

# Community Clinical Psychology and its inclusion in the integrated scientific paradigms in the field of prevention at the community level

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## **Abstract**

Clinical Psychology in the Community has been and is the springboard for research and understanding of human behaviors of mental distress in conjunction with the environment. Drug abuse has matured the need to establish prevention structures in the community in various countries. The experience of the Psychosocial Health Prevention project, as a philosophy and practice in Greece through an institutional framework can be a trigger for scientific dialogue and awareness raising of local authorities in other countries as well, as people today are suffering from the psychological consequences of the Covid-19 pandemic of health.

**Key words:** *Clinical Psychology in the Community, Prevention, Institutional framework*

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## Introduction

The protection of public health and intervention in mental illness has always been the goal and the challenge of established mental health structures. In this context, the Community constitutes the joint field of action of community clinical psychology and health psychology.

The commitment of these two applied scientific fields is structured through the following sectors : raising public awareness on mental health problems with the aim of preventing disorders, identifying groups at risk, diagnosing and treating interventions. Consequently, the role of mental health professionals, who working in an institutional setting is multidimensional, not only because it covers the full range of activities of social clinical work, but also because it needs to “listen” to the needs of the community. These needs change when the community functions as an open system that is in constant interaction with its wider social context.

Community Clinical Psychology is a development and combines two branches of psychology. It is based on the principles of community psychology and clinical psychology. Its principles seem to resemble those of the clinic as an independent discipline. Indeed, similarities are observed in that, as mentioned, this approach is based on the principles of the two containers. But there are significant differences, which make the distinction between the two branches more obvious. Clinical psychology focuses on the individual, while clinical community psychology focuses on the relationship between the individual and the community. Therefore, it is not proposed to study the individual or social structures separately, on the contrary, study the interaction and the circular relationship between these two levels (Francescato, Tomai, Ghirelli, 2002).

With the most recent contributions, by authors (Gelli, Mannarini, 2014), much value is given to the role of conscious and unconscious emotions, considered as determinants of individual and social life. The psychodynamic vision brings out the possibility of greater

understanding in the process of affective symbolization (Carli, Paniccchia, Giovagnoli, Carbone, & Bucci, 2015).

Affective symbolization, although not accessible to the conscience, can be traced and decoded in the stories of the inhabitants, in the behaviors, in the values that coexist, in the way in which they relate. It consists of the way in which local culture can be recognized and understood. (Carli & Paniccchia, 2005; Carli & Giovagnoli, 2011). With the most recent contributions, by authors (Gelli, Mannarini, 2014), much value is given to the role of conscious and unconscious emotions, considered as determinants of individual and social life. (Langher, Marchini, Brandimarte, Giacchetta, Caputo, 2019; Langher, Caputo, Brandimarte, Giacchetta, Grippo, Nannini, 2019).

Clinical Psychology is a sector of psychology, in which the subjects are the explanation, understanding, interpretation and reorganization of malfunctional or pathological, individual and interpersonal mental processes, together with their behavioral and psychobiological correlates.

The clinical term deriving from the Greek word *clinis* = bed, refers to the orientation of Clinical Psychology for the treatment of mental health but does not end there.

Clinical psychology combines science, theory and practice both in order to understand, predict and alleviate disability and discomfort and in order to promote human adaptation and personal development. It focuses on the intellectual, emotional, biological, psychological, social, and behavioral aspects of human functioning throughout the life span, in various cultures and at all social and economical levels (American Psychological Association in Division 12 Clinical Psychology).

The sector is interested in scientific and educational training in sectors with scientific disciplinary skills that consider self-representations, intrapsychic processes and interpersonal relationships (family and group) also from a psychodynamic point of view (the relational mind, the primacy of emotionality , the irruption of unconscious mechanisms). It

also focuses on the acquisition of skills related to the application of this knowledge, in the analysis and treatment of mental illness and psychopathology.

The sector also includes research on study methods and intervention techniques which, in the various operational models (individual, relational, family and group), characterize the clinical applications of psychology in different areas (people, groups, systems) to solve problems.

According to APA:

“Clinical psychology is the psychological specialty that provides continuing and comprehensive mental and behavioral health care for individuals and families; consultation to agencies and communities; training, education and supervision; and research-based practice. It is a specialty in breadth - one that is broadly inclusive of severe psychopathology - and marked by comprehensiveness and integration of knowledge and skill from a broad array of disciplines within and outside of psychology proper. The scope of clinical psychology encounters all ages, multiple diversities and varied systems.

### *The individual in the context*

The articulation between the individual and collective sphere in the context of community relations connotes the specific object of study of community psychology. It constitutes of an area of study, research and professional interventions that focuses on people and groups within the socio-cultural, economic, organizational and territorial contexts in which they live and with which they interact continuously.

*Community psychology or psychology of community* is not limited to the study of social relations, but also has the objective of transforming them through the development of processes of empowerment of the individual and the collectivity.

Recognizing the tradition of clinical psychology, it explicitly underlines the fact that many of the problems that people face do not derive only from intrapsychic dynamics,

but from the difficulties of the community and its systems of interaction and service to the citizen. Therefore, the need to consider jointly the personal and social dimensions of human experience is highlighted in the assumption that psychological processes are strictly interconnected with social ones. (Francescato, Tomai, Ghirelli, 2017)

Clinical community psychology overcomes the individualistic and intrapsychic view that has long been prevailed in the psychological sciences and seeks full meaning explanations and forms of intervention in the relationship between social and individual.

Therefore, it is not proposed to study the individual or social structures separately, but rather to study the interaction and the circular relationship between these two levels (Francescato D., Tomai M., Ghirelli G., 2017).

Community clinical psychology studies divisions in society and seeks to overcome the phenomena of maladaptation and malfunction. It focuses not only on the individual, but on the individual within the system and social services. It focuses on the prosperity and development of the system so that it is more open to the general population. Its goal is for people to treat something with respect, which gradually leads to the mutual satisfaction of the individual and the system. Among the subjects, all available resources are identified, which operate safely and provide security to the individual.

The scientific and educational approach in this field of Community Psychology is oriented towards the formation of a culture of confrontation and dialogue between different theoretical models, with the aim of listening to mental illnesses, understanding mental discomfort and the clinical and interpersonal meaning between the individual and the social web and provides specialized skills for intervention at multiple levels (individual, social and organizational) in professional areas of interest.

The training specifically aims at acquiring skills for a careful psychosocial analysis of needs (individual and collective), the ability to read processes in the interface between

individual and socio-contextual aspects and the ability to design interventions aimed at the development of individual and socio-organizational.

The practical principles of its implementation include:

- Accompanying social groups and individuals in search of well-being
- Accompanying social groups and individuals in search of well-being
- Support for community structures to encourage participation
- Individual, social, community empowerment
- The defense of human and cultural diversity
- Contribute to transformation and social change.
- Combating discrimination against individuals and / or groups

Among the subjects of Community Clinical Psychology are identified all available resources, which operate safely and provide security to the individual and promote his well-being and health as primary things that guarantee access to active participation in community life. The guidelines and objectives of Community Clinical Psychology are:

- A holistic view of health as a follow-up that also refers to psychological balance (WHO The Ottawa Charter for Health Promotion).
- The promotion of psychosocial health which is any organized activity and which aims to create the appropriate conditions for the achievement and protection of health, prosperity and quality of life.
- The content of "health promotion" is broad, as it includes efforts to change behavior (when associated with risk factors), efforts to reinforce "healthy" habits, and to promote policies or actions in the community in general, or at the emotional social level. (Menegheri M., 2005) Not only is he interested in the

absence of illness, but he wants to create high levels of mental well-being. Focus on prevention at Community level.

- Identification of protective factors (family, school, community).
- Active attitude: Do not wait for the annoyance to appear.
- Needs identification: Through epidemiological studies.

In order to guarantee a good quality of the service and the system, community clinical psychology pays great attention to research. In particular, the emphasis is placed on all the phases that affect the correct functioning of the system. (Tsamparli, A., Kounenou, K. 2013) The phases can be distinguished: in the pre-planning, planning and evaluation phase. Pre-planning relies heavily on research, review of available resources and consideration of previous experience. Planning is based on good organization so that services are flexible, easily accessible, at the service of all and avoiding incidents of marginalization and divergence. Finally, the objectives are reviewed in the evaluation phase, if alternatives have been achieved and proposed.

Community Clinical Psychology is closely related to the objectives of Prevention practice with an emphasis on primary prevention. In particular, he does not passively anticipate the onset of the disease, but tries to prevent it.

### *The Psychosocial Health Prevention project, as a philosophy and practice in Greece through an institutional framework*

The concept of prevention has evolved significantly in recent decades, today we speak of psychosocial health promotion or public health (Clark, 1967) states that prevention is about preventing a pathological condition by taking all necessary measures to limit the likelihood of disease (Bower, 1969) views prevention as any type of psychological and social intervention that promotes or improves emotional functioning or reduces

the incidence and prevalence of disease in the general population. (Goldstone, 1977) states that prevention is a set of activities aimed specifically at identifying vulnerable groups at high risk and for which measures can be taken to avoid disturbances.

We can say briefly that Prevention as a descriptive definition refers to all actions intended to identify, limit and eliminate all the causes that contribute to the appearance of a phenomenon (risk reduction). Furthermore, it has been shown that when the community is aware of psychosocial problems, it engages in the use of institutions and services, in strengthening collaborative networks, in providing creative expression and awareness-raising opportunities for its members and in collective participation in the improvement of conditions of life. This promotes networking and social cohesion, factors that act as protectors for members of a community and help address current challenges.

A great phenomenon that appealed to the Prevention sector with the main implication of the science of Clinical and Community Psychology at the European level was initially the phenomenon of drug addiction. The study of the problem of drug addiction at the national level and the need to provide valid information were the starting points for promoting the Prevention and Promotion of Psychosocial Health at the national level. Universities, local governments, University Research Centers, were the forerunners of a long path in the research and implementation of prevention at the community level with the support of various scientists and local organizations.

We are in the eighties where anthropocentrism presented itself as a main feature of Europe and as a value in scientific orientations.. The science of Psychology becomes a valuable partner through the scientists in the sector with a focus on Clinical and Dynamic Psychology. The anthropocentrism that characterized the 80s

and 90s brought about many changes in mental health issues by promoting the creation and development of structures throughout Europe. In Greece, the *Society of Social Psychiatry and Mental Health* (1981) was established under the guidance and responsibility of Psychoanalyst and Psychiatrist Alekos Sakelaropoulos. Later followed were created the Mental Health Centers, the Medical Pedagogical Centers under the supervision of the hospital structures. In the community, the first Counseling Station (Center of Psychosocial Care)<sup>1</sup> was created in the municipality of Chaidari by the psychologists and social workers and with the support of the municipality, of Panteion University and support of others renowned scientists, where they formed a flexible team providing counseling, psychological support, career guidance etc.

In the mid-1980s, the Psychiatric Clinic of the University of Athens implemented the first pilot prevention programs in various schools and in the surrounding community, based on related programs implemented in other European countries. These programs are inspired by a broader approach to drug prevention:

- They do not focus only on its use and risks.
- They do not aim at immediate results.
- Focus mainly on the causes of the problem, trying to promote the general psychosocial health of young people (increase self-esteem, reduce feelings of loneliness, develop communication skills, resist negative influences, ability to make responsible decisions through an educational process based on modern active learning methods.

This approach was based on the first systematic effort, for the implementation of prevention programs in the country, by the Organization against Drugs (OKANA) in 1995, with the planning of a program for the

<sup>1</sup> 1

<https://www.haidari.gr/community/simvouleutikos-stathmos/>

development of Drug Prevention Centers (CP) throughout Greece.

Based on its founding law, OKANA is in charge of international and European cooperation, as a national coordinating body, with the aim of harmonizing national policy with international and European standards.

The participation of the Organization in the working groups outside Greece is a key point in its policy and contributes to the coordination of a unified philosophy and a strategy compatible with modern needs.

At European and international level, OKANA participates in committees, groups, actions, programs of:

- European Monitoring Center for Drugs and Drug Addiction (EMCDDA)
- Pompidou Group of the Council of Europe
- United Nations (UN)
- EU Council Horizontal Drugs Group (Horizontal Working Party on Drugs or Horizontal Drugs Group / HDG)
- World Health Organization (WHO)

Today there are 75 Prevention Centers covering 50 prefectures nationwide. The Prevention Centers started operating, in cooperation with OKANA, and the local administration, recognizing the important contribution of the local communities in the prevention. Prevention centers are funded equally by the Ministry of Health and the Ministry of Interior. The responsibility for scientific supervision originally belonged to the Institute of Mental Health of the University of Research (ΕΠΙΨΥ) of the University of Atène. Over time, the systematic scientific supervision and evaluation of primary prevention programs and actions implemented in K. moved to the Application Prevention Department of OKANA. By law 3966, Official Gazette A, vol. 118 / 24-5-2012, article 58, the prevention centers acquire a functional legislative institutional framework and are renamed “Centers for the prevention of

addictions and the promotion of psychosocial health”

The limitation of drug addiction has been the primary concern of the Organization Against Drugs (OKANA)<sup>2</sup> since the early years of its foundation. To this end, OKANA works closely, beyond the CP with the Ministry of Health and the National Center for Documentation and Information on Drugs and Drug Addiction (EKTEPN)<sup>3</sup>.

There have also been agreements between the Greek Ministry of Education and Civil Protection. EKTEPN is the National Center for Documentation and Information on Drugs, operates within the European Monitoring Center for Drugs and Drug Addiction (EMCDDA - European Center). It is one of the National Centers operating in the 27 Member States of the European Union, Norway, the European Commission and the candidate countries.

The creation and operation of the National Center of the European Center in Greece was assigned by the Ministry of Health to the Research University Institute of Mental Health (ΕΠΙΨΥ), while EKTEPN was declared as the National Center responsible for the collection and processing of all data in relation to all parameters of the problem of drug use and drug addiction in Greece. (EKTEPN).

EKTEPN presents systematically collects data annually in the annual national reports, which are sent to the European Drug Center (EMCDDA) and in the annual reports on the drug addiction situation in Greece, which are published for health professionals, researchers and their responsible policy makers.

The main pioneering action of OKANA as shown above was the creation of Prevention Centers, later named Centers for Addiction Prevention and Promotion of Psychosocial Health at the national level, in an effort to raise awareness of local communities and inform them about psychosocial health issues. With the creation

<sup>2</sup> <https://www.okana.gr/2012-04-03-07-49-40>

<sup>3</sup> <https://www.ektepn.gr/en/node/275>

of Prevention Centers, the science of Psychology found a very large ground to act and contribute to all the primary, secondary and tertiary prevention efforts (Caplan G. 1964) targeting the various communities.

### *Identity and legal framework of the Prevention Centers*

Prevention Centers are part of a broader prevention policy, which includes the establishment of Prevention Centers in all regions of the country.

The Prevention Centers are in the form of non-profit companies (companies), which have been proposed by local self-government organizations (OTA) or participate in them, with the sole purpose of cooperating with OKANA, and are governed by the provisions of the Civil Code.

They operate in municipalities and operate under the scientific supervision and co-financing of OKANA through the Ministry of Health and the Ministry of Administrative Reform of Greece. The above mentioned non-profit companies, Prevention Centers, may include social, local non-profit organizations whose objectives are related to the prevention of substance abuse and addiction in general as well as the promotion of psychosocial health. The main goal of the programs developed by the Prevention Centers is to prevent various forms of addiction and to promote the mental health of the family, the school and the environment in which children and adolescents develop, to finally contribute to the empowerment of the community.

Through institutional partnerships with the Ministry of Education and the Ministry of National Defense and with funding from the Ministry of Health and the Ministry of the Interior, Prevention Centers offer “low cost” innovative services that are thus recognized throughout Europe and provide specific references in its annual reports. European Monitoring Center for Drugs and Drug Addiction (EMCDDA) and members of the local communities in which they operate.

### *Human resources*

The staff of the Prevention Centers consists of the administration and a team of scientists who, in addition to their university training, have specialized in prevention issues and other issues related to Clinical Psychology, special materials training, substance abuse training and other issues. psychosocial health, also related to the needs of local communities. This group works locally with the Board of Directors of which they are members are representatives of local bodies and approves the plan of activities and follows the needs of the Centre. It makes financial decisions in the general framework defined as funds by OKANA and solves the needs for human resources.

### *Objectives and activities of the Prevention Centers*

The Prevention Centres consist of a decentralized network of forefront services, which aim at empowering local populations in order to prevent any kinds of addictions (including the addiction to legal substances such as tobacco and alcohol and new addictive behaviours like using the Internet and gambling). Whilst in the early years focusing was mainly on the drugs and especially in heroine, in the course of time the Prevention Centers redefined their orientation and practice. This change was not arbitrary but an interactive relationship between the scientific community, the prevention professionals and the reshaped local communities in a world that changes its sociocultural and socioeconomic dimensions. The heroin generation was “growing old” and its place in addiction took other shapes, in a postmodern society which was struggling to assimilate new life data, new ideas and new social needs, but without preserving the space needed for the soul to recognise and process feeling and social representations. The prolonged and constantly deteriorating economic recession of Greece after 2010 leads with relative confidence to important and generalised consequences in mental health. (Economou, Haritsis, Peppou, Dietis,

Souliotis 2018) of the Greek population and the imaginary institution of society (Kastoriadis G.1978) New addictions related to gambling and the addiction to the Internet have taken a remarkable place in the behaviour of adults and adolescents. The basic principle on which the philosophy of the prevention and primary prevention Centers is based, is that: Addiction is not the issue, it is the symptom.\*

*This case has been investigated by a series of repetitive interdisciplinary studies conducted by the Research Institute of Mental Health (EPIPSY). The first study was conducted in 2008 through telephone interviews with a sample of the national population and was repeated using the same methodology in 2009, 2011 and 2013, focusing on the prevalence of major depression, generalized anxiety disorder and suicide, as well as suicide. those with economic indicators.*

*The results of four consecutive EPIPSY studies showed a gradual but steady increase in the monthly prevalence of major depression since the onset of the financial crisis. Specifically, the prevalence rate of major depression in the Greek population in 2008, when the crisis had not yet been felt, was 3.3%. This rate more than doubled in a single year, reaching 6.8%. in 2009, the prevalence of major depression increased by 8.2% in 2011 and by 12.3% in 2013.*

Every year, the Prevention Centers must prepare their action plan and their financial budget approved by the OKANA Agency. There are group meetings to plan activities and discuss requests. And here, according to its dynamics and the special skills of the working people, each Center can enrich the meetings by introducing interesting topics and information. Each Center has its own particular characteristics and dynamics that influence its choices and its specific orientations. In addition, each Center has its Scientific Director and a Board of Directors which has representatives of the local authorities as members. Municipality, Prefecture, Church, Medical Association, etc. The programs developed by the Prevention Centers concern:

- Parents
- Students, teenagers
- In the military sector
- Sports, cultural clubs
- Professionals who are in direct contact with the problem (teachers, coaches, police officers, health workers, priests, military, etc.)
- Special population groups (repatriates, refugees, minority groups, prisoners, etc.)
  - The whole community.

Their objectives, depending on the target group and the duration of the intervention, are:

- Support and educate young people to adopt a positive attitude and develop skills, recognize and process emotions, and adopt attitudes and orientations that reduce the risk of addiction (gambling, Internet, etc.).
- Family counseling and support to support them in their parenting role and improve communication in the family unit.
- Awareness of teachers about prevention, improving their educational role and improving the teacher-student relationship.
- Informing the interested parties about the existing treatment programs.
- Information, awareness and mobilization of the whole community.

There are activities for the dissemination of the philosophy and practice of prevention, through cultural events, conferences, seminars, interviews, etc. However, in addition to the school community raising awareness of local communities and social and occupational groups with "special weight" prevention centers have worked with police officers who have participated in prevention seminars, with soldiers who have attended similar seminars.

- They intervene in the media in order to contribute to their prevention and to organize actions in the workplace with the

aim of creating networks to support employees in promoting mental health.

- Responded to requests for help from addicts who, after a few sessions, referred to detox centers and relatives of the drug addicts they supported. All this makes the Prevention Centers at the forefront of the fight against drugs throughout Greece and the only organized organizations to promote mental health and psychosocial health, at least in the province. Especially in cities where CP is the only reference point for mental health requests.

An important activity is the meetings of the working group for the planning of the activity and the discussion of the requests. And here, according to its dynamics and the special skills of the working people, each Center can enrich the meetings by introducing interesting topics and information.

### *Clinical Psychology in interventions addressed to the Community of Prevention Centers*

The contribution of Clinical Psychology to actions aimed at the proposed changes in the Community is remarkable despite the fact that it is part of a multidisciplinary framework that works. Consequently, the role of mental health professionals working in an institutionalized environment is multidimensional, not only because it covers the full range of social clinical work activities, but also because it must listen to the needs of the community. These needs change as the community functions as an open system that is in constant interaction with the wider social context. (Tsamparli, A., Kounenou, K. 2013) In order to achieve their goals, according to the requests, each Center offers counseling and psychological support at the level of an individual or family and couple. Interventions are soon aimed at understanding the recast of demand and guidance, if necessary, in specialized centers.

The analysis of requests by Mental Health professionals, and in particular by the Clinical Psychologist or other experts in the field,

enables the elaboration of different topics and the identification of programs that could be useful for the interested community groups and local institutions.

Clinical psychology, through its dialectical approach and clinical experience in the community, meets the challenge, to understand the history of modern man and his culture contained in the personal and dramatic history of drug addicts.

Drug addicts ruthlessly mocking the whole building of modern progress are, in the shadows, presences-absences (Matsa K., 2001). Self-exiled from themselves and from history, they represent the defeat, the failure of the social subject in terms of historical decline. Today, drugs, that is, all psychotropic substances that can be used for drug addiction, cover the fundamental deficits of the human soul. They take the place of an enigmatic absence: the absence of the Other, of impossible communication.

The Clinical Psychologist must not only face the weak balances in multidisciplinary professional groups, in order to create a dialogue based on his theoretical training, clinical experience and skills, but he is called to the meeting with the drug addict to create a logos/speech, on at the same time, there is the absence of substantive logos and expression of emotion. In an ironic way, we would say, the logos of the drug addict or any expression of him, is the psychotropic substance itself.

The orientation of psychologist is to feel, understand, accompany and analyze first of all his feelings and those of others. Understand the limitations that exist on both sides and be present in oneself and in others. In a second moment, he needs to add to this absence of real logos, the granular experience captured in this meeting, of a special substance addict, and to create with him "syllables" of emotions, traces of new memories, reflections, important silences. To give meaning where there is a lack of meaning by the addict.

Obviously the ultimate goal remains, to enhance the desire for treatment in people who need it and to direct them to specialized treatment centers as KETHEA (is the largest

network of detoxification and social reintegration services in Greece), the Community of "ITACA", "18 and ANO" of the Psychiatric Hospital of Athens, Mental Health Centers and educational centers and many others to meet the variety of requests.

Staff, often due to the complexity of the requests and special needs of people seeking help from Prevention Centers, often seek and apply supervision and further training in psychosocial health issues.

Centers where there are professionals in the field of Clinical Psychology or Psychiatry or who specialize in psychotherapeutic approaches, can undertake more complex requests. The inhomogeneity in the working groups often gives considerable wealth, but also difficulties in converging different theoretical frameworks to promote the Centers objectives. A primary task of the Centers is to be able to create prevention nuclei for different groups in the community in order to be the supporters of philosophy and practice prevention and to support the work of the Center. The contribution of Community Clinical Psychology here in Primary Prevention enables the creation of a cognitive bridge where people meet, manage their intentions and minimize their fears about a science or scientific perceptions that in mental shapes seemed very dark or incomprehensible.

Leaving the classic professional context described by his office, the Clinical Psychologist exposes himself to the Community to face his narcissistic failures and prejudices about a community that may be quite different from the one he has experienced in his personal history.

In this new reality, where the collective imagination tries to appropriate or idealize, merge or renounce the figure of the specialist who "invades" his space, neighborhood, school, the Clinical Psychologist, needs to be "disarmed" from his beliefs and ready to understand this dynamic at the community level.

In schools there is a lot of continuous work at all levels. Teams of teachers, groups of

students, teenagers. There are Centers where after many years of work in the Community they have created self-help groups.

The science of Clinical Psychology plays a key role especially in the crisis management in schools and support at the individual level but also at the level of the group of students or teachers according to the analysis of requests. Cooperation with Social Workers is particularly necessary at all levels of intervention in the Community.

There are Centers that prefer to organize interventions, aimed at classes of all levels, through weekly meetings. These meetings are dedicated to addressing issues related to emotion management, self-esteem, friendship, stress management, accepting differences in others, and so on.

Psychology here offers material or collaboration processes meetings and related needs with other professionals, Social Workers, Sociologists, anthropologists, etc.

The elaboration of the topics in the meetings in different groups of young people or parents, goes through theoretical presentations, biomarker exercises, play role etc. from the scientific staff of the Center that has already been trained by the Organization for the Control of Drugs OKANA or from the Research University Institute of Mental Health of Athens EIPSY or from other Centers, Systemic Psychotherapy for example and others. After more than twenty years of operation, the Prevention Centers in Greece have established and continue to produce significant work for and with the Community. Prevention centers have a lot to offer the school community.

They have trained thousands of teachers trained by members of the Material Centers Applied in Primary and Secondary Education to improve children' skills and self- esteem, but have also set up teacher teams through which teachers themselves receive support for their work.

In the same environment, he created thousands of discussion groups for parents, young people, professionals throughout Greece, giving time and space to different age

groups creating the bases for the promotion of mental health at the Panhellenic level.

Clinical Psychology was and is the silent star in a theoretical and practical context, providing methodological data and theoretical background to specific actions and contributing to major prevention programs in the national environment of Greece while promoting collaboration with the sciences of Medicine and other humanities.

### *The construction of Prevention's Networking in community*

Prevention centers, with their network of partnerships with the local community, universities and other mental health organizations, and research centers, host a wide range of requests.

Knowledge of social networks and the construction of a strong networking was one of the first goals for CP as the main project and interventions in the community depend on this networking. It was necessary from the first moment of the establishment of the Centers to spread and raise awareness of the community about the philosophy and practice of prevention in order to deal with drug addiction and other forms of addiction caused by psychological distress.

The analysis of primary and secondary social networks, which need to be read either focusing on groups of actors with the same position in the network structure, or adopting attention to a relational logic, (aspects such as the strength and type of links) Zanni B .2012) provides the first time of operation of the CPs through an empirical exploration in the community and through the activation of personal relationships.

The first step was the training of the employees in the prevention centers in subjects of Clinical Psychology, Prevention in primary secondary and tertiary level. Special emphasis is given to understanding the phenomenon of drug dependence and substance abuse in matters of violent, crisis management, etc.

Then a series of seminars and workshops were oriented to different groups each time. Directors of schools, teachers, police officers, journalists and people who have had a leadership position at Community level Securing them advocates of prevention, in key positions, access to the community was made with greater pleasure by overcoming bureaucratic obstacles in the process of implementing programs.

The contribution of the Board of Directors of each Center was and continues to be the supporter of this construction of social networks and the Prevention partner, as it consists of members who are representatives of local authorities, associations, public institutions, teachers'associations and so on the political dimension has obviously influenced the "access"and "acceptance" of the CP as a promoter of psychosocial health in the Community. But over time and after many preventive actions in the communities, the Centers seem to be recognized in the majority of sectors that function as institutions that go beyond the political aspects and serve the well-being of the citizens.

The important link established between CP professionals and the various social networks is related to the ability to receive and provide psychological and social support at the level of interpersonal emotional education (Orford, 1992).

The Prevention Centers (CP) have gradually become the point of reference in the communities where they operate, based on mutual trust, where professionals from other workplaces but also individuals, families, couples come and return with various requests each year: Creating a team of teachers, training and awareness raising for example a staff of a bank, o counseling for children who are now teenagers, for drug addicts who want to make a new attempt at treatment, etc).

Since their inception, CPs have established a network with all Specialist Centers for the treatment or counseling of addicts before entering a therapeutic community or family

support that has always been associated with drug addiction and detoxification on a biopsychological level. (OKANA, 18 and ANO, KETHEA ITACA; University Psychiatric Clinic of the Psychiatric Hospital and many other counseling and treatment centers in the capital of Athens, Thessaloniki, Patras and other major cities).

The staff often causes complex requirements and specific needs of the people who seek help from the Prevention Centers, often ask for and apply their supervision and further training in psychosocial health issues. (Zafiridis, Lainas, Giuseppe, 2003). Here too, Clinical Psychology helps support case monitoring for those who need it, but it is not an action offered for free.

### *The methodological tools. Interdisciplinary team*

The CP employs mental health professionals (physicians, psychologists, social workers), other social scientists, educators, and many other humanities specialties.

They are also equipped with important administrative staff. They develop interventions based on the philosophy of prevention and the promotion of health education. Almost all of the staff, including their scientific directors, have been trained by the Institute of Mental Health of the University of Athens (EPIPSY) or by the Organization Against Drugs (OKANA). Specialization that is always enriched with the most specific topics in the field of Clinical Psychology.

There are also people who collaborate and have worked in the past in therapeutic communities such as Ithaca et 18 and ANO. Prevention centers, far from the main urban centers, functioned as extensive social services. Interdiscipline is the main tool they use to meet the needs of local communities. Interdiscipline as a methodological element also covers the need for KP scientific staff, whose particularity of community work has prompted them to explore alternative ways of tackling more (quantitative and qualitative) problems of local communities.

Interdiscipline was not only the result of a choice of theoretical tools, but also meets the real needs of the Community system, in which the employees themselves participate.

Choosing an interdiscipline approach to addiction prevention helps prevention professionals holistically, as much as possible, address social and psychological issues, effectively embracing the question that addiction is a multifactorial issue (Miller, W 1980)

Interdiscipline does not represent the division of knowledge into individual units, sealed with each other, but means collaborative unity, organization and cultural synthesis. In this way, the community as a whole faces the deeper causes that some of its members can lead to self-destructive behavior or other forms of psychological distress and not adorn the misery of daily life through "over" programs designed for the symptom and not for the causes and the social impasses that create it.

The development of these effective prevention and health promotion programs requires the cooperation of experts from many disciplines and fields as a starting point. It also requires networking with the wider social partners and stakeholders.

Clinical Community Psychology is developed and refined with the aim of improving the quality of life. It is oriented towards a systematic vision of the dynamics of the social world, integrating the levels of analysis of individuals and groups, as well as the levels of community, organizations and society as a whole.

The involvement to such an extent in the field of Prevention in Greece was not a predetermined request. There were few studies and experience at the national level in the field of substance abuse. At Community level, they showed the need to use the theoretical and practical enfoque of Clinical Psychology that could introduce knowledge and practices from its collaboration with Community Psychology, School Psychology, Neuropsychology, Social Psychology, Psychiatry and other Sciences.

Clinical Psychologists who traditionally work primarily at the individual or family, group level, are placed in a community context, where the reading of local culture, emotional symbolism, understanding of individual but institutional difficulties and needs described in the different dynamics of different groups, is necessary to offer the diagnosis of difficulties and to delineate a treatment piano. This role often needs to be discreet and leaves room for the development of approaches and other prevention professionals without losing legitimacy.

A major scientific and professional challenge for Clinical Psychology was to contribute to the creation of appropriate materials for interventions in the Community as sometimes the methodological tools did not pre-exist but had to be devised and created in collaboration with the Preventive Care team.

*The Clinical Psychological Discourse intended for the community needs to provide clarification of the terms and clarifications required each time in the multidiscipline framework to reduce confusion and protect the scientificity and hypotheses of psychological actions.*

*The contamination of speech by this massive coexistence between science and approaches seems inevitable, but the challenge of self-acceptance and heterogeneity / acceptance in working groups gives the opportunity for a process of maturity of the individual and the working group itself. Psychological exercises for groups. The interdisciplined approaches, adopted by most prevention centers, are accompanied by the use of specialized material from Europe.*

## Conclusions

According to the 2005 annual report on the drug problem in Europe, the European Center for Drug Addiction Monitoring (EKTEPN), Greece holds a notable European first in the field of prevention Greece is a particularly typical example of the displacement of prevention policies from traditional

information-based and individual approaches (counseling) to the implementation of a true public health strategy, whose coverage b psi to maximize through prevention approaches in programs. The number of prevention programs in schools is more than doubled in Greece between 2000 and 2003 and family programs tripled over the same period. Obviously, all this success is due to the great and constant work of the Prevention Centers and the support of the science of Clinical Psychology of the Community. However, in addition to being recognized as an offer to promote resilience in the community, the application of the philosophy and practice of prevention through the creation of prevention centers has not been and is not easy or easy. During their existence, the centers are facing many problems, created at the institutional, political, economic and scientific levels. The main issues that are at the heart of the criticality are:

Vulnerable institutional framework that affects people with specialization in the field of Prevention. This flexible plan in order to continue the “production” of trouble-free work must be institutionally protected in an absolute way.

Weaknesses in scientific training and studies. The scientific community represented by the university pole, despite gaining experience through a European Nationwide Survey (ESPAD)<sup>4</sup> on young people's substance use of behavior, did not have much prior knowledge of local reality of each community or geographical area where prevention professionals operated.

The particular socio-cultural aspects and understanding of the emotional symbolism of the community required an in-depth study that was not available at the time, but managed to take place later.

These critical elements were exacerbated by the economic crisis and austerity suffered by Greece. This aspect is not irrelevant. On the contrary, it is very modern, because there is a danger that many countries in southern Europe are facing today, after the health

<sup>4</sup> <http://www.espad.org/>

emergency and the economic crisis that seems inevitable, in terms of side cuts in the health system. Many professionals who had their education with public money could not operate in the CP creating a scientific migration to other structures or abroad.

At today, after many years of crisis and through the various economic difficulties, with greek ministerial support and assistance of local authorities, has been able to keep the centers as a reference point for the promotion of psychosocial health at the community level.

However, this great project, which is intended for all forms of prevention and has been extended for many years in Greece, can, through trained experience and activated studies, be able to provide the necessary information and reflection and methodological tools for the establishment of Prevention Centers in other European countries such as Italy and others and expand this network.

Italy has already shown great sensitivity and mobilization in prevention issues through university research and education. The International Cooperation, Italian Agency for Development Cooperation (AICS), has supported the funding of international programs where have the contribute of Community Psychology at an interdisciplinary level to provide research and training in Central American countries.

The excuse for substance abuse is no longer needed, as there have been so many psychosocial health problems at Community level since the 1980s, most recently the health pandemic, and the enormous psychological impact on populations.

More than ever, interdisciplinary transnational cooperation seems to be the only way to build networks to strengthen resilience and support local communities.

Local authorities in close cooperation with universities,

Research Centers can provide training and supervision of the activities to be carried out, as well as the scientific framework required to promote the prevention and promotion of psychosocial health in the Community.

More than ever, the scientific community seems to implement the experience gained at the national, European and international level in order to create the construction of an interdisciplinary network that could help address the problems that appear to cause health emergencies to ensure more resilience and support for community.

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