

The Institution of the Foster Family for Mentally Ill Patients in Greece – Views of Patients

Dr. Despina Sikelianou

Psychologist, Scientific Associate, Department of Social Work,
Technological and Educational Institute of Patras

Pagona Anagnostou

Graduate Social Worker, Department of Social Work,
Technological and Educational Institute of Patras

Olga Vlachogianni

Graduate Social Worker, Department of Social Work,
Technological and Educational Institute of Patras

Citation:

Sikelianou D, Anagnostou P, & Vlachogianni O (2014) The Institution of the Foster Family for Mentally Ill Patients in Greece – Views of Patients . International Journal of Psychosocial Rehabilitation. Vol 18(2)3-21

Abstract

The aim of this study was to investigate the views of parents on the institution of Foster Families for mentally ill patients in Greece. Specifically, the study concerned the knowledge of parents regarding the concept and the aim of foster care programmes for mentally ill patients, their views on the application of these programmes in Greece and the incentives of candidate foster families for mentally ill patients.

The research was implemented in April 2010 and took place in two (2) Prefectures of Greece, the Prefecture of Attica (Pallini) and the Prefecture of Fthiotida (Lamia). The sample consisted of three hundred and twenty two (322) parents, (one hundred and seven (107) men and two hundred and fifteen (215) women), who were members of active Primary and Secondary Education Parent – Guardian Associations in the respective aforementioned cities. The research tool used was the questionnaire and the research was quantitative. In accordance with these research results, the majority of parents tend to hold a positive attitude towards the existence and function of this institution. Moreover, the majority of parents believe that Greek society is not ready to accept this institution, mainly because there is lack of support from mental health specialists and Greek society is not sensitized to this institution.

Introduction

The Host (Foster) Families are families which are assigned the care of people with mental disorders and serious psychosocial problems or mental retardation and secondary mental disorders and/or autism spectrum disorders, and which may belong to the circle of friends or relatives of the patient, provided that they are not first-degree relatives of the patient.

The therapeutic foster family is rooted in the Middle Ages and was part of the religious and rural tradition of some areas in Belgium (Geel) and France (Haspres). Between 1884 and 1900, the first family communities were established, with the concentration of ex-inmates in rural areas, such as those near Lierneux, in Wallonie in Belgium and in French areas (Sans, 1997). In 1892, in France, the first placements to families commenced in the area of Dun-

sur-Auron (Cher) and in 1898 in the area of Ainay-le-Château (Allier). Thereafter, Dun accepted only women who were engaged in housekeeping, while the second family community accepted men who did heavy farm work. The patients hosted worked for the families, while the family offered the patient accommodation and protection (Grolleau-Vallet, 2003), (Debord et al., 2008).

In the 20th Century, the development of mental health sciences led to new therapies, the discovery of psychotropic drugs and the application of alternative mental illness healthcare structures (Pandelon et al, 2005). The placement of a patient with a therapeutic foster family as an alternative form of healthcare has been applied in France since the 1960s (Grolleau-Vallet, 2003). Subsequently, there followed the reviews of the above-mentioned Law in 1986, when the institution of therapeutic foster care for mentally ill patients was substantially established in France with the cooperation of the therapeutic team (Clerget, 2000-2001). In France, the first therapeutic foster families for mentally ill patients were introduced in areas such as Paris, Nantes, Corbeil and Poissy (Lacour et al., 2005), (Clerget 2000, 2001), (Grolleau-Vallet, 2003), (Bernard, 2003), (Dupont, 2007). In 1985, in France, 28 health structures organized the placement of psychiatric patients with foster families (Grolleau-Vallet, 2003). Initially, psychiatric patients were informally placed with foster families in order to free up beds in psychiatric hospitals, but this tactic then became institutionalized on a regular organized basis, constituting an alternative care solution for mentally ill patients (Michel, 2009), (Radiguet, 2005), (Quille, 2004), (Auger, 2003), (Collard, 2003), (Dumontet, 2003), (Brunier, 2002), (Virideau, 2002), (Lemaître, 2001), (Beatty & Seeley, 1980). The experience of Belgium and France was copied by other countries, such as Italy, either for therapeutic or economic reasons (Havaki-Kontaxaki, 1994).

In Italy, therapeutic foster care for mentally ill patients by families began to be applied circa 1890. In 1902, 268 patients from seven psychiatric hospitals were placed with foster families. Following the Law of 1904, which stated that care can be provided outside an asylum, in a private home, Law 615/1909 regarding therapeutic foster care for adults was introduced. One of the first and best organized therapeutic foster care programmes implemented in Italy was that of the Emilie asylum (Aluffi, 2006).

During the 1970s, in Europe, the therapeutic foster family for mentally ill patients together with the so called 'transitional structures', such as hostels and assisted living homes, played an extensive role in the deinstitutionalization programmes for chronically mentally ill patients (Kallinikaki, 2001).

In Greece, Law 2716/99, which lays the foundation for the creation of Host Family programmes for mentally ill patients, states that mental health services in the Host Family programmes are provided by hospitals, University Psychiatric Hospitals, Mental Health University Institutes, University Academic Units with mental health as their main subject matter, and Mental Health Services that aim at the placement of adults with mental disorders with suitable families and their psychiatric follow-up. The Host Families may belong to the circle of friends or relatives of the patient, provided that they are not first-degree relatives of the patient. The duties of the Host Family may also be assigned to individuals. The implementation of the Host Family programme aims at the placement of - and psychiatric follow-up for - children, adolescents and adults with mental disorders and serious psychosocial problems or mental retardation and secondary mental disorders and/or autism spectrum disorders with suitable families for long or short-term stay, when they do not have accommodation or a proper family environment. The placement of a patient is implemented upon his request when the patient is an adult, or upon a court judgement when the patient is a minor, and with the consent of the attending psychiatrist or the therapeutic supportive multidisciplinary team. The Host Families must create a family environment for the individuals hosted and do whatever possible to ensure these individuals are able to acquire independent living skills.

Experience of the organization of foster care programmes for mentally ill patients in Greece includes two attempts, within the framework of a pilot programme: one from the Athens Mental Health Centre (1989) and one from the Psychiatric Clinic of the University of Athens (1998) (Havaki – Kontaxaki et al., 1994) (Tomaras et al., 2005). In accordance with the twelve-year review of this pilot programme, it is noteworthy that the provision of information about the aim of the foster care programme to bodies and groups such as the Panhellenic Association of Families for

Mental Health, the clergy and municipal bodies, did not receive much of a response. This outcome may be related to certain characteristics and attitudes of Greek society and family (Tomaras et al., 2011).

Methodology

Research Design

Aim of the study

The aim of this study was to investigate the views of parents on the institution of Foster Families for mentally ill patients in Greece. Specifically, the following were studied:

i) the knowledge of parents about the institution of Foster Families for mentally ill patients, ii) their views with regard to the application of the institution of Foster Families for mentally ill patients by the Greek State and iii) the reasons and incentives for which a Greek family would decide to host a mentally ill patient.

Research Method

This study constituted descriptive research aimed at extracting quantitative results (quantitative research). The method used in this research was: the survey.

Sample

The study sample consisted of three hundred and twenty two (322) parents of both sexes, regardless of age, education and occupation, who were members of active Parent - Guardian Associations of schools (Primary Schools, Junior High Schools and Lyceums) in the Municipalities of Pallini and Lamia. Specifically, there were one hundred and seven (107) men in total and two hundred and fifteen (215) women. The method used for the selection of the sample was: Quota Sampling. In particular, the Primary and Secondary Schools in the Municipalities of Lamia and Pallini were found with the collaboration of the Directorates of Primary and Secondary Education of the Prefectures of East Attica and Fthiotida. The total number of schools in the Municipality of Lamia amounted to fifty five (55) – specifically, thirty one (31) Primary Schools, twelve (12) Junior High Schools and twelve (12) Lyceums - and the total number of schools in the Municipality of Pallini amounted to fifteen (15), i.e., seven (7) Primary Schools, four (4) Junior High Schools and four (4) Lyceums. On the basis of quota sampling, 50% of the schools was selected, corresponding to the entire number of schools per level of education respectively. Specifically, from the Municipality of Lamia: Twelve (12) Primary Schools, six (6) Junior High Schools and six (6) Lyceums in which there were active Parent - Guardian Associations; from the Municipality of Pallini: four (4) Primary Schools, two (2) Junior High Schools and two (2) Lyceums, in which there were also active Parent - Guardian Associations.

Subsequently, following our communication by telephone with the Principals of the relevant schools and the Presidents of the Parent – Guardian Associations, a meeting with them was arranged to inform them of the aim of the research. There then followed a second meeting with the members of the Parent – Guardian Associations, where they were informed of the aim of this research and its significance. Upon their verbal consent, most of the members (parents) agreed to participate as research subjects. As a matter of course, questionnaires were distributed, through the pupils, to the parents of the afore-mentioned Parent Associations from the relevant schools of the Municipalities, to be returned within a week. Eight hundred and ninety eight (898) questionnaires were distributed in total, four hundred and ninety eight (498) of which were distributed to the parents of pupils from the schools in Lamia, and four hundred (400) to the parents of pupils from the schools in Pallini. Of this total, three hundred and twenty two (322) questionnaires were completed and returned.

Sample Characteristics

The women who participated in the research constituted 67% of the total sample, while men constituted 33%. 37% of participants were Lyceum graduates, 36% graduates of Tertiary Education Schools, 13% graduates of Technical Schools and 10% graduates of the Six-year High School. 3% of the sample were graduates of Primary Education, while only one (1) person declared themselves to be illiterate. 88% of parents were married, 5% divorced, 4%

separated from their spouse, and 2% single. Finally, 1% of the participants in the sample were widowed. 75% of the sample had two or three children, 18% had one child, while 7% of parents had a large family with more than four children. The majority of children of the research participants were aged between 13 and 18 (37%), followed closely by the 7-12 age group (36%). 10% of the sample had children in the 1-6 age group, while 10% of the sample had children in both age groups, that is 1-6 and 7-12 years old. Finally, 7% of them had children in two age groups: 7-12 and 13-18. 23% of parents had a monthly household income up to 3,000€, 18% up to 2,500€, and 18% up to 1,500€. 13% of the sample stated they had a monthly household income of up to 2,000€, while 8% had over 3,000€. Finally, 7% of them stated that they have a monthly household income of up to 1,000€, and 2% up to 500€; 11% of them refused to answer this question.

Research tool

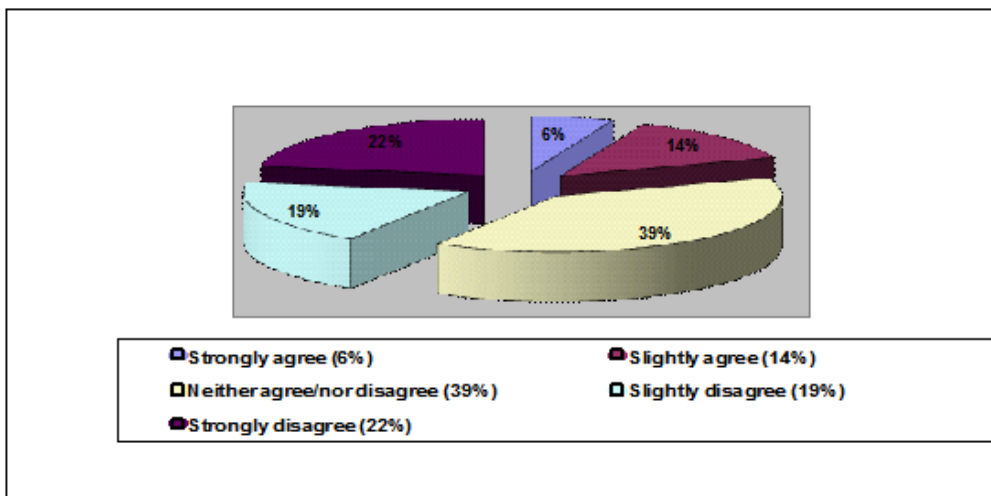
A written questionnaire that included thirty (30) closed-ended questions was constructed for the implementation of the research study. In particular, these questions concerned the socio-demographic characteristics of the sample, mental health issues, knowledge about the institution of Host Families for mentally ill patients, and suggestions for successful implementation of the institution of Foster Families for mentally ill patients. The types of questions used were scaled questions, questions with hierarchical answers, and multiple-choice questions.

Statistical Research Results

To the question of whether mentally ill patients are dangerous, 39% of the sample stated that they neither agree nor disagree with the view that mentally ill patients are dangerous, 22% strongly disagree with this view, 19% slightly disagree, 14% slightly agree and 6% strongly agree (Graph 1).

Graph 1

Mentally ill patients are dangerous:

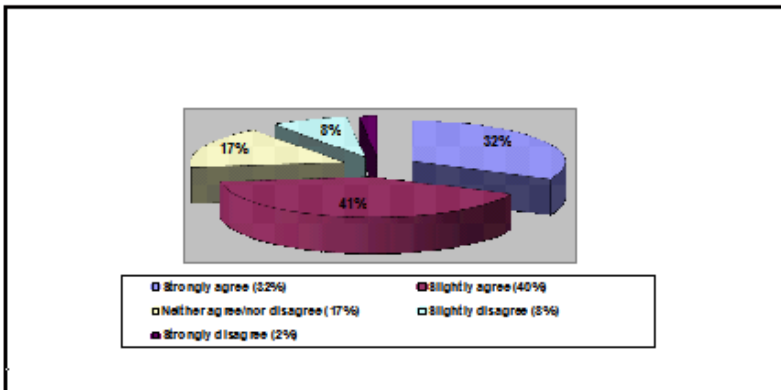


Mentally ill patients are dangerous:

To the question of whether mentally ill patients can work if given the proper support, 40% of the sample slightly agree with the afore-mentioned view, 32% strongly agree, 17% neither agree nor disagree, 8% slightly disagree and 2% strongly disagree (Graph 2).

Graph 2

Mentally ill patients can work if given the proper support:

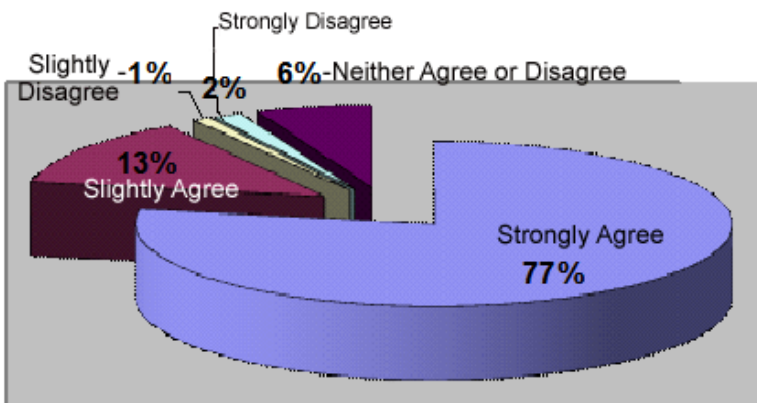


Mentally ill patients can work if given the proper support:

To the question referring to the responsibility of the Greek State for the care of - and securing basic living conditions for - mentally ill patients by providing the necessary funds from the state budget for them to have decent living conditions, 77% of the sample strongly agree with the afore-mentioned view, 13% slightly agree, 6% neither agree nor disagree, 2% strongly disagree and 1% slightly disagree (Graph 3).

Graph 3

The Greek State must take care to secure basic living conditions for mentally ill patients by providing the necessary funds from the state budget for them to have decent living conditions

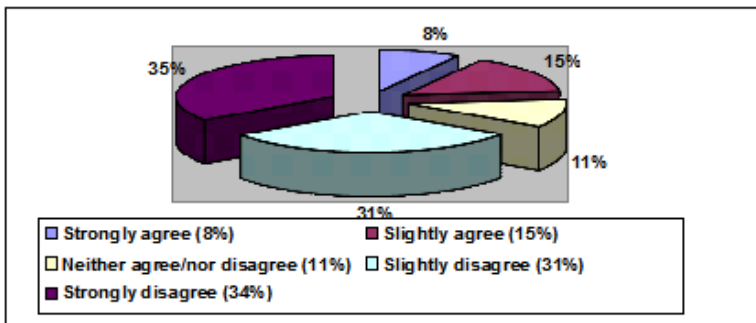


The Greek State must take care to secure basic living conditions for mentally ill patients by providing the necessary funds from the state budget for them to have decent living conditions.

To the question referring to the family of the mentally ill patient and the responsibility it should have to solve the problems of the mentally ill patient itself, 34% of the sample strongly disagree with this view, 31% slightly disagree, 15% slightly agree, 11% neither agree nor disagree and 8% strongly agree (Graph 4).

Graph 4

Should the family of a mentally ill patient solve the care issues itself and meet its responsibilities?

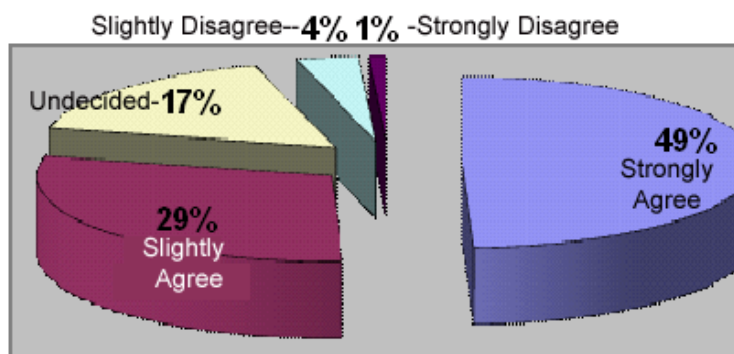


Should the family of a mentally ill patient solve the care issues itself and meet its responsibilities?

To the question referring to the view that we all have the obligation to assist actively in dealing with care problems for people suffering from disability or mental health problems, 50% of the sample strongly agree with this view, 29% slightly agree, 17% neither agree nor disagree, 3% slightly disagree and 1% strongly disagree (Graph 5).

Graph 5

Do we all have the obligation to assist actively in dealing with care problems for people suffering from disability or mental health problems?

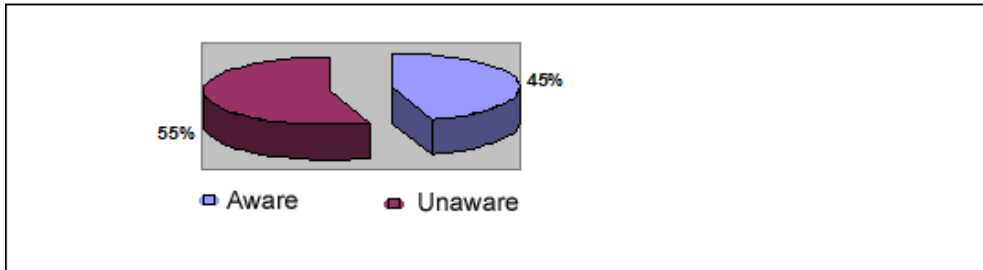


Do we all have the obligation to assist actively in dealing with care problems for people suffering from disability or mental health problems?

To the question of whether they were aware of the meaning of the term foster family for mentally ill patients, 55% of the sample responded that they were unaware of the meaning of the term ‘foster’ or ‘host family’ for mentally ill patients; on the contrary, 45% of the sample stated that they were aware of the meaning of this term (Graph 6).

Graph 6

Are you aware of the meaning of the term ‘foster’ or ‘host family’ for mentally ill patients, and what this entails?

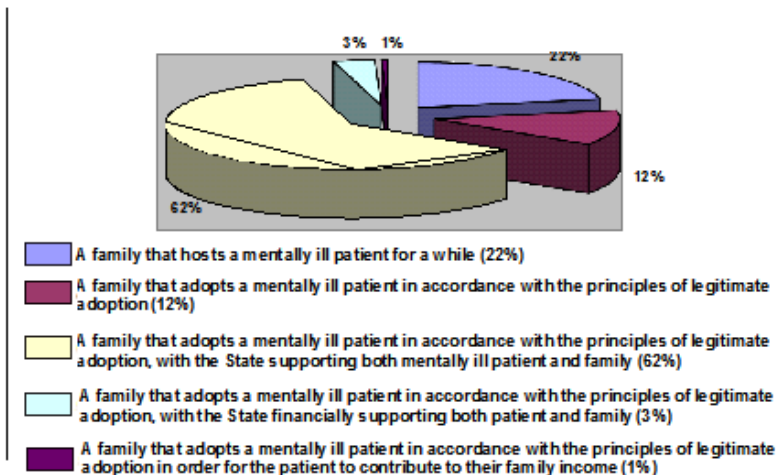


Are you aware of the meaning of the term ‘foster’ or ‘host family’ for mentally ill patients, and what this entails?

Of 45% of parents who answered that they were aware of the meaning of foster family for mentally ill patients, 62% stated that this is a family that adopts a mentally ill patient in accordance with the principles of legitimate adoption, with the State supporting both mentally ill patient and family, while 22% stated that this is a family that hosts a patient for a while; 12% stated that this is a family that adopts a mentally ill patient in accordance with the principles of legitimate adoption, and 3% stated that this is family that adopts a mentally ill patient in accordance with the principles of legitimate adoption, with the State financially supporting both patient and family. Finally, 1% stated that this is a family that adopts a mentally ill patient in accordance with the principles of legitimate adoption in order for the patient to contribute to the family income (Graph 7).

Graph 7

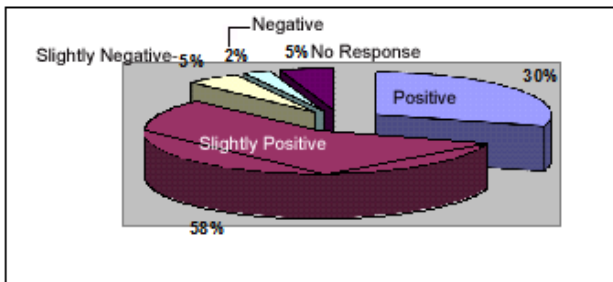
If yes, what do you think a host or foster family is?



If yes, what do you think a host or foster family is?

Given that the Greek State, by ministerial decision, allows for families that are not first-degree relatives of mentally ill patients to be subsidized in order to take on the responsibility of caring for mentally ill patients at their home, they will, at the same time, be provided with the support and supervision of specialists in order to deal with any problems that arise, 58% of the sample tend to hold a slightly positive attitude towards the Host Family programmes, 30% a positive attitude, 5% a slightly negative attitude, 2% a negative attitude, while 5% of the sample did not respond to the relevant question (Graph 8).

Graph 8

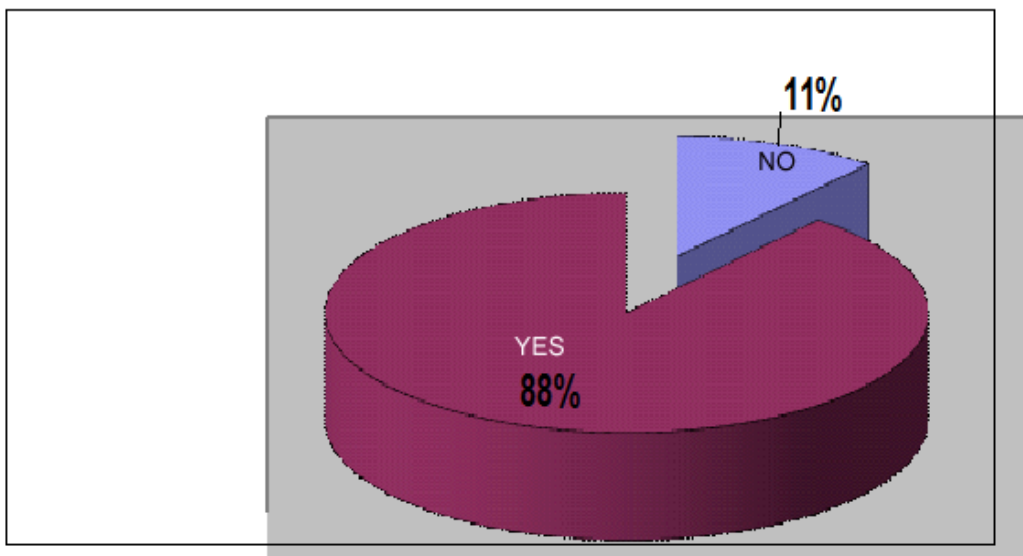


The Greek State, by ministerial decision, allows for families that are not first-degree relatives of mentally ill patients to be subsidized in order to take on the responsibility of caring for mentally ill patients at their home. They will, at the same time, be provided with the support and supervision of specialists in order to deal with any problems that arise. How do you view the above-mentioned position?

To the question of whether parents have been informed about the Foster Family programmes for mentally ill patients, 88% of the sample stated that they have not been informed about the programme, while 11% stated that they have been informed. Finally, 1% of the sample did not respond to the relevant question (Graph 9).

Graph 9

Have you been informed about the Foster Family programmes for mentally ill patients?

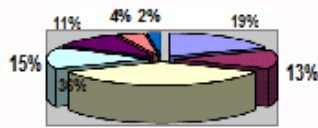


Have you been informed about the Foster Family programmes for mentally ill patients?

Of the 11% of parents who responded that they were aware of the Foster Family programmes for mentally ill patients, 36% stated that they had been informed from information leaflets, 19% the Mass Media, 15% the Local Self-Government, 13% seminars/conferences, 11% associations and unions, 4% all these bodies, and 2% mentioned another information source, without specifying which type (Graph 10).

Graph 10

If YES, from which of the following bodies have you been informed?



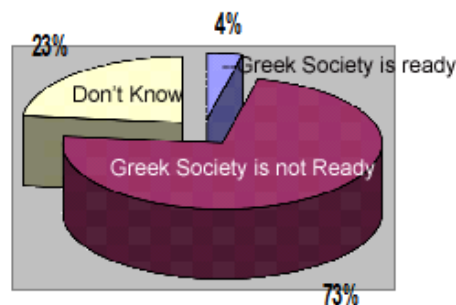
Mass Media (19%)
Seminars/Conferences (13%)
Information Leaflets (36%)
Local Self-Government (15%)
Associations/Unions (11%)
All the above (4%)
Other (2%)

If yes, from which of the following bodies have you been informed?

To the question referring to their view of whether modern Greek society is ready to accept and actively participate in the institution of Foster Families for mentally ill patients, 73% of the sample believe that Greek society is not ready to accept and actively participate in the institution, while 23% believe the opposite. 4% of the sample stated that they do not know (Graph 11).

Graph 11

Do you believe that modern Greek society is ready to accept and actively participate in the institution of Foster Families for mentally ill patients?

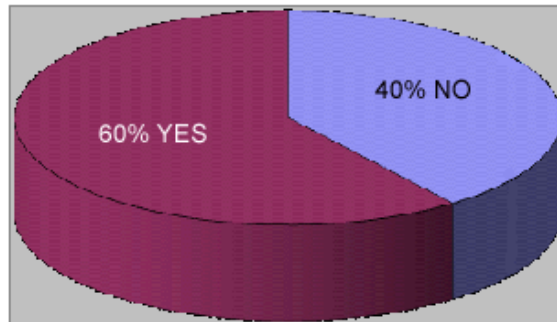


Do you believe that modern Greek society is ready to accept and actively participate in the institution of Foster Families for mentally ill patients?

To the question referring to the views of parents with regard to whether such an institution can be implemented in our country, 60% of the sample do not believe that foster care programmes for mentally ill patients can be implemented in Greece, while the remaining 40% believe that their implementation is possible (Graph 12).

Graph 12

Do you believe that such an institution can be implemented in our country?

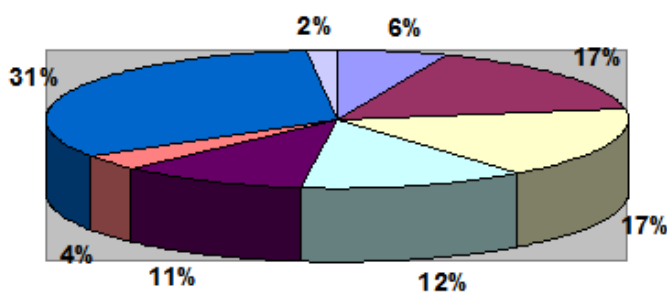


Do you believe that such an institution can be implemented in our country?

To the question referring to the reasons why this institution cannot be implemented in modern Greek society, of the 60% of parents who responded negatively to the prospect of the implementation of the institution of Host Families in Greece, 31% cited all the factors mentioned in this question as the main reason for the non-implementation of Foster Family programmes in Greece, 17% prejudices and stigma, 17% the lack of information and the low degree of sensitization in Greek society, 12% the attitude of the Greek family, 11% the lack of support from specialists, 6% the weak financial incentive, 4% the lack of promotion of the institution by the Mass Media and, finally, 2% mentioned other reasons.

Graph 13

If no, in your opinion, for which reason(s) can this institution not be implemented in modern Greek society?



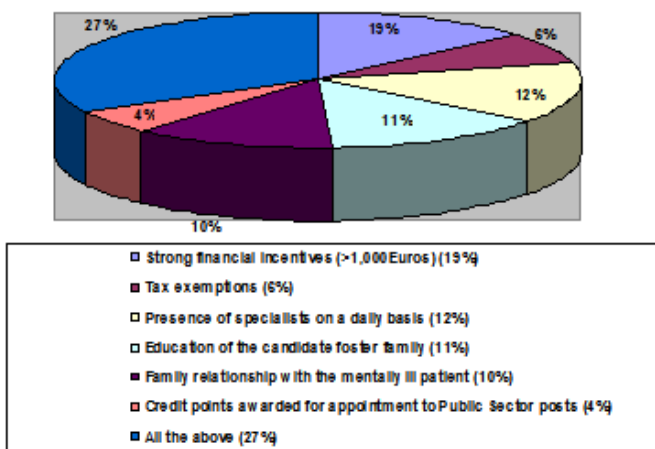
- Weak financial incentive (6%)
- Prejudices and stigma (17%)
- The lack of information and the low degree of sensitization in Greek Society (17%)
- The attitude of the Greek family (12%)

If no, in your opinion, for which reason(s) can this institution not be implemented in modern Greek society?

To the question referring to the incentives on the basis of which the contemporary Greek family could actively participate as a foster family to host a mentally ill patient, 27% of parents responded that all the incentives mentioned should coexist in order for a family to decide to become foster family for a mentally ill patient, 11% the education of the candidate foster family, 12% the presence of specialists on a daily basis, 19% strong financial incentives (>1.000€), 10% the family relationship with the mentally ill patient, 6% the tax exemptions, 4% the credit points awarded for appointment to Public Sector posts, and a significant percentage of the sample - in the vicinity of 11% - did not respond to this question (Graph 14).

Graph 14

In your opinion, what incentives are there for the contemporary Greek family to actively participate as a foster family in order to host a mentally ill patient?

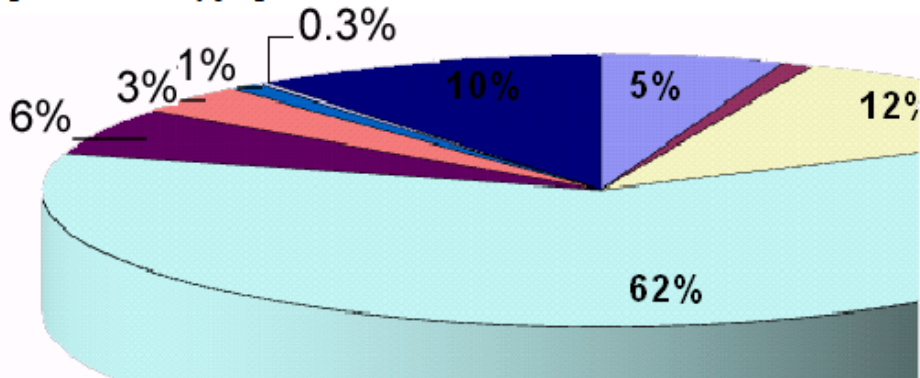


In your opinion, what incentives are there for the contemporary Greek family to actively participate as a foster family in order to host a mentally ill patient?

To the question referring to the categories of social groups that may have greater possibilities of participating in Foster Family programmes, 62% of the sample believe that relatives of mentally ill patients have greater possibilities of participating in Host Family programmes as candidate foster families, 11% that the average Greek family must be the main target group for recruiting candidate foster families for mentally ill patients, while 10% of the sample suggest simultaneous focusing on needy families, immigrant families, the average Greek family and relatives of mentally ill patients. 3% consider the average Greek family and relatives of mentally ill patients to be the main target group; 1% believe that needy families, immigrant families and relatives of mentally ill patients are suitable target groups; 0.3% believe that needy families, the average Greek family and relatives of mentally ill patients are suitable target groups. Finally, 1% did not respond to this question (Graph 15).

Graph 15

Which of the categories of social groups below may have greater possibilities of participating in Foster Family programmes?



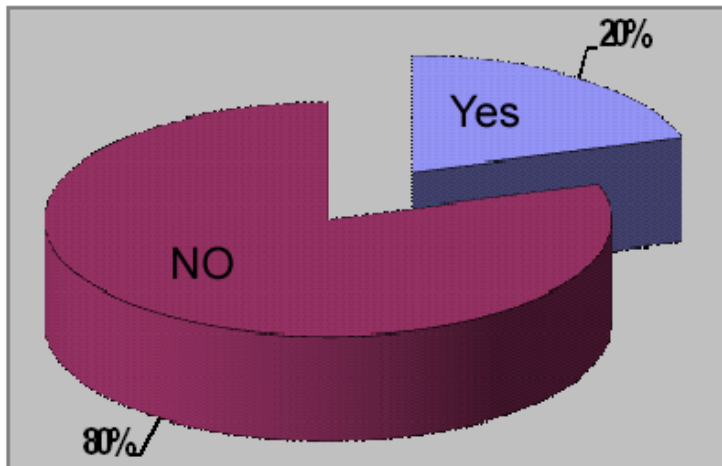
- Needy families (5%)
- Immigrant families (1%)
- The average Greek family (11%)
- Relatives of mentally ill patients (62%)
- Needy families & relatives of mentally ill patients (6%)
- The average Greek family & relatives of mentally ill patients (3%)
- Needy families/Immigrant families/Relatives of mentally ill patients (1%)
- Needy families/The average Greek family/Relatives of mentally ill patients (0.3%)

Which of the categories of social groups below may have greater possibilities of participating in Foster Family programmes?

To the question referring to whether they would accept participation in a foster care programme for mentally ill patients, 80% would not accept this, while 20% responded that they would accept (Graph 16).

Graph 16

Would you accept to participate in a foster care programme for mentally ill patients?

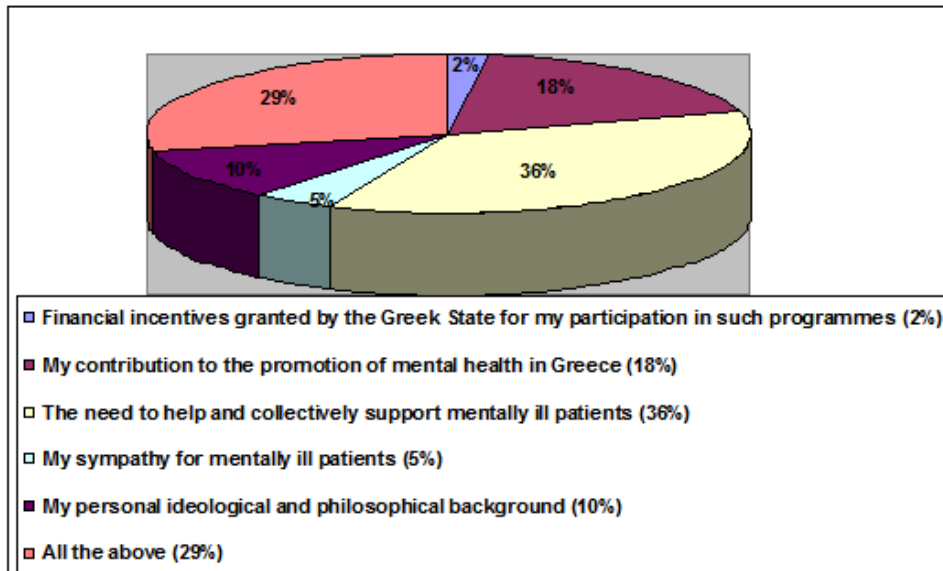


Would you accept to participate in a foster care programme for mentally ill patients?

Of the 20% of the total sample who responded positively by accepting to participate in host family programmes for mentally ill patients, 36% stated as the main reason for their decision the need to help and collectively support mentally ill patients, 29% of the sample that all the afore-mentioned reasons would drive them to decide to actively participate in Foster Family programmes, 18% their contribution to the promotion of mental health in Greece, 10% their personal ideological and philosophical background, and 5% their sympathy for mentally ill patients. Finally, 2% would participate due to financial incentives granted for their participation in such programmes (Graph 17).

Graph 17

If yes, which reason(s) would drive you to make such a decision/choice (participation in Host Families)?

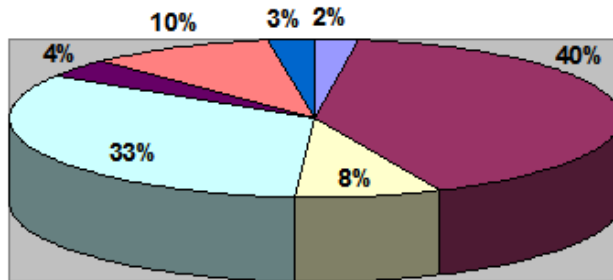


If yes, which reason(s) would drive you to make such a decision/choice (participation in Host Families)?

Of the 80% of parents who refused to participate in foster family programmes for mentally ill patients, 40% of these maintain that it is the great responsibility of the family that hosts the mentally ill person that is the main reason for their refusal, 33% that a suitable infrastructure is not provided by the State, 10% because of all the afore-mentioned reasons, 8% because they believe that proper financial support for the family may not be forthcoming, 4% due to stigmatization of the family of mentally ill patient, 3% for other reasons, and finally 2% because they believe that mentally ill patients are dangerous (Graph 18).

Graph 18

If **no**, for which reason(s) would you refuse to participate in such a programme (Host Families)?



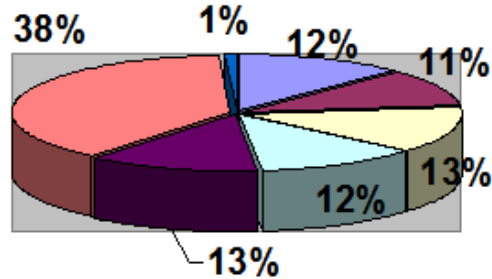
- Mentally ill patients are dangerous (2%)
- The great responsibility of the family that hosts the mentally ill patient (40%)
- The proper financial support for the family may not be forthcoming (8%)
- The suitable infrastructure is not provided by the state (e.g. specialist support for the family special home psychiatric care services, etc.) (33%)
- Stigmatization of my family by Greek society (4%)
- All the above (10%)

If no, for which reason(s) would you refuse to participate in such a programme (Host Families)?

Finally, to the question referring to the strong incentives that there are for Greek families to participate in host family programmes for mentally patients, 30% of the sample believe that all the incentives are necessary for there to be candidate foster families for the Foster Family programmes for mentally ill patients, 11% that an incentive for attracting candidate foster families is the substantive presence and operation of the Welfare Services, while 11% of the sample view the removal of the stigma of mental illness, together with an increase in the number of community awareness/sensitization programmes, as a strong incentive. 10% view psychological support for the family that hosts the mentally ill patient as an incentive for their participation, 9% the expansion or further development of mental health services (e.g. psychiatric home care), while 18% did not answer this question and 1% mentioned other reasons (Graph 19).

Graph 19

Which of the following do you believe could be strong incentives for Greek families to participate in host family programmes for mentally ill patients?



- Financial incentives (e.g. allowances, pensions) (10%)
- Expansion or further development of mental health services (e.g. psychiatric home care) (9%)
- Substantive presence and operation of the Welfare Services (11%)
- Psychological support for the family that hosts the mentally ill patient (10%)

Which of the following do you believe could be strong incentives for Greek families to participate in host family programmes for mentally ill patients?

Discussion

According to the results of the research, the majority of participants are not aware of the institution of Foster Care for mentally ill patients and do not believe it can be implemented in Greece. It is well known that the institution of foster care in general, which has mainly been implemented in the area of child protection, has never been widely promoted by the Greek Government (Kallinikaki, 2001). Therefore, the fact that the community has a lack of information about the institution of foster care in general - and especially foster care for mentally ill patients - constitutes a serious reason to justify the view of those questioned that, although the institution is good, most people appear to be unaware of it.

The institution of foster care for mentally ill patients originates from the French-speaking countries (Belgium, France), having developed through religious tradition, and seemed to cover both medical and social needs (e.g. it relieved the homes/institutions and decreased the cost of psychological treatment of mentally ill patients in these countries). The implementation of the institution of foster care in these countries was limited and mainly concerned the areas where the “colonies for hosting the mentally ill” were created, such as Lille in France and Geel in Belgium. The reasons for the limited implementation of this institution in the above-mentioned countries are, according to Michel (2009), associated with the following factors: i) the great therapeutic responsibility that foster care entails, ii) the lack of candidate foster families and iii) the lack of interest of mental care professionals in raising community awareness.

According to the research conducted by Michel (2009) on mental care professionals working in psychiatric facilities, it was determined that the main reason that families do not participate in Foster Care programmes for mentally ill patients was the great responsibility caring for mentally ill patients entails. It has been ascertained that this was the very same reason why the subjects in the sample of this study have a negative attitude towards participating in foster family programmes for mentally ill patients.

In another research conducted by Brunier (2002) in France on families who participated in foster care programmes for mentally ill patients, it transpired that their main problem was the monitoring and support of the foster family by the programme operator and by treatment groups. A similar concern was also ascertained in the present study, since the participants considered that the prime incentive to participate for candidate foster families for mentally ill patients was the substantive presence and operation of the Greek Welfare Services.

In other research studies, such as Michel (2009) and Dupont (2007), which concerned foster families for mentally ill patients in France, it was found that the family's main incentive for participation in the foster care programme was social esteem and their need to help their fellow man. The same incentives seem to apply in the present research study, since the parents who would participate in Foster Family programmes for mentally ill patients believe that one of the basic incentives for their participation was the need to help and collectively support mentally ill patients and to contribute to the promotion of Mental Health in Greece. In contrast, material incentives, whether they be immediate material incentives, such as financial benefits, or indirect material incentives, such as the appointment of the members of the foster family to the Public sector, were determined not to constitute the basic incentives for the participation of the parents in Foster Family programmes in Greece.

According to research conducted by Radiguet (2005), Auger (2003), Brunier (2002) and Virideau (2002), it was ascertained that financial incentives, such as the amount of remuneration of the foster family, tax reductions, leave and days off, and improved social security, are a basic prerequisite for families to participate in foster care programmes for mentally ill patients. A possible reason for this could be that the above studies addressed those who already had personal experience of foster care programmes for mentally ill patients.

According to research conducted by Dupont (2007), information about Foster Family programmes for mentally ill patients is supplied mainly by friends who have had personal experience and less so by other sources, such as the Mass Media. In contrast, according to the results of the present research study, it was found that the basic sources of information about Foster Family programmes are information leaflets and the Mass Media. This difference may possibly be due to the fact that the institution of foster care for mentally ill patients in Greece operates only on a pilot basis and has not been widely publicized in the Greek community so as to promote the participation of more candidate foster families.

Conclusions

The vast majority of parents believe that the Greek State has the responsibility and obligation to care for mentally ill patients and should not leave this solely in the hands of the families of those with mental health problems. In particular, the Greek State is obliged to protect and support the family of the mentally ill person, and at all levels, such as covering all financial needs and providing specialist psychological and social support for the family.

Furthermore, a large number of parents maintain that all Greek citizens are obliged to support both the mentally ill and their families within the framework of social solidarity and collective responsibility.

A small number of people seem to maintain negative stereotypes and prejudices towards the mentally ill.

Most parents are not aware of the concept of foster care for mentally ill patients. Those who stated that they were aware of the concept of foster care for mentally ill patients believe that the institution refers to the family that adopts a mentally ill person according to the principles of legitimate adoption and that the Government supports the mentally ill person and the family.

Most parents view the institution of Foster Family programmes for mentally ill patients positively, even though they have not been informed about it.

The vast majority of parents believe that Greek society is not ready to implement the institution and many claim that the institution cannot be implemented in Greece, mainly for the following reasons: i) inadequate informing of the Greek people in matters of mental health, ii) the lack of systematic information through the Mass Media, iii) the stigma which accompanies mental illness, iv) the attitude of the Greek family, v) the weak financial incentives and vi) the lack of support for the foster family from mental health specialists.

The main incentives for Greek families to participate in foster care programmes for mentally ill patients are the following: i) the daily presence of mental health specialists, ii) the training of the family to prepare them to accept the mentally ill person into their home, iii) the family relationship with the mentally ill person and iv) the provision of strong financial incentives.

Families which could participate in foster care programmes for mentally ill patients are, in order of priority, the following: i) families who are related to the mentally ill person, ii) the average Greek family, iii) needy families and iv) immigrant families.

The majority of parents do not agree to participate in Foster Family programmes for mentally ill patients and cite the great responsibility they would have when caring for a mentally ill person as the main reason. Few parents would agree to participate in Foster Family programmes for mentally ill patients. The reasons are mainly: i) the need for help and support for mentally ill patients and ii) their contribution to the promotion of mental health in Greece.

The incentives the Greek State should provide in order to attract candidate foster families for mentally ill patients are the following: i) the substantive presence and operation of the Greek Social Welfare Services, ii) the removal of the stigma of mental illness and iii) the psychological support for the foster family.

References

1. Aluffi, G. (2003). Placement familial et soins en Italie, 6ème congrès du GREPFA France.
2. Aluffi, G. (2006). La diffusion de l'Accueil Familial Thérapeutique en Italie, 7ème Congrès du GREPFA France Enveloppes familiales thérapeutiques, Les Sables d'Olonne.
3. Beatty, L., S., Seeley, M. (1980). Characteristics of operators of adult psychiatric foster homes, Hospital Community Psychiatry, 31 (11): 774-776.
4. Benoit, F., Lesage, A., D. (1999). Implementation of intensive follow up in a the community: lessons to be considered. Can. J. Psychiatry, 44 (4): 781-78.
5. Bernard, M. (2003). «Introduction au congrès d' Annecy», 6ème congrès du GREPFA France, Annecy.
6. Bernard, H., R. (1988). Research methods in cultural anthropology. Newbury Park, C.A.: Sage.
7. Brunier, J. (2002): «L'accueil familial thérapeutique», Enquête GREPFA/ADESM VST n°73, a. (extraits).
8. Clerget, F. (2000). «Accueil Familial Thérapeutique : l'interaction familiale comme vecteur de santé», Directeur de recherche J-C. Manderscheid, mémoire, université de Franche-comté i.u.t. de Belfort – Montbéliard, France.
9. Collard, L. (2003). «A la recherche des limites et de l'anti-thérapeutique», 6ème congrès du GREPFA France, Annecy.
10. Dumontet, J. (2003). «Travailler n'est pas adopter - Distance et attachement», 6ème congrès du GREPFA France, Annecy.
11. Dupont, A. (2007). «La réinsertion sociale des adultes malades psychiatriques par l'Accueil Familial Thérapeutique», mémoire, DCEFS, France.

12. Grolleau-Vallet Ch. (2003). «De la colonie familiale à l'accueil familial thérapeutique», 6ème congrès du GREPFA France, Annecy.
13. Labonte, R. (1993). "Community development and partnerships". Canadian Journal of Public Health, 84, 237 – 240.
14. Lacour, M., Jaoul, M., Kettaf, A., (2005). «Du placement familial spécialisé actuel à l'accueil familial».
15. Lemaitre, M. (2001). Le patient en accueil familial thérapeutique, Le journal des psychologues, 191.
16. Michel, A. (2009). These, Accueil Familial Therapeutique En Psychiatrie. A risqué spécifiques, evaluation spécifique, ei.cesi ecole d' ingenieurs.
17. Pandelon, R., Grasset, M., Pauly, H., Perrier, Ch., (2005). «Du thérapeutique dans l'accueil familial thérapeutique», Soins Psychiatrie N° 225.
18. Quille, F.,L. (2004). «Patients psy en famille d'accueil : une expérience concluante à Lille», dans "Le quotidien du Médecin".
19. Radiguet, Ch. (2005): «La supervision de Familles d'Accueil Thérapeutique», Paris (75).
20. Rosso- Debord, V., Bertrand, X.,Letard, V. (2008). Vers un nouvelaccueil familial des personnes agees et des personnes handicapees, Assemblée Nationale.
21. Virideau, C. (2002). Accueil thérapeutique et chômage. La famille d' accueil et les siens,13.
22. Kallinikaki, T. (2001): Foster Care, National Organization of Social Care
23. Ellinika Grammata (Greek Letters), Athens.
24. Kontaxakis, V. (2000). From Mental Hospital to Community. Beta Medical Publishers Ltd., pages 87-89, 90-94, Athens.
25. Tomaras, V., Papageorgiou, A., Soldatou, M., Goumellis, R. (2005). Towards the reintegration of the chronic mentally ill: A pilot foster care programme, Psychiatriki, 16 (3), 217-225.
26. Tomaras, V., Soldatou, M., Armeniakou, G., Karamouzi, A., Panagiotopoulou, A., Tsaklanos, G., Efthymiopoulos, E., Ploumpidis, D. (2011). Foster (Host) Families: A twelve-year review of a pilot programme – Imitators required, Tetradia Psychiatrikis, issue 115, 5- 13.
27. Havaki –Kontaxaki, M., Kontaxakis, T., Christodoulou, G. (1994). The institution of foster family care for chronic psychiatric patients: assumptions and problems, Preventive Psychiatry Issues, edited by Christodoulou, G., Kontaxakis, V., issue b, Athens Mental Health Center.