

## Changes, Trends and Developments in the Rationale of Help Seeking for Mental Health Issues in Greece

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### Abstract

Using a mixed-methods methodology, the present study aims to investigate how people's stance towards seeking help from mental health professionals has evolved during the years of the financial crisis. To this end, 2500 phone interviews were conducted in the summer of 2019, on a national sample of 19-65 years-olds. In addition, we conducted 20 semi-structured interviews with systemic psychotherapists working in private practice in the area of Athens. The current study's approach to the interconnected parameters that comprise the subject was from a holistic systemic viewpoint. Results showed that during the past 10 years, there was a significant increase in the number of people who sought help from mental health professionals, especially among young adults and men. This is despite the fact that by and large, Greek people are much less likely than their European counterparts to seek help for mental health problems. Psychotherapists in our sample attributed the rise in help seeking to better and more information, greater openness, and a reduction in the

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stigma surrounding mental health issues, as well as to changes in people's perception of the purpose and scope of psychotherapy.

### **The context: Financial crisis and mental health**

Even prior to the pandemic, from the end of 2000 to 2020, the country was already experiencing a prolonged recession triggered by a combination of endogenous weaknesses and international macroeconomic phenomena, most notably the 2008 international financial crisis. The public debt crisis that began in 2009 and the subsequent austerity measures resulted in a rapid contraction of gross domestic product (GDP), a rise in unemployment rates to historically high levels, especially among young people, as well as a reduction in wages, consumption, and household income and savings ([Bank of Greece, 2013](#)).

Macroeconomic crises negatively affect general health ([Kawachi & Wamala, 2006](#)) as well as mental health ([Drydakis, 2014](#); [Papaioannou & Bergiannaki, 2016](#); [Simou & Koutsogeorgou, 2014](#)), as they undermine protective factors and enhance risk factors ([Anagnostopoulos & Soumaki, 2012](#)), the most important of which are poverty and social exclusion ([Kawachi & Wamala, 2006](#)). In both the international and Greek literature, socio-economic crises are associated with increased rates of suicide ([M. Economou et al., 2011](#)) and major depression ([C. Economou et al., 2012](#); [M. Economou et al., 2013](#); [M. Economou et al., 2016](#); [Madianos et al., 2011](#); [Bouras & Lykouras, 2011](#); [Economou et al., 2012](#)), with the former being more prevalent among men, while the latter among women ([Tountas et al., 2016, p. 6](#)). In addition to the loss of access to health products and services, stress is also a key factor mediating the strong causal link between financial and occupational insecurity on the one hand, and mental health on the other. For instance, the increase in unhealthy habits, such as smoking and alcohol consumption, that often accompanies job loss, is viewed as an effort to manage stress ([Kawachi & Wamala, 2006](#)).

In Greece, family has always been the strongest social institution, and much of the resilience shown by Greek society to the crisis has been attributed to it ([Karaiskaki, 2019](#)). Yet, macroeconomic factors negatively affect both demographic and psychological dimensions of the family. In addition, the economic crisis has delayed even further the independence of young people ([European Commission, 2007](#); [Iacovou, 2001](#); [Maratou-Alibranti, 2010](#)) and has led to a significant increase in the numbers of those migrating to other countries ([Lazaretou, 2016](#)).

In terms of psychological consequences, financial crises affect the family primarily through undermining the belief that it can achieve one of its main goals: namely to ensure the well-being and safety of its members ([Fonseca, et al., 2016](#); [Voydanoff, 1990](#)). Studies have correlated financial hardship and job loss with marital quarrels, negative parenting practices, and low children's self-esteem and adaptability ([Leininger & Kalil, 2014](#); [Conger & Conger, 2002](#); [Conger & Elder, 1994](#)). The mental strain and anxiety that are brought on from trying to survive in conditions of financial insecurity and hardship, permeate behaviour and relationships within the family, thus negatively affect children's mental health ([Zisi & Chiou, 2017](#)).



## Seeking help

The aforementioned facts make it clear that during the years of the financial crisis, the risks to Greek people's mental health increased, as did the need for help and support. However, according to international experience, the increased need for support for mental health issues is neither directly nor linearly reflected in the number of people seeking help, rendering the relationship between needing and receiving help more complex than it appears at first glance.

In the international literature it is estimated that in the western world, about 50-60% of people who need help do not seek it ([Kessler et al. 2001](#); [Wang et al., 2007](#)), a percentage that seems to apply to Greece as well. While it is estimated that 17.7% of Greeks are experiencing mental health difficulties ([IHME, 2018](#)), data from the Office for National Statistics (ELSTAT) show that in 2014, only 4.7% of Greeks over 15 years of age reported having visited a psychologist, psychiatrist or psychotherapist. At the same time, 4,3% of respondents reported that they needed mental health support but did not seek it, due to the financial cost ([Tountas et al., 2016, p. 9](#)). Seeking support rates were higher in women (6%) than in men (3.3%) (ELSTAT, 2015). However, according to data from the Mental Health Research Institute, in the first year of the crisis, the percentage of men who turned to the "Antistigma" Depression Contact Line for help showed a significant increase. More specifically, 3.573 people called during the first year of the line's operation (May 2008 - April 2009) and while during the first quarter, the callers were overwhelmingly women, at the end of the year the percentage between men and women was almost equal, with women making up 51.8% and men 48% of the total number of callers ([Athanasίου, 2009](#)).

Gradually, during this period of unfavourable conditions, psychotherapy seems to have gained more publicity ([Pomini et al., 2017](#)), an observation consistent with a meta-analysis of 90,000 participants, which showed a preference for psychotherapy over pharmacotherapy ([McHughetal., 2013](#)). Although the stigma towards psychotherapy has not yet been eliminated, it has been observed that "sometimes the stigmatization of mental health disorder recedes in the face of collective stigmatization due to poverty" ([Pomini et al., 2017, p. 17](#)).

In addition, there are other factors that may have influenced or determined the process of seeking help, besides the financial crisis. The rise and prevalence of social media in the last decade ([Kussetal. 2011](#)), which are a strong source of social influence ([Clement, et.al 2013](#)), may have contributed to shaping people's perceptions of mental illness and consequently of psychotherapy. On both a national and global level, more and more people are using social media, with young adults having the highest usage rates ([Lenhartetal. 2010](#)). Specifically, mental health promotion campaigns, online help services, related articles and websites, as well as a variety of websites of mental health professionals that promote their work online, help to disseminate information, offer public awareness opportunities, promote prevention, reduce the distance between professionals and the wider social context and facilitate the search for treatment.

At the same time, the internet and social media have been functioning as a field where personal stories regarding a variety of topics related to mental health are increasingly



shared. This tendency is reinforced by the fact that more and more often, celebrities, such as singers, actors, etc., share personal stories where they focus, not so much on achievements, but on personal and family traumas or their battle with a mental disorder. These personal accounts reach a large share of the population and help reduce the social stigma around mental illness, as the public can identify with them, gain useful information and get empowered, while at the same time adopting a less pathological perception of mental illness ([Becketal., 2013](#); [Bettonet.al., 2015](#); [Calhoun, etal., 2020](#); [Rennick-Egglestoneetal., 2019](#)).

In addition, a significant portion of the literature argues that there are significant differences between the way people from different generations perceive mental health. The younger generations and especially those born between 1980-2005, who found themselves at the epicentre of socio-economic turmoil and the subsequent pandemic, manifest behaviours and attitudes that differ from those of previous generations ([Smith & Nichols, 2015](#)). In fact, this generation has been found to show greater awareness and tolerance towards diversity, while being more likely to express anxiety around mental health issues and ask for help in dealing with them ([Drexler, 2019](#); [Howe & Strauss, 2000](#)). Overall, it seems that trends and developments in the field of seeking help were influenced by both the economic crisis as well as social conditions that are not directly related to it.

The Laboratory for the Study of Human Relations, in the context of its participation in the meeting of the European Family Therapy Society (EFTA) in September 2019, presented a research study recording trends and developments in seeking help for mental health issues, and investigating the changes regarding both the percentage of people seeking therapy and the relationship between therapists and patients that systemic therapists identify in their practice.

Specifically, the present study sought to investigate whether there has been a rise in the demand for psychological support over the last 10 years by recording the percentage of people who turned to a mental health professional (psychologist, psychiatrist, psychotherapist, or mental health counsellor). In addition, it aimed to identify any other changes that may have taken place in recent years in the field of mental health and psychotherapy, attempting a more systematic recording and study of informal observations that point to new forms of treatment, changes in the demographic profile of people seeking treatment, their readiness to disclose and discuss issues, to embrace a systemic way of thinking, and others.

Finally, despite the fact that the last decade has been marked by the "cultural trauma" of the crisis, a term coined by Jeffrey Alexander (2004, in [Demertzis & Roudometov, 2015](#)), which has left no one unaffected, in the present study, we aimed at identifying broader changes and developments that have taken place in the therapeutic field and not focus solely on factors associated with the financial crisis.

## Method

The study employed a mixed qualitative and quantitative design. Between beginning of June and late July 2019, 20 in-depth semi-structured interviews were conducted in person, with 20 systemic psychotherapists who maintain a private practice in Athens



and have completed their training either at the Athenian Institute of Anthropos (AIA) or at the Laboratory for the Study of Human Relations (LSHR).

Half of the therapists had been practicing for 1 to 9 years while the other half for 10 years or over. An interview guide (see [Appendix A](#)) was developed for the purposes of the interviews, using a series of open-ended questions, which offer flexibility and allow the interviewees to express their views freely and drill down on any subject they desire with minimal guidance.

In addition, a structured questionnaire (see [Appendix B](#)) was developed, aiming to gauge the general profile of the people who engage the services of mental health professionals. Using this questionnaire, 2.500 phone interviews were conducted, with a random sample of 19-65-year-old Greeks, from around the country. The qualitative analysis of the interviews and of the quantitative data deriving from the phone interviews, seem to confirm long held observations often discussed informally, but not studied in a systematic and scientific way until recently.

## Results

### **Seeking help from mental health professionals has seen a significant increase in Greece in the last 10 years**

Quantitative findings showed that 19% of the sample population - approximately 1.3 million Greeks between 19-65 years of age, have sought help from mental health professionals at least once in their life. Of those, 29% did so between 2009 and 2014, while 45% after 2015. In absolute numbers, over half a million Greeks had visited a mental health professional at least once in their life, from 2015 to 2019 with the majority of them (55%) being between 18 and 34 years of age.

### **In recent years, the largest increase in help seeking was seen in the younger age groups.**

Over 50% of those who visited a mental health professional from 2015 onwards belonged to the 18-34 age group. Younger people seem more willing to share, process and discuss personal issues and thoughts about themselves, as well as about life and the world at large.

### **Systemic therapists also observed an increase in client turnout during the time of the financial crisis, but they do not attribute it directly to the crisis.**

Therapists in the sample who had been practicing before the start of the financial crisis did not see a reduction in client turnout. Instead, the majority report to have observed an increase, especially those who had been practicing for a longer time:

*“The wait [for public mental health services] is unfortunately long, but even for us private psychotherapists, client turnout was fairly large regardless of the crisis. I’m talking about us older therapists. The flow wasn’t disrupted. It increased”.*



Still, the majority does not seem to attribute the increased turnout directly to the financial crisis. In fact, most therapists did not spontaneously mention the crisis when asked about the factors that may have contributed to the increase. This may come as no surprise to those familiar with systemic thought. After all, how could one expect the representatives of systemic thought, which emphasizes interactivity and interrelatedness, to explain any phenomenon through a single causal factor?

Other factors seem to emerge from the qualitative research, which shed light on the reasons that may have led to the increased client turnout during the financial crisis in Greece. The analysis of the answers provided by the systemic therapists in our sample highlighted the following observations:

**1. During the financial crisis we saw the emergence of perceiving seeking help from mental health professionals as less pathological.**

Systemic therapists in our sample suggested that the experience of the financial crisis reinforced people's need to share their worries and seek support, thus leading to perceiving visiting a mental health professional as less pathological.

From a time when facing mental health difficulties and seeking therapy were stigmatized and viewed as a source of shame, we have moved towards greater acceptance of mental health issues and a normalization of therapy. Thus, more people began disclosing and speaking openly about their difficulties, seeking solutions and support, and knocking on therapists' doors.

**2. Nowadays, people who come into therapy seem better informed about the subject, process, and scope of therapy, and hold clearer and more appropriate expectations.**

Most therapists in the sample commented on the fact that people who come to therapy seem to be better informed around matters of relationships, personal development and mental health, and to have an increased self-awareness and capacity for introspection, even before they begin therapy. They note a greater awareness among laypeople regarding the profession of a therapist, the distinctions between different mental health professions, the theoretical underpinnings of different approaches, as well as about the process and context of therapy. In the words of one of the therapists in our sample:

*"People come in with more knowledge and more awareness. They know, for example, that it is a long process, that nothing happens instantly... They come in and know some things already."*

**3. Requests from people seeking systemic therapists' support do not appear to have changed over the past years. However, an increasing number of clients seem to move away from a focus on external problems, towards personal development, a trend that is more pronounced among younger clients.**



Even though the therapists in our sample do not observe any changes in the content or the nature of clients' requests, the majority remark on people's readiness to share their issues with others and disclose the fact that they are in therapy.

*“Young people in psychotherapy are very different from how we were... they are more open, diverse, open about their problems even if it is a panic attack. In the past, they would hide it. Now they say it... [They are] determined to find themselves, to move forward.”*

Certain therapists in the sample attribute the increased turnout to a healthy interest, especially among younger people, on personal growth and development, stemming from a greater awareness of a person's own contribution to the formation of personal and interpersonal dead ends. Based on this, the therapeutic course is perceived as a journey of self-discovery, whose goal is both to change dysfunctional patterns of behavior and interaction, and to seek self-actualization.

Other therapists attribute the increased turnout to the higher complexity and intensity of the problems that arise in the modern world, such as generalized crises that affect large parts of the population, and lead to increases in the frequency and intensity of mental disorders, substance abuse, a weakening of social support networks, social isolation, reductions in state provisions and the dismantling of health institutions.

All the above seem to be in line with what was observed during the pandemic, another crisis, albeit of a health-related nature, with negative consequences on a financial, social and personal level. According to a Youth Index study with a 2.180 people sample from 16 to 25 years of age in the UK, published in 2021 by the Prince's Trust foundation, 1 in 4 young people feels “unable to cope with life”. In addition, 50% mentioned that their mental health took a hit during the pandemic, while more than half of the young people in the sample (56%), the highest percentage ever recorded, reported that they “always” or “frequently” feel anxious ([Prince's Trust, 2021](#)). In a similar paper, Greek students reported increased levels of stress, with 12.43% reporting symptoms of major depression and 13.5% experiencing intense stress ([Kaparounaki et. al, 2020](#)). At the same time, preliminary data on the demand for mental health services already record an increase. For example, calls to the Psychological Support Helpline of EL.E.AN.A (The Hellenic League Against Rheumatism) increased by 80% due to the COVID-19 pandemic in the time period between January and February 2021, as compared to the same time period in 2020. A large number of those calls (32%) concerned mental health issues, such as intense symptoms of depression and anxiety ([TA NEA Team, 2021](#)).

The increased complexity of the problems people are faced with, the need for self-awareness and search for meaning, the normalization of seeking help from a mental health professional, and the greater knowledge around the process and practice of therapy, all seem to constitute not distinct, but interconnected variables that together contribute to the formation of the multifaceted phenomenon of seeking help.



#### **4. The growth of psychotherapy in Greece is linked to a parallel shift in therapists' perception of their professional role and identity.**

The majority of the sample's therapists note a shift in the therapist's perception of their professional role and identity during the last decade. The perception of a therapist working hidden away in their office, silently and in isolation, seems to have evolved into that of a therapist who is more open, approachable and collaborative, in constant search for more training, supervision, knowledge and techniques to improve their practice, for the benefit of a better informed client. In the words of one therapist:

"It used to be seen as an art, a gift. This new generation of therapists has a less idealized, more grounded view of therapy and a less narcissistic perception of therapists. As in, 'okay, it's a tough job, like so many others, let's get to work and get better at it'".

#### **5. Changes in the professional identity of the therapist are mainly linked to the field's evolution and the choices offered to both therapists and clients.**

More specifically, most therapists in our sample seem to perceive the therapist's identity in a different light compared to the past. This shift is situated within the general context of the field's evolution and the widening of the options and possibilities available to both therapists and clients. In the last decade, therapists' identity changed in two ways:

First, there was a shift from viewing the therapist as a "silent analyst", who remains neutral during the therapy process, to a portrayal of the therapist as a companion who informs, explains and participates actively in the therapeutic process, helping the client navigate the field of possibilities before them. Most therapists in our sample highlighted this as the most important shift in the field of psychotherapy in Greece in recent years. It should be mentioned however, that our sample's therapists may simply be noting the systemic view of the therapist as a member of the therapeutic system, responding actively to the client's request for guidance in handling their issues and troubles.

The second shift identified by our sample's therapists has to do with the move beyond the idealized image of the "charismatic therapist", in possession of all the answers, who can see through clients and solve all their problems in an almost magical way. Therapists are viewed instead, as companions and collaborators in the process of piecing together, enriching, complementing and refining a clients' perception of themselves and of others. Therapists have been knocked off the pedestal and are perceived as people doing a job, a job that is to simply assist and suggest, accompany, be present and stand witness to another person's journey. Systemic therapists in our sample seem to embrace as a fundamental therapeutic and professional value the notion of building together and co-constructing. However, given the diversity and polyphony both within the systemic field and across psychotherapy in general, it would be interesting and appropriate to examine whether therapists representing different approaches also view a therapist's role in this light.



## **6. In an era of information explosion and abundance of possibilities, synthetic and systemic thought help therapists evolve.**

Most therapists in our sample hold no doubt that the entire field of mental health is moving towards systemic thinking. The information coming from the Neurosciences and the new possibilities that are opening up, lead towards greater synthesis. As stated by a colleague:

*“An important change for me is that very few therapists today believe there is only one solution or that their approach is the uniquely best one... It is clear for us all now that there isn't just one way forward. There are paths, different approaches with a common ground: the relationship, both with ourselves and with others”.*

### **Discussion**

The findings presented in this article suggest that during the years of the financial crisis in Greece there was a substantial rise in the number of people seeking help from mental health professionals, especially among young people and men. This increase was witnessed also by the systemic therapists in our sample, who, perhaps somewhat unexpectedly, in the midst of sudden and significant reductions in income and employment levels, saw more people knocking on the door of their private practice. According to the data we collected, this trend can be explained via many, interconnected factors that pertain to both therapists and clients.

Therapists in our sample mentioned people's greater knowledge and awareness regarding mental health issues, as well as the practice and process of therapy. The rise in the visibility of mental health problems, partly due to the highly publicized personal accounts of celebrities, has contributed to a decrease in the stigma surrounding mental health issues and a normalization of therapy. People seem keen to focus on personal development, explore issues in depth and incorporate a systemic and relational perspective in their approach towards themselves, their life and the world. The therapists in our study note a similar move towards a more systemic and synthetic perspective in the wider fields of psychotherapy and mental health. In addition, they point out significant changes in how therapists view their professional role and identity. They identify a more grounded, less idealized portrayal of therapists, who accompany the search for solutions rather than provide solutions.

Future studies could attempt to further elucidate the changes that are taking place in the field of psychotherapy and incorporate the views of therapists from different approaches and perspectives. This would help identify trends in the evolution of our field and yield information regarding future steps and directions. This study was conducted at a time when basic fiscal indicators had begun to show signs of stabilization. Less than a year later the COVID-19 pandemic was in full swing, and systemic therapists were already witnessing further increases in client turnout as well as in the urgency and severity of client requests. These informal observations require systematic study to explore how the pandemic has affected people's mental health, quality of life and relationships, and how these changes are reflected in the practice and process of psychotherapy. For instance, will confinement lead to a renewed appreciation for human contact and closeness and to more substantial and honest



relationships? Will this unprecedented experience set in motion an even greater growth in the field of mental health? Could it contribute to a further reduction in the stigma surrounding seeking help for mental health issues and a normalization of therapy?

In any case, as many therapists in our sample have pointed out, the role of therapists is to constantly evolve and improve, so that they can respond to the challenging times and to the increasingly complex and sophisticated requirements of their clients. The mental health professional of our times is called upon to create communication bridges for individuals and families that seek his aid, in order to help those clients understand and manage the constantly shifting, fluid and uncertain situations in their lives.

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## APPENDICES

### APPENDIX A

#### Interview Guide

Φύλο

Ηλικία

Προϋπηρεσία

Έτος Έναρξης επαγγέλματος

Εισαγωγή (2-3')

Όπως σας είπαμε και τηλεφωνικά το Εργαστήριο αυτήν την περίοδο έχει αναλάβει να διεξάγει μια ποιοτική έρευνα σε σχέση με τις αντιλαμβανόμενες αλλαγές που έχουν σημειωθεί στο χώρο της συστημικής κυρίως θεραπείας στην Ελλάδα. Βασικός μας στόχος είναι να καταλάβουμε το αν υπάρχουν πεδία που έχει επέλθει ορατή αλλαγή είτε μιλάμε για τους ίδιους τους θεραπευμένους, είτε ακόμη και για τον ίδιο τον χώρο και τους θεραπευτές της συστημικής προσέγγισης.

1. Διερεύνηση της έννοιας «Αλλαγή» & Αλλαγές που έχουν συμβεί στον ευρύτερο χώρο της ψυχικής υγείας (8-10')- Αυθόρμητο Επίπεδο

- Θα ήθελα να ξεκινήσουμε πρώτα κάπως ευρύτερα μιλώντας καταρχήν για τον χώρο της Ψυχική Υγείας. Θα ήθελα να ρωτήσω **για εσάς προσωπικά τι σημαίνει αλλαγή** στον χώρο της ψυχικής υγείας. Πως την ορίζετε?
- «*Μια αλλαγή στο χώρο της ψυχικής υγείας για να πείτε εσείς προσωπικά ότι είναι αλλαγή μέσα στα χρόνια πρέπει να....*»
- Υπάρχουν **αλλαγές σήμερα στον ευρύτερο χώρο της ψυχικής υγείας** που έχετε παρατηρήσει σε σχέση με το παρελθόν? Ποιες είναι αυτές? **Τι έχει αλλάξει σε σχέση με το παρελθόν?**
- **Για κάθε αλλαγή: Γιατί πιστεύετε ότι έχει συμβεί αυτό ?** Αφήνουμε πρώτα να μιλήσει αυθόρμητα. Δεν αναφέρουμε την κρίση σε αυτό το σημείο. Υπάρχει κάτι άλλο?

2. Αλλαγές στον χώρο της συστημικής θεραπείας (8-10')- Αυθόρμητο Επίπεδο

- Αυτές οι διαστάσεις που ορίζουν την αλλαγή για εσάς προσωπικά **είναι διαφορετικές/είναι ίδιες για τον χώρο της συστημικής ψυχοθεραπείας ?** Γιατί το λέτε αυτό?
- «*Μια αλλαγή στο χώρο της συστημικής ψυχοθεραπείας για να πείτε εσείς προσωπικά ότι είναι αλλαγή μέσα στα χρόνια πρέπει να....*»



- Θεωρείτε λοιπόν πως **υπάρχει/ουν κάποια/ες αλλαγή/αλλαγές τα τελευταία χρόνια** ? Τι έχει αλλάξει (αν έχει αλλάξει) στο χώρο της συστημικής θεραπείας ? Πως ήταν πριν? Πως είναι τώρα?
- Αν δίναμε ένα επίθετο σε κάθε αλλαγή ποιο θα ήταν? Πως θα την χαρακτηρίζαμε? (διερεύνηση έντασης και βαθμού λειτουργικότητας)
- **Για κάθε αλλαγή, γιατί πιστεύετε ότι έχει συμβεί αυτό** ? Αφήνουμε πρώτα να μιλήσει αυθόρμητα .Ποιοι είναι οι παράγοντες που έχουν συντελέσει για να έρθει αυτή η αλλαγή? Η κρίση είναι παράγοντας που συνετέλεσε στις αλλαγές? Γιατί το λέτε αυτό?
- Για εσάς, τι είναι η κρίση? Τι σας έρχεται στο μυαλό όταν ακούτε αυτήν την λέξη?
- **Ποια είναι τα πλεονεκτήματα και τα μειονεκτήματα των αλλαγών?** Γιατί το λέτε αυτό?

### 3. Πιθανά Πεδία αλλαγών με προτροπή για συστημική ψυχοθεραπεία (40')

- Αναλυτική **αξιολόγηση αλλαγών** τα τελευταία 7-8 χρόνια στα παρακάτω πεδία για όσα δεν έχει αναφερθεί μέχρι τώρα / Λόγοι γιατί (Για τους επαγγελματίες που ξεκίνησαν εντός κρίσης, ρωτάμε τα ίδια σε σχέση με το πότε ξεκίνησαν)
- **Η κρίση έχει επηρεάσει η όχι σε κάθε πεδίο?** Πόσο έχει αλλάξει σε σχέση με το παρελθόν το κάθε πεδίο- χαρακτηρισμός αλλαγής ανά πεδίο.
- **Θεραπευόμενοι:**
  - **Δημογραφικά** : Φύλο, ηλικία, τάξη, αριθμός, συχνότητα
  - **Εναρκτήρια Αιτήματα:** κατηγορίες? Ποιες? Ψυχοσωματικά? Ασθένειες? Διαζύγια?
  - **Αναμονές θεραπείας στα πρώτα ραντεβού :** πως την βλέπουν? **Αναγκαίο κακό? Σύμμαχο? Επίσκεψη ρουτίνας?**
- **Θεραπευτική διαδικασία :**
  - **Χρόνοι:** διάρκεια, κλείσιμο κύκλων
  - **Χρονισμοί** θεραπευτικής συμμαχίας
  - **Προσέγγιση:** ατομικά/ομαδικά,
  - **Τεχνικές**
  - **Χώροι** διεξαγωγής συνεδρίας
  - **Αμοιβή**
- **Θεραπευτής :**
  - **Επαγγελματικές/Προσωπικές αλλαγές** του ιδίου (πως βιώνετε το επάγγελμα?)
  - **Συν θεραπευτές,**
  - **Παραπομπές,**
  - **Εποπτεία,**
  - **Ακαδημαϊκή/εμπειρική εξέλιξη**
- **Κινητικότητα Χώρου:**
  - Συνάδελφοι,
  - Συνεργάτες,
  - Συνεργασίες,



- Ακαδημαϊκή εξέλιξη,
- Συμμετοχές συνέδρια, παρουσιάσεις, δημοσιεύσεις

4. Επόμενα βήματά στην συστημική ψυχοθεραπεία (2-3')

- Τι **περιμένει**/ αναμένει? Γιατί?
- Τι **προσδοκά**? Γιατί? Ποια είναι η ευχή για το μέλλον?



## Appendix B

### Structured Questionnaire

1. Έχετε απευθυνθεί ποτέ , σε οποιαδήποτε στιγμή της ζωής σας , σε κάποιον/α επαγγελματία ψυχικής υγείας (π.χ. ψυχολόγο, παιδοψυχολόγο, lifecoacher, ψυχίατρο, ψυχοθεραπευτή, σύμβουλο) ; **ΔΙΑΒΑΣΤΕ ΚΑΙ ΤΗΝ ΠΑΡΕΝΘΕΣΗ.**

ΝΑΙ	1
ΟΧΙ	2

### ΑΝ ΝΑΙ ΕΡΩΤΗΣΗ 1, ΠΡΟΧΩΡΗΣΕ ΕΡΩΤΗΣΗ 2

2. Ποια χρονιά ήταν η **πρώτη φορά** που απευθυνθήκατε σε κάποιο επαγγελματία ψυχικής υγείας; **ΑΝΟΙΧΤΗ ΑΠΑΝΤΗΣΗ ΑΡΙΘΜΗΤΙΚΗ**

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### ΣΕ ΠΕΡΙΠΤΩΣΗ ΠΟΥ ΑΠΑΝΤΗΣΕΙ ΔΘ ΡΩΤΗΣΤΕ ΕΡ. 3 ΑΛΛΙΩΣ ΕΡ.4

3. Ήταν πριν αρχίσει η κρίση η αφού άρχισε η κρίση και μετά?

Πριν την κρίση	1
Μετά την κρίση	2

4. Πόσο ετών ήσασταν την πρώτη φορά που απευθυνθήκατε σε κάποιον/α επαγγελματία ψυχικής υγείας (π.χ. ψυχολόγο, παιδοψυχολόγο, lifecoacher, ψυχίατρο, ψυχοθεραπευτή, σύμβουλο) **ΑΝΟΙΧΤΗ ΑΠΑΝΤΗΣΗ ΑΡΙΘΜΗΤΙΚΗ**

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### ΣΕ ΟΣΟΥΣ ΔΕΝ ΑΠΑΝΤΗΣΑΝ ΑΠΟ ΤΟ 2012 ΚΑΙ ΜΕΤΑ ΣΤΗΝ ΕΡΩΤΗΣΗ 2 ΚΑΙ ΣΕ ΟΣΟΥΣ ΑΠΑΝΤΗΣΑΝ ΠΡΙΝ ΤΗΝ ΚΡΙΣΗ (ΕΡ.3, ΚΩΔ.1) ΡΩΤΗΣΤΕ:

5. Από το 2012 και μετά (η από την κρίση και μετά), έχετε ξαναπάει σε κάποιον/α επαγγελματία ψυχικής υγείας (π.χ. ψυχολόγο, lifecoacher, ψυχίατρο, ψυχοθεραπευτή, σύμβουλο ψυχικής υγείας κτλ.) ;



ΝΑΙ	1
ΟΧΙ	2

**ΡΩΤΗΣΤΕ ΟΛΟΥΣ ΟΣΟΥΣ ΔΗΛΩΣΑΝ ΚΩΔ 1, ΕΡ5**

6. *Τους τελευταίους 12 μήνες έχετε απευθυνθεί σε κάποιον επαγγελματία ψυχικής υγείας (π.χ. ψυχολόγο, lifecoacher, ψυχίατρο, ψυχοθεραπευτή, σύμβουλο ψυχικής υγείας κτλ.);*

ΝΑΙ
ΟΧΙ