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"Between the private and the public: The 'mixed economy' of mental health care in Greece, 1950s-1980s" *

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Overview

In this paper I employ the model of the 'mixed economy' of welfare in the case of mental health care in post-war Greece. I will start by explaining briefly what this model is and how it can be applied in the case of welfare in Greece. Then I will sketch the main characteristics of the Greek mental health care system up to the 1980s and finally I will concentrate on a particular post-war institution, the Centre for Mental Health and Research.

Before I start, I need to point out that I have extended the time scope of the paper to the early 1980s, because this period is generally considered as the time when the welfare state was established in Greece and this, as I will show later on, is relevant to the discussion and argument of this paper.

A 'welfare mix'

Let me begin with the concept of the 'welfare mix'. While the state has long dominated the historiography of welfare, during the last decades there has been a renewed interest in the private sector, voluntary and commercial. The shift was grounded in broader changes. As Conservative and New Labour administrations administrations supported a diminishing state role, and as other parts of the political spectrum lamented the over-bureaucratic character of the welfare state, reappraising voluntary action as a vital component of civil society and liberal democracy,[1] the voluntary and the commercial sectors were strengthened. By the 1980s they were seen

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[1] Alan Kidd, "Civil society or the state?: Recent approaches to the history of voluntary welfare", *Journal of Historical Sociology* 15 (2002), 328-342.

as supplementary or even alternative to the state,[2] which led to what has been called a 'consumerisation' of welfare.[3]

Within this framework, since the late 1970s the history of welfare was reassessed. It has been demonstrated that, although the state gained a greater role in welfare in the course of the twentieth century, the private sector was not wholly displaced, but was re-organised in cooperation with the developing state services. In this sense, it has been argued, it is better to think of a 'mixed economy' of welfare, in which the voluntary, commercial and statutory sectors, though not equal, are interdependent [4] and have dynamic relationships and 'ephemeral' [5] or 'fluid' [6] boundaries between them.

The 'mixed economy' of welfare in Greece

If the 'mixed' model is pertinent in countries where a strong welfare state developed over the course of the 20th century, gaining momentum after the Second World War, it is more so in countries, where the state had a weaker role in welfare. In the case of Greece, it has been argued that we cannot really talk of a welfare state before the 1980s and that even then the state's intervention was little.[7] This was more so during the first decades after the Second World War. In the 1950s, 1960s and most of the 1970s, even though the institutions of social protection increased, public funding was generally low.[8] There was not a uniform system of social protection and the state did not only count on but also encouraged the family, the Church, the monarchy and a plethora of private or semi-private organisations to undertake an

[2] Geoffrey Finlayson, "A moving frontier: Voluntarism and the state in British social welfare 1911-1949", *Twentieth Century British History* 2 (1990), 183-206.

[3] Michael Edwards, *Civil Society*, Cambridge, Polity, 2004, ch. 2.

[4] Finlayson, "A moving frontier."

[5] Mathew Thomson, *The Problem of Mental Deficiency. Eugenics, Democracy, and Social Policy in Britain, c. 1870-1959*, Oxford, Clarendon Press, 1998, ch. 4. Thomson explores the "emergence of a voluntary-statutory alliance" in the case of the care for the mentally defective in the late nineteenth century and the interwar period.

[6] Edwards, *Civil Society*, ch. 2.

[7] Vasiliki Rapti, "The postwar Greek welfare model within the context of Southern European welfare," in Gro Hagemann, *Reciprocity and Redistribution: Work and Welfare Reconsidered*, Pisa, Ed. Plus, Pisa University Press, 2007, 43-60.

[8] Georgios Zikogiannis and Nikos Leandros, "Some basic characteristics of the 'welfare state', in Greece during the first post-war period", in *Greek Society during the First Post-War Period (1945-1967)*, conference proceedings, Athens, Sakis Karagiorgas Foundation, 1993, 171-84, in Greek; Christoforos Vernardakis and Giannis Mavris, *Political Parties and Social Alliances in pre-Dictatorship Greece*, Athens, Exadas, 1991, 123-24, in Greek; and Thomas Gallant, *Modern Greece*, London, Arnold, Oxford University Press, 2001, 184-85 and 195.

active role in welfare. As a result, it has been argued that a 'quasi welfare state' was shaped, based on the collaboration of public and private agents.[9]

Therefore, the mixed model of welfare is well suited in the case of post-war Greece and I employ it in my work, which is part of a bigger research project entitled 'Forms of public sociality in 20th century urban Greece: associations, networks of social intervention and collective subjectivities'.[10] My case study focuses on associations and organisations of mental health founded from 1950 to 1980. One of these was the Centre for Mental Health and Research.

Mental health care in Greece: a very brief outline

Before turning to the Centre, I need to stress that the private sector had played an important part in mental health care since the founding of the Greek state in 1830. Indeed, the first mental hospital of Athens was a charitable institution, founded in 1887 with a grant made by a wealthy businessman, Zorzis Dromokaitis. This hospital is a good example of the 'mixed economy' of mental health care: although private, it was under state supervision and admitted both charity and state-supported patients along with private, fee-paying patients.

Other instances of non-public institutions were the small asylums set up by local communities and the private clinics established in the urban centres. These clinics, which multiplied after the Second World War, also exemplify the mental health care mix: they usually cooperated with the public sector, providing services to the beneficiaries of social insurance agents.

As for public institutions, during the nineteenth century the only state psychiatric hospital was on Corfu, founded in 1838 by the British during the British administration of the Ionian Islands. This asylum was passed on to the Greek state

[9] Rapti, "The postwar Greek welfare model;" Efi Avdela, *Youth in Danger. Supervision, Reformation and Juvenile Justice after the War*, Athens, Polis, 2014, in Greek, and A. Andreou, S. Iliadou-Tachou and G. Betsas, "From 'child-gathering' to royal 'child keeping'. Post-war aspects of social justice in the Northern Districts of the country", 5th Scientific Conference of History of Education, "Education and Social Justice", University of Patrai, 4-5 October 2008.

[10] The concept of sociality encompasses versions of social relations that are built in the public sphere, founded on cultural notions of affinity and oriented towards common action. "Public sociality" refers to a process in the course of which the involved subjects enter into extra-domestic relations in the name of a culturally defined affinity, develop various forms of collective action, invest those forms with cultural meanings and create through them collective subjectivities (Evthymios Papataxiarchis, "A contest with money: Gambling and the politics of disinterested sociality in Aegean Greece," in S. Day, M. Stewart, E. Papataxiarchis (eds.), *Lilies of the Field: Marginal People Who Live for the Moment*, Boolder, 1999, 158-175).

along with the Ionian Islands in 1864. Besides this remote and inaccessible hospital, three public asylums were founded in the early twentieth century, in Athens, Crete and Thessaloniki. However, it was only after the Second World War that the state gained more weight in the mental health care mix: in the 1950s, 1960s and 1970s state hospitals increased and became better organised.[11] A systematic mental health care policy was implemented for the first time in the 1980s, after the establishment of the National System of Health (1983), which integrated mental health services.

While the state's role in mental health care in Greece was gradually strengthened in the post-war period, the private sector (voluntary and commercial) remained strong. Since the 1950s and increasingly up to the 1970s, a number of private institutions[12] and associations, both lay and professional,[13] were founded in an attempt to improve mental health care provision.

In what follows I will focus on one of the most active private mental health care initiates of the post-war period, the Centre for Mental Health and Research, as a case study of the 'mental health care mix' and the fuzzy and changing boundaries between the state and non-state.

The mental health care mix in post-war Greece: the example of the Centre for Mental Health and Research

The Centre was founded in 1956 by mental health care professionals – psychiatrists but also representatives of the newly emerging in Greece professions of psychology and social work. It organised research and educational programmes and established services for children and adults in Athens, Piraeus, Thessaloniki and Patrai. Its mental health services were small-scale but intended to serve as models for mental health care reform in Greece along the lines of social and dynamic psychiatry, introducing innovative methods, such as the interdisciplinary team, outpatient

[11] Although the psychiatric law of 1862 enabled the state to found psychiatric asylums, it did not make their establishment compulsory. Only in 1925 was there a law on the organisation of public asylums. In the 1950s and 1960s four more state institutions and two colonies for the mentally ill were established.

[12] For example the Centre for Mental Health and Research, the Psychological Centre of Northern Greece, and training institutions for mentally retarded children: Theotokos and Sikiaridio.

[13] These organisations included: the PanHellenic Association of Mental Hygiene, the Greek Association of Mental Hygiene and Neuropsychiatry of the Child, the Association of Parents of Children with Mental Retardation, the Association of Parents of Autistic Children, the Greek Association for the Protection of Handicapped Children, and the Association of Spastic Children (children with cerebral palsy) of Northern Greece.

treatment, day care, individual and group psychotherapy, counselling and professional orientation.

The Centre's relationship with the state was fluid and changed over time. Initially, in the 1950s and early 1960s, it was rather weak: the state was not willing or able to fund mental health initiatives, while the Centre's professionals regarded the public sector as inflexible and thus not the most suitable sponsor. Therefore, the Centre was established as a section of the Royal National Foundation (RNF) – a royal organisation that during the 1950s and 1960s played an important role in welfare in Greece. The RNF itself provides a good example of the private and public mix in post-war welfare: on the one hand, it was a private organisation, autonomous from the state and sponsored by donations; on the other hand, it received public funding (through indirect taxation) and collaborated with the state, supplementing it in various fields of welfare and education.

The Centre for Mental Health and Research also lingered between the private and the public. It was a private organisation, albeit a form of 'public sociality', namely an association, whose members formed extra-domestic relationships and developed forms of collective action on the basis of a shared cultural ground.[14] The Centre received payment from its clients and funding from the RNF, but since the RNF was partially financed by the state, there was, from the beginning, a link between the Centre and the state through the RNF. In addition, the Centre offered its services to the public sector, by cooperating with state agents, such as public hospitals, schools and Centres of Social Welfare of the Ministry of Health and Welfare. For example, the Centre organised seminars for the personnel of public services and provided the training officially required for the qualification of professionals, such as child psychiatrists. Finally, while the Centre stressed and defended its autonomy from the state, it also aspired to initiate a broader change of the national mental health system and asked for the state's recognition, support and cooperation.

In the course of the 1960s such demands intensified, as the Centre's expenses increased unevenly to the RNF subsidy. Especially from 1964, when the Centre became autonomous from the RNF, it found itself in greater need for additional

[14] Papataxiarchis, "A contest with money." In the case of the Centre, this common ground was constructed by the scientific expertise, professional status and ambitions of the mental health care professionals, and was based on the idea that science – not ideology or politics – would further the 'modernisation' and social progress of Greece.

income, as the RNF, which still constituted the main sponsor of the Centre, restricted its funding: while up to 1964 the RNF used to cover all the expenses of the Centre, from then on it just provided a stable yearly grant. Although the Centre managed to obtain some public money during the 1960s, this funding was occasional and small in relation to its expenses and, consequently, the Centre was usually short of money and unable to extend its activities and services.

Things became more complicated at the end of the 1960s. The dictatorship, which had been imposed in 1967, sought to restrict the political role of the monarchy and, within this frame, to control all institutions connected with the palace, such as the RNF and the Centre. Still, from 1968 to 1970 it was not clear what would happen with these so-called royal institutions and, as a result of this uncertainty, the RNF's funding to the Centre was diminished and its flow was disturbed. This was a critical period for the Centre, during which it faced many financial problems and had to cut down expenses by decreasing its personnel and shutting down some of its services.

To secure the Centre's operation, the administration board requested from the government already in 1968 to take complete control and responsibility of the Centre. In the beginning of 1969 the ministry of social services appointed two new members of the administration board and the next year restructured the whole board. That year, 1970, all royal institutions were placed under state supervision. The relevant law stated that the Centre, although still a private organisation, would be funded with public recourses (again, indirect taxes) and that its administration would be appointed by the government. This arrangement was maintained after 1974, when democracy was restored. The role of the state in the administration and finance of the Centre was preserved, and indeed the Centre's public funding gradually increased. This had to do with the dynamic role that the state was assuming in welfare and health after the dictatorship: the late 1970s and especially the 1980s, were formative years for the welfare state in Greece.

In other words, during the late 1960s and the 1970s the Centre remained a private organisation, but its public profile was gradually strengthened. This was a consequence of broader political changes: first the dictatorship and then the development of the welfare state. Some of the initial developers of the Centre were against the increasing involvement of the state in the Centre's work. It is indicative that the psychologist who had initiated the Centre in 1956 and was its scientific director resigned in 1969, precisely because she resented the state's intervention. And,

even though she returned to the Centre in 1974, when the dictatorship was overthrown, she left in 1978, again because she could not tolerate the state's intervention, which – she thought – degraded the scientific work of the Centre, mainly by imposing political criteria in the personnel selection.

Besides this kind of critique, though, by the late 1970s the growing role of the state in the Centre's operation was mostly seen as a positive or, at least, necessary development. On the one hand, the Centre's administration and staff had experienced the challenging aspects of a predominately private Centre: the insecurity, the grave financial problems, and the inability to expand and have a greater impact in mental health and the mental health care system. On the other hand, they could see the new role the state was taking after the dictatorship and understood that the Centre needed a stronger link to the state, in order to play a part in mental health care reform and attract funds, which by the 1980s came mostly from the European Economic Community through the state.

Concluding remarks

To sum up: the Centre retained between 1956 and 1980 a hybrid semi-public or semi-private status, but the balance between its private and public sides changed over time. In the late 1950s and early 1960s, the private aspect was stronger: although the Centre developed a public discourse and action; although it cooperated with the public sector and sought its support, it was a private organisation that asserted its independence from the state and its distance from the political conflicts of cold-war Greece. The ambivalent stance to the state – the request for support and the demand for autonomy – might seem as a paradox, but is a common trend of voluntary associations. The ambivalence to the state waned in the late 1960s and during the 1970s, as political conditions and the role of the state changed. The Centre remained a private organisation, but acquired a stronger relationship with the public sector. It was increasingly accepted that the state would be its main source of financial and institutional support.

To conclude, the history of the Centre for Mental Health and Research up to 1980 can offer an insight into the 'welfare mix' and the development of the welfare state in Greece. Like many private and voluntary organisations, the Centre had complex and changing links to the state, which were shaped within the contemporary

political developments. Indeed, the Centre is a good example of the dynamic relationships and the fluid and ephemeral boundaries between the state and the non-state in welfare and health. In this sense, it would be interesting to extend this study to the 1980s, 1990s and especially the first decades of the twenty-first century, the time of the economic crisis and the withdrawal of the welfare state, in order to explore further changes and new trends in the Centre's relationship with the state.

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