Strengthening community-based mental health services in Cyprus

Overview

Mental health services in Europe have shifted over time to a more community-based focused. In Cyprus, mental health professionals shared concerns regarding the pace of changes in the context of the system's largely institutionalized approach for treating patients with mental disorders; an approach proving ineffective to meet the growing prevalence of mental disorders and addiction. National advocacy, backed by international recommendations for the reorientation of mental health services, proved successful in persuading the government to officially support mental health reform in 1991. Changes to the Mental Health Act in 1997, along with a strategic plan for shifting services into the community, set a framework for the Mental Health Services Department within the Ministry of Health to deinstitutionalize mental health services. Over the next decade, a network of community clinics and centres was established, offering a wide range of services including counselling, support groups, detoxification, substitution therapy, rehabilitation programmes and employment assistance. Providers were reorganized into multidisciplinary teams to deliver a holistic package of coordinated care to patients. Coordination mechanisms like weekly team meetings and dedicated liaison officers helped to ensure effective collaboration and communication among professionals. Partnerships with nongovernmental organizations (NGOs) have supported efforts and extended services to include the delivery of rehabilitation care. Several training opportunities for health professionals accompanied changes to cultivate professional competencies for community-based care and a committee for lifelong learning has been established to facilitate the continuing education of professionals. As a result of reforms, institutionalized patient numbers have dramatically declined with a parallel increase in outpatient visits. The majority of care is now delivered in community settings with community related expenditures accounting for 73% of the annual mental health services budget in 2013 compared with only 20% in 1997.[1] The Mental Health Services Department continues to encourage growth of community-based services and further reforms to increase the role of primary care are currently under consideration.

Problem definition

Mental health services in Cyprus prior to the late 1990s were heavily institutionalized, with few community partners providing care outside of hospital.[2] The limited availability of treatment options outside of institutions contributed to inequitable access to services between rural and urban populations. An increasing trend in the number of disability-adjusted life years (DALYs) attributable to mental health disorders was reported between 1990 and 2000, increasing from 15 000 to 17 000 DALYs over the course of the decade.[2] In the context of increasing needs, the shortcomings of an acute model for mental health services, including lengthy hospitalizations and the concentration of care in urban areas, became increasingly apparent, necessitating action towards a more sustainable alternative.

Box 1

What problems did the initiative seek to address?

- Increasing burden of mental health disorders.
- Institutionalized model of mental health care with lack of community alternatives.
- Inequitable access to mental health services between urban and rural populations.

Health service delivery transformations

Timeline of transformations

During the 1980s, faced with the challenge of providing effective treatment and readily available mental health services, employees within the Mental Health Services Department of the Ministry of Health grew increasingly dissatisfied with the existing model of care. In 1991, following strong advocacy efforts by a network of NGOs, the government reached consensus on the need to prioritize mental health reform. In 1997, new legislation related to

Table 1
What were the chronological milestones for the initiative?

1977–1991	Advocacy efforts push for mental health services reform; four NGOs for patients with mental disorders founded; external evaluation recommends reorganization of mental health services.
1991	Political decision to support psychiatric reform by the Council of Ministers; systematic transfer of mental health care to community settings initiated.
1992–2006	International experts brought in to consult on the organization and delivery of mental health services.
1994	Management committee established to inform the design, development and implementation of mental health reform; community partnerships formed between the Mental Health Services Department and NGOs.
1997	Mental Health Act advocating patients' rights and community-based care passed by government.
1997–2001	Strategic plan for gradual development of community – based mental health services adopted.
2002–2007	Five-year strategic plan following international recommendations implemented.
2008–2013	New strategic plan outlines vision for developing three areas: community psychiatry, child and adolescent psychiatry, and the prevention and therapy of addiction.
Present	Future health care reforms expected to expand the role of primary care in mental health service delivery.

hospital admissions, treatment and care of patients was established and the first strategic plan for the development of community-based services was launched. The latest plan, put forth in 2008, focuses on developing community psychiatry, child and adolescent psychiatry and prevention and therapy services for addiction. Future health reforms are anticipated to increase the role of primary care in the delivery of mental health services.

Description of transformations

Selecting services. A wide variety of community-based mental health services are now available, putting an emphasis on services for prevention, early treatment, rehabilitation and home care. Specialized clinics offer many outpatient services including addiction counselling, support groups for patients and families, detoxification, opioid substitution therapy and mental health services for children and adolescents. Community programmes also offer employment services for people with mental disorders.

Designing care. A series of external consultants and mental health experts were engaged in the process of redesigning services to provide recommendations on the structure of patient pathways. Mental health services have been aligned with international best practices and available evidence evidence. In reorientating the model of care, mental health services have shifted from institutional to community settings, keeping patients closer to home.

Organizing providers. Providers have transitioned from institutional to community settings. New roles for community mental health nurses have been added. Additionally, community centre networks have been developed. These centres are staffed with multidisciplinary teams including psychiatrists, occupational therapists, psychologists and community nurses. Each team has a scientific coordinator responsible for directing the flow of clinical information. Liaison officers, usually community nurses, are responsible for exchanging necessary clinical information between hospitals and community teams. Referral forms facilitate the smooth transition of patients through the system. Weekly meetings of multidisciplinary teams are used to discuss referrals and to review challenging cases.

While most services have been transitioned into the community, some services, including care for acute mental health needs, continue to be delivered in mental health institutions. A subset of health providers split their practice between community and hospital settings.

Managing services. The Mental Health Services Department within the Ministry of Health is responsible for coordinating and managing mental health services and has the authority to independently manage its own budget, separate from other health services. A strategic plan, developed in 1997, divided the country into five mental health administrative sectors, each headed by a mental health centre providing the majority of services and responsible for the organization of community services. These centres are accountable to the Mental Health Services Department who oversees their operations. The Department

also works closely with NGOs and volunteers to manage rehabilitative services through community partnerships.

Improving performance. Regular trainings on topics such as new medications and therapies, child psychiatry, community care, rehabilitation, family therapy and addiction, as well as managerial and administrative skills have been provided to mental health professionals. These trainings have targeted community mental health nurses in particular. Multidisciplinary team meetings encourage the review of complicated clinical cases and offer learning opportunities for providers, allowing them to exchange information, share expertise and benefit from interdisciplinary learning.

Engaging and empowering people, families and communities

This initiative has worked to develop community-based mental health services, supporting patients within their familiar home environment to encourage the maintenance of regular responsibilities and social activities. "The Mental Health Institution should be reformed and the treatment be patient orientated and the dignity and rights of the patients should be recognized and secured." By providing care in the community or home care settings, the initiative has promoted the autonomy of patients with mental disorders and supported them in leading independent lives. Patients also receive assistance finding work, enabling them to be self-sufficient and contributing members of society.

Table 2
How was the delivery of health services transformed through the initiative?

Before	After
Selecting services	
Services for patients with mental disorders highly specialized, relying heavily on institutionalization.	Wide range of community-based and home care services now available; services include counselling, support groups, substitution therapy, detoxification, rehabilitation and employment assistance.
Designing care	
Mental health care predominantly delivered in institutional settings with little room for personalization; care out-of-date with international best practices.	External consultants advised on design and structure of mental health services; care aligned with international best practices and available evidence; greater personalization of care possible as a result of community-based delivery.
Organizing providers	
Providers concentrated in institutional settings; care organized in a hierarchical framework with vertical decision-making; limited coordination and communication between care levels.	Providers concentrated in community settings; community mental health nursing profession created; multidisciplinary teams work together to deliver care; liaison officers facilitate communication between care levels; most patients managed by psychiatrists, but greater roles for primary care providers anticipated.
Managing services	
Mental Health Services Department within Ministry of Health oversees management of mental health services; all resources concentrated in Athalassa Mental Hospital.	Mental Health Services Department leads management of mental health services and works in partnership with NGOs to deliver rehabilitation services; resources distributed among a network of community mental health clinics and centres.
Improving performance	
Limited opportunities for continuing education or interdisciplinary learning.	Continuous ad hoc trainings in multiple mental health disciplines as well as administrative functions are offered to all mental health professionals, particularly community nurses; multidisciplinary team meetings provide opportunities for interdisciplinary learning.

Regular psychoeducational meetings are held to provide patients and their families or caregivers with education and support.

Efforts to reduce stigma surrounding mental disorders are also being made. A multistakeholder committee with representatives from the municipal government, church, police, social security office, volunteer organizations and relatives of patients with mental disorders, meet at one of the community centres in Nicosia to organize events aimed at fighting stigma, including planning activities for Mental Health Day. The Mental Health Services Department also organizes campaigns on Mental Health Day, Alzheimer's Day and other occasions to educate the public on mental health issues.

Health system enabling factors

Since 1991, when the government officially committed to mental health care reform, the Ministry of Health has been working to adopt policies and legislation to promote the transfer of mental health services to community settings. An external situational analysis conducted prior to reforms helped inform needs and served as an input for the reform process.

In preparation for Cyprus to join the European Union (EU), a number of laws had to be updated to align with EU standards, one of which related to the treatment of patients with mental disorders and formalization of their rights. The resulting Mental Health Act, passed in 1997, established an independent body, the Cyprus Mental Health Commission, to ensure protection of these rights, giving preference to community settings.

Along with supporting patient and community-orientated mental health services through policy and legislation, the government has also worked to strengthen the competencies of mental health professionals to ensure new policies can be realized in practice. A multidisciplinary committee for lifelong learning has been established to manage and set the direction for continuing education of mental health professionals. Grants and scholarships have also been made available to mental health professionals in order to enable specialized training in multiple mental health disciplines. These trainings can either be undertaken in Cyprus or abroad. Partnerships with Greek universities have made specialized training programmes in psychiatry readily available to Cypriot providers. Additionally, links with other educational institutions make managerial and administration courses available to build providers' competencies in non-medical areas.

Outcomes

Overall, the initiative reports improving the availability of community-based services for patients with mental disorders and is working to reduce stigma within the population.

Box 2

What were the main outcomes of the initiative?

- Decline in number of inpatients at Athalassa Mental Hospital over time from 600 in 1989 to 130 in 2013.
- Visits to outpatient clinics have substantially increasedfrom 43 870 visits in 1990 to 65 930 visits in 2012.
- Profile of expenditures on mental health services reflects increased community provision of services; community related expenditures accounted for 73 per cent of the annual mental health services budget in 2013 compared to only 20 per cent in 1997.
- In 2011, 15 951 home visits were made to 1557 patients.[4]
- In 2011, 112 patients took advantage of vocational rehabilitation programmes, 18 patients found employment and 11 were on a trial period for work.[5]

Table 3

How has the health system supported transformations in health services delivery?

System enablers	Example
Accountability	• Mental Health Act passed in 1997 to increase rights of patients with mental disorders.
Competencies	• Multidisciplinary committee for lifelong learning sets educational priorities and requirements. • Partnerships with Greek universities allow physicians to undertake specialized training in psychiatry. • Grants and scholarships available to mental health professionals for training either in Cyprus or abroad. • Courses on management and administration offered; mental health professionals encouraged to develop managerial and administrative skills.
Information	• Situational analysis conducted to provide needs-based recommendations for reform. • Common health information system currently under development.

Change Management

Key actors

Mental health service reforms in Cyprus were first initiated by four NGOs that formed throughout the 1990s as a result of both patient and provider dissatisfaction with the status quo of services delivery. After many years of advocacy, backed by recommendations for mental health reform from international partners, the NGOs were successful in convincing the government to support mental health reform and adopt a national mental health strategy.

Over the next two decades, a number of experts were consulted to provide guidance on implementing mental health reform. A management committee, composed of division heads within the Mental Health Services Department, was established and tasked with informing the design, development and implementation of reforms. Continuous cooperation between the Ministry of Health , the Mental Health Services Department and WHO led to the creation of strategic plans for reform.

Initiating change

In the 1980s, psychiatrists and other mental health professionals with training and experience practicing abroad joined the Mental Health Services Department in Cyprus. Their vision for how mental health services should be delivered was radically different from the traditional model of institutionalization in place at the time. Dissatisfied with this model, these providers were enthusiastic to advocate for reform. Ultimately, advocacy work undertaken by NGOs combined with international pressure, linked with the anticipation of Cyprus joining the EU convinced the government to support reforms aimed to align services with international practices.

Implementation

Box 3

Who were the key actors and what were their defining roles?

- **Ministry of Health**. Supported mental health reform since 1991; passed legislation supporting reform; supervises the Mental Health Services Department and allocates their operating budget.
- **Mental Health Services Department**. Division of the Ministry of Health responsible for all mental health services; motivated new staff members pushed for mental health reform in the 1980s; formed partnerships with NGOs to realize reforms and deliver services; organize ongoing public awareness campaigns on mental health.
- **NGOs**. Four NGOs founded in the 1980s to help advocate for mental health reform; assist in the delivery of some services, especially rehabilitation.
- **External consultants.** Provided guidance and recommendations on mental health reforms.

Reforms required shifting from a hierarchical and vertical decision-making model to a more horizontal approach involving both lower level staff and patients. While it took time, the new approach was gradually accepted and adopted by the majority of mental health professionals as well as Mental Health Services Department management. Competency strengthening of community health professionals has helped to build a strong and capable workforce. Further, the arrangement of mental health professionals in multidisciplinary teams encourages teamwork and collaboration in the delivery of mental health services. The Mental Health Services Department has also formed partnerships with NGOs and volunteers to expand care available to patients.

Moving forward

The importance of patient-centred mental health care delivered in the community is now recognized by the government and among mental health professionals. The Mental Health Services Department continues to actively promote community-based care and work to reduce stigma surrounding mental disorders according to the most recent strategic plan. Currently, the Ministry of Health is finalizing major health care reforms. Under the new system, a greater role for the primary care sector is proposed, with the responsibility for patients with mental disorders further shifting from psychiatrists to primary care providers. While it is not yet entirely known how these health care reforms will impact mental health services, the focus on ensuring community based, people-centred services remains.

Highlights

- The health workforce was a key advocate for motivating reforms and putting forth a compelling vision for transformations.
- Strategic timing was an important contributing factor for garnering political support.
- Partnerships with NGOs and volunteer organizations helped expand the continuum of care.

1 Theodorou M., Charalambous, C., Petrou, C., & Cylus, J. (2012). Cyprus. *Health systems in Transition 14*(6): 1-128.
2 Institute of health metrics and evaluation. (2015). Global burden of disease cause patterns. Retrieved from http://vizhub.healthdata.org/gbd-compare/patterns