

Special article Ειδικό άρθρο

Early intervention services in Greece: Time to focus on people at high risk

S.I. Bargiota,¹ V.P. Bozikas,² G. Garyfallos,³ P. McGuire¹

¹*Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, United Kingdom,*

²*1st Department of Psychiatry, Aristotle University of Thessaloniki,
General Hospital "Papageorgiou", Thessaloniki,*

³*2nd Department of Psychiatry, Aristotle University of Thessaloniki,
Psychiatric Hospital of Thessaloniki, Thessaloniki, Greece*

Psychiatriki 2018, 29:58–63

Over the last twenty years, a lot of early intervention services operate worldwide with the aim of offering assistance and promoting the early diagnosis and management, not only of people who experience a first episode of psychosis but also of individuals that are at high risk of developing psychosis. The early intervention services that operate in other countries have been reviewed in correlation with the current status of early intervention services for psychosis in Greece. Early intervention services were first established in Australia, and now hundreds of similar programs exist in Europe, North America and Asia. Furthermore, early intervention services incorporate teams that engage people who have an at risk mental state (ARMS), and are at high risk of developing psychosis. The first clinical service for individuals at high risk for psychosis was established in Melbourne in 1995, and an increasing number of similar services have since emerged worldwide. One of the largest of these is OASIS (Outreach and Support in South London). The first early intervention service was developed during the December 2007, in a rural catchment region of north-western Greece, in Ioannina. After the establishment of Ioannina Early Intervention Service, there was a growing interest of the Greek psychiatric community in the issues of early detection and prevention of psychotic disorders which led to the development of early psychosis units in other regions of Greece, like Athens, Thessaloniki and Patras. However, this field remains neglected in Greece, since in the absence of funding for such early detection services, there are only a few programs that operate mainly on a voluntary basis. Moreover, specialized mental health services for people at high risk for psychosis that have significant clinical benefits and are also cost effective, do not exist in the majority of Greek services. Greece and other countries in a similar condition need to understand the significance of untreated or poorly treated psychotic disorders that affect a lot of young people in late adolescence and early adult life. Focusing on people at high risk of developing psychosis will promote public health and will help not only to prevent the onset of psychotic disorders but to enhance their prognosis as well.

Key words: Early intervention, psychosis, high risk, Greece.

Introduction

Over the last two decades, specialized early intervention programs have been set up to promote the early diagnosis and management of individuals experiencing a first episode of psychosis,¹ and of people who have a high risk of developing psychosis.^{2,3} This article reviews the current status of early intervention services for psychosis in Greece.

Early intervention services

Early intervention services for first episode psychosis

Since early 1990s, a growing worldwide interest for the early detection and treatment of psychosis has led to an international effort to develop specialized clinical services for people presenting with a first episode of a psychotic disorder.^{4,5} Early intervention services were first established in Australia,⁶ and now hundreds of similar programs exist in Europe, North America and Asia.⁷ These services are designed to provide specialized mental health care as soon as psychosis has been diagnosed.⁸ Consensus statements and international clinical practice guidelines for early psychosis have been published articulating the principles of early intervention as a therapeutic approach, providing guidance to clinicians and researchers.^{9,10}

Early intervention services for people at high risk for psychosis

Early intervention services may also incorporate teams that engage people who have an at risk mental state (ARMS), meaning they are at high risk of developing psychosis.¹¹ Up to 36% of those with ARMS will develop a first episode of psychosis within three years of clinical presentation,¹² with the majority of transitions being towards schizophrenia spectrum psychoses.¹³ The first clinical service for individuals at high risk for psychosis was established in Melbourne in 1995,¹⁴ and an increasing number of similar services have since emerged worldwide. One of the largest of these is OASIS (Outreach and Support in South London).

OASIS: An example of a high risk service

OASIS provides clinical care for help-seeking individuals in London. It aims to ameliorate presenting symptoms and problems, to reduce the risk of later

transition to psychosis, and to minimize the delay before antipsychotic treatment if psychosis does develop.¹⁵ A three-step course of action is used to manage and assess the referrals properly. The first step is a telephone contact with the client to perform a pre-screening and to check if the referral is suitable for engagement with the team. Second, an initial assessment of 2h is carried out by a psychiatrist or a clinical psychologist using the psychotic symptoms module of the Comprehensive Assessment of At-Risk Mental States – CAARMS. The CAARMS is a semi-structured psychometric instrument made to estimate putative prodromal psychotic symptoms in help-seeking people.¹⁶ If the individual gets accepted to the service, a detailed CAARMS baseline assessment is conducted along with a neuropsychological assessment.¹⁵ The Structured Clinical Interview for DSM-IV (SCID) and Global Assessment of Functioning (GAF) scale are used for the evaluation of possible co-morbid Axis-I and Axis-II disorders and the evaluation of the level of functioning respectively.^{17,18} Patients are offered clinical care for at least 2 years.

Early intervention for psychosis in Greece

In December 2006 the Greek Ministry of Health and Social Solidarity published a "Guide for the foundation and organization of services for the early diagnosis and treatment of first psychotic episodes" under an Operational Program called "Health - Welfare" funded by the European Social Fund. As a result, in December 2007 the first early intervention service was developed in a rural catchment region of north-western Greece, in Ioannina. Since then, it has been operating successfully within the context of the local mental health network.¹⁹ A total of 132 first episode psychosis patients were referred in a 2-year period in the catchment area, mostly from private sector clinicians.²⁰ After the establishment of Ioannina Early Intervention Service, there was a growing interest of the Greek psychiatric community in the issues of early detection and prevention of psychotic disorders which led to the development of early psychosis units in other regions of Greece, like Athens, Thessaloniki and Patras.²¹ However, in the absence of funding for such early detection services, these have been operating on a voluntary basis. Unfortunately,

there is only a small number of studies or other published data about such services.

To begin with, a new book titled "Early Psychotic Experiences. Signs, Symptoms and Interventions" was published.²² The Greek translation of the Comprehensive Assessment of At-Risk Mental States – CAARMS was included in this book and preliminary findings about the psychometric properties of the Greek CAARMS were presented in a local congress.²³ In addition, the inter-rater reliability of the Greek version of CAARMS was estimated and it was found to be valid and reliable.²¹ Furthermore, the translation and standardization of Schizophrenia Proneness Instrument, Adult version (SPI-A) was completed.^{24,25} Scientific presentations and training seminars were organized by the university psychiatric departments of Athens, Thessaloniki, Ioannina and Patras along with the Hellenic Psychiatric Association.²⁶ Nevertheless, there was a lack of published clinical evidence related to early intervention services and only a small report about the operation of a service for ARMS patients who were being screened and followed up by the Eginition Hospital Unit.²¹ In October 2016, a study was published presenting the implementation of the early intervention in psychosis (EIP) service of the 1st Psychiatric University Clinic in Athens. According to the findings of this study 65 patients were referred to the service. The 26 were ARMS patients and 17 were First Episode Psychosis (FEP) patients. The rate of transition to psychosis and the rate of psychosis relapse after 3 years was estimated to be 19.2% and 11.7% respectively.²⁷

The field about patients who are at a high risk of developing psychosis in Greece remains neglected since nothing else has been found to be reported or published. This finding could be interpreted in several ways. On the one hand, a lot of psychiatrists in Greece are not aware of the literature and of the importance of early detection and intervention in order to prevent psychosis. On the other hand, even in the locations that an early intervention service has been established the clinicians are mainly focused on patients with a first episode of psychosis. As a result, there is an imperative need to focus on people presenting with potentially prodromal psychotic symptoms.

Why focus on early detection?

A key target for early intervention services in psychosis is to reduce the substantial delay between the onset of psychosis and the start of antipsychotic treatment (the duration of untreated psychosis – DUP).^{28,29} Both clinical and functional outcomes have been found to be better when the duration of untreated psychosis is shorter.³⁰ Moreover, clinical intervention in the high risk phase, before the first episode, has the potential to reduce the DUP more dramatically.^{2,31} Furthermore, compared to patients who present after the onset of psychosis, patients who have become psychosis after being engaged in the prodromal phase are less likely to require admission after the first episode.³² Moreover, if they are admitted to hospital, these patients have a shorter stay in hospital and a lower likelihood of compulsory admission.³³

Early detection services can also have health economic benefits. In Australia, even though community costs were higher, overall costs of care have been found to be less, compared to the period when high risk service did not exist, due to a decrease in in-patient service use.³⁴ In the UK, the OASIS service reduced health costs over a 2-year period by reducing the DUP in high risk people who made a transition to psychosis.³⁵

Future directions

There is now good evidence that specialized mental health services for people at high risk for psychosis have significant clinical benefits and are also cost effective.

A variety of strategies are necessary to promote the establishment of high risk services in the Greek medical community. To begin with, early intervention services should be presented to the doctors in primary care, like rural doctors and general practitioners as they are often the first health professional to see patients and refer them on to the right mental health service. Training should be organized such that young doctors who graduate from Greek Medical Schools –the future rural doctors– are able to recognize subclinical psychotic symptoms and refer their patients to early detection services for further assessment. Not only the psychiatrists but also other groups of mental health professionals should also be informed about the advantages of early in-

tervention in psychosis, not only after the presence of a full-blown psychotic episode but, especially, before. This could be succeeded through events and presentations of the clinical and research data, by experts, indicating the positive impact of high risk services for psychosis on patients' lives derived from the examples of different services throughout the world.

Greece is currently in an economic crisis and as a result there is a lack of financial programs to support the efforts of establishing and organizing early intervention services. However, existing services could be implemented with high risk units staffed with people showing a deep interest by dedicating time and energy to clinical management and research in order to prevent psychosis. Taking into consideration that almost all the existing Early Intervention services in Greece work with volunteers, the need of funding is still a great concern about the proper development of these services.

Apart from financial crisis, a lot of changes take place in Greece due to the refugee crisis. It is now a reality that more immigrants and refugees who comprised only a small proportion of the patients in the past are now visiting Ambulance and Emergency units in Greece in an everyday basis, presenting with either prodromal or frank psychotic symptoms. Strong evidence shows that some groups of people have an elevated incident of psychotic disorders after

migration.³⁶ A variation has also been found between ethnic groups for voluntary and compulsory admissions in other countries.³⁷ Although early intervention in refugees and immigrants would be a difficult project, services for people at high risk of developing psychosis in Greece could lead to early detection of the illness among these vulnerable populations of immigrants and refugees with beneficial results in the country's economy, since all these people have no national insurance in case of hospitalization.

Conclusions

During the last two decades, early intervention programs have become common worldwide, promising optimization of clinical outcomes for people diagnosed with a first episode of psychosis and also for people at high risk for psychosis. Greece needs to recognize the public health importance of untreated or poorly treated psychotic disorders that affect a lot of young people in late adolescence and early adult life. Focusing on people at high risk of developing psychosis could be a first but very important step to this direction.

Declaration of interest: This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Υπηρεσίες έγκαιρης παρέμβασης στην Ελλάδα: Καιρός να εστιάσουν σε άτομα υψηλού κινδύνου

Στ.Η. Μπαργιώτα,¹ Β.Π. Μποζίκας,² Γ. Γαρυφαλλος,³ P. McGuire¹

¹Ινστιτούτο Ψυχιατρικής, Ψυχολογίας και Νευροεπιστήμης, Βασιλικό Κολέγιο Λονδίνου, Λονδίνο, Ηνωμένο Βασίλειο,
²Α' Ψυχιατρική Κλινική, Αριστοτέλειο Πανεπιστήμιο Θεσσαλονίκης, Γενικό Νοσοκομείο «Παπαγεωργίου», Θεσσαλονίκη,
³Β' Ψυχιατρική Κλινική, Αριστοτέλειο Πανεπιστήμιο Θεσσαλονίκης,
Ψυχιατρικό Νοσοκομείο Θεσσαλονίκης, Θεσσαλονίκη, Ελλάδα

Ψυχιατρική 2018, 29:58–63

Κατά τη διάρκεια των τελευταίων είκοσι ετών, πολλές υπηρεσίες έγκαιρης παρέμβασης λειτουργούν ανά τον κόσμο με σκοπό να προσφέρουν στήριξη και να προωθήσουν την έγκαιρη διάγνωση και διαχείριση, όχι μόνο ανθρώπων με πρώτο ψυχωτικό επεισόδιο αλλά και ατόμων που βρίσκονται σε υψηλό κίνδυνο για να αναπτύξουν ψύχωση. Οι υπηρεσίες έγκαιρης παρέμβασης που λειτουργούν σε άλλες

χώρες ανασκοπήθηκαν σε σχέση με την τρέχουσα κατάσταση των υπηρεσιών έγκαιρης παρέμβασης στην ψύχωση στην Ελλάδα. Υπηρεσίες έγκαιρης παρέμβασης ιδρύθηκαν αρχικά στην Αυστραλία, και μέχρι σήμερα εκατοντάδες παρόμοια προγράμματα λειτουργούν στην Ευρώπη, τη Βόρεια Αμερική και την Ασία. Επιπλέον, οι υπηρεσίες αυτές συμπεριλαμβάνουν ομάδες που αναλαμβάνουν ανθρώπους οι οποίοι βρίσκονται σε κατάσταση αυξημένου κινδύνου για ψύχωση – At Risk Mental State (ARMS). Η πρώτη υπηρεσία για άτομα που διατρέχουν υψηλό κίνδυνο για εμφάνιση ψύχωσης δημιουργήθηκε στη Μελβούρνη το 1995, και έκτοτε ένας αυξανόμενος αριθμός αντίστοιχων υπηρεσιών λειτουργεί παγκοσμίως. Μία από τις μεγαλύτερες υπηρεσίες αποτελεί το OASIS (Outreach and Support in South London). Η πρώτη υπηρεσία έγκαιρης παρέμβασης στην Ελλάδα αναπτύχθηκε τον Δεκέμβριο του 2007 σε μια αγροτική περιοχή της Βορειοδυτικής Ελλάδας, στα Ιωάννινα. Μετά την ίδρυση της υπηρεσίας στα Ιωάννινα, εμφανίστηκε μεγάλο ενδιαφέρον από την πλευρά της ελληνικής ψυχιατρικής κοινότητας, για θέματα έγκαιρου εντοπισμού και πρόληψης των ψυχωτικών διαταραχών, πράγμα που οδήγησε στην ανάπτυξη μονάδων πρώιμης παρέμβασης στην ψύχωση και σε άλλες περιοχές της Ελλάδας, όπως η Αθήνα, η Θεσσαλονίκη και η Πάτρα. Ωστόσο, το πεδίο αυτό παραμένει παραμελημένο στην Ελλάδα, αφού, λόγω της απουσίας χρηματοδότησης για τέτοιες υπηρεσίες, τα λίγα προγράμματα που υπάρχουν λειτουργούν κυρίως σε εθελοντική βάση. Επιπλέον, δεν υπάρχουν εξειδικευμένες υπηρεσίες ψυχικής υγείας για ανθρώπους που βρίσκονται σε υψηλό κίνδυνο να εμφανίσουν ψύχωση, οι οποίοι να έχουν σημαντικά κλινικά οφέλη και να είναι αποτελεσματικές έναντι του κόστους τους. Η Ελλάδα και άλλες χώρες σε παρόμοια κατάσταση πρέπει να καταλάβουν τη σημασία των μη θεραπευόμενων ή των φτωχά θεραπευόμενων ψυχωτικών διαταραχών που επηρεάζουν πολλούς νέους ανθρώπους στην ύστερη εφηβεία και την πρώιμη ενήλικη ζωή. Η εστίαση του ενδιαφέροντος σε άτομα υψηλού κινδύνου για ψύχωση θα προωθήσει τη δημόσια υγεία και θα βοηθήσει όχι μόνο να προληφθεί η έναρξη ψυχωτικών διαταραχών αλλά και να βελτιωθεί η πρόγνωσή τους.

Λέξεις ευρετηρίου: Έγκαιρη παρέμβαση, ψύχωση, υψηλού κινδύνου, Ελλάδα.

References

- Jackson HJ, McGorry PD. *The recognition and management of early psychosis: a preventive approach: Cambridge University Press*, 2009. Available from: <https://pdfs.semanticscholar.org/3132/a5e8297a73428273a930459e1c00e1e44f6e.pdf>
- Broome MR, Woolley JB, Johns LC, Valmaggia LR, Tabraham P, Gafoor R, et al. Outreach and support in south London (OASIS): implementation of a clinical service for prodromal psychosis and the at risk mental state. *Eur Psychiatry* 2005, 20:372–378, doi: 10.1016/j.eurpsy.2005.03.001
- Power P, McGuire P, Iacoponi E, Garety P, Morris E, Valmaggia L, et al. Lambeth early onset (LEO) and outreach & support in south London (OASIS) service. *Early Intervent Psychiatry* 2007, 1:97–103, doi: 10.1111/j.1751-7893.2007.00010.x
- Craig TK, Garety P, Power P, Rahaman N, Colbert S, Fornells-Ambrojo M, et al. The Lambeth Early Onset (LEO) Team: randomised controlled trial of the effectiveness of specialised care for early psychosis. *BMJ* 2004, 329:1067, doi: 10.1136/bmj.38246.594873.7C
- McGorry PD, Killackey E, Yung A. Early intervention in psychosis: concepts, evidence and future directions. *World Psychiatry* 2008, 7:148–156, PMID: 9161320
- McGorry PD, Edwards J, Mihalopoulos C, Harrigan SM, Jackson HJ. EPPIC: an evolving system of early detection and optimal management. *Schizophr Bull* 1996, 22:305. PMID: 8782288
- Edwards J, McGorry PD. *Implementing early intervention in psychosis: A guide to establishing psychosis services: Taylor & Francis*, 2002
- Birchwood M, Lester H, McCarthy L, Jones P, Fowler D, Amos T, et al. The UK national evaluation of the development and impact of Early Intervention Services (the National EDEN studies): study rationale, design and baseline characteristics. *Early Intervent Psychiatry* 2014, 8:59-67, doi: 10.1111/eip.12007
- Bertolote J, McGorry P. Early intervention and recovery for young people with early psychosis: consensus statement. *Br J Psychiatry* 2005, 187:s116–s119
- Group IEPAW. International clinical practice guidelines for early psychosis. *Br J Psychiatry* 2005, 187:s120–s124, doi: 10.1192/bjp.187.48.s116
- Fusar-Poli P, Borgwardt S, Bechdolf A, Addington J, Riecher-Rössler A, Schultze-Lutter F et al. The psychosis high-risk state: a comprehensive state-of-the-art review. *JAMA Psychiatry* 2013, 70:107–120, doi: 10.1001/jamapsychiatry.2013.269
- Fusar-Poli P, Bonoldi I, Yung AR et al. Predicting psychosis: Meta-analysis of transition outcomes in individuals at high clinical risk. *Arch Gen Psychiatry* 2012, 69:220–229, doi: 10.1001/archgenpsychiatry.2011.1472
- Fusar-Poli P, Bechdolf A, Taylor MJ, Bonoldi I, Carpenter WT, Yung AR, et al. At risk for schizophrenic or affective psychoses? A meta-analysis of DSM/ICD diagnostic outcomes in indi-

- viduals at high clinical risk. *Schizophr Bull* 2013, 39:923–932, doi: 10.1093/schbul/sbs060
14. Yung AR, McGorry PD, McFarlane CA, Jackson HJ, Patton GC, Rakkar A. *Monitoring and care of young people at incipient risk of psychosis*. Focus. 2004
 15. Fusar-Poli P, Byrne M, Badger S, Valmaggia L, McGuire P. Outreach and support in South London (OASIS), 2001–2011: ten years of early diagnosis and treatment for young individuals at high clinical risk for psychosis. *Eur Psychiatry* 2013, 28:315–326, doi: 10.1016/j.eurpsy.2012.08.002
 16. Yung AR, Yung AR, Pan Yuen H, McGorry PD, Phillips LJ, Kelly D, et al. Mapping the onset of psychosis: the comprehensive assessment of at-risk mental states. *Austr New Zeal J Psychiatry* 2005, 39:964–971, doi: 10.1080/j.1440-1614.2005.01714.x
 17. First M, Spitzer R, Gibbon M, Williams J. *Structured clinical interview for DSM-IV-TR Axis I Disorders-Patient Edition (SCID-I/P, 2/2001 Revision)* Biometrics Research Department. New York State Psychiatric Institute, New York. 2001
 18. Hall RC. Global assessment of functioning: a modified scale. *Psychosomatics* 1995, 36:267–275, doi: 10.1016/S0033-3182:71666-71668
 19. Mantas C, Mavreas V. Establishing and operating an early intervention service for psychosis in a defined catchment area of northwestern Greece within the context of the local mental health network. *Early intervention in psychiatry*. 2012, 6:212–217, doi: 10.1111/j.1751-7893.2012.00358.x
 20. Peritogiannis V, Mantas C, Tatsioni A, Mavreas V. Rates of First Episode of Psychosis in a Defined Catchment Area in Greece. *Clinical practice and epidemiology in mental health: CP & EMH* 2013, 9:251, doi: 10.2174/1745017901309010251
 21. Kollias C, Kontaxakis V, Havaki-Kontaxaki B, Simmons M, Stefanis N, Papageorgiou C. Inter-rater reliability of the Greek version of CAARMS among two groups of mental health professionals. *Psychiatriki* 2014, 26:217–222, doi: 10.1111/eip. 12407
 22. Kontaxakis VP, KC, Havaki-Kontaxaki BJ. *Early Psychotic Experiences: Signs, Symptoms and Interventions*. Beta Medical Publications, Athens, Greece, 2008
 23. Kollias CT, Avdelidou K, Havaki-Kontaxaki B, Kontaxakis V, Simmons MB. Comprehensive Assessment of at Risk Mental States (CAARMS). Greek Translation. In: Kontaxakis VP, Havaki-Kontaxaki BJ (eds) *Early Psychotic Experiences Signs, Symptoms and Interventions*. Beta Medical Publications, Athens, 2008:171–221
 24. Schultze-Lutter F, Addington J, Ruhrmann S, Klosterkötter J. Schizophrenia proneness instrument, adult version (SPI-A). Giovanni Fioriti, Rome, 2007
 25. Schultze-Lutter F, Addington J, Ruhrmann S, Klosterkötter J. *Schizophrenia proneness instrument*. Giovanni Fioriti Editore Srl, 2011
 26. Kollias CT, Kontaxakis V. *Early Psychotic Interventions in Greece: Publications, presentations and collaborations*. *European Psychiatry*. 2008, 23(free communication pages: Life of the EPA)
 27. Kollias C, Xenaki LA, Dimitrakopoulos S, Kosteletos I, Kontaxakis V, Stefanis N et al. *Early psychosis intervention outpatient service of the 1st Psychiatric University Clinic in Athens: 3 Years of experience*. *Early Intervention in Psychiatry*, 2016:1–6, doi: 10.1111/eip
 28. WHO. The World Health Report 2001: mental health: new understanding, new hope. Geneva: World Health Organization, 2001
 29. Health NCCfM. *Psychosis and Schizophrenia in Children and Young People: Recognition and Management*: RCPsych Publications, 2013
 30. Drake RJ, Haley CJ, Akhtar S, Lewis SW. Causes and consequences of duration of untreated psychosis in schizophrenia. *Br J Psychiatry* 2000, 177:511–515, PMID: 11102325
 31. Yung AR, Phillips LJ, Yuen HP, Francey SM, McFarlane CA, Hallgren M et al. Psychosis prediction: 12-month follow up of a high-risk (“prodromal”) group. *Schizophr Research* 2003, 60:21–32, PMID: 12505135
 32. Valmaggia LR, Byrne M, Day F, Broome MR, Johns L, Howes O et al. Duration of untreated psychosis and need for admission in patients who engage with mental health services in the prodromal phase. *Br J Psychiatry* 2015, 207:130–134, doi: 10.1192/bjp.bp.114.150623
 33. Fusar-Poli P, Dvaz-Caneja C, Patel R, Valmaggia L, Byrne M, Garety P, et al. Services for people at high risk improve outcomes in patients with first episode psychosis. *Acta Psychiatr Scand* 2016, 133:76–85, doi: 10.1111/acps.12480
 34. Mihalopoulos C, McGorry P, Carter R. Is phase-specific, community-oriented treatment of early psychosis – an economically viable method of improving outcome? *Acta Psychiatr Scand* 1999, 100:47–55, PMID: 10442439
 35. Valmaggia L, McCrone P, Knapp M, Woolley J, Broome MR, Tabraham P, et al. Economic impact of early intervention in people at high risk of psychosis. *Psychologic Med* 2009, 39:1617–1626, doi: 10.1017/S0033291709005613
 36. Kirmayer LJ, Narasiah L, Munoz M, Rashid M, Ryder AG, Guzder J, et al. Common mental health problems in immigrants and refugees: general approach in primary care. *Can Med Assoc J* 2011, 183:E959–E967, doi: 10.1503/cmaj.090292
 37. Bhui K, Stansfeld S, Hull S, Priebe S, Mole F, Feder G. Ethnic variations in pathways to and use of specialist mental health services in the UK. *Br J Psychiatry* 2003, 182:105–116, PMID: 12562737

Corresponding author: S.I. Bargiota, 1st Department of Psychiatry, Aristotle University of Thessaloniki, General Hospital "Papageorgiou", Thessaloniki, Greece
e-mail: stavroula.bargiota@gmail.com