health problems in Greece, Austria and Switzerland. The three papers provide interesting comparisons.

In Greece, services have been undergoing radical reform in recent years, starting from a rather low base. An increasing number of community-based services and support schemes have been developed, while the proportion of the population with intellectual disabilities who were formerly confined to institutions has been greatly diminished. In Austria there are no national registers of intellectual disabilities, a state of affairs that has arisen partly for historic political reasons. Austria offers a dramatic example of how a country's history (in this case the close association with Nazi Germany) can shape its policies, legislation and services. New, supported community-based services have been developed away from the large psychiatric institutions. In contrast, in Switzerland most adults with intellectual disabilities seem to be still living in institutions, although some smaller community-based residential units have also been set up recently.

In all three of these European services there is a disparity for the provision of people with intellectual disabilities and mental health problems. The UK has also been struggling with this state of affairs. The assumption that mainstream psychiatric services are able to address the complex mental health needs of the heterogeneous population with intellectual disabilities is obviously flawed. Although evidence about the effectiveness of provision is limited, research suggests that some individuals with intellectual disabilities have particularly complex needs, which cannot be met as effectively or even as quickly by generic services as they could by specialised services (Xenitidis *et al*, 2004).

The need for specialist training for those professional workers who are supporting adults with intellectual disabilities and mental health problems is recognised in Greece, Austria and Switzerland. To be effective, these workers should aim to function within a policy framework that enables collaboration between the relevant agencies. There should be clear care pathways, so that service users, their supporters and service providers all understand the roles and responsibilities of different professionals (Holt *et al*, 2005).

We hope that with the emerging evidence base, these thematic papers will stimulate debate about how to institute a European initiative on planning effective services for people with intellectual disabilities and mental health problems.

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The history of mental healthcare offered to people with intellectual disabilities in Greece runs in parallel to that of people suffering from severe psychiatric disorders. Until the early 1980s, it was based on 9 overcrowded and understaffed state and 40 private psychiatric hospitals with a mixed population of patients with psychosis and of those with intellectual disabilities (Madianos *et al*, 1999). The psychiatric reforms began with Law 1397 in 1983, which introduced the National Health System, and, in the following year, European Council Regulation 815/84, through which financial aid was approved and a 5-year plan adopted. The main goal was the development of a network of community-based services in geographically sectorised areas, to replace the large psychiatric hospitals. Mental health centres, psychiatric units in general hospitals and many other community services were to be established, according to local requirement.

The implementation of these plans was initially very slow. The exposure in 1989 of the distressing conditions in the Leros Mental Hospital, which had many patients with intellectual disabilities (Bouras *et al*, 1992), resulted in the rehousing of a large number of them to fully staffed community residential facilities near their areas of origin (Tsiantis, 1995). The original 5-year plan was extended to cover a whole decade, by the end of which the improvement of the infrastructure of mental health services was considerable and several pilot community projects had been developed, including staff training projects (Tsiantis *et al*, 2006). However, mental health sectors, the basic structural elements of the new community-based service system, had not been implemented and the desired network of services still had big gaps, leaving some regions without access to community psychiatric care, but instead with only the old-style psychiatric hospitals, although considerably transformed.

National indicators of prevalence

Intellectual disability is defined as significantly sub-average general functioning (IQ below 70), existing concurrently with deficits in adaptive behaviour, manifested during the developmental period. Eligibility for services is established by a local health committee and is based on medical diagnosis, a percentage disability rating and insurance status. Additionally, people with intellectual disabilities are eligible for all the services and benefits generally provided to people with disabilities, such as healthcare, vocational training, employment, housing, transportation and tax exemption (Pandeliadou, 2003).

Information on the prevalence of intellectual disability in Greece does not exist.

Policy framework and legislation

The ideological basis for the changes brought by the mental health reform is that people with mental health problems should have the opportunity to have a reasonably good quality of life in the community. This can be achieved by the closure of asylums, the integration of that population into the community, the provision of facilities for treating mental disorders in general hospitals, improved primary care services, and the prevention and early detection of mental health problems in the community.

There is no legislation concerning the provision of mental healthcare for people with intellectual disabilities and mental health problems, other than that applying to the rest of the population. The Ministry of Health and Social Solidarity funds the public sector services, although many of them initially started as European Union projects funded jointly with the Greek state.

Residential service provision for people with intellectual disabilities and mental health problems

In 1997 the 'Psychargos' Programme of the Ministry of Health came into effect. This is a 10-year programme aimed at gradually meeting the needs of the mental health sector at a national level. Phase I (1997–2001) placed emphasis on deinstitutionalisation, phase II (2002–06) on the development of community services. A total of 66 hostels, 14 boarding houses and 10 apartments were set up during phase I and 1000 patients from psychiatric hospitals were resettled (Spyraki, 2001). Phase II added to the services 3 mobile units, 11 hostels, 66 boarding houses (of which 32 are for people with intellectual disabilities and mental health problems), 80 apartments, 5 services for people with autism, 2 for people with dementia and 11 day centres.

Nearly all people with intellectual disabilities and mental health problems who were still residing in psychiatric hospitals are now living in community settings. More services have been planned for the near future.

Mental health services for people with intellectual disabilities and mental health problems

In the context of the Greek National Health Service, primary mental healthcare for all is provided in mental health centres and hospital out-patient departments. Hospital treatment is brief and is offered through the psychiatric wards of general hospitals or acute units in psychiatric hospitals. Rehabilitation services include residential facilities as well as occupational/employment settings. All these services are linked as parts of the mental health sector.

Training for mental health professionals on mental health problems in intellectual disability

All professionals working in community care projects have attended training courses on basic mental health issues, community care and intellectual disability. Training packages have been developed for this purpose. A total of 1200 professionals were trained in phase I and 1450 in phase II of the 'Psychargos' programme.

Suggested national priorities

As have other countries, Greece has been struggling to develop decent mental health services, although it can safely be said that substantial progress has been made. However, decentralisation, sectorisation and completion of the network of mental health services are still to be completed (Karastergiou *et al*, 2005).

Present priorities are:

- the integration and collaboration of psychiatric services with social services and primary care
- the development of community emergency services
- ensuring sufficient support for families
- the involvement of families in the planning of services
- evaluation of the quality and cost-effectiveness of services
- patients' rights and empowerment.

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Ferdinande Johanna Kanjilal Travelling Fellowship 2008

This travelling fellowship has been established from funds donated by Dr G. C. Kanjilal, in memory of his wife, Ferdinande Johanna. The fellowship, valued at £2000, is awarded biennially to further the experience of senior trainees in psychiatry from overseas countries. The award is intended to cover the expenses, either wholly or in part, of overseas doctors who wish to come to the UK or Ireland for a short period of further study, research or clinical training. Visits are expected to be no longer than 2–4 weeks. Members and Fellows of the College working in countries overseas are requested to bring the fellowship to the attention of their trainees. Applications for the 2008 fellowship should be submitted to the Dean of the College **by the end of February 2008.** For further details please contact the College International Affairs Unit (ljordan@rcpscyh.ac.uk).