpatient units and residential rehabilitation centers** for child and adolescent mental health services are depicted in our map, along with additional information for interested users, regarding details on the number of available beds per unit and the age range for possible admissions.

Resulting resources

- Interactive maps with services and contact information are freely available at <https://camhi.gr/>

In addition to facilitating the navigation of mental health services for communities in Greece, these maps also paint a picture of the availability of care that may be useful for professionals and policymakers. The maps will be updated continuously throughout the program.

How does it inform the CAMHI?

The information provided offers valuable insights into the availability of services and the structure of the mental health system in Greece. By analyzing this data, we can identify areas where services are concentrated, as well as regions that are underserved or lacking certain types of services.

KEY MESSAGE

This will inform CAMHI's coordinated referral network system, which aims to connect mental health services across the country while addressing regional disparities.

KEY MESSAGE

The assessment of service infrastructure identified significant imbalances in the provision of care across different country regions as well as lack of clear referral pathways of between services. Our mapping effort aims to help professionals working with children and adolescents across various levels of the educational, healthcare, and welfare systems navigate and explore available care pathways.

Listening to the general and professional communities

Background

To understand mental health needs and priorities in the population and improve access to mental health care, it is essential to understand the burden of conditions in the population, the community's attitudes towards mental health issues, the provision of services and their interface with the community, and the perspectives of professionals on their current practices, as well as their training background and current needs.

To gain this understanding, it is crucial to actively listen to the diverse perspectives of those involved, including children and adolescents, caregivers, school professionals, and healthcare workers. It's also important to consider the unique needs and challenges of underrepresented minorities, as these communities are often underassisted and particularly vulnerable to mental health conditions.

The CAMHI's multi-layered research project called "Landscape Analysis", conducted in the years 2021–2022 to specifically explore the above domains, was approved by the Greek Institutional Review Board (IRB) from the Democritus University of Thrace/DUTH (#ΔΠΘ/ΕΗΔΕ/42772/307).

Our approach

We utilized various scientific methodologies to listen to the general and professional communities in Greece:

- **A nationwide survey** to collect quantitative data from children/adolescents, caregivers, schoolteachers, and health professionals on topics such as symptoms of mental health, mental health needs, mental health literacy and stigma, service use and access, professional practices, training background, and training needs and preferences.
- **Focus groups** consisting of diverse groups of individuals, including underrepresented minorities, who shared their perspectives on topics related to mental health to allow for more nuanced understanding.
- **Local educational needs assessments** to understand the challenges and needs of school professionals to support student mental health in the classroom by visiting 52 schools across the cities of Athens, Alexandroupolis, Ioannina, and Heraklion.



Nationwide survey

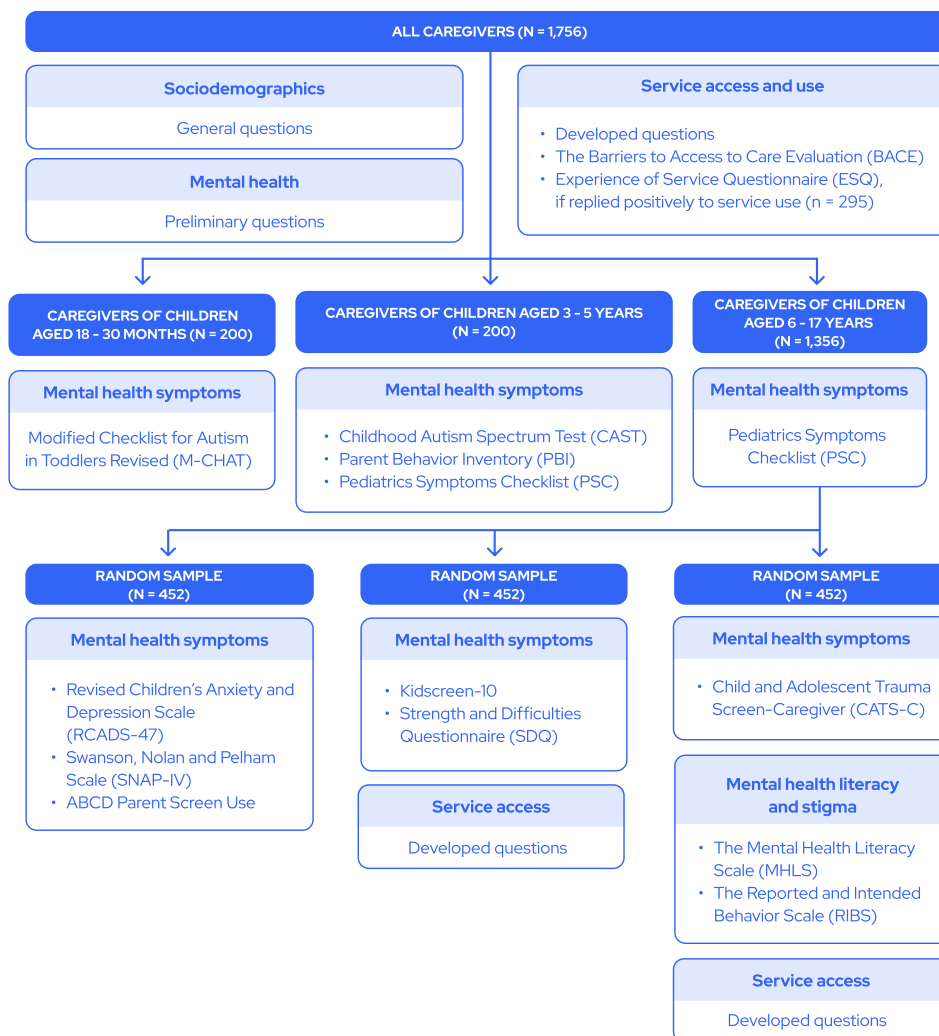
We employed a quantitative survey method using structured questionnaires to collect data from a nationwide sample of children/adolescents, caregivers, health professionals, and schoolteachers. From September 2022 to January 2023, we surveyed 3,836 individuals using multiple validated instruments and questions covering relevant topics such as symptoms of mental health, mental health needs, mental health literacy and stigma, service use and access, professional practices, training background, and training needs and preferences. The collected data were then processed and statistically analyzed.

To ensure validity and reliability of our data, we consulted the literature for each domain of inquiry and selected locally validated instruments that assess relevant constructs. In cases where a validated Greek version was unavailable, we followed a five-stage validated procedure to perform a cross-cultural adaptation for each new instrument.¹² The cultural

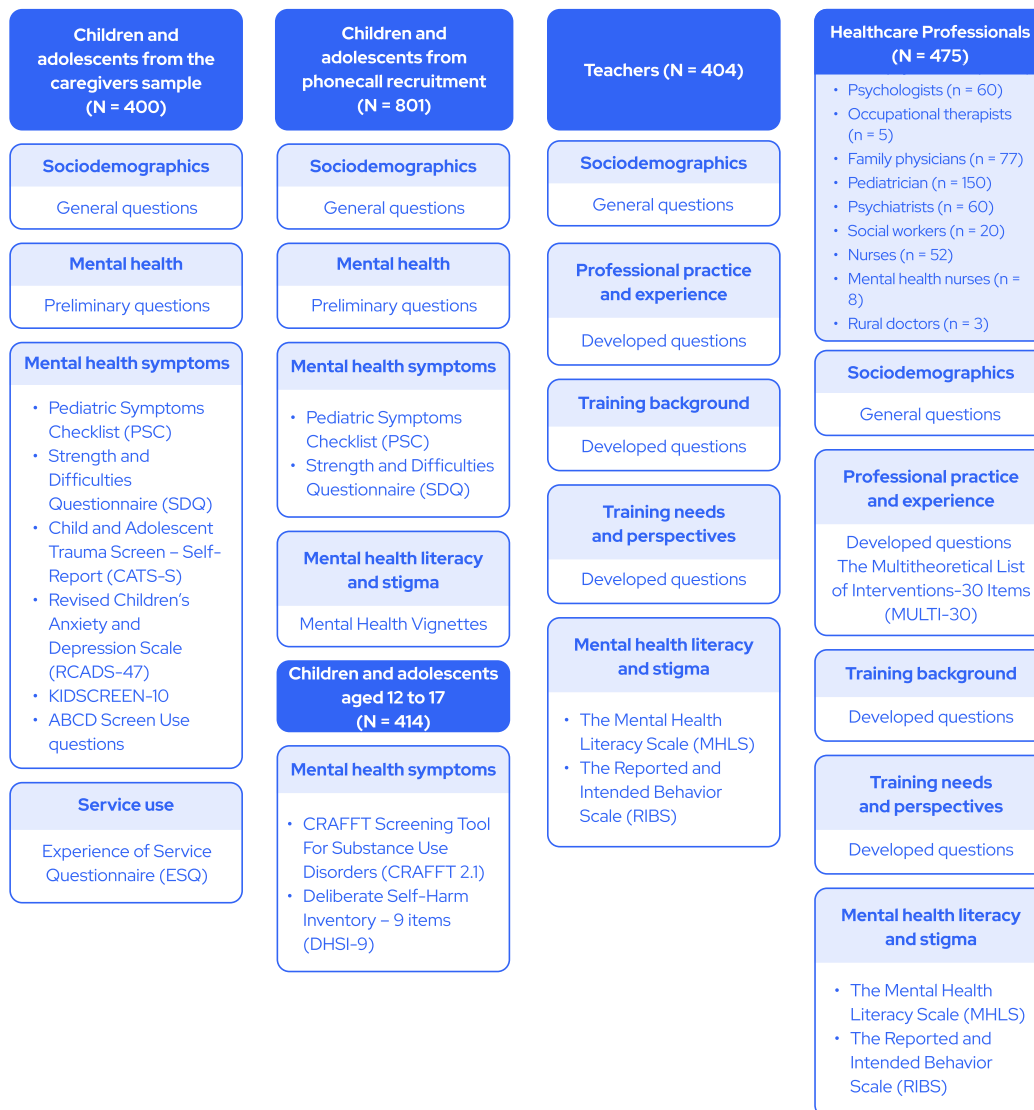
adaptation process included independent back-and-forth translations, synthesis of versions, expert revision, and pilot testing with the targeted population for 17 identified instruments in total, assessing constructs such as parenting, mental health symptoms, service use, literacy, stigma, and professional practices. For topics without adequate instruments, we collaborated with local and international experts to design a questionnaire. A total of 1,756 caregivers, 1,201 children/adolescents aged 8 to 17 years old, 404 teachers, and 475 healthcare professionals participated in the survey. The samples followed quotas according to the census distribution to better reflect the characteristics of the Greek population.

We used the statistical program R (version 3.6.2)¹³ to analyze the data we collected. We also followed a guideline named Strengthening the Reporting of Observational Studies in Epidemiology (STROBE)¹⁴ to ensure accuracy and transparency.

Overview of the domains and instruments used to survey caregivers



Overview of the domains and instruments used to survey children, adolescents, teachers, and health professionals



Resulting resources

- An interactive dashboard that presents the results of our statistical analysis (available at <https://rpubs.com/camhi/sdashboard>).
- The full database is under curation for openly sharing with researchers who wish to perform further statistical analysis (e.g. examining correlations among assessment instruments and sample characteristics). A data dictionary was prepared to serve as reference. (available at <https://osf.io/crz6h/>)
- Scientific paper on the database and its preliminary results (available at <https://www.medrxiv.org/content/10.1101/2023.04.27.23288927v1>).
- A set of 17 new tools for investigating mental health domains, including 13 assessment instruments translated into Greek for the first time (available at <https://osf.io/crz6h/>). These can be used by clinicians and researchers to quantify mental health conditions in children and adolescents.
- Scientific publication on the adaptation process of the instruments made available in Greek, as well as their properties (available at <https://osf.io/crz6h/>).
- Our comprehensive research protocols serve as a methodological reference for researchers and may inform future similar projects (available at <https://osf.io/crz6h/>).

Focus groups

A focus group is a qualitative research method that brings a group of people together for an in-depth discussion about a particular topic. The aim is to gain a deeper understanding of the opinions, attitudes, beliefs, and experiences of the participants related to the topic.

In our study, we conducted 14 focus groups, each lasting between 60 and 115 minutes.

Composition and duration of focus groups

Population	Number of participants	Duration
General population		
Adolescents aged 15 years-old	10	90 min
Caregivers of 8-year-old children	10	115 min
Caregivers of 15-year-old adolescents	11	115 min
Children aged 8 years old	9	60 min
Underrepresented minorities		
LGBTQIA+ adolescents	8	90 min
Roma adolescents	10	90 min
Pomak adolescents	10	90 min
Refugee unaccompanied minors	5	90 min
Professional community		
Non-governmental organization leaders	9	115 min
Psychologists and social workers	9	115 min
Child psychiatrists, family physicians, and pediatricians	10	115 min
Nurses and nurse assistants	10	115 min
Speech therapists & occupational therapists	10	115 min
School teachers	10	115 min

Listening to the general and professional communities

Focus groups explored: (a) views on wellbeing, mental health, and mental health problems; (b) mental health stigma and discrimination; (c) barriers, facilitators, and opportunities for mental health care; and (d) mental health services and access. For teachers and health professionals, discussions also focused on (e) training needs and perspectives.

We used a vignette-based discussion method, showing cases of children and adolescents with symptoms from common mental health conditions (such as ADHD, conduct disorder, social anxiety, and depression). The vignettes were created based on a former Australian National Survey on Youth Mental Health Literacy, which explores beliefs and knowledge about mental health.¹⁵ We adapted the vignettes to match the cultural background of each focus group. This method is helpful for evoking participants' impressions and opinions about mental health.

Each focus group was conducted by an experienced local moderator using discussion guides which were built by the CAMHI team (made available for researchers aiming at employing similar methods). We ensured that the guides were culturally sensitive by working with a panel of specialists who had both local and external expertise in the field.

The focus groups' sessions were video recorded and transcribed in the spoken language of the group (Greek or Farsi). Written notes were taken in real-time as the group occurred. Immediately following each focus group, the research team conducted a debrief session with the moderator to gather top-of-mind perceptions, using the heightened awareness of the moment to generate initial ideas for analysis. To ensure that participants' personal information and identities were protected, we followed strict confidentiality and privacy protocols. We also obtained ethical approval from relevant institutional review boards to conduct the research and ensured that all participants provided informed consent before participating in the study.

After conducting the focus groups, we used this material to investigate views and attitudes on mental health and stigma for each of the groups. We employed thematic analysis, a qualitative research method used to systematically organize data to identify key patterns that emerge from it.¹⁶ We also followed the Consolidated Criteria for Reporting Qualitative Research (COREQ).¹⁷



Resulting resources

- A report on the fourteen focus groups we conducted (<https://osf.io/crz6h/>). Each focus group was summarized to provide a narrative description of the discussion.
- A scientific article describing the methodology for building the focus group dataset and its preliminary results (available at <https://www.medrxiv.org/content/10.1101/2023.04.27.23288927v1>.)
- Eight guides developed to moderate focus groups according to audience type available in Greek and English (available at <https://osf.io/crz6h/>). These can be used by future researchers for new inquiries on the topic or for methodological consulting.

Local educational needs assessment

For investigating the needs of the educational system at the local level, CAMHI Network members in the cities of Alexandroupolis, Ioannina, Athens, and Heraklion in Crete visited a total of 52 schools and listened to 362 educators speak about the mental health needs of their students, the challenges they face, and their own training needs and preferences.

The research used both quantitative and qualitative methods to present an overview of teachers' capacity to recognize, evaluate, and handle mental health problems in children and adolescents. The study follows a strategy consistent with the CAMHI's principle of involving and enabling local communities in Greece to guide the creation of tailored training programs that match specific psycho-social profiles and contexts.

The assessment started with an in-group discussion during which participating professionals shared their experiences. Afterwards, they were asked to complete a mixed-method questionnaire consisting of quantitative and qualitative sections. The quantitative section contained a set of measures on demographics, common mental health problems and behavioral difficulties encountered in schools, training needs, and training preferences. The qualitative section consisted of open-ended questions designed to encourage participants to provide more detailed and nuanced responses.

These are the characteristics of the school professionals that participated in the research.

362 educators

Mean age: 47 years old

Mean teaching experience: 18 years

- 31% in Athens
 - 27% in Heraklion
 - 24% in Alexandroupolis
 - 17% in Ioannina
 - 23% working in Gymnasium
 - 22% in Special Schools
 - 21% in Primary Schools
 - 14% in Lyceums
 - 10% in EPAL (Vocational Schools)
 - 9% in Kindergartens
 - 1% in schools with special regimes
-

Resulting resources

- An interactive dashboard for navigating the data. (available at <https://tinyurl.com/yf9xehzh>)
- A report summarizing the data. (available at <https://osf.io/wu4rq>)
- A scientific publication on the local needs assessment. (under development)

What does the data tell us?

We gathered extensive information on the mental health needs of children and adolescents in Greece by conducting a nationwide survey, focus groups, and a mixed-method local needs assessment within the educational system. As a first approach to the extensive information gathered, we performed a preliminary analysis to inform CAMHI programs development. For this, we combined information on various domains and from the different methods employed, presenting an overview on the needs and perspectives for each of our groups: children/adolescents, caregivers, educators, and health professionals.

LIMITATIONS

The nationwide survey includes participants who were selected to represent the census distribution of the Greek population on several variables, such as geographical location, sex, gender, age, and income. However, the sample was taken from a panel and not randomly drawn from the general population. For this reason, data on mental health conditions should not be interpreted as prevalence rates.

The needs and perspectives of children and adolescents

At the core of our program lies the mental well-being of children and adolescents. Therefore, listening to their perspectives and identifying their needs is invaluable for program development.

Overall mental health burden

To assess mental health symptoms among our sample, we used validated instruments based on responses from children/adolescents and/or their caregivers. While a clinical evaluation is needed to confirm diagnoses, such instruments are valuable screening tests, indicating individuals that are at increased risk for a condition and would require attention. Analysis of collected information provided us the percentages of children/adolescents in our sample that presented high scores for symptoms of a range of mental health conditions.

KEY MESSAGE

As part of our CAMHI training curriculum, we have developed targeted interventions for addressing a range of mental health concerns, including anxiety, depression, and disruptive behaviors among children and adolescents. Additionally, we recognize the critical need to address self-harm and trauma-related issues and have included evidence-based interventions to address these concerns. Resources focused on raising literacy and awareness will be developed in light of the prevalent conditions that were revealed in the survey.

Levels of mental health symptoms in children & adolescents among survey respondents

8% to 16% experiencing **mental health symptoms** at a level that would require assessment by a specialist

8.3% to 11% facing **emotional or psychosocial problems**

5 to 13% presenting elevated scores for **symptoms of conduct problems** such as aggressive and oppositional behavior

5% to 12% presenting elevated scores for **symptoms of internalizing conditions** such as anxiety and depression

Up to 13% experiencing **peer problems** such as bullying

8.8% to 16% with elevated scores for **generalized anxiety symptoms**

4.5 to 6.2% with elevated scores for **panic symptoms**

13 to 20% with elevated scores for **social phobia symptoms**

21 to 22% with elevated scores for **separation anxiety symptoms**

14 to 21% with elevated scores for **obsessive-compulsive symptoms**

6.6% to 10% with elevated scores for **depression symptoms**

12% with elevated scores for **inattention symptoms**

7.1% facing **hyperactivity problems**

43.25% to 43.8% experienced at least **one stressful experience** characterized as **trauma during their lifetime**

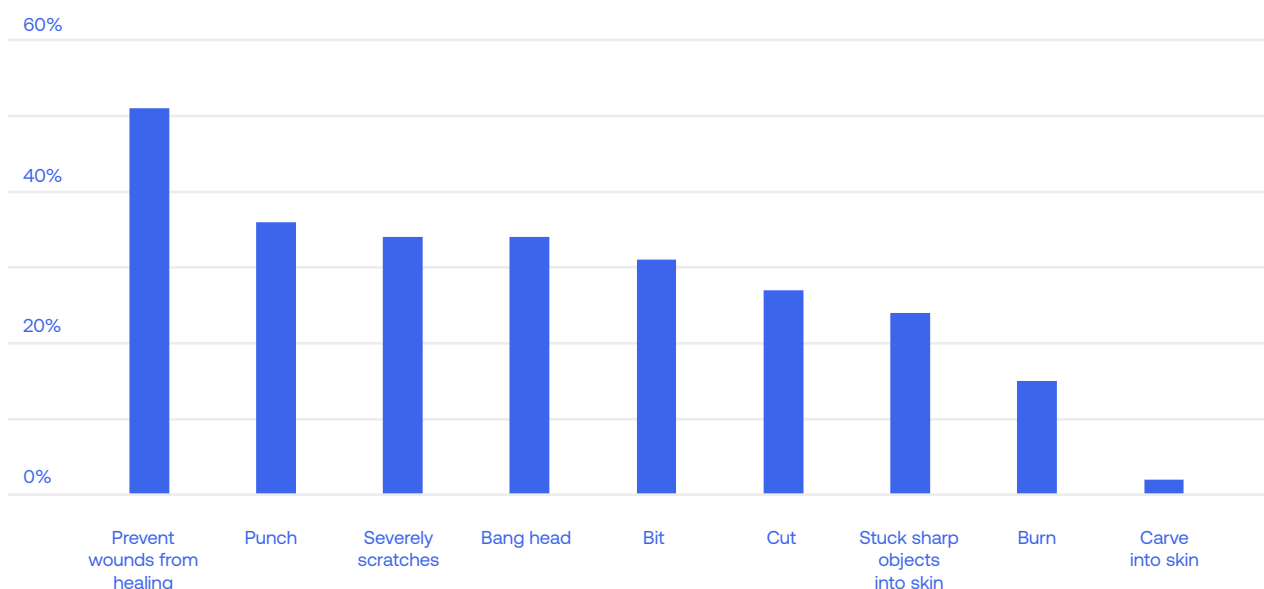
14% of 12- to 17-year-old youth presented at least **one self-harming behavior over the last 6 months** prior to the assessment

These data were obtained by a series of validated instruments designed to screen for general and specific mental health conditions in the children/adolescent population, namely (adapted in Greek):

- o The Pediatric Symptoms Checklist (PSC)¹⁸
- o The Strength and Difficulties Questionnaire (SDQ)¹⁹
- o RCADS (Revised Children’s Anxiety and Depression Scale)²⁰
- o Swanson, Nolan and Pelham Scale (SNAP-IV)²¹
- o Child and Adolescent Trauma Screen-2 (CATS-2)²²
- o The Deliberate Self-Harm Inventory (DSHI)²³

Note: The data are matched by age, sex and geographical location to represent the Greek census, but is derived from panel-based data and therefore, not selected randomly from the Greek population. Therefore, estimates collected here cannot be assumed to represent the Greek population and its interpretation is restricted to the respondents of the survey.

Types of self-harming behavior



How to understand this graph: the columns represent the frequency that each kind of self-harm was reported by children/adolescents.

Views and attitudes toward mental health

Our research has revealed that mental health symptoms are alarmingly common among children and adolescents in Greece. However, simply measuring the frequency of these conditions is not enough. We must also understand how young people in Greece experience and interpret these symptoms, so that we may address the complex social and cultural factors that impact their well-being. By prioritizing the perspectives of this population, we also need to consider the unique contextual and nuanced challenges faced by special populations, and work to create targeted interventions that truly promote their well-being.

Mental health literacy: how do children and adolescents understand mental health?

Children and adolescents appear to have a certain degree of knowledge on mental health issues:

- They note a crucial role of external factors on mental health, but also acknowledge some conditions derive from individual factors.
- They are able to recognize the presence of some specific mental health conditions in case examples, such as depression and ADHD, and even mention conditions like dyslexia.
- They know some problems should be addressed by specialists.

At the same time

They have doubts on whether they are able to recognize symptoms when they experience them themselves, and they doubt whether help will make them feel better.

“Because they think they will not be able to remedy it, to manage it; maybe they do not believe that the problem can be corrected...”

— Female child living in Athens

KEY MESSAGE

Intervention programs should include the promotion of mental health literacy, while psychoeducation programs and resources can give youth the skills and confidence to recognize mental health symptoms in themselves. Information regarding the benefits of available treatments should be shared.

Mental health stigma: a concerning dynamic

A range of stigmatized views about mental health were found among children and adolescents, such as:

- Mental health conditions aren't real.
- Mental health symptoms make people weak or weird.
- Overcoming mental health struggles is a matter of individual effort and will.

This is also expressed in peer stigma, which constituted a barrier to seek help:

- Many would not want their peers to know they are seeing a professional.
- They believe seeing others using mental health services could help normalize care.

“I believe the main reason is that people are ashamed or afraid of being judged by others.”

— Male adolescent living in Athens

This is corroborated by survey data: up to 46% of children said they would probably or definitely not go out with someone showing signs of ADHD, and 16% would not develop a close relationship with someone showing signs of social phobia.

KEY MESSAGE

Programs and resources should primarily aim at raising awareness for mental health issues, normalizing mental health and stimulating a culture of acceptance towards the issues.

Underrepresented groups: LGBTQIA+, Pomak, Roma, and Refugee Adolescents

We conducted focus groups with members from specific populations to understand their views and attitudes towards mental health. These were our findings:

Refugees were vulnerable to stigma about mental health, with many reporting peer shame as a barrier to seeking assistance.

I wouldn't talk to a psychologist because if someone saw me, he/she would think I had a problem.

— Refugee adolescent

LGBTQIA+ adolescents stressed that mental health problems are often experienced alone because support is not always there.

When this person really needs their help, we marginalize it because we cannot handle it.

— LGBTQIA+ adolescent

Pomak adolescents are likely to face mental health problems alone.

If I was in this situation (depression), I would try to forget it.

— Pomak adolescent

Roma adolescents are less likely to seek assistance because they would not want to reach out for help outside of their community.

Because I have my own people, I would not go to them (specialists) first.

— Roma child

Pomak, refugees, and LGBTQIA+ adolescents referred to the importance of freedom and feeling free when conceptualizing mental well-being.

I think that a person who is happy will have a freedom to speak without fear of what will happen if he/she speaks.

— LGBTQIA+ adolescent

KEY MESSAGE

Cultural identity and specific challenges faced by different groups play an important role in shaping the experience of mental health difficulties and help-seeking behavior. These populations are at increased risk of under assistance, and it is important to mitigate barriers to access to care. In this direction, there is a need for context-sensitive interventions embracing the circumstances of each population, which may include the support of members from the local community.

The needs and perspectives of caregivers

Caregivers play a crucial role in mental health care for children and adolescents and provide a unique perspective on their child's needs, behaviors, and patterns. They are also responsible for caring for their child's health, being the main mediators between children/adolescents and health services. Involving and empowering caregivers in the care of their children is crucial for achieving positive mental health outcomes.

Mental health services: use, access, and needs

We requested information from 1,756 caregivers about their use of mental health services for children and adolescents:

39% reported the child/adolescent present **mental health difficulties**.

11% reported their child has already received **specialized mental health care**.

4% was provided by the **public sector** (community centers, inpatient or outpatient hospital units, and mobile medical teams)

6% was provided by the **private sector**

The following professionals were listed as having provided specialized mental health care to those caregivers children:

- o **10% by a Psychologist**
- o **5% by a Child Psychiatrist**
- o **5% by an Occupational Therapist**
- o **4% by a Speech Therapist**

KEY MESSAGE

Strengthening public sector care delivery is urgently needed throughout the country. Children and adolescents need more regionally distributed access to publicly-funded mental health specialists and consistent, established standards for referring those in need to available and appropriate care.

The top five **barriers to accessing mental health care** that were most frequently reported by caregivers are:

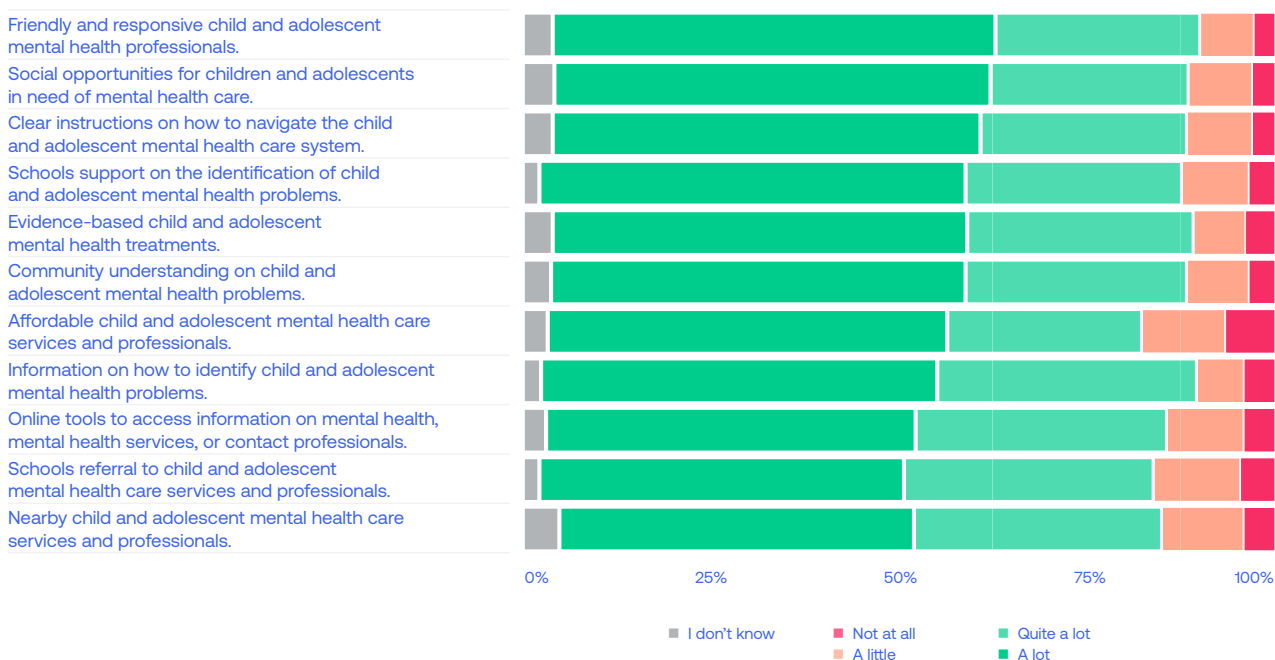
- 1. Not being able to afford care**
- 2. Concern about the child being seen as weak**
- 3. Wanting to solve the problem on their own**
- 4. Fear the child might be harmed when applying to jobs in the future**
- 5. Being unsure where to go**

KEY MESSAGE

Increasing the capacity for accessible care via the public sector is essential to deliver mental health care for children/adolescents. The CAMHI training curriculum aims to increase awareness, as well as to increase the capacity and agency of professionals working with children/adolescents in the health and educational systems.

Needs on the provision of mental health care

When you think about child and adolescent mental health care services and professionals, how important do you think the following are? (caregivers n =452)



How to understand this graph: caregivers rated the importance of each item, which were listed in a rank of *quite a lot* to *not at all*. Green indicates the number of caregivers that considered the item important, whilst red represents the proportion of caregivers who did not consider it so important.

Views and attitudes about mental health

We also wanted to understand the perspectives and attitudes of caregivers on the mental health of their children and adolescents.

Mental health literacy

Parents are willing to discuss mental health and aware of its importance. However, limited literacy on some subjects reduces the impact of these positive attitudes, leading to issues such as:

- Overemphasis on external causes as the sole source of mental health struggles.
- Lack of ability to recognize common conditions shown in case vignettes, such as ADHD and depression.
- Overreliance on their ability to recognize and address the problem themselves.

(following a vignette depicting a typical case of ADHD) ***“It’s like in the first case with Eleni where I’d look into the school environment, here I think we’re looking at a problem at home. This all originates with his family. Something’s not right with Yannis, for him to display this sort of behavior towards his classmates and teachers, and for him not to be consistent in his classes. I’d look into that aspect of the family.”***

— Mother of female child

Mental health stigma

Parents agree that stigma is a barrier in society, but do not recognize their own stigmatized attitudes towards mental health:

- Hesitancy towards professional help to be sought only after other options fail.
- Difficulties in opening up about their own mental health problems.

“I think it’s still considered a taboo topic in Greece, that somebody may have a mental health issue that requires the attention of a professional. He’s still considered the “quack”, you know, an expression used for that (...) they’ll stick a label on you and, well, you’ll be stuck with it for the rest of your life. It’s still a taboo topic, we aren’t yet comfortable with approaching mental health professionals and being okay with it. Even those who do in fact seek them out, I think. They wouldn’t open up about it.”

— Mother of female child

KEY MESSAGE

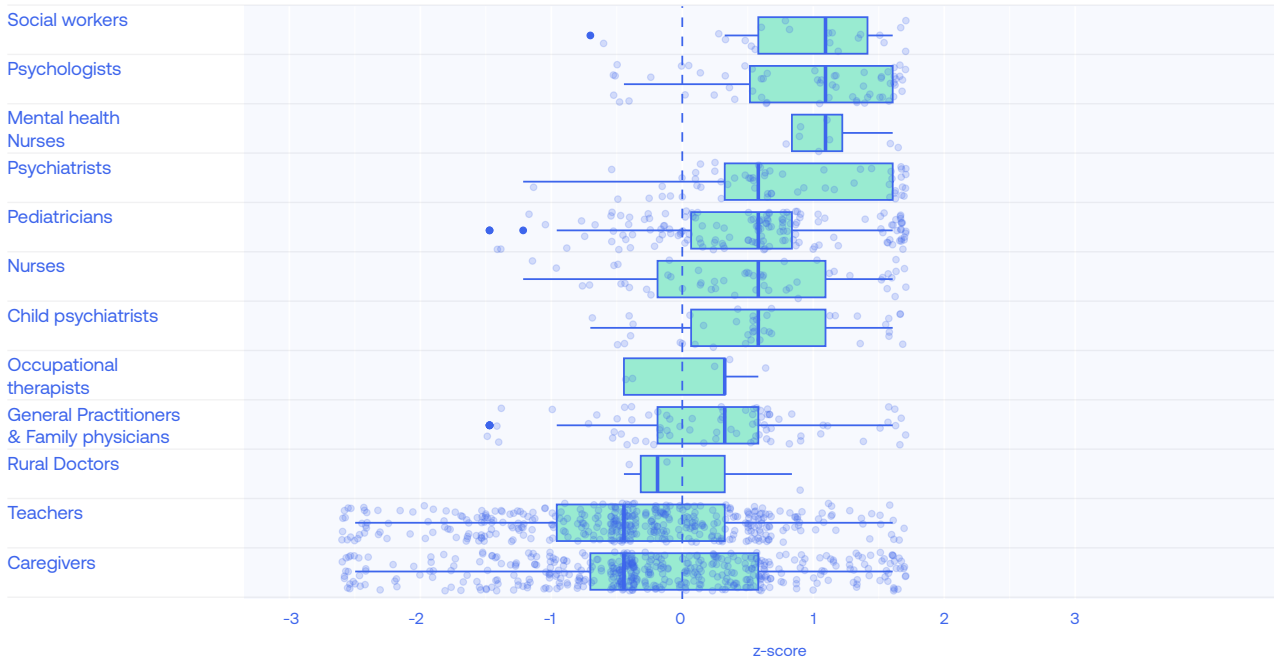
An openness towards discussing mental health and acknowledging its importance is counterbalanced by limited levels of mental health literacy, leading to resistance towards professional help and stigma. As a practical recommendation, CAMHI promotion programs could take advantage of the willingness towards the subject and deliver psychoeducation to improve literacy. Furthermore, encouraging caregivers to discuss their own mental health could help promote a safe environment for children and adolescents to open up about their feelings and emotions.

Listening to the general and professional communities

Focus groups findings match objective measures from our survey, as measured by the Reported and Intended Behavior Scale, an instrument that assesses how people feel and act towards those who have mental health conditions.²⁴ Caregivers had low scores, suggesting that they may have more negative attitudes towards people with mental health conditions.

The Intended Behavior Scale (RIBS)

n = 1331



How to understand this graph: the figure displays how each group of people in our study responded to questions about their attitudes towards individuals with mental health conditions. The scores are shown on a scale from negative to positive, with more positive attitudes on the right side and negative attitudes on the left side. The graph helps us understand how the different groups responded and allows us to see any differences in attitudes between them.

The needs and perspectives of educators and other school professionals

Educators play an essential role in promoting the well-being of children and adolescents. They are in a unique position to observe and understand the behavior and emotions of young people as they interact with them on a daily basis. With their close proximity to students and their families, they are valuable allies in addressing mental health issues and promoting positive development. By providing guidance and support, educators can help create a safe and nurturing environment where young people can thrive.

Mental health difficulties faced by students

Educators rated the top five most frequent mental health difficulties they face in a classroom:

1. Inattention, hyperactivity, and/or impulsivity
2. Learning and intellectual difficulties
3. Difficulties in communication with autistic children
4. Excessive worries or fears
5. Aggression

KEY MESSAGE

These conditions are included as a focus of the CAMHI training curriculum for educators and school personnel and will further be considered for community intervention programs.

Perspectives and needs on mental health

We gathered the following perspectives from the focus groups and local needs assessment questions conducted with educators.

1) Educators are sensitive towards mental health and are willing to get involved in programs.

They volunteer to have an important role in caring for children and adolescents and see the initiative with great interest.

“The teacher’s role is important as they can help identify the problem, since they spend a large part of the day with the children, but also guide and encourage parents to contact the relevant institutions.”

— Kindergarten educator

2) Stigma is a major concern in the school community.

They also endorse stigma to be a major challenge in addressing mental health issues at school.

“The attitude of their classmates, if they are not open to this process and do not support them and they can stigmatize children, who face such problems. How the school community itself accepts and embraces children facing such issues.”

— Gymnasium and General Lyceum educator

3) There is a lack of resources for addressing mental health difficulties.

They stress that knowledge about how to act effectively is needed, spotting major challenges in their practice:

- o Identifying mental health difficulties
- o Identifying child abuse and neglect
- o Establishing trust and offering guidance to students
- o Preventing crisis and emergencies
- o Communicating with parents
- o Cooperating with mental health professionals

“...It is also possible that the lack of training does not help us to recognize incidents or perhaps we do not pay the necessary attention knowing that we cannot do anything.”

— Primary school educator

KEY MESSAGE

Raising awareness of mental health and promoting anti-stigma activity is a topic of concern for the school community as a whole and should also be included in the training for teachers.

4) They feel the educational system lacks support from mental health specialists, leading to overload and frustration.

They report that professional support is not present on a regular basis. Mental health demands are not met, leading to stress and frustration for teachers that face the overload of caring of issues that would require specific support.

“(We need) immediate contact with mental health counselors, so that children don’t get into extreme situations.”

— Lyceum educator

5) Educators are enthusiastic about receiving training.

Educators feel that training could fill gaps and help them with difficulties in their practices, and are very willing to undertake it.

“Our ongoing training is essential so that we know how to handle each situation.”

— Lyceum educator

6) Educators want training that is practical, not heavy on theory, and relevant to their context.

They do not want “another training from experts” that are unaware of what goes on in the educational system and just deliver a lot of theory.

The CAMHI places a strong emphasis on training school professionals in the area of mental health. A comprehensive program has been designed to equip teachers with the necessary skills to detect mental health issues and establish effective communication with families. By providing resources and support, the CAMHI aims to ensure that school professionals are better equipped to identify and address mental health concerns among children and adolescents. At their recommendation, the training program is customized to meet the challenges educators encounter in their practical work, align with their preferences, and take into account their unique circumstances.

Training interests about child and adolescent mental health

These are the top five training topics educators would be interested in taking:

1. Identifying signs of mental health problems in youth
2. Detecting and noticing child abuse/neglect
3. Approaching youth with mental health problems
4. Approaching parents who deny their child’s difficulties
5. Talking to parents about problems in school that they don’t detect

KEY MESSAGE

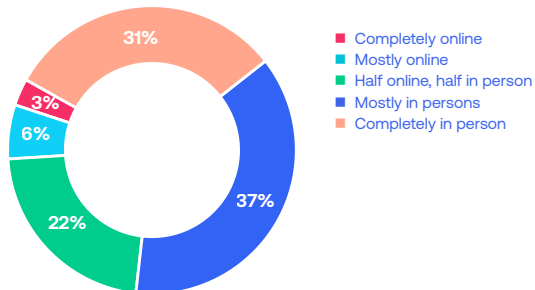
School professionals face many challenges in their classrooms, and one of these is identifying students who may be struggling with mental health issues. To help them overcome this, the CAMHI program will provide training to educators that will help them develop effective interventions and connect with resources that can support their efforts. In particular, teachers have expressed a strong interest in training related to mental health and child protection. To make this training as engaging and effective as possible, we will be providing interactive and practical sessions based on real-life examples.

Preferences on training format

We also surveyed 369 teachers on how they would prefer the training to be delivered.

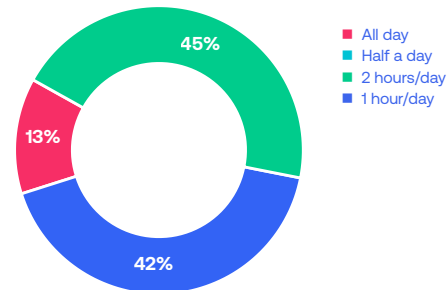
Online or in-person training:

Most would prefer delivery half online/half in person.



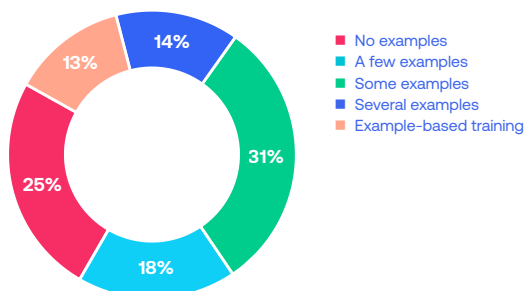
The duration of each session:

Most would prefer two hours per day training.



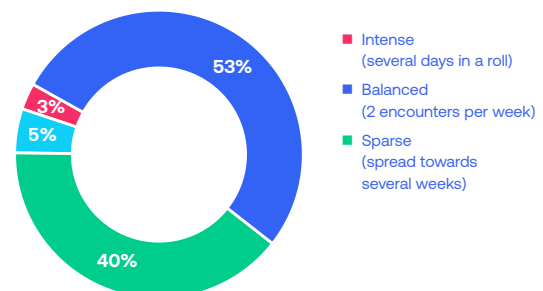
The use of case examples:

Most would prefer training based on case examples or with several examples.



Duration of training:

Most would prefer training spread across several weeks.



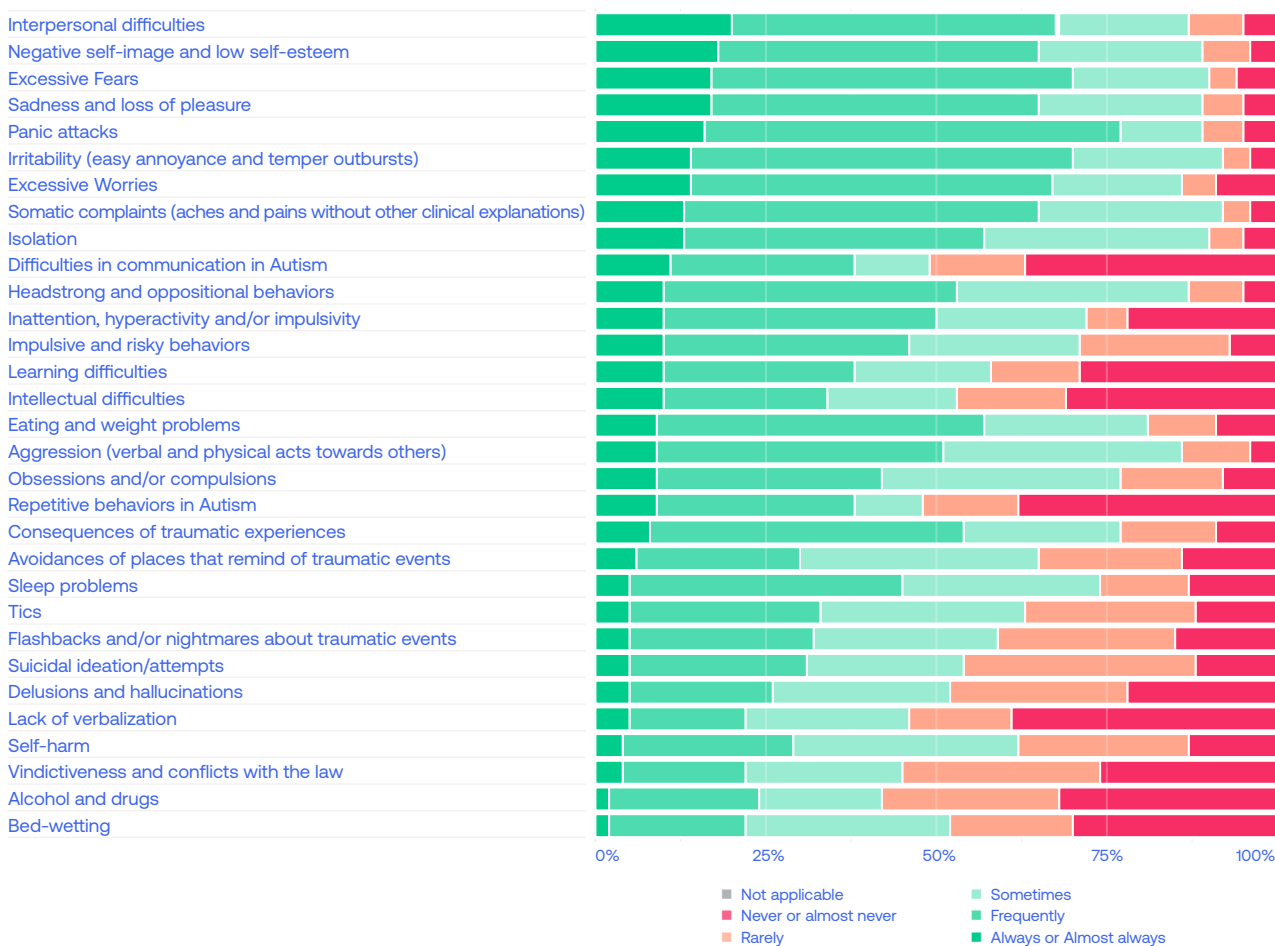
The needs and perspectives of health professionals

Health professionals, including mental health specialists, are essential contributors to mental health care for children and adolescents. They provide valuable insight into the needs and challenges faced by young people and caregivers, as well as the provision of services and established practices. Their expertise is critical in identifying and addressing mental health issues, providing effective interventions, and connecting families with the resources they need. Through their experiences and knowledge, they can offer unique perspectives that can inform the development of targeted interventions to promote the well-being of young people.

Challenges in daily practice

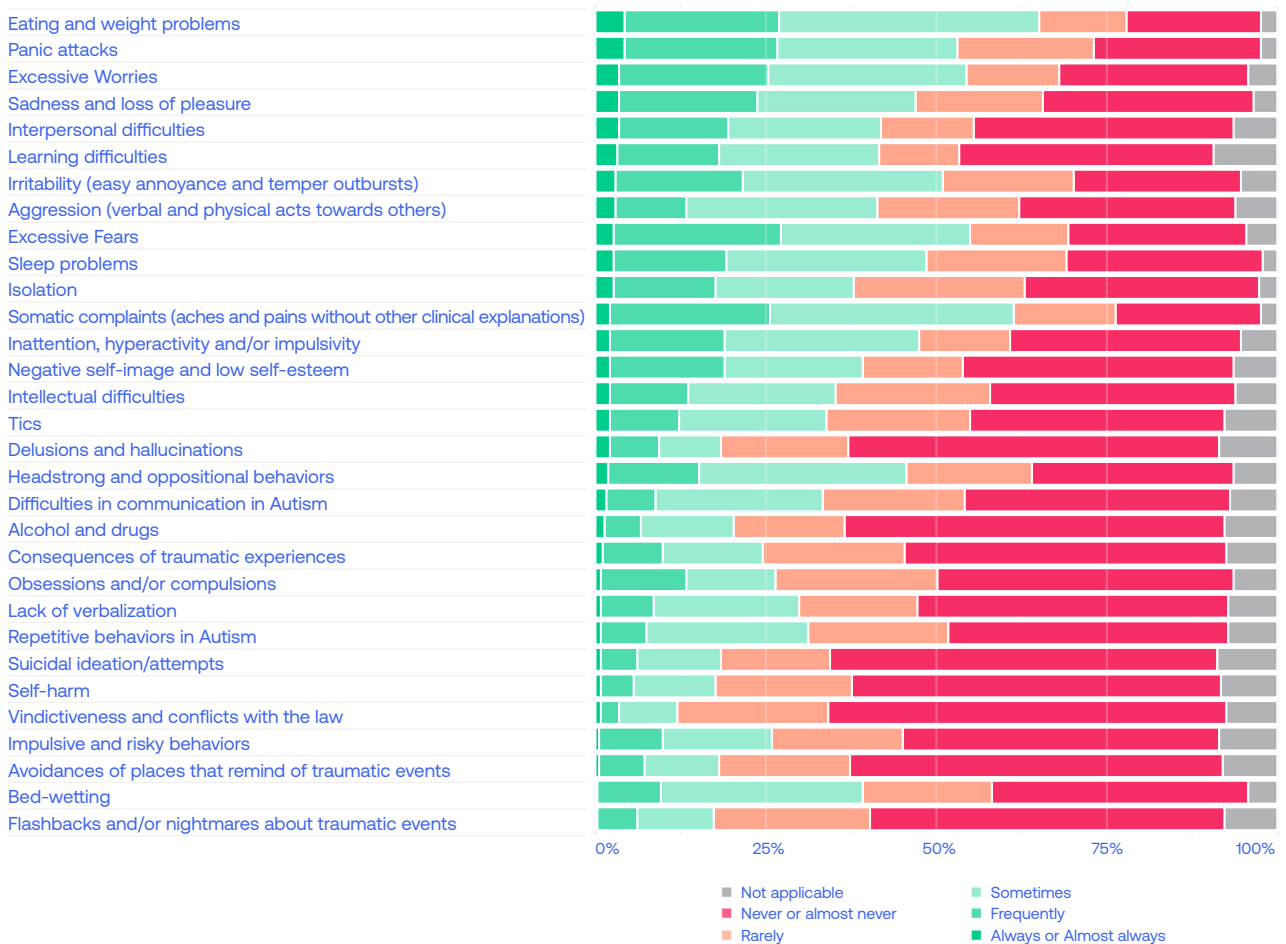
Mental health and health professionals rated the frequency they encounter specific mental health symptoms in their practice. Health professionals frequently face challenges such as eating and weight problems, panic attacks, excessive worries, sadness, interpersonal and learning difficulties, and irritability. Mental health professionals more often face patients with interpersonal difficulties, low self-esteem, and excessive fears. These conditions ought to be prioritized for future training curricula, adapted according to the specific needs of various professional groups.

Mental health professionals: How frequently do you see the mental conditions below in your daily practice? (n =100)



How to understand this graph: symptoms are listed in a rank of more to least frequent. Green indicates that conditions were frequently seen, whilst red indicates that conditions are seldom seen. The darker the green, the more frequently that symptom was reported as seen in the professionals' daily practices. The darker the red, the least frequent.

Health professionals: How frequently do you see the mental conditions below in your daily practice? (n = 375)



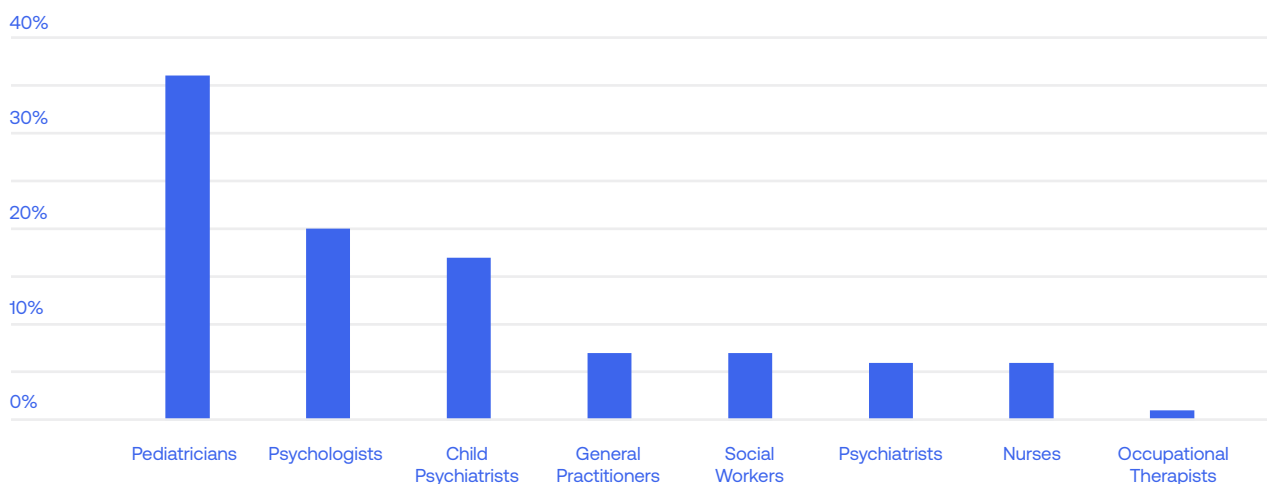
How to understand this graph: symptoms are listed in a rank of more to least frequent. Green indicates that conditions were frequently seen, whilst red indicates that conditions are seldom seen. The darker the green, the more frequently that symptom was reported as seen in the professionals' daily practices. The darker the red, the least frequent.

Child abuse and neglect

22% of all health professionals replied their daily practice involves the assessment of suspected child abuse and neglect.

Professional specialties assessing suspected case of child abuse or neglect

These are the frequency of specialties among the professionals who endorsed assessing suspected cases of child abuse or neglect in their routine.



How to understand this graph: 22% of all professionals replied their daily practice involves the assessment of suspected child abuse and neglect. The columns represent the proportion of each professional category among these 22% that reported to be involved in the assessment of child abuse and neglect.

KEY MESSAGE

Pediatricians, followed by psychologists, are the main professionals whose daily practice involves the assessment of child abuse and neglect. A child protection training curriculum should be adapted to include and align with the needs of the main professionals assessing child abuse and neglect in Greece.

Professional practices: how is mental health care being delivered in Greece?

Mental health and health professionals rated the frequency they employ a series of skills and techniques that are recommended for mental health assistance. These reveal skills that might be underused in mental health practices that will compose the CAMHI training curriculum.

Psychologist and child psychiatrist respondents who provide psychotherapy reported on the frequency of use of specific psychotherapeutic interventions as assessed by an instrument named The Multitheoretical List of Therapeutic Interventions (MULTI-30).²⁵ Below is the ranking of the most frequent schools of thought the interventions they use come from:

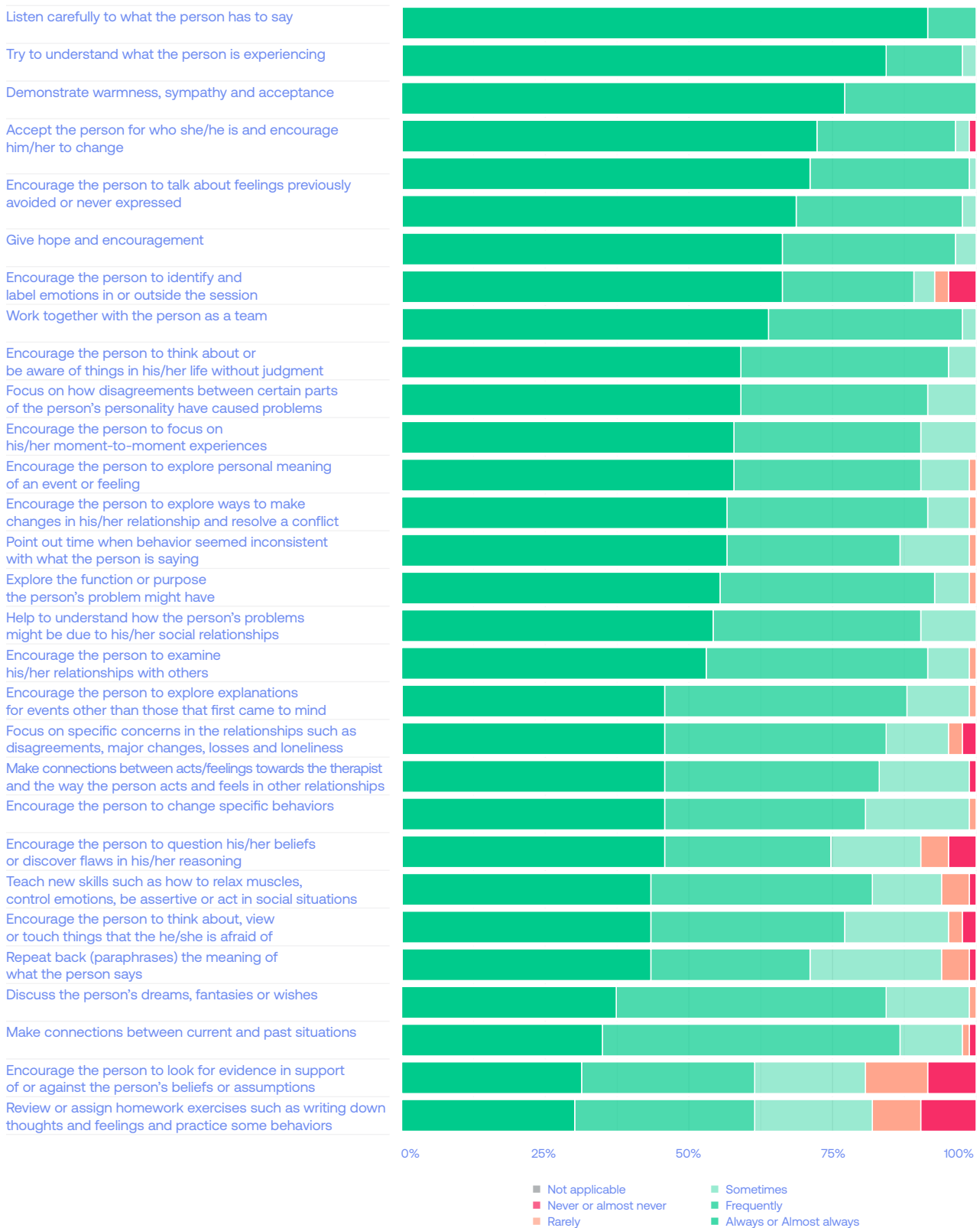
- | | |
|-------------------------|-------------------------|
| 1. Psychodynamic | 5. Process Experiential |
| 2. Cognitive-Behavioral | 6. Interpersonal |
| 3. Dialectical | 7. Cognitive |
| 4. Eclectic | 8. Behavioral |

KEY MESSAGE

Psychotherapeutic interventions used by psychologists and child psychiatrists in Greece fit into many schools of thought. The rich diversity of schools of thought requires the CAMHI advanced training curriculum to represent distinct approaches and embrace an empirically based pluralism.

Frequency of techniques used by mental health professionals

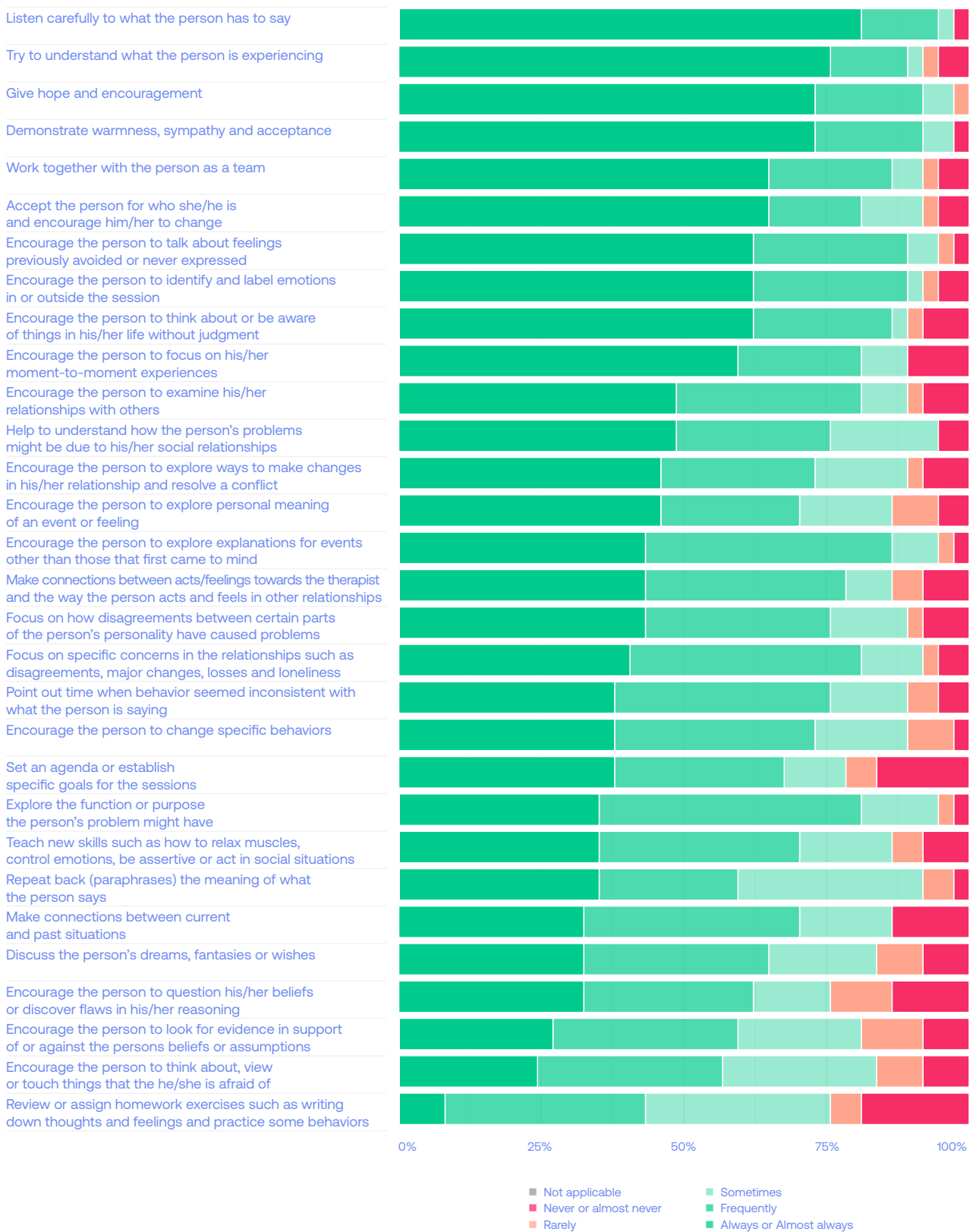
This is the frequency mental health professionals used specific techniques with youth patients over the 6 months prior to the survey (n =83)



How to understand this graph: techniques are listed in a rank of more to least frequent. The darker the green, the more frequently that technique was reported as used in the professionals' daily practices. The darker the red, the least frequent.

Frequency of techniques used by health professionals

This is the frequency health professionals used specific techniques with youth patients over the 6 months prior to the survey (n =37)



How to understand this graph: techniques are listed in a rank of more to least frequent. The darker the green, the more frequently that technique was reported as used in the professionals' daily practices. The darker the red, the least frequent.

Training interests

Professionals rated how interested they would be in taking training on mental health symptoms and conditions. Here are the top five topics of interest for some professional categories.

MENTAL HEALTH PROFESSIONALS (Psychologists and Child Psychiatrists)	PRIMARY CARE PROFESSIONALS (GPs, Nurses, and rural doctors)	PEDIATRICIANS
<ol style="list-style-type: none"> 1. Aggression 2. Somatic complaints 3. Panic attacks 4. Eating and weight problems 5. Consequences of trauma 	<ol style="list-style-type: none"> 1. Eating and weight problems 2. Somatic complaints 3. Panic attacks 4. Sadness and loss of pleasure 5. Sleep problems 	<ol style="list-style-type: none"> 1. Eating and weight problems 2. Communication difficulties in autism 3. Somatic complaints 4. Repetitive behaviors in autism 5. Lack of verbalization

Professionals also rated their **willingness in undertaking training** on specific skills and methodologies in child and adolescent mental health care.

MENTAL HEALTH PROFESSIONALS (Psychologists and Child Psychiatrists)	PRIMARY CARE PROFESSIONALS (GPs, Nurses, and rural doctors)	PEDIATRICIANS
<ol style="list-style-type: none"> 1. Rights-based and person-centered care 2. Mental health emergencies 3. Child protection 4. Interpersonal therapy for depression 5. Stigma and discrimination 	<ol style="list-style-type: none"> 1. Screening for mental health conditions 2. Assessment of mental health conditions 3. Diagnosis of mental health conditions 4. CBT for anxiety and depressive disorders 5. Mental health emergencies 	<ol style="list-style-type: none"> 1. Assessment of mental health conditions 2. Diagnosis of mental health conditions 3. Screening for mental health conditions 4. Child protection 5. Parent training for disruptive behavior disorders

KEY MESSAGE

Across multiple categories, professionals are particularly interested in additional training on eating, panic, and somatic problems. Pediatricians and primary care professionals' main skills and methods of interest included assessment, diagnosis and screening of mental conditions.

Views and perspectives on mental health

Apart from quantifying interests, challenges, and practices, professionals also provided their in-depth perspectives on child and adolescent mental health. We found that:

- Health professionals have positive attitudes towards mental health.
- Health professionals are sensitive to struggles faced by minority groups because of characteristics including race, sexuality, disability.
- Health professionals see stigma as a problem in Greece, which is more pronounced in the adult population.
- Stigma is strong in remote areas, where rural inhabitants even look for care in urban areas as they worry about being seen as weak in their communities.

“Sometimes we say about the stigma of mental disorders, that “it’s old news”, “it’s gone”, “it’s outdated”, “it’s a mentality we’ve left behind us” ... but that’s not the case. Especially in smaller societies, things are even harder about this matter. There are many things holding people back. Holding them back from the next step.”

— Social worker

KEY MESSAGE

Health professionals are strong allies for providing mental health care, including specific programs for underrepresented groups.



The insights of professionals on parents and children's relation to mental health:

- They perceive parents and children alike struggling to understand the different facets of mental health, with limited knowledge of available resources.
- A major challenge is overcoming parental denial that a problem needs to be addressed.
- Caregivers have difficulties in dealing with their own mental health, contributing to the taboo.
- Much of the resistance is attributed to a fear of what treatment entails.
- Healthcare professionals believe it is necessary to promote a culture of empathy and acceptance towards speaking out about emotions, and to improve relationships between caregivers and children/adolescents so that they feel more comfortable expressing their struggles.

“Unfortunately, it is the refusal of parents to accept that there is a problem. The parent’s refusal to engage in a fruitful dialogue. The parent’s refusal to refer to a specialist. This is what I encounter much more often.”

Primary health care nurse

KEY MESSAGE

Information programs are considered a top priority so the subject of mental health can be demystified and destigmatized, stimulating a culture in which children, adolescents, and also adults can feel comfortable in opening up about mental health demands. Strategies for reaching populations in remote areas are also necessary, as they are more vulnerable to stigma and taboo.



Next steps: deepen, enrich, and continuously assess the landscape

In summary, Greece's mental health sector requires significant and coordinated enhancements across many fronts. The sector needs greater investment in research, particularly in nationally representative studies and randomized controlled trials. A comprehensive legal and administrative framework that fosters a person-centered, rights-based public health sector is an important step in tackling the nation's inequities. Coordination across diverse sectors, including education, social affairs, and health is paramount, especially in smoothing transitions of care. Investments in the recruitment and training of professionals in effective treatments are needed, along with reliable, evidence-based information sources about mental health issues. Lastly, there's a strong need for effective training in scalable, evidence-based practices for education sector professionals, primary caregivers, pediatricians, and other specialists working with children and adolescents.

Our multi-pronged initiative, the Child and Adolescent Mental Health Initiative, is working to address some of these needs: 1) Our website provides evidence-based

information for common mental health issues in children and adolescents. 2) We offer resources that make it easier to locate help within the public sector. 3) CAMHI focuses on delivering basic and advanced training using evidence-based protocols that have been developed collaboratively with both international and local experts and are designed to be implemented within the public sector. 4) Lastly, and most significantly, CAMHI is supporting a sustainable network of mental health professionals that can seamlessly integrate into the Greek national system, serving as a pioneering model for the future.

Our analysis has provided us with valuable insights into the mental health needs of children and adolescents in Greece. Nevertheless, this landscape analysis is an ongoing process, and there is still much more to be learned.

To further enhance our understanding of the mental health needs of children and adolescents in Greece, we plan to embark on the next phase of our analysis.

This phase will involve:

Thorough analysis of the database

The dataset we compiled contains extensive information from multiple sources and methodologies. This dataset is rich with details on various topics related to child and adolescent mental health in Greece and is available to be used by the scientific community.

Nationwide epidemiological study on the prevalence of child and adolescent mental disorders in Greece

Through the support of the Stavros Niarchos Foundation (SNF) via the SNF Global Center for Child and Adolescent Mental Health at the Child Mind Institute, we will conduct a full-scale nationwide epidemiological study that will include diagnostic assessments and engage multiple informants. This will address the limitations of our current analysis, which was not based on a probabilistic sample. Our sample will be greater in size and randomly recruited from the general population. With this, we will be able to draw more precise information on the up-to-date prevalence of mental health conditions experienced by children and adolescents in Greece.

Local needs assessment with healthcare professionals

The local needs assessment conducted with teachers in the public school system was invaluable to the development of our Mental Health Literacy Basic Training curriculum.

To adapt this curriculum for healthcare professionals, we will recreate the local needs assessment with a diverse array of healthcare professionals spanning multiple services in the public sector. In addition to providing critical information, this local needs-assessment will allow us to establish new partnerships to facilitate the next phase of the training program.

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