OFFICES OF DIALOGUE, INFORMATION, SENSITIZATION FOR HUMAN RIGHTS IN MENTAL HEALTH SYSTEM, THE EXPERIMENT OF THESSALONIKI

REGISTRATION, EVALUATION AND EVOLUTION OF THE FIRST OFFICE INSIDE THE PSYCHIATRIC HOSPITAL OF THESSALONIKI.

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1. INTRODUCTION

The violence in the Greek psychiatric institutions can take a great variety of forms. The impingement of some basic human rights, the involuntary admissions, the physical and the chemical restraints, the isolation, the direct abrogation of personal opinion because of a diagnostic label, the absence of information as far as psychiatric drugs and their side-effects are concerned, the forcible methods that appear as curative ones, are only some examples that provide evidence in that direction. Several of these forms of violence are directly noticeable, while others are more indiscernible for the public opinion. Uncountable cases of bad treatment or even deaths have been recorded and they are a result of the so called “least restrictive” methods.

The psychiatry as a science was created and formed at the beginning of the 19th century. Even if its purpose is to assuage the psychological pain and it is supposed to be humanistic, it involves some fundamental contradictions such as therapy without the user’s agreement, treatment and simultaneously coercion, humanism and at the same time provocation of physical and mental pain (Emmanouilidou, 2007). These are issues often discussed due to political, legal

as well as social reasons. The question arising is which are the reasons that such huge contradictions are acceptable and what can be done in order to avoid them.

In western societies, insanity is more characterized by the abrogation of the personality of the person who had a psychotic experience than by the quality of his personal point of view. Instead of respect to the sufferers, there is a showy disinterest in their requests and an establishment of their exclusion of relevant to their own life topics. The mentally sufferers are supposed to be "ill" and their comments or even feelings as far as their "illness" is concerned are judged to be unreliable and sometimes even part of their "illness". For instance, if someone gets angry because of his/her physical restraint, the conclusion would be the addition to his/her clinical profile of another symptom: anger! It is also not rare that the side-effects of the medical drugs are interpreted as symptoms of the illness. In DSM for instance, there is an official diagnosis of "no compliance" which means that whoever has an opposite opinion to the proposed, automatically doesn't comply and as a result he is mentally ill. The diagnosis of a mental disorder can easily lead to the conclusion of incapacity or even incompetence in decision-making functions. Finally, the presence of a mental disorder becomes the overall determining factor of capacity and even competence.

The previous recognition has deeply influenced the social as well as individual imagination as far as psychotic experience is concerned to a great extent. It is not rare that even the users dispute their own experience and feel themselves as weak and unable to affect their own life. Moreover, the temporary reduction of a mentally sufferer's functionality during an acute psychotic episode is often interpreted as a permanent disability. This misapprehension is intentionally met and aims to achieve better individual and social control of the people who suffer (Megalooikonomou, 2007). As a result, the idea of a total and a general disablement – incapability of psychotic people is reinforced.

Furthermore, even though the paternalistic character of medical science has been under dispute since the first decades of 20th century, in Greece the limits between the theoretical concept and its practical implementation are indiscernible. Greece belongs to the countries of "Mediterranean bioethical zone", where the role of the welfare state is invigorated and the individual autonomy gives space to the society as a whole (Voultsos & Tougas, 2008). Each citizen is something more than an individual who lives alone: he is a member of a social context and his role is interactive. The critical point is the danger of impingement of the individual's autonomy and self-determination because of the social benefit. Several international conventions such as ICCRPR (article 1) or ICESCR (article 1) are protecting the right of self-determination. However, there are similar conventions which have been criticized because of their ambiguity. For instance, the European *Convention on Human Rights and Biomedicine (1996)* permits legitimate interference on the lives of the users who have been judged incompetent to give their own consent. Definitions relevant to who is going to judge whether a user is competent to give consent or not, are inarticulate and as a result the users are exposed to danger because of subjective opinions (Emmanouelidou, 2007).

"Medical paternalism" is defined as doctors' denial or indifference as far as patients' preferences are concerned, because of their belief of the superiority of their opinion when it comes to the health of their client (Voultsos & Tougas, 2008). In psychiatry, such an attitude is often met. The paradox is that it is generally accepted that a third person has better knowledge of what is happening in a user's mind or soul than the user himself. In essence, the psychiatrist is the specialized professional who knows the needs and feelings of "his patient", while the user is obliged to accept his doctor's proposals which turns him into a passive receiver. The power that psychiatrists automatically obtain doesn't give space to the development of the individual's

responsibility, self-determination or self actualization. The users consider their "illness" to be unavoidable and desire the solution to occur somewhere outside themselves.

Considering the above recognitions, it is not surprising that human rights are violated so often in the mental health field. On the one hand, there is the automatic belief that diagnosed people are incapable and incompetent to make their own decisions. On the other hand, the "specialized" professionals don't leave space for the users' voice to be heard because they are the "experts" that know better what their patients need. Unless this combination isn't fundamentally disputed, the daily and continuous impingement of the human and the legal rights in mental health will never end (Emmanouelidou, 2007). There is an imperative need for the users to take the responsibility of their own life so that they can defend their rights and especially the one of self-determination.

Law can be used in order to protect users' rights as well as arbitrary practices by professionals to be avoided. However, in order for the users to use their legal rights or even fight for them, they firstly have to be informed. The absence of information -as far as the legal rights in mental health is concerned- is the norm despite the fact that according to the article 47 of the law 2071/1992, an inpatient person has the right to be informed in detail about his situation and to consent or not to his therapy.

Similar observations and violations of human rights in the psychiatric system leaded to the users' resentment and their imperative need to react all over the world. In Germany, after the suppression of the Socialistic Community of Patients in Haidelberg, "departments of quality control" started being created - among several initiatives. The basic reasons for their creation were the control and the reduction of the violation of human rights in the psychiatric wards. More specifically, they deal with violated involuntary admissions, isolations, restraints, forcible treatment or imposition of medical treatment despite inpatient's denial etc. Their philosophical concept is based on the self help groups' movement and the idea that the patient is a client–customer–user of the services and as a result he is always right. They are successful due to the fact that they constitute structures of social control as far as the inside of the psychiatric institutions is concerned. However, their basis is outside the community and most of the times they function thanks to voluntary work. Their goal is to provide total information / consultation to inpatient people and their relatives about their legal rights and to offer help and guidance when they have legal demands. The function of Departments of Quality Control is already compulsory by law in Austria and Holland (Emmanouelidou, 2006).

2. WHAT IS "THE TETRALOGUE" AND HOW IT WAS CREATED

Despite the fact that the psychiatric reformation in 1989 brought big changes in the Greek psychiatric system, in 2000, the violence and the impingement of human rights inside the psychiatric wards were still dominant. As a result, an informal "Committee against psychiatric violence" was created in Thessaloniki as a part of "Rehabilitation Center for faltering victims".

The Committee consisted of five people who had worked in the psychiatry field at some point during their career: one psychologist, one nurse, one lawyer, one employee in the administration of the psychiatric hospital of Thessaloniki and one psychiatrist. There was no fixed plan; the only connective point was the need to react against the violations of human rights (physical or chemical restraints, isolations, ECT etc).

At the beginning, the committee made an appeal to the mental health professionals but nobody responded. Then, they turned to the nurses. The nurses were more sensible but after some

negotiations, they concluded that the final responsibility belongs to the psychiatrists and their role is only an executive one. The fear of legal sanctions was stronger than their will to react. The efforts could not come to fruition because the personal interests were always more weighted than the users' rights. Consequently, the creation of the Committee did not seem very effective. Its formation had to change. As a result, the Committee invited more people to join in order to communicate the theme and a circle of conversations relevant to the human rights began. After 8 months of exchanging opinions, the last general assembly ended up in the creation of the Greek Observatory for Human Rights in Mental Health, in 2006.

The Greek Observatory works in the form of a network of people, who are in distinctive ways interested or involved in the mental health system. The network consists of users of psychosocial services, users' relatives, mental health professionals and employees in this area, sensitive citizens etc. Anyone who shares its philosophy and goals is welcome in the bosom of the network. Its philosophy and its goals are in detail presented in its founding text: www.paratiritiriopsy.org

One of the primary actions of the Greek Observatory was the creation of "the Tetralogue". The name was inspired by the European Trialogue model, according to which the dialogue among the three sides of people with personal psychiatric experience, their siblings, and the professionals in mental health is necessary in order for the stigmatization of mental disorder to be reduced. The communication among people with psychiatric experience, their siblings and the professionals is beneficial to all the parties involved. In this trialogical model, the sensitive citizens were added as the fourth partner. So, the idea took the name of "Tetralogue" and it includes the dialogue among the four interested sides, where the fourth partner is the open public.

The first step was the invitation of the Family Association in Mental Health (F.A.M.H.) to participate in a discussion. During the discussion, a suggestion was made by the members of the Observatory. The initial plan was to create offices similar to the "departments of quality control" adjusted to the Greek framework, which is very different than the German one. The experience gained from the Committee against psychiatric violence provided aid to the creation and development of this new initiative. Having faced so many difficulties, it was clear that the target group should be first of all the users themselves, as they are the ones who are directly violated. The practical implementation of such an idea was the opening of an office inside the psychiatric hospital of Thessaloniki, where the four parts could come in touch and exchange experiences.

The foundation of such an initiative was not an easy procedure as there is no law which legalizes such offices inside the boundaries of a hospital. In September 2006, the president of the FAMH - who is also a member of the Observatory-, met the governor of the psychiatric hospital of Thessaloniki, in order to make the proposal. The agreement was that the FAMH could obtain a room inside the psychiatric hospital where the siblings of the inpatients could come in touch with other members of the Association and learn about its actions. It was also agreed that some volunteers could participate in order to help the parents to set up this initiative as well as that the leaflets which disseminate the legal rights of the users could be shared. It has to be mentioned that these leaflets are printed by the psychiatric hospital of Thessaloniki and they are quite complete as far as legal information is concerned. The given room was an abandoned ward of an old clinic which was under demolition and consequently dirty, without furniture or usable toilettes. However, after some negotiations some furniture (which was in the storages of the hospital) and the colors for painting the walls were provided. The toilettes, the electricity and the heating systems were repaired and two telephone lines were connected. Everything was achieved at no financial cost.

After 6 months of preparations, "the Tetralogue" opened in January of 2007. The office is open 5 days per week and a general assembly takes place once every 2 months.

3. METHODOLOGY

3.1 GENERAL ATTITUDE OF ACTION RESEARCH

This paper refers to the scientific field of communal psychology and for this reason the methodology chosen is **action research.** Action research has evolved as an alternative to the traditional forms of research. Its goal is not to offer scientific answers, but to indicate a path along which certain gates may be open to allow access to many new scenarios. Its basic philosophical principle is that there is no unique and absolute truth but instead, the truth can every moment be negotiated according to the new circumstances or conditions. Finally, the truth is established not thanks to the implementation of specialized methodological principles, but through critical argumentation on the results of the research (Mosher, 1977).

What is most distinctive about the action science community is that it enacts communities of inquiry within communities of practices. This is achieved by its focus on turning the people involved into researchers. Their active participation to the inquiring procedure leads to their involvement and consequently to their personal learning and influencing of the evolution of the situation. As a result, a direct, interactive relationship is created between the researcher and the "subjects" and they eventually examine and discuss the collected data in common (O'brein, 2001). The main researcher, unlike other disciplines, makes no attempt to remain objective, but openly acknowledges her bias to the other participants.

Action Research is more of a holistic approach to problem-solving, rather than a single method for collecting and analyzing data. The reflective process of action research aims to solve real (social) problems and for that reason the research takes place in real-world situations (O'brein, 2001). The purpose of this research is to spot and alter the crucial factors, in order to help the effectiveness of the specific initiative. It tries to detect the practices that need to be changed, the ones that need to be kept intact, as well as these ones that need to be reformulated. Its final goal is the practical improvement of the quality of the specific movement.

3.2 METHODOLOGICAL PRINCIPLES AND METHODS OF COLLECTING INFORMATION

The methodological principles to which the specific research is based are the following (Moser, 1977a, b, Argiris , 1985):

- The starting-point of the research and its main goal is to improve the specific social initiative which was researched and to answer how its goals can be more frequently reached. It is crucial that the research be integrated into social reality with specific goals and not just investigate some academic queries.

- The main person that conducted the research was totally involved in the social context into which the research had set the target to intervene, participating in a stable frequency in the shifts of the office exactly as all the rest of the participants (Weinert, 1987 p. 181-184)
- The role of the participants in the research (visitors of the office, members of Family Association, members of Tetralogue) was not only their use as sources of information, but also their active participation the concluding procedure. They were totally informed in the nature, the goals and the philosophy of the research and were asked to discuss and comment in order to make the presumption.

The methods used for the data to be collected are:

1. Personal participation of the main person who conducted the research and her experiential referent.
1. Investigation of the basic files and official documents which have been registered by the officers from the beginning of the operation of the office until today.
1. Critical analysis of the proceedings that have been registered during the regular general assemblies.
1. Questionnaires for semi-constructed interviews answered by the visitors of the office as well as by the members of Family Association and the members of the Tetralogue. The semi-constructed questionnaires-interviews were chosen as a method because of the wording of the questions provides one with the opportunity to compare the results among the questioned people and the personal interpretations that offer a bigger variety of answers than the researcher could have foreseen.
1. Personal conversations with more visitors than the interviewed ones as well as with ex-members of Tetralogue or members of the Family Association that used to work in shifts in the past.

3.3 DIFFICULTIES AND BARRIERS OF THE RESEARCH

Even though action research has several advantages as far as its implementation in such a context is concerned, there are some factors which make its validity questionable. The most important ones are the following:

1. The fact that the researcher is an active member of the initiative may lead to personal expectations, which may influence her way to ask and hear the answers of the participants. Even though such a behavior might not be intentional in the context of an honest cooperation, it is still a possibility. However, the fact that the results were commented and judged by the whole team minimizes the danger (Mosher, 1977).
1. As far as the questionnaires – interviews are concerned, sometimes, the wording of the questions can be interpreted in distinctive manners. Even though this provides the "subjects" with the opportunity to express themselves better, at the same time it raises the difficulty level of the analysis of the results -especially the statistical part. (Mosher, 1977)

3.4 ETHICAL CONSIDERATIONS

Due to the fact that action research is carried out in real-world circumstances and it involves close and open communication among the people involved, the main researcher paid attention to ethical considerations in the conduct of her work:

1. Before conducting the interviews or using the recorded information, it was assured that the relevant people had been consulted, and that the principles guiding the work were accepted in advance by everyone (Winter R., 1996).
1. All participants were allowed to influence the work, and the will of those who did not wish to participate was respected (Winter R., 1996).
1. The development of the work remained visible and open to suggestions from others (Winter R., 1996).
1. The researcher accepted responsibility for maintaining confidentiality (Winter R., 1996).

3.5 INVESTIGATORY HYPOTHESES

One of the main purposes of the research was to evaluate the project and to compare the initiate goals with the achieved ones. However, two basic investigatory hypotheses were made during the researching procedure. Firstly, it was assumed that differences would appear among the officers (members of Family Association – volunteers) as far as their perception about the content and the effectiveness of the office is concerned. Secondly, differences would appear among the visitors (depending on the "category" they belong to: inpatients in the unit for criminally insane or the department for acute phase) as far as their perception about the goals and the purposes of the office are concerned.

3.6 SAMPLE

The sample comprises of 20 visitors and 13 officers.

VISITORS (20)		OFFICERS (13)	
Criminally insane	"acute"	parents	volunteers
6	14	5	8

Visitors: 6 of 20 visitors belong to the unit of the criminally insane inpatients whereas the other 14 visitors are inpatients or ex-inpatients of the department passing the acute phase. The total amount of visitors since the date that the office has opened (by the end of June 2009) was 111. 11 of them were siblings, 12 of them were criminally insane inpatients and the other 88 were inpatients that were living in the hospital during their acute phase. Unfortunately the 11 siblings, as well as 80 of the inpatients were unable to answer the questionnaires due to a variety of reasons.

Firstly, the psychiatric hospital of Thessaloniki receives people around the north of Greece (which means that visitors come from all around Greek Macedonia and after being discharged from the hospital they return back to their home base). Furthermore, quite a few of them stayed in the hospital 1 or 2 years ago and consequently it was impossible to contact them. As far as the 6 people living in the unit for the criminally insane inpatients who didn't answer the questionnaire are concerned, 5 of them did not want to participate for personal reasons whereas the fourth one was astricted within the limits of the building during the 2 months that the questionnaires were conducted and as a result the researcher could not meet him. Even though the size of the sample seems to be quite small, the quality of the questions allows secure conclusions to be made. The needs and the perception of the visitors are not collected only through questionnaires, but also through the files of the office. Consequently, even the visitors who did not answer the questionnaires are included in the survey. The results are going to be used for future improvement of the specific initiative, so however little the sample is, it can always be useful.

The 20 visitors that answered the questionnaires were informed about the nature, the purpose and the rationale of the research and their incognito was preserved.

Officers: 5 of 13 officers were members of the Family Association in Mental Health while the other 8 officers were volunteers. The total amount of the officers since the date that the office has opened (by the end of June 2009) was 25 people. 12 of them were parents who belong to the Family Association and the other 13 were volunteers who desired to support this initiative. 7 of the 12 parents did not have available time for answering the questionnaires due to personal reasons. 2 of the 13 volunteers did not answer the questionnaires because they had moved in another city while 3 of the 13 volunteers did not have enough time either.

The 13 officers that answered the questionnaires were informed about the nature, the purpose and the rationale of the research and their incognito was preserved. The table below shows the duration that each of the officers -who answered the questionnaire- has actively participated in the office.

MONTHS	F.A.M.H. (5)	VOLUNTEERS (8)	TOTAL (13)
0-6 months		2	2
6-12 months	2	3	5
12-18 months	1		1
18-24 months		1	1
more than 24 months	2	2	4

3.7 THE INTERVIEWS – QUESTIONAIRES

The conducting of the questionnaires took place between the 20th of March 2009 and the 16th of May 2009. The presence of the researcher was of great importance because the questionnaires had the formation of semi-constructed interviews. This formation was chosen because it offers higher flexibility to assess the respondent's understanding and interpretation of the questions and to clarify any confusion that arises regarding the meaning of the question or the

answer. It also gives the opportunity to present material to respondents and record their reactions. The established relationship of trust between the interviewer and the respondents leaded to solicit answers to questions which respondents might otherwise have been reluctant to answer or answer truthfully. Last but not least, the semi-structured interviews created the opportunity for the interviewer to ask supplementary questions when needed in order to obtain adequate answers. (www.oag-bvg.gc.ca).

The questionnaire for the visitors contains 23 questions. 6 of them were open-ended questions and their qualitative content was statistically analyzed. Categorical variables were used. 6 of them were closed-ended questions (yes or no), 4 of them were ended-closed questions that needed explanation, 4 of them were contingency questions (2 of them scaled ones and 2 of them multiple choice questions) and 3 of them were scaled questions.

The questionnaire for the officers contains 24 questions. 9 of them were open-ended questions and their qualitative content was statistically analyzed. Categorical variables were used too. 3 of them were closed-ended questions (yes or no), 7 of them were ended-closed questions that needed explanation and 5 of them were scaled questions.

4. STATISTIC ANALYSIS OF THE QUESTIONNAIRES – THE INTERVIEWS AND FILES DATA - QUESTIONS ARISING BY THEM.

4.1 INTRODUCTION

In 20th of June 2009, the results of the research have been completed and an assembly among the main researcher and the rest interviewed members of the Tetralogue took place. The purpose of the meeting was the presentation of the results to the rest participants as well as their comment and their personal interpretation on them. In the meeting 4 members of the Family Association, 5 volunteers, an establishing person of the Tetralogue and the president of the Family Association were present. The rest interviewed people were absent because of personal reasons.

In order the conclusions to be made a combination between the information by the files and the discussion of the 20th of June took place. In this part, the results of the research as well as the questions arising by them are presented. Such results include the personal interpretation of the main researcher as she was a part of the team, but they are based on the whole group's work, comment and statements.

According to the files, 111 people visited the office from the first day that the Tetralogue begun to work until the 20th of June. The 88 out of them are acute inpatients, the 12 out of them have been judged to be criminally insane and the rest 11 are siblings of the users.

As far as the questionnaires are concerned, the questions of the 2 questionnaires are presented according to their content. This means that there is a mixed presentation of the 2 questionnaires with no chronological order. The tables of visitors' questionnaire are symbolized with the letter V, while the tables of Tetralogue's questionnaire are represented with the letter T.

4.2 PRACTICAL - DAILY ISSUES

This part of the questionnaires targets to examine the preferences of the visitors and the perception of the participants in the "Tetralogue" as far as the practical issues of the office are concerned in order to improve its organization in the future.

- Table V 1: For what reasons you first visited the office?

REASONS	CRIMINALLY INSANE (6)	ACUTE INPATIENTS (14)	TOTAL (20)
New people – company	2	3	5
Curiosity	1	5	6
Coffee	3	2	5
Searching for help – support	2	5	7
Legal information	1	2	3
Αντίλογος to the dominant logic	---	1	1

There is no prevalent variable. Most of the inpatients had firstly visited the office because of curiosity or their desire to meet new people, to be supported and drink a coffee. Only 3 inpatients answered that they visited the office because of their need to take legal information.

The fact that most of the users had firstly visited the office without having been informed about its specific function arises a number of questions. How important is the exact offer of the Tetralogue to be known from the early beginning? If it was known that the Tetralogue gives information about legal rights, would it attract more users or would it exclude some users who had visited it because of curiosity?

The whole team decided that the important thing is not the initial purpose of the visit but what the users finally profit after their visit. The first goal is just to approach the users and after that, through discussion and human touch the information can easily be spread. Inside a psychiatric ward, the need of inpatients for pure listening to them as well as the need of drinking a cup of coffee with people who live outside the hospital is of great importance. Moreover, a later question (table V 7) reveals that despite the initial purpose of their first visit, 14 out of 20 inpatients had finally been informed about their legal rights, so at the end it is obvious that the users are receiving information.

- Table V 2 : What are you doing during your staying in the office?

OCCUPATIONS	CRIMINALLY INSANE (6)	ACUTE PATIENTS (14)	TOTAL (20)
Support – advising in personal issues	6	11	17
Coffee – conversation	6	14	20
Legal information	1	5	6
Clothing	---	1	1

Telephone	1	2	3

All the visitors notify that they have a coffee and a general discussion, while 17 out of 20 users are feeling supported in issues relative to their personal life. Even if only 6 out of 20 declare that they have been legally informed, in the question V6 it is revealed that more users have finally received legal information.

The explanation given by the group was that probably the visitors integrate legal information in general discussion. It was unanimously supported that even though the answers of the above question do not reveal it, the legal information is a basic action of the office.

- T 1 : Who are visiting your office?

VISITORS	F.A.M.H. (5)	VOLUNTEERS (8)	TOTAL (13)
Inpatients	5	8	13
A few parents	4	5	9
Very very few professionals of mental health	---	2	2

All the members of the Tetralogue have more or less the same perception as far as the people who visit the office. The fact that only a few parents visit the office evokes the wondering of the reasons. In the following questions, the subject of the approach of more siblings comes to the surface.

- Table T 2: What are you and your visitors doing during their visits?

OCCUPATIONS	F.A.M.H. (5)	VOLUNTEERS (8)	TOTAL (13)
Coffee – conversation	5	8	13
Listening to their problems	1	---	1
Informing about our action*	---	8	8
Help in relaxing when overstressed	---	1	1

*Informing about legal rights (oral information and sharing leaflets), recording requests, impingements of human rights and complaints, collecting information – searching for solutions in their personal topics etc.

Even if none of the parents refers to spread information about the action of the Tetralogue, the files contradict such a conclusion. Their oral explanation was that they didn't clearly understand the wording of the question or the wording of the question was not clear enough.

- Table V 3: According to your personal opinion, which is the more convenient timetable for the office to be open?

TIMETABLE	CRIMINALLY INSANE (6)	ACUTE PATIENTS (14)	TOTAL (20)
Morning (10:00 – 14:00)	2	7	9
Morning and afternoon	2	1	3
Morning and evening	4	6	10
Morning – afternoon – evening	2	---	2

Table T 3: According to your personal opinion, which is the more convenient timetable for the office to be open?

TIMETABLE	F.A.M.H. (5)	VOLUNTEERS (8)	TOTAL (13)
Morning (10:00 – 14:00)	3	4	7

Morning and evening	2	4	6

The visitors who proposed that they want the office to be open for more time than it has already been, clarified that their proposal applies only in case that there are more members in the Tetralogue who can support such a proposal.

The 6 members of the volunteers answered that the office should be open in the evenings. Their illustration was that visiting card takes place from 18:00 until 20:00 p.m. As a result, more siblings of the inpatient person would have access to the office (see above T 1) and the basic logic of the Tetralogue (which is the connection among family members, professionals, users and citizens) would easier become real.

The whole team agreed that if there are more members in the future, the timetable should possibly change.

- Table V 4: How many days per week would it be better the office to be opened?

NUMBER OF DAYS	CRIMINALLY INSANE (6)	ACUTE PATIENTS (14)	TOTAL (20)
7 days per week	4	8	12
5 days per week	2	6	8

Table T 4: How many days per week would it be better the office to be opened?

NUMBER OF DAYS	F.A.M.H. (5)	VOLUNTEERS (8)	TOTAL (13)
7 days per week	3	5	8
5 days per week	2	3	5

The results show that there is a general desire the office to be open more than 5 days. Such a result depicts that the environment is at least friendly and for sure visitors have something to earn by it.

It was in general approved that if there are more members in the future, the working days can possibly be more.

- Table V 5: Each shift is covered by two people. Sometimes, 2 parents make the shift, some others 2 volunteers make the shift while some others 1 parent and 1 volunteer make the shift. Which is the best combination according to your opinion?

Combination of people	CRIMINALLY INSANE (6)	ACUTE PATIENTS (14)	TOTAL (20)
1 FAMH + 1 volunteer	5	12	17
2 Volunteers	1	2	3

17 out of 20 users prefer both parents and volunteers to make the shift. This is a very big percentage which shows the fact that each group offers different but equally important services.

- Table T 5: Each shift is covered by two people. Sometimes, 2 parents make the shift, some others 2 volunteers make the shift while some others 1 parent and 1 volunteer make the shift. Which is the best combination according to your opinion?

Combination of people	F.A.M.H. (5)	VOLUNTEERS (8)	TOTAL (13)
1 FAMH + 1 volunteer	5	7	12
2 Volunteers	---	1	1

12 out of 13 members of the Tetralogue prefer both parents and volunteers to make the shift. Such a preference depicts the fact that each group concedes the importance and the offer of the other's group. The parents offer their opinion because of their personal experience, while the volunteers offer the knowledge, the legal information as well as the alternative approach to the dominant one.

- Table V 6: At the moment, the Tetralogue offers coffee and clothing to the visitors. Is it desirable anything more to be offered? What would it be?

MATERIALS	CRIMINALLY INSANE (6)	ACUTE PATIENTS (14)	TOTAL (20)
Biscuits – tea-cake	---	3	3
Juice – soft drink	---	2	2
Cigarettes	---	4	4
Money	---	3	3
Nothing	6	5	11

*All the answers on the presumption that there is funding by extraneous financial resources.

Table T 6: At the moment, the Tetralogue offers coffee and clothing to the visitors. Is it desirable anything more to be offered? What would it be?

MATERIALS	F.A.M.H. (5)	VOLUNTEERS (8)	TOTAL (13)
Biscuits – tea-cake	2	---	2
Juice – soft drink	1	---	1
Cigarettes	1	---	1
Money	1	---	1
Nothing	2	8*	10

*It is mentioned that the motivation for visiting the office should not be material. However, there were proposals such as lending books or belongings.

11 out of 20 inpatients declare that they do not except any more materials to be offered because they are not visiting the office because of material reasons. The 6 out of them are "criminally insane" inpatients. Such a fact reveals the role that the Tetralogue plays in the improvement of the quality of their daily life.

The options seem to be different between the parents and the volunteers. 3 out of 5 parents believe that some more materials should be offered while all the volunteers support that no more materials are necessary. All the volunteers clarify that the purpose is not to offer charity but to inform the users about their legal rights and support them to insist on their own rights. The question arising is where this difference comes from. Are the priorities between the parents and the volunteers common or not? Which is the purpose of the Tetralogue? Is it clear and common to all of its members?

As far as the priorities between the parents and the volunteers are concerned, it was said that even though the general goals are common there are different experiences and even different beliefs between the 2 groups. Some of the parents underline that the thought that one of the visitors could be their own child makes them sometimes more sensible than they had to and this was the main reason that they supported the offer of materials. Finally, the whole group unanimously decided that the Tetralogue is not and shouldn't become an eleemosynary action

and its members should strictly keep these limits clear to the visitors. The Tetralogue is a self-organized initiation and it had to be clear that its members are working voluntarily and there have no sponsors who finance their work.

As far as the goals of the Tetralogue and its coherence, the module 3.3 covers it in detail.

4.3 GOALS OF THE TETRALOGUE

- Table T 7: Which are the goals of Tetralogue?

GOALS	F.A.M.H. (5)	VOLUNTEERS (8)	TOTAL (13)
Information about legal rights (for users and their siblings)	2	8	10
Fighting against stigmatization	---	1	1
Information about F.A.M.H. and its action	1	2	3
Exchange experience among the 4 parts of users, professionals, siblings and society	2	3	5
Personal empowerment – encouragement	1	---	1
Psychological support of users – Help in solving personal problems	4	6	10
Improvement of the quality of life and the living conditions for users	1	6	7
Record and promotion of requests and impingement of human rights	---	4	4
Information and promotion of alternative methods for dealing with psychiatric pain	---	5	5
Antilogue to the dominant psychiatric approach	---	2	2
Intervention when the rights are impinged iside the psychiatric hospital (long – term objective)	---	5	5
Creation of networks all over the city – country	---	1	1
Help in bureaucratic issues (e.g. supporting documents for income support)	---	2	2

10 out of 13 members of the Tetralogue report the legal information and the psychological support in personal problems as main goals. The interesting data is that there are a number of goals that are not referred by the parents at all. The arising question is the reason why such goals are not referred by the F.A.M.H. as well as how coherent the whole group is.

This was an open-ended question. The answers were categorized according to their content. The explanation was that some of the goals -such as offer help in bureaucratic issues or fighting against stigmatization- were not referred by the parents not because of their belief that the Tetralogue hasn't set them out but because of the fact that at the moment of the interview, they didn't think of mentioning them. The same explanation also applies for some goals that the volunteers didn't mention. However, there are some goals that the parents didn't refer because they don't promote them. These are the promotion of alternative methods to deal with psychiatric pain, the antilogue to the dominant psychiatric approach as well as the intervention when the rights are impinged.

A gap between the philosophies of the two groups as far as mental illness is concerned comes to the surface. All the parents absolutely support that the Tetralogue shouldn't intervene in the staff's work because the specialized professionals know better their work, while the volunteers dispute the power of the professionals and they support that the intervention is

necessary when there are impingements of human rights. The difficulty for them is how the intervention can take place without evoking reactions by the administration of the hospital. No unity of conclusion was made.

However, the way of decision making in the assemblies is "homophony" and as a result it was agreed that each occasion is different and each user has a very personal and unique story. The entire group agreed that both options can be described to the user and after that, the user is responsible for judging and deciding what is best for him / her. The provision of information relative to the treatment (alternative methods to the psychiatric system or conventional methods to the dominant psychiatric system) is always desirable. The parents express the worry that there is a danger of leading the user to worse situation. At the end, it was accepted that the power of the person who gives information starts and ends at the level of transferring it. The role of the Tetralogue is not to influence or convince the visitors but to inform and support the users in their own decisions and help to their families' empowerment. If the palette of the choices is full and open, the user is the only responsible to choose among them.

4.4 COOPERATION OF THE MEMBERS OF THE TETRALOGUE

- T 8: How would you characterize the cooperation between the parents and the volunteers? Is it needful?

COOPERATION	F.A.M.H. (5)	VOLUNTEERS (8)	TOTAL (13)
very nice	5	7	12
Effectual	4	2	6
Complementary	4	6	10
Needful	5	8	13
No needful	---	---	---

T 9: Do you think there are difficulties in the communication among the parents and the volunteers?

ANSWERS	F.A.M.H. (5)	VOLUNTEERS (8)	TOTAL (13)
YES	1	7	8
NO	4	1	5

T 10: What kind of difficulties?

DIFFICULTIES	F.A.M.H. (1)	TETRALOGUE (7)	TOTAL (8)
Promotion of different attitudes – ideologies	1	7	8
Double messages to the visitors*	---	3	3
Underestimation of the parents' role by themselves. Relegation to the "specialized" professionals	---	1	1

*Double messages are referred to the approach of psychiatric experience or the advice in a personal problem (not to legal information)

The relationships among all the members of the Tetralogue seem to be very warm. All the participants replied that their cooperation is very good, needful and most of them find it complementary. However, it is important to be noticed that some of the volunteers added that they find the cooperation needful because of legalization's reasons. 8 out of 13 members believe that there are difficulties in communication between the two groups. The 7 of them are volunteers, while only 1 of them is a parent. The main difficulty is the existence of different ideologies as far a mental illness is concerned. These different attitudes lead sometimes to double messages to the visitors. The question arising is how two so differently oriented groups can create a common initiative.

The discussion ended up that even though the gap between the attitudes is huge, the whole team strongly believes that each group (parents and volunteers) can offer separated options which are both important. Parents can support visitors through their experience while volunteers can support visitors through their knowledge or their approach. Even though sometimes there are double messages, this shouldn't give cause for problems because the visitors are responsible people and they are capable of deciding which of the 2 messages is more useful for themselves.

4.5 ACTIONS OF THE TETRALOGUE

4.5.1 LEGAL INFORMATION

- V 7 : One of our activities is to give information about the rights of inpatient people and their families. Have you ever been informed by any member of the Tetralogue about these rights?

ANSWERS	CRIMINALLY INSANE (6)	ACUTE PATIENTS (14)	TOTAL (20)
YES	2	12	14
NO	3	2	5
I don't remember	1	---	1

Even though in question V 2, the visitors hadn't answered that they are being informed about their legal rights during their staying in the office, it is now proved that 14 out of 20 users declare that they have received legal information. 4 out of 6 users who declare that they didn't receive legal information belong to the department for criminally insane patients. The question arising is why the "criminally insane" inpatients don't perceive / remember the legal information, even though all of them have been informed during their visits.

A hypothesis made by the team is that however important is the spread of information, the majority of the "criminally insane" users are people who have none to support them. As a result, the daily touch with the members of the Tetralogue creates mainly the perception of a new family than the perception of people who support them to fight for their rights. The files approve such a hypothesis. Declarations are recorded by the "criminally insane" users according to which, the Tetralogue is like their new family because none is visiting them anymore. The "criminally insane" inpatients live inside the hospital and the office becomes one of their daily occupations. It's more important for them the existence of people who really deal and speak with them than the content of their discussion.

- V 8: Before being informed, did you know your rights?

ANSWERS	CRIMINALLY INSANE (6)	ACUTE PATIENTS (14)	TOTAL (20)
YES	1	2	3
NO	5	12	17

V 9: If yes (you knew your rights), where did you be informed from?

RESOURCE OF INFORMATION	CRIMINALLY INSANE (1)	ACUTE PATIENTS (2)	TOTAL (3)
Table of information inside the hospital	1	---	1
G.P.S.R.D*	---	1	1
General knowledge for human rights	---	1	1

* Group of Psychosocial Support in Rural Districts

It is amazing the fact that 17 out of 20 users didn't know at all their rights, while the law 2071/92 analytically describes the inpatients' rights. Only 1 person was informed throughout the hospital, while the legal information is supposed to be an obligation of the hospital's stuff. The most contradictory thing is that the psychiatric hospital of Thessaloniki has printed leaflets where the rights of inpatients are analytically described. However, none of the users had seen these leaflets anywhere inside the hospital before visiting the Tetralogue. The mental health system is appeared to operate faulty.

- V 10: If no (if you didn't know your rights), in which level this information contributed to your better knowledge of your rights?

ANSWERS	CRIMINALLY INSANE (2)	ACUTE PATIENTS (12)	TOTAL (14)
A lot	1	8	9
Moderately	1	4	5

9 out of 14 visitors believe that the information they received contributed a lot to their better knowledge of their rights, while 5 out of 14 believe that after being informed they know their rights in a moderate level.

The team judged that taking into consideration the fact that all these users had no idea about what human rights mean, their perception about their knowledge is quite satisfactory.

- T 11: One of our activities is to give information about the rights of inpatient people and their families. Have you ever informed any visitor about his/her rights?

ANSWERS	F.A.M.H. (5)	VOLUNTEERS (8)	TOTAL (13)
YES	4	8	12
NO	1	---	1
1 TIME	2	---	2

Even though in question T1, all the parents do not refer the legal information as one of our occupations, in this question it is proved that most of them have at least once informed a visitor about his/her rights. It is obvious that the roles between the FAMH and the volunteers are

separated (the volunteers inform about the legal rights, while the parents help with their experience). The question arising is if it is desirable the roles to be kept separated or if it is crucial for the coherence of the Tetralogue the information to be given by everyone.

The discussion ended up that even though all the parents are willing to learn and deepen on the legal rights, their experience is what they really want and are able to offer. However, there was a proposal that seminars for legal rights can be organized in order all the members of the Tetralogue to be able to advice the visitors who may need it.

4.5.2 INFORMATION ABOUT F.A.M.H

- V 11: Another activity is to inform the siblings of the users about the F.A.M.H as well as about the way it acts. Have you ever been informed about these by any member of the Tetralogue?

ANSWERS	CRIMINALLY INSANE (6)	ACUTE PATIENTS (14)	TOTAL (20)
YES	5	8	13
NO	1	6	7

T 12: Another activity is to inform the siblings of the users about the F.A.M.H as well as about the way it acts. Have you ever informed about this anyone of the visitors?

ANSWERS	F.A.M.H. (5)	VOLUNTEERS (8)	TOTAL (13)
YES	5	7	12
NO	---	1	1

13 out of 20 visitors support that they were informed about the activities of the F.A.M.H. 6 out of 7 inpatients that supported that they were not informed are users in their acute phase. Almost all the members of the Tetralogue spread the information about the actions of the F.A.M.H. The question arising is why some of the users were not informed.

The team explained this absence of information because the acute inpatients stay less time in the hospital and they are more interested about their rights as well as their present situation. As a result the conversation moves around such subjects. However, it was mentioned that all the members of the Tetralogue – especially the parents – should keep in mind to spread directly the information about the FAMH because otherwise it cannot be extended and be supported.

- V 12: Before being informed about F.A.M.H., did you know the association froma another resource?

ANSWERS	CRIMINALLY INSANE (6)	ACUTE PATIENTS (14)	TOTAL (20)
YES	---	1	1
NO	6	13	19

V 13: From where?

ANSWERS	ACUTE PATIENTS (1)
My father, member of F.A.M.H	1

19 out of 20 users have no idea for the existence of the F.A.M.H. The question arising is how the Association can become more known. The prevalent proposal was leaflets to accompany every week's edition of the local newspapers as well as the aimed information through the office.

4.6 REPORTED REQUESTS – COMPLAINTS – IMPINGEMENTS OF HUMAN RIGHTS

In this part, not only questionnaires' data are presented but also the data by the files. The files are books in which all the members of the Tetralogue describe in detail the basic information of each day as well as sheets in which the basic data and the request of each visitor were collected. The tables below record the requests, the complaints as well as the impingements of the visitors' rights. (Not only the interviewed users' rights.)

- V 14 a : Requests – demands (of all the visitors) by the Tetralogue

Telephone = telephonic communication with siblings-friends, lawyers, help i finding telephone numbers etc.

The 38,7 % of the visitors asked counsel for solving personal problems, the 9,9 % of them asked counsel for issues relative to rehabilitation, the 7,2 % asked for general information necessary for their daily life when living back to community and the 7,2 asked for information about the supporting documents in order to take the income support. These demands - needs should have already been covered by the stuff of the hospital (psychologists, social workers). The question arising is why this doesn't happen. Is it an insufficiency of the hospital or an exaggeration of the users?

All the members of the Tetralogue advised the users to relegate their matters to the psychologists of their department and even more to the social workers as far as rehabilitation issues are concerned. However, according to the files, after the relegation, some of the users complain that the stuff doesn't care (table V 14c). They support especially that some of the social workers don't spend enough time in order to explain them in detail about rehabilitation issues (work or house). The group concludes that however much the exaggeration of the users is, it is a fact that the system sub-functions. Many times the visitors were surprised by information given by the Tetralogue that the stuff was obliged to have offered to them before.

The 15,3 % asked for legal information. The percentage is very satisfactory, taking into consideration the fact that a lot of the visitors didn't have idea what the word "right" means. It also reveals the fact that the legal information is not given through the hospital as it should be.

The 9,9 % asked counsel for reducing the psychiatric drugs. Such a big percentage reveals that there are many users who don't want their medication because it provokes side-effects to them (table V 14c). All the users who asked for counseling in order to reduce their medication had been relegated before to their personal psychiatrist. Their frustration was big because most of the times the result was the addition of another pill in order "the balance" to be achieved.

- V 14b : Personal issues in which help and counsel were asked for

In this table, the specific personal problems for which help - counsel were asked are presented.

Personal issues for which help was asked	**CRIMINALLY INSANE (12)**	**ACUTE PATIENTS (88)**	**SIBLINGS (11)**	**TOTAL (111)**	**PERCENTAGE (%)**
Family relationships	2	20	2	24	21,6 %
Personal relationships	---	5	---	5	4,5 %
Financial issues	1	8	---	9	8,1 %
Facing anxiety – stress	1	2	---	3	2,7 %
Withdraw of alcohol	---	1	---	1	0.9 %
Advice about the doctors' access	---	2	---	2	1,8 %
Facing unpleasant – bad thoughts	---	1	---	1	0,9 %

The 21,6 % of the visitors need to be helped in issues relative to their family relationships. A hypothesis is that similar to the family problems come in such a frequency to the surface because the visitors except a kind of counsel by the parents of the Tetralogue based on their personal experience. The 8,1 % of the visitors refer to financial problems. The income support is not even enough for buying cigarettes. The tragic point is that 7,2 % of the visitors didn't know how they can obtain the income support (table V 14a). Some of them were not even aware of its existence.

- V 14c: Complaints – Impingements of human rights

Complaints – impingements	**CRIMINALLY INSANE (12)**	**ACUTE PATIENTS (88)**	**TOTAL(100)**
Restraint	6	9	15
Limitation	4	---	4
Staff's carelessness	10	8	18
Staff's bad treatment	4	5	9
Social Cooperatives*	---	5	5
Very law income support	---	6	6
Side-effects of drugs	5	30	35
Overdose of drugs	---	7	7
Conditions of hospitalization	---	4	4
Ban of using the gym	2	1	3
Ground under lock	2	1	3
No privacy	2	2	4
No return of personal clean clothes	---	1	1
Conditions in private clinics	---	5	5
ECT (outside the hospital)	---	3	3
Continuous / Unfair involuntary admissions	---	5	5
Forcible admission in the hospital	---	2	2
Bad quality of food	---	1	1
No leave in order to be present to the court	---	1	1

*Social cooperatives are models which provide jobs for people with psychiatric experience. The working environment is supposed not to be too demanding as the social cooperatives are part of the rehabilitation programs. The complaints were referred to bad treatment of the employees, unpaid overtime, delayed payment etc.

35 out of 100 users complain that they have side effects by the psychiatric drugs and the 7 of them complain about the overdoses. The amount of the people who suffer from the side-effects is very big. 15 out of 100 users declare that the restraint lasts too much (hours or even days!!), none of the stuff is staying with them during the restraint, no registration is existent and according to their criteria it often takes place without an important reason. 4 out of 100 – who all belong to the department of "criminally insane" people- are complaining about their limitation inside the building. A combination of the files and the memories of the Tetralogue lead to the conclusion that the limitation is used as a measure of intimidation for the "criminally insane" inpatients. 18 out of 100 users support that the stuff doesn't care about them while 9 out of 100 users accuse the stuff of bad treatment. Once more, 10 out of 18 inpatients who blame the stuff for carelessness belong to the department for "criminally insane" inpatients. According to these data, a hypothesis arises: that the "criminally insane" inpatients are more neglected in comparison to the acute inpatients.

There are also accusations about the conditions of private clinics. Some of the visitors had been admitted there in the past. The conditions there were a lot worse than in the public hospital.

The accusations are referred to ECT without proxy consent, not license to go outside the building, overdose of psychiatric drugs and very bad conditions of treatment. As far as the ground is concerned, the users accused the governor of the hospital that he unlocked the ground only during the day that the nomarch had visited the hospital. 5 out of 100 users complain about the way the social cooperatives work. One of them asked help in order to write down an accusation because he wanted to express his expostulation. Unpaid overtime, delayed payment, more responsibilities than it had been agreed, bad behavior by the employees are some of their complaints.

- V 14 d : Rights that the users didn't know they had

Examining the files, it was revealed that most of the inpatients were not aware of their rights. In the table V 14d, these rights that the inpatients weren't aware of having them are registered. It has to be mentioned that there is a big possibility that there are a lot more unknown rights that had never been recorded. The only resource was the files of the Tetralogue where daily dialogues or practices are being described. In case that there was an investigation for the awareness of the users' rights the results would be quite different.

RIGHTS	**CRIMINALLY INSANE (12)**	**ACUTE PATIENTS (88)**	**TOTAL(100)**
Access to their clinical records	1	6	7
Information about therapy	6	3	9
Proxy consent / Refuse therapy	7	4	11
Income support	---	4	4
Knowledge of the person that asked for their involuntary admission	---	6	6
Office for Communication with the Public*	---	4	6
Procedure for declassification (in case of criminally insane people)	4	---	4
Objection for involuntary admission	---	5	5
Up-to-date notebook during physical restraints	2	---	2
Guardianship – power of attorney	---	2	2
Transformation from involuntary admission to voluntary admission	---	6	6

*This is an office inside the psychiatric hospital were the inpatients can make their complaints about the hospital or the stuff.

11 out of 100 users didn't know that they have the right to accept or deny their treatment, while 9 out of 100 didn't know that they can be informed about their treatment. They were even surprised when they were informed that they can ask what the side-effects of their medication are. 7 out of 100 didn't know that they have the right of access to their clinical records and some of them didn't even know what a clinical record is. 6 out of 100 users didn't know at all the existence of the Office for Communication with the Public. The absence of information is obvious. The question arising is which is the reason for this absence, while the psychiatric system is obliged to provide it. In the last part of the project, the hypotheses of this question mark are analyzed.

- T 13: What are their requests?

The table T 13 presents the answers that the interviewed officers gave to the above question.

REQUESTS	F.A.M.H. (5)	TETRALOGUE (8)	TOTAL (13)
Improvement of the quality of life and the living conditions for users	---	3	3
Leaflets – General legal information	2	8	10
Information about income support	1	4	5
Telephone	---	1	1
Human touch – friendly environment	1	4	5
Counsel for solving personal problems	4	8	12
Counsel for reducing / cutting the psychiatric drugs	---	4	4
Counsel for issues relative to rehabilitation (job, house etc)	1	4	5
Complaints – Accusations	4	6	10
Transfer by ambulance (no patrol car)	1	1	2
No physical restraint	2	3	5
Side – effects of drugs	1	6	7
Access to the locked ground	1	1	2
Staff's human treatment	2	4	6
Money	---	2	2
Lawyer	2	2	4
No specific request	1	---	1

12 out of 13 members of the Tetralogue declare that the users ask help and counsel for solving their personal problems and 10 out of 13 refer the legal information and the complaints about impingement of their rights as demands. Even though in a previous question (table T 5) it is shown that the parents do not mention the record of the impingements as a goal of the Tetralogue, most of the parents refer to it as a demand by the visitors.

It is also interesting the fact that some of the requests are referred by the majority of the volunteers but very few or none of the parents mention them. Such requests include the complaints about side-effects of psychiatric drugs or even more the advice for reducing the medication. Once more, the different approaches of the two groups as far as "psychiatric disease" is concerned come to the surface. The parents believe that the users have to take regularly their medication and they never participate in advising for reducing the drugs. On the contrary, the volunteers strongly support that all the users have the right to determine the way of their therapy and if they decide that they want to live without psychiatric drugs, it is almost obligatory to inform them how they should try it correctly. It is clear that the purpose is not to influence the users to cut down the drugs, but in case that they have already decided it –which is very often phenomenon - the purpose is to inform them how to do it with the less possible bad impacts.

There are also some requests that the parents or even some of the volunteers didn't mention because they didn't think of them at the moment of the interview.

4.7 LEVEL OF SATISFACTION BY THE TETRALOGUE

4.7.1 THE USERS' SATISFACTION

- V 15: How often are you visiting the office?

			EX INPATIENTS (7)		

			When admitted	Now	
5 per week	3	4	3	---	10
2-3 per week	3	3	3	---	9
1 per week	---	---	---	5	---
Rare	---	---	1	2	1

** Total: It is referred to the number of visits during their hospitalization.*

All the inpatients are coming to the office at least 3 times per week and most of them are visiting the office once per month even when they are discharged. Such a frequency of the visits during hospitalization depicts at least that the users have something to profit by the Tetralogue. Even more the frequency of the visits after their discharge depicts the creation of a relationship among the visitors and the members of the Tetralogue.

- V 16: How are you feeling the environment?

ENVIRONMENT	CRIMINALLY INSANE (6)	ACUTE PATIENTS (14)	TOTAL (20)
Very friendly	6	14	20

Even though this was a multiple choice question, all the users unanimously answered that they find the environment very friendly. The interesting thing was that there was the answer they could choose was just "friendly" but they all underlined the fact that the environment is very friendly. It is for sure concluded that the visitors fell nice in the office and this comes in contrast with the rest hospital.

- V 17: Are your requests granted?

ANSWERS	CRIMINALLY INSANE (6)	ACUTE PATIENTS (12)	TOTAL (18)
YES	6	11	17
NO	---	1	1

17 out of 18 users support that they are satisfied by the handling of their requests. 2 out of 20 visitors had declared that they didn't have a specific demand. The visitors seem to be satisfied by the services of the office.

- V 18: In which extend?

LEVEL OF SATISFACTION	CRIMINALLY INSANE (6)	ACUTE PATIENTS (12)	TOTAL (18)
Very much	3	8	11
A lot	1	---	1
Enough	2	2	4

A few	---	1	1
Very few	---	1	1

11 out of 18 users are very satisfied by the services of the office. The 2 people who expressed "dissatisfaction" explained that their feeling comes from the fact that the Tetralogue didn't manage to find a work for them or a house to live. Such requests overcome the jurisdictions of the Tetralogue. However, the fact that analytical conversation as far as rehabilitation issues are concerned takes place during their visits creates to some users the expectation of the Tetralogue's practical intervention to the system. As a result, the dissatisfaction comes in reality from the deficiency of the social workers.

- V 19 In case that the Tetralogue stops functioning, will anyone miss something and what is that?

WHAT WILL BE MISSING	**CRIMINALLY INSANE (6)**	**ACUTE PATIENTS (14)**	**TOTAL (20)**
Coffee	5	3	8
Company - Conversation	5	7	12
Legal information	1	2	3
Support – Respect – Apprehension - Humanity	6	12	18
Calls	1	1	2
The opposition to the dominant opinion	---	1	1

18 out of 20 users will miss the support and the respect they receive. During the interviews, most of the users – especially the "criminally insane" ones- asked with agony if there is the possibility that the office will close. The human touch and the apprehension are rare in the psychiatric wards. The visitors declare that –here - they meet people who deal with them in an equal base, without making them feel that they are ill or crazy. 12 out of 20 users will miss the discussion and the company. They all said that the stuff is more interested in keeping everything under control rather than evolving themselves in the procedure of how the users wake up or feel at the moment. Of course there are exceptions in the stuff. 8 out of 20 visitors said that they will miss the cup of coffee. The important thing is that the 5 out of them belong to the "criminally insane" department. These people have not even the right to take income support and as a result a cup of coffee becomes important even for financial reasons. In the previous comments, it was clear that the Tetralogue is not an institution of charity. However, it was unanimously admitted that the balances are fragile and for sure there are some users who really need a cup of coffee, even if they need only this. In these cases, the Tetralogue can make just the material offer but at the same time the limits should be kept strict.

4.7.2 PERCEPTION OF THE MEMBERS OF THE TETRALOGUE OF THE ACHIEVEMENT OF ITS GOALS.

- T 14: Do you think that the users use the legal information in their practice?

ANSWERS	F.A.M.H. (5)	TETRALOGUE (8)	TOTAL (13)
YES	1	---	1
NO	2	2	4
Some of them yes, others no	2	6	8

T 15: If they do so, in which way?

PRACTICAL IMPLEMENTATION OF THE GIVEN INFORMATION	F.A.M.H. (5)	TETRALOGUE (8)	TOTAL (13)
Assertion of informed treatment	1	2	3
Assertion of issues relative to involuntary admission	---	3	3
Assertion of improvement for the quality of the living conditions	---	4	4
Assertion of better treatment by the stuff	---	4	4
Lawyer	2	2	4
Income support		1	1
The relegation to the social worker was effective	1	---	1

T 16: If they do not use the information in their practice, for what reason they do so?

REASONS	F.A.M.H. (2)	TETRALOGUE (5)	TOTAL (7)
Fear of consequences (eg restraint , limitation)	2	3	5
Lack of financial resources for legal support	---	2	2

*this question didn't exist in the questionnaire; it came down because of additional personal comments during the interviews.

4 out of 13 members of the Tetralogue believe that the users don't use in their life the received legal information. 8 out of 13 are more optimistic and support the idea that some of them use it while some others do not. Taking the tables T 14, T 15, T 16 into consideration a number of questions arises:

Most of the members of the Tetralogue have the opinion that even if the users commune with themselves when they learn their rights, they do not pretend to them because they feel afraid of the penalized mechanism of the psychiatric system. A usual example is repeatedly revealed through the files: the users didn't want to visit the Office for Communication with the Public because they were afraid of being restrained or limited. A lot of them supported that they will visit it after being discharged, but at the end they never did so. The question arising is if this fear has a real base. In cases it hasn't, how can the Tetralogue help in order the fear to be overcome? In cases it has, the intimidation is another impingement of human rights. What can the Tetralogue do in order the intimidation to be reduced or even stopped?

A long discussion followed the above questions. It was totally supported that the fear of the users is not unfair. The most shocking example was that when a "criminally insane" person visited the hospital with his lawyer – whom the guy found through the Tetralogue - , the psychiatrist commanded for his limitation inside the building for 4 months. The "explanation" was that he didn't ask permission in order to call the lawyer! Watching such practices, the

Tetralogue has to be very careful. The logic is to give information about the legal rights and how the users can fight for them. However, it is absolutely clear that the Tetralogue should not try to influence or convince the users to fight for their rights. If the users are informed about them, they will be able to judge when they feel ready to fight for them. On the other hand, the Tetralogue is an initiative which is informally established in the hospital, but at the same time it is not legalized. As a result the intervention inside the hospital is impossible because it hides the danger of the governor to close it down. The only possible action is to transfer the accusations and the impingements of the users' rights to the Greek Observatory for Legal Rights in Mental Health and then the Observatory can react.

Another question arising by the tables is that the parents do not refer to the assertion of the rights as a practical implementation of the given information. Most of the parents express the fear that if the users assert for example their right to refuse medical treatment, it puts a spoke in the psychiatrists' work and moreover it can put the mental health of the users in danger. However, the assertion of a right is far away from its actualization. The users are responsible for their life, even if their decisions mean improvement or exacerbation of their mental health. It was finally agreed that the parents are not so much involved in the part of the legal information and as a result their ethical hesitation can go apart.

- T 17: Do you think that the siblings use in their practice the information about F.A.M.H?

ANSWERS	F.A.M.H. (5)	TETRALOGUE (8)	TOTAL (13)
Yes	3	---	3
No	1	1	2
Rare	1	6	7

T 18: If they do so, in which way?

PRACTICAL IMPLEMENTATION OF THE GIVEN INFORMATION	F.A.M.H. (5)	TETRALOGUE (8)	TOTAL (13)
Registration to the F.A.M.H.	2	2	4
Personal change because of information and knowledge	1	---	1
Assertion of the rights for users that they knew (eg their child)	1	1	2

7 out of 13 members of the Tetralogue support that the siblings use very rare the information about F.A.M.H. The question arising is why there is no practical implementation of the given information and if anything could be done in order to achieve it.

The conversation ended up that sometimes the siblings feel so up to their neck in their children's problems that they are not in the position to directly implement the given information. At the same time, the stigmatization is huge and there are some parents or even the users who prefer not to participate in the F.A.M.H. because they want to hide their problem. However, this is the Greek society in 2009! The group unanimously agreed that the choice to participate in such an initiative is hard and it needs patience. The proposal was to invite more specifically the siblings to visit the office because if they meet the members of the Tetralogue face to face, it's more possible that they will be inspired to implement the given information.

4.8 BARRIERS TO THE GOALS OF THE TETRALOGUE

- T 19: During the creation and the development of the Tetralogue, did you meet any obstacles or difficulties in the achievement of your project?

ANSWERS	F.A.M.H. (5)	TETRALOGUE (8)	TOTAL (13)
YES	5	8	13
NO	---	---	---

T 20: If you did so, what kind of difficulties did you face?

DIFFICULTIES	F.A.M.H. (5)	TETRALOGUE (8)	TOTAL (13)
No standard people for the shifts	1	4	5
Dispute of the legalization of the Tetralogue by the governor of the hospital – Effort to close down the Tetralogue	5	7	12
Negative staff's attitude because of the Tetralogue's "intervention" to their context	---	4	4
The awareness of the users about the Tetralogue's existence	---	3	3
Absence of money for practical issues	---	1	1
Choice of common goals between F.A.M.H. and Tetralogue	---	1	1
Postponement of the opening of the Tetralogue because of bureaucratic issues – delayed provision of the space inside the hospital	1	3	4

All the members of the Tetralogue support that they meet difficulties during the development of the project. One and half year ago, the administration of the hospital changed. The majority of the Tetralogue declares that the new governor threatens that he has the power to close down the office. He tends to remind to the members of the Tetralogue that they are not control mechanisms and the Greek law doesn't include the establishment of similar offices. One of the main subjects in the assemblies was how the "manipulation" of the governor should be. The Tetralogue followed a negotiated policy.

Another issue is the fact that the members of the Tetralogue are not stable in time. The continuous changes cause a big problem because the relationship among the members has to be built from the beginning and even more it needs time until a new member is incorporated and becomes able to support the way that the office functions. The circulation is missed. It was said that there should be a hard try that stable officers will participate in the Tetralogue from now on. Such a plan is not easy because the members of the Tetralogue should be people who consciously desire to participate in such an initiative.

Moreover, the problem that the existence of the office is not known can be solved by the sharing of leaflets at the entrance of the hospital or even by sending an informative article to the local newspapers.

As far as the negative attitude of the stuff is concerned, unfortunately not many steps can become real. The governor has set strict limits as far as the Tetralogue's intervention is concerned and as a result, it is impossible to create a personal relationship with the stuff of the hospital in order the stuff to meet the Tetralogue and its purposes better. The only thing that can be done is

to perfectly respect the work of the stuff however much the Tetralogue agrees or disagrees with their practice. The role of the Tetralogue is to contribute to the users' and their families' empowerment so that they can defend themselves.

4.9 SUGGESTIONS FOR THE FUTURE

- V 17: There is the proposal to create new offices - similar to the Tetralogue- in other psychiatric hospitals. What is your opinion about it?

ANSWERS	CRIMINALLY INSANE (6)	ACUTE PATIENTS (14)	TOTAL (20)
I agree	6	14	20
I disagree	---	---	---
I don't care	---	---	---

T 21: There is the proposal to create new offices - similar to the Tetralogue- in other psychiatric hospitals. What is your opinion about it?

ANSWERS	F.A.M.H. (5)	TETRALOGUE (8)	TOTAL (13)
I agree	5	8	13
I disagree	---	---	---

Everybody agrees that similar offices should be established in all the Greek psychiatric hospitals. Some of the users proposed that it would be great if similar offices were incorporated even to the general hospitals because the rights of inpatients apply there too.

It has to be mentioned that officially, according to the law , all the Greek hospitals include an Office for Communication with the Public which is responsible for collecting the complaints of the users and intervene in case that their rights are impinged. None of the users know the existence of such offices – when they practically function -, or sometimes their structure makes the users believe that they are of no use.

- V 18: What kind of goals should a similar initiative set out?

GOALS	CRIMINALLY INSANE (6)	ACUTE PATIENTS (14)	TOTAL (20)
Interference when there is infringement of human rights	---	1	1
Help to solve personal problems	2	6	8
Friendly environment – apprehension – humanity inside the psychiatric hospital	2	5	7
Contact among users and their families	---	1	1
Recognition by the state	---	1	1
Information about handicaps	---	1	1
Help inpatient people to find work	---	1	1
Advantage for the members of the office – not only for the visitors	---	1	1
The same goals as they are now	3	5	8

V 19 :Which are your proposals for the improvement of the Tetralogue?

PROPOSALS	CRIMINALLY INSANE (6)	ACUTE PATIENTS (14)	TOTAL (20)
Better advertisement	---	3	3
Presence of a psychiatrist with similar approach	---	2	2
More members	1	2	3
Occupation of the user	---	1	1
Practical intervention	---	2	2
More privacy in personal issues	---	1	1
Organization of "working" groups	---	1	1
Material changes	---	1	1
More organized legal information	---	3	3
No proposals – Everything is great!	5	2	7
Information for more issues	---	1	1

7 out of 20 visitors have no proposals because they find everything gratifying and the 5 of them belong to the department of the "criminally insane" people. There is no prevalent variable in the rest answers. More or less all the proposals have been floated to the surface during the procedure of the action research. Some of the proposals help to the better organization of the office, while some others overcome the jurisdictions of the Tetralogue and they demonstrate the gaps of the psychiatric system. However, it is important to pay attention to the users' voice.

- T 22: What do you think is necessary for the integral function of a similar initiative?

PROPOSALS	F.A.M.H. (5)	TETRALOGUE (8)	TOTAL (13)
Stable in time officers – with conscience	2	8	10
Good cooperation between FAMH and volunteers	3	2	5
Information – Cooperation with the administration of the hospital	1	4	5
Information – Supporting the new initiative by the experienced members of the Tetralogue	1	4	5
Publication -advertisement of the function of the office	1	2	3
Material infrastructure – Financial sponsors	---	3	3
Stable – often general assemblies	---	1	1
Equal distribution of responsibilities	---	1	1
Good organization – clarification of definite goals from the beginning	---	1	1

The most important need seem to be the existence of stable members as it was unanimously agreed that the previous year, this was exactly the main reason that the Tetralogue didn't manage to evaluate. All the rest proposals are strong but what should be taken into consideration is the context of each separate hospital which is going to include the similar offices. Each environment is different and has special needs. The most essential point is that such initiatives are self organized and self determined. They can separately arrange the details of their internal regulations. The previous experience is always necessary and important but the crucial point is the successful adjustment to the new context.

5. CONCLUSIONS

This part includes a summary of the previous conclusions as well as some general critical remarks.

The Tetralogue is an initiative with probational characteristics. There is no similar model in the rest of Europe, and consequently the way of its evaluation and effectiveness is totally unknown. The initial plan was ambitious but the first difficulties appeared from the beginning. On the one hand, the submission of the users at the moment they need it more (which is most of the times during their admission to the hospital) requires the opening of the office inside the limits of the psychiatric hospital. On the other hand, the acceptance of such an office inside the psychiatric hospital by the employees in the mental health field is not an easy procedure because "the calm waters will be troubled". The reconciliation between the confirmed staff and the intrant people who desire to promote human rights and contribute to changes inside the established working environment, is not an easy task and often not desirable by both parties.

After taking these factors into consideration, FAMH and the Observatory decided to cooperate for the promotion of legal rights in mental health. The cooperation was necessary for the establishment of the office inside the psychiatric hospital. However, the developing dynamics among the members of the Tetralogue leaded to a very interesting prospect, where two parts (parents and volunteers) actively participate, interact, interwork and finally determine the quality of their project.

The initial goals, agreed by all of the Tetralogue's members, were the open dialogue among the four parties involved in mental health (users, users' siblings, professionals, and sensitive citizens), the spread of information about FAMH and its action and the promotion of the legal rights in mental health. However, the provision of the Tetralogue's services was reassigned according to the needs and the requests of the visitors. The Tetralogue ended up giving advice on personal problems, issues relevant to rehabilitation (such as the effort to communicate with the family of the users and try to contribute to their reconnection or information on the Social Cooperatives and so on) and the reduction of medication, and providing information on the supporting documents of the income support and other inquiries of the users (associations, programs, schools for people with disabilities and centres for elderly people, hereditary issues). The rationale is the orientation towards the users' requests. The demands of the visitors are examined and when feasible, the Tetralogue tries to accomplish them.

The record of the users' requests – complaints leads to a number of conclusions:

1. 17 out of 20 interviewed users didn't know they have any rights (table V 8). Table V 14d depicts also that there is no awareness of the rights in the general inpatient population. According to the recommendation of the Health Administration, the patient in a mental health facility should be informed about his or her rights and how he / she can exercise them, as soon as possible after admission, in a form and a language that he / she understands. For this reason, each hospital has to include an Office for the Communication with the Public. The jurisdictions of this office are: to inform the users about their legal rights and provide the users with the relevant available leaflets, to direct the users for the dispatch of their personal requests and offer counselling for the better encounter with their problems, to keep them informed about the evaluation of their requests, to offer them the necessary supporting documents etc. All the complaints –impingements of human rights are collected and transferred to the administration of the hospital and finally, the administration has to inform the mass media about the collected data and announce them what measures will be implemented in order for the human rights to be protected (http://hellas.teipir.gr)

During the 2,5 years that the Tetralogue is operating, there was not even one visitor who knew about the existence of the Office for the Communication with the Public. Even though the members of the Tetralogue inform the users about it and encourage them to use its services, only 2 out of the 111 visitors used the services of the Office for the Communication with the Public. The files reveal that the users do not want to express officially their complaints because they are afraid of the consequences of such an action. They claim that if they fight for their rights through the system, the result would be adverse to their interest. The most frequently expressed fears are the one of restraint and the fact that they will not be discharged on time.

The question arising is what is the reason that such a service is not known to the directly interested individuals and why its publicity is narrow. The disappointing conclusion is that the administration of the hospital is more interested in demonstrating a positive - but fake - image to the outside world than contributing to the improvement of the quality of the users' life and the promotion of their rights. The null indicator of complaints is preferable even if it's fake, because it proves the "correct" operation of the hospital.

The same conclusion can be made by several declarations of the users which reveal that every time the nomarch was visiting the hospital, the staff obliged the users to wear clean clothes, the cleaning of the rooms was suddenly perfect, damage repairs were taking place and the field ground was unlocked - only during his visit. The phenomenal image of the hospital seems to be stronger than the advocacy of the rights. As a result, the users are unaware of their rights and can not exercise them.

1. Table V 14 describes in detail the requests by the users to the Tetralogue and their complaints to the hospital. Close examination of the above table leads to two basic conclusions:

a) The level of impingement of legal rights is still high. Some examples are illustratively referred: According to the law 2071/92 (article 47), the inpatient person has the right to consent or deny consent about any diagnosis or treatment he is going to receive. In case he / she is judged incapable or incompetent, he / she can exercise the right to proxy consent. 35 out of 100 users complain about the side-effects of the medication which means that they are not satisfied by their treatment. Despite the fact that they expressed their dissatisfaction to the psychiatrist, it was not taken into consideration.

Moreover, according to the recommendation of the Health Administration, the seclusion or restraint must be permitted only if there is no other way to prevent immediate or imminent harm and danger to one's self or others. It should also be used only for the shortest period of time and during the seclusion, the staff has to visit frequently the restrained person. Furthermore, records should be registered in order the for review bodies to have access to them. 15 out of 100 users declare that their restraint lasted too much (hours or even days), no visits or records by the stuff took place and most of the times it occurred without significant reasons. The four users who belong to the department of "criminally insane people" denounce their limitation in the building for months as a method of penalisation.

Other impingements of users' rights which are contrary to the law 2071/92 are: the staff's bad treatment or carelessness, the poor and unpleasant conditions of hospitalisation, the ban of using the gym without medical explanation, the infringement of privacy, the forced admission to the hospital, the bad quality of food etc. The level of the impingements of users' rights is high and there is no functional service which records or intervenes in such cases.

b) Another issue is the inadequacy of the operation of the hospital. Many requests were supposed to have been covered by the services of the psychiatric hospital, but didn't. Issues

relevant to rehabilitation, reconnection with the family, information about income support or other facilities are within the jurisdictions of the mental health system. Table V 14a depicts the percentages: 38,7 % of the visitors requested counseling for their personal problems – psychological support is supposed to be the task of psychologists. 9,9 % asked advice relevant to rehabilitation issues and 7,2 % needed information about income support –task corresponding to the social workers. 9,9 % asked advice relevant to the reduction of psychiatric drugs –task of the psychiatrists. 15,3 % asked legal information about their rights –task of the Office for communication with the Public etc. The mental health system works plainly in a problematic way. The staff seems to be insufficient because of reasons relevant to its quantity, education, readiness to help and philosophical attitude when it comes to mental illness. The question arising is why the control mechanism does not detect such observations.

1. The existence of control mechanisms and how they work: In Greece, there is a Committee for the Protection of Rights in Mental Health which conducts the inspections of mental health public facilities once a year. In November 2008, the Committee visited the psychiatric hospital of Thessaloniki, checked and made recommendations for the next year. The recommendations were officially announced to the FAMH.

   The inspection had been preannounced a month earlier and as a result the necessary preparations were made. The users mention that the previous day some labourers had reconstructed the roof of the hospital's restaurant, which was destroyed one year earlier. They also said that the staff released 3-4 restrained people in each clinic. The visitors could not realize why the sudden release occurred until they heard about the visit of the Committee. The rooms were doubled clean than usual and the outside space was decorated just for the day.

   Despite the fake image of the hospital, the Committee's recommendations were interesting. Among others, it was recommended that the leaflets with the legal rights should be put in a transparent position; the records during restraints should strictly be recorded and that a room should be prepared - in cooperation with the FAMH- where the children who visit their inpatient parents can meet them, without coming in touch with the other conditions of the hospital.

   Three months after the recommendations, no change had come to life. In the meeting that the Tetralogue conducts with the administration of the hospital every six months, the administrator did not even remember the recommendations. During the meeting the administrator threatened to close down the Tetralogue if it exceeded its role and tried to play the role of the control mechanism of the hospital. After some negotiations, he asked the staff to check out if there is any place which can be used especially for the visits of the children and to put leaflets with the legal rights all over the hospital. Finally, 3 months later (June 2009), no change has occurred, the records during the restraints are not kept, there are no leaflets in transparent positions, not even a room was prepared for the previously mentioned situations.

   Taking into consideration the way the control mechanisms work, they are almost useless. Their role is not substantive. Their inspections end up being only typical. Even worst is the situation in private clinics, where the corruption is even more intense.

1. As far as the investigatory hypotheses are concerned, they were both confirmed. Analytically:

   a) The first hypothesis was that differences would appear among the visitors (depending on the "category" they belong to: inpatients in the ward for "criminally insane" users or inpatients in the department for acute phase) as far as their perception about the goals and the

purposes of the Tetralogue are concerned. Indeed, according to table V 7, the majority of the interviewed "criminally insane" inpatients declare that they have not received legal information by any member of the Tetralogue or that they do not remember it, despite the fact that all members of the Tetralogue disprove it. All of them have also declared that materials are not needed for the improvement of the Tetralogue (table V 6); 5 out of 6 do not make any proposals because they find the whole environment perfect (table V 19)!

On the contrary, the "acute" inpatients seem to have clearly understood the function of the Tetralogue as far as the promotion of legal rights is concerned (table V 7). Their active proposals for the improvement of the office (table V 19) reveal their position that no matter how satisfied they are by the Tetralogue, there is always room for progress.

The perception of the Tetralogue's role seems to be different depending on the category that each user belongs to. However, the behavior and treatment of the visitors by the Tetralogue's members do not depend on the category. What differ are the needs and requests of each group. On the one hand, the "criminally insane" people are more or less institutionalized inpatients, who look mainly for human touch, for people who listen to their personal story, for a family that is missing from their daily life etc. On the other hand, the "acute" inpatients are people who actively live in the community and their requests are totally different. They are more interested in how the law can protect them or how they can improve the quality of their life.

Another difference between the two groups is the way they are treated. The treatment of the "criminally insane" inpatients is rather penalizing than therapeutic. Its basic purpose is to keep the inpatients calm and under control. Even though this treatment is illegal, it is permitted because the psychiatrists justify their choices under the prism of dangerousness. The institutionalized inpatients behave at the same time with obedience because they have accepted the terms of their living environment, and wish to receive the psychiatrist's sympathy in order not to be penalized. Of course, this conclusion cannot be generalized for all the "criminally insane" inpatients; however, according to the sayings of the "criminally insane" visitors, there is a probability of death inside the hospital and consequently, it is necessary for the inpatients to follow the psychiatrist's will if they want their daily life to be "normal". On the other hand, the treatment of the "acute inpatients" does not include the penalization mechanism at the same level. The "acute inpatients" seem to have more dreams and expectations for their future life. As a result, they are more interested in legal information and how they can exercise their rights in order to improve not only their living conditions during the admission but also the quality of their daily life after being discharged. Even though the treatment at the department for "acute inpatients" is more therapeutic than the one at the department for "criminally insane" inpatients, the impingement of human rights is in both departments a fact.

b) The second hypothesis is that differences would appear among the officers' opinions (members of Family Association – volunteers) as far as their perception of the content and the effectiveness of the Tetralogue is concerned.

First of all, the attitudes of the two groups as far as mental illness is concerned are totally different. The parents - in brief - believe that mental illness exists as an entity and the mentally ill person has to regularly take his medication. Their experience has proved that each patient is unique and so are his needs. They are in general against psychiatric violence, however when they think high of the psychiatrist, they trust his judgment on what is best for the patient. On the contrary, the philosophy of the volunteers of the Observatory as far as mental illness is concerned, is almost the opposite. They believe - in brief - that mental illness is a social construction which is possible to break out when the conditions become

pressing for the user. They also claim that each user is unique and has the right of self-determination. There is no a specific prescription which cures the symptoms of "mental illness". There are several, distinctive approaches or ways of treatment, and each user has the right to choose among them what suits him better. However, the dominant biological approach outshines the alternative methods of dealing with psychiatric experience. A broader spread of information regarding alternative methods of treatment would lead to a more balanced distribution. Despite the differences, the common points of the two groups are their humanistic approach and their belief that people with psychiatric experience are subject to social distinction, isolation and lack of protection. Consequently, the need for an open to the public discussion about psychiatric experience is imperative.

The differences in philosophical approaches between the two groups come to the surface often. The goals of group within the Tetralogue are not always common. The qualitative difference is that parents do not embrace as their own goals the promotion of alternative to the current psychiatric system treatment methods, the promotion of the dispute of the current biomedical model and the record of the complaints, the impingement of legal rights and the advice on the reduction of psychiatric medications. Evidently, the priorities of each group are different. The basic reason behind the parents' participation in the Tetralogue is the approach of the users' siblings and the publication of the FAMH and its actions. The volunteers, on the other hand, seem to have political conation and their motivation is socially – politically oriented.

Despite the huge gap between the ideological motivations and the difficulties arisen by it, the participation of the two groups in the Tetralogue is supplementary. Each group offers different but equally important services. Both the value of the parents' experience and the volunteers' will and faith to social change are invaluable. After all, this is the core of the creation of the Tetralogue: a chance for communication among four different, but equally involved in the mental health system parts: users, users' siblings, professionals and the public, however different or contrary their options are.

6. EPILOGUE

The Greek mental health law 2071/92 is at a good track; there are problems though regarding its implementation. The need for change in the mental health field is imperative but requires the information of the public. Unless the community is informed about the conditions and the impingements of human rights in psychiatric hospitals, their assertion can not be accomplished. The information is even more important for the users themselves in order to exercise their rights.

At the same time, the one-way option of the biomedical model has to be disputed. In the 21^{tst} century, the rights of self-determination and free choice should have been established. Besides, there is only proof that psychiatric drugs contribute to the mental illness symptoms suppression but no proof that they cure the illness. Psychiatry, as a scientific discipline, has not solved mental health problems until today, due to their largely social nature (Lehman, Stastny, 2007). Consequently, the philosophical approach of mental difficulties should be reconsidered. Alternative methods of dealing with psychological pain should be suggested to the users and then, they should choose the most effective / adequate for themselves. The directional logic of the psychiatrists should be replaced by the users' voice. The users should be the only ones responsible for their lives and provided that all choices are open and analytically explained, they can take responsibility of their decisions and the risk of its consequences.

The concept of the Tetralogue is critical for the reduction of the social distinction, isolation and generally the myth that surrounds the psychiatric disease. The specific initiative of Thessaloniki, “the Tetralogue”, is a non-established movement, whose goal is to fight for the above mentioned values. Due to the fact that it is not legitimate by law, the process should be slow and stable. The interference in an as established system as the psychiatric one is difficult and great attention should be paid in order not for similar plans to be scrubbed. It is only fair that as long as the Greek mental health law protects the human rights of the users, pressure has to be put for its daily implementation.

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