Country Profile "Cyprus"

Suicide and Suicide Prevention: Key Facts and National Priorities

Author(s):	Lead author: *Andreas Chatzittofis* Co-authors*: Anna Paradeisioti*
Version:	1.0
Date:	20.05.2023

Contents

This report arises from the Joint Action on Implementation of Best Practices in the area of Mental Health, which has received funding from the European Union through the European Health and Digital Executive Agency (HaDEA) of the European Commission, in the framework of the Health Programme 2014-2020, GRANT NUMBER 101035969 — JA-02-2020. The content of this report represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the HaDEA or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Introduction

The EU-Co-funded "Joint Action on Implementation of Best Practices in the area of Mental Health", short **JA ImpleMENTAL** has a duration of 3 years, lasting from October 2021 to September 2024. Detailed information can be found at the project's website JA ImpleMENTAL ja-implemental.eu. It aims to promote and improve mental health structures, services, capacity and outcomes in participating countries in 2 specific areas:

- mental health reform (promoting community health services) and
- suicide prevention.

Two national best practices - mental health reform in Belgium and the Austrian suicide prevention programme SUPRA - serve as best practice examples. Selected components of these should be prioritised and implemented over the course of the JA in 14 i.e. 17 participating EU-countries. JA ImpleMENTAL comprises 6 Work Packages (WPs), 4 horizontal WPS and one for each best practice. **WP6 on suicide prevention** aims to support improvement in knowledge and quality of suicide prevention services. Defined elements of SUPRA should be transferred and pilot implemented at national/regional level, suicide prevention strategies in participating countries developed i.e. revised.

The present country profile is one of the major deliverables of the JA, presenting national priorities for suicide prevention embedded in contextually relevant facts. It summarizes results of the national Situation- and Needs Assessment (SANA), lists lessons learned, recommendations and prioritized measures for suicide prevention. It includes challenges and opportunities as well as outlining next steps necessary to scale-up i.e. promote national/regional suicide prevention activities. The country profile is a basis for strategy formulation, for decision-making and a declaration of commitment to suicide prevention.

1 Context

1.1 Country, Health and Social System

The Republic of Cyprus is a presidential republic, divided into six districts (Nicosia, Famagusta, Kyrenia, Larnaca, Limassol and Paphos). Cyprus is the third largest island in the Mediterranean Sea, with an area of 9,251 square kilometres, with Nicosia as a capital. The total number of inhabitants in Cyprus Government Controlled Areas is 904705 on 1 January 2022 (1).

Cyprus became an independent Republic on August 16, 1960, on the basis of the 1959 Zurich and London Agreements. The Constitution emphasised differences between Greek and Turkish Cypriots, and there were sporadic intercommunal clashes in 1963-1967 and air attacks and threats to invade by Turkey; Turkish Cypriots ceased to participate in the government. On July 20, 1974, Turkey invaded Cyprus with massive military force and a second wave of invasion in August, in violation of UN ceasefire agreements, and expanded its occupation to nearly 40 percent of the Republic's territory. Turkey's military aggression against Cyprus tragically continues unabated to this date. The military occupation, forcible division, violation of human rights, massive colonisation, cultural destruction, property usurpation and ethnic segregation imposed since Turkey's military invasion remain the main characteristics of the status quo on the island.

The Republic of Cyprus has been a member of the European Union since 2004 and the application of the EU laws and regulations is suspended in the area under military occupation by Turkey, pending a solution to the division of the island. GDP per capita (EUR) is 25 790 with 17.3% of the people at risk of

poverty or social exclusion. Healthy life expectancy at birth is *82.4*, and 7.3 at age 65 (in 2020) (2) Income inequality, expressed as the Gini coefficient, is 29.4, and total healthcare expenditure relative to GDP is 7 %.

Table 1: Population structure: 2020, expressed as number of persons, by age and sex

	Sex		
Age group	male	female	**total**
<18	89036	83992	173028
18 - 64	282340	299845	582185
65+	69707	79785	149492
Total	**441083**	**463622**	**904705**

The population enjoys good health outcomes, despite the prevalence of risk factors such as smoking and obesity among the highest in the EU. Since 2019, health system reforms to introduce universal coverage (General Healthcare System-GESY), which unified a previously fragmented system that had serious problems, including an imbalance of resources between public and private providers, very high out-of-pocket (OOP) payments, large inequalities in access, long waiting lists and inefficiency of the health system overall. The new system is financed by state revenues and contributions levied through wages, incomes and pensions. Under the new System, some responsibilities of the Ministry of Health shifted to the Health Insurance Organisation (HIO), which serves as the single purchaser of services from both public and private providers. Some of the Ministry's other responsibilities moved to the new State Healthcare Services Organisation (SHSO), which is responsible for the development, management, control and supervision of hospitals and health centres in the public sector. Despite the pandemic, the new health system became fully operational on 1 June 2020. The Ministry of Health also played a central role in steering the country's response to the COVID-19 pandemic.

1.2 Mental Health System

The mental health care in the Republic of Cyprus is financed and secured by both the General Healthcare System and the State. The General Healthcare System covers outpatient psychiatric care as well as inpatient voluntary psychiatric care whereas the Ministry of Health is repsonsible for inpatient compulsory psychiatric care and Substance use related psychiatric disorders.

Cyprus has a stand-alone policy for mental health since 2007. The policy is currently not available online in the relevant links of Ministry of Health (MoH) and SHSO (3,4).

The total government expenditure on public mental health care (SHSO) in 2023 is a total 23 million euros. The total cost of outpatient psychiatric care (Health Insurance System) is approximately 13,8 million. The share of people reporting unmet mental health care needs due to financial reasons in 2014 is 7 % (5).

There is only one Psychiatric Hospital for involuntary psychiatric care (Athalassa Psychiatric Hospital) and two Psychiatric clinics for voluntary hospitalization located in General Hospitals (Nicosia and Limassol). The proportion of involuntary admissions (724) to MH Hospitals to number of total admissions (926) is 44%. All the admissions in mental health clinics of the general hospitals in Cyprus are voluntary admission, as none of these clinics admits patients under court order.

Follow-up care (the share of patients, who receive out-patient visits within one month after discharge) of people with mental health conditions discharged from hospital is unknown.

MH outpatient facilities exist in Cyprus. The area of the capital city of Nicosia is consisted of two Sectors of community based mental health services. There are also one sector in each one of the following cities and corresponding provinces: Limassol, Paphos, Larnaca, Ammochostos with community based mental health outpatient facilities.

Table 2: Facilities, number of beds and hospital admissions related to mental health

Indicator at national level		number	rate per 100.000 adult/minor population
Mental health hospitals	Facilities	1	
	Beds	95	10.6
	Admissions	926*	
Psychiatric wards/units in general hospitals	Wards/units	2	
	Beds	40	4.5
	Admissions	724*	
Mental health inpatient facilities specifically for children and adolescents	Facilities	1	
	Beds	8	4.2
	Admissions	74**	

* Data are from 2020, WHO Mental health Atlas

** Data are from 2021, Mental Health Services Internal report

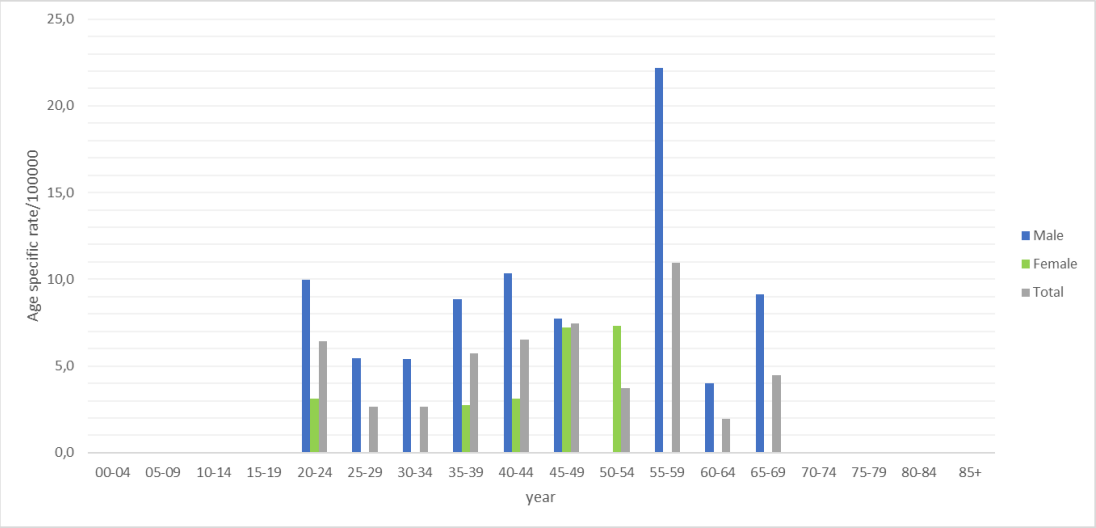
2 Suicide and Suicide Prevention

2.1 Situation Analysis (SA)

2.1.1 Number of suicides, suicide rate and suicide trends

In 2022, there were 31 suicides in Cyprus (24 men and 7 women). In the population, the suicide rate (number of suicides per 100,000 inhabitants) was 1.61 for women 5.34 for men. The highest suicide rate was among men aged 55-59. In this group, the suicide rate was 22,2 which is twice as high as among men in the younger and older age groups. In women, the age-group with the highest suicide rates among women in 2020 was 45-55. In 2020, there were no registered suicides in children (under the age of 18). Further qualitative analysis of suicide rates i.e. geographical distribution, socioeconomic status and educational status is not available. Due to the small number of suicides a longitudinal analysis is required.

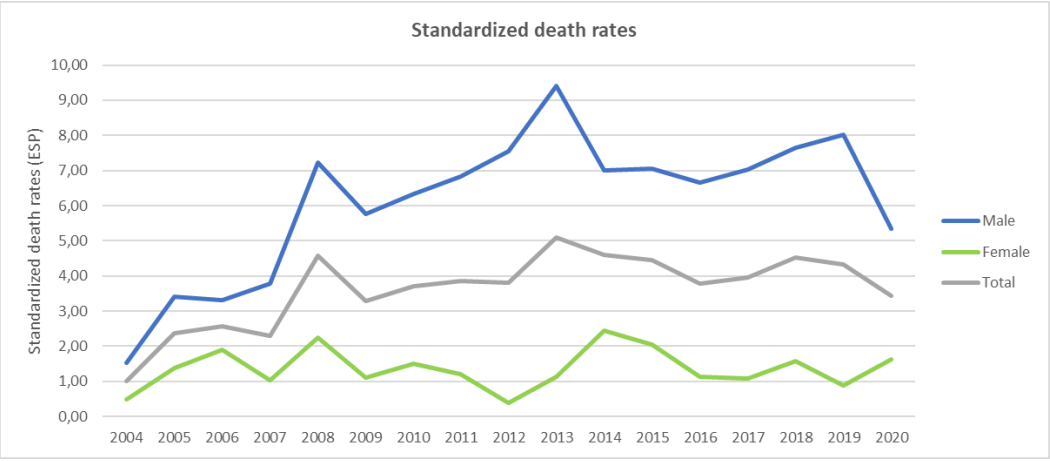
Figure 1: Suicide rate: 2020, by age groups and sex *



* Cyprus death register, Includes X60-X84 (ICD-10).

- A regular annual report on suicide mortality is being published by the Ministry of Health. There is a delay of approximately 2-3 years due to the legislation requiring an investigation of all unexpected deaths to clarify the cause of death i.e. homicide, suicide. The investigation is performed by the authorities and when the cause of death is established, it is registered in the Ministry of Health.
- There is an increasing trend in male suicide mortality rates from 2004 until 2012. Afterwards there is a stabilization of the trend. Due to the small suicide numbers, further statistical analysis has not been done.
- No data is available in connection with the Covid-19 pandemic that may have had an impact on suicide mortality rates.

Figure 2. Suicide deaths trend, *2004-2020*, by sex*



* Cyprus death register, Includes X60-X84 (ICD-10).

2.1.2 Methods of suicide

Most suicides in Cyprus are by hanging. However, the methods differ between men and woman. The most common method for men is hanging, followed by firearms. Among women, however, both jumping from a high place and hanging are common methods.

Table 3: Most common methods of suicide*: year, by age group and sex

Sex/Age	0-19	20-39	40-59	60-79	80+
Women	1. jumping from a high place 2. hanging	1. hanging 2. firearm discharge 3. exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs	1. jumping from a high place 2. hanging 3. smoke, fire and flames	1. jumping from a high place 2. hanging 3. sharp object	1. hanging 2. drowning and submersion
Men	1.hanging 2.firearm discharge 3.jumping from a high place	1. hanging 2. firearm 3. jumping from a high place	1. hanging 2. firearm 3. jumping from a high place	1. firearm discharge 2. jumping from a high place 3. hanging	1. hanging 2. sharp object 3. jumping from a high place 4. exposure to pesticides 5. firearm discharge

* Cyprus death registry 2004-2020, includes X60-X84 (ICD10)

2.1.3 Suicide attempts

Hospitalization data due to self-harm is not available due to lack of registration in the health care system. Last available data were from the Health Insurance System, registration from the Acute Departments (ICD 10 coding for trauma and poisoning) between September 2020 – December 2022. These include 413 cases (222 men and 191 women) (2020 n = 32, 2021 n= 134, 2022 n= 247). No suicide intent was registered in 17% (n=69), suicide intent was present in 30% (n=122) and undetermined intent was reported in 54% (n=222). It is important to highlight serious reliability problems of the quality of these data.

Other available data on suicide attempts include the registration from the inpatient registry at Nicosia General Hospital (the largest hospital in Cyprus). Data include the time period 1.1.2009-31.3.2019 and include 551 suicide attempts ICD codes X60-X84. According to that inpatient registry, most common in all age group is poisoning by drugs (mainly X60 N=161, X61 N=172 and X64 N=100). It is important to highlight serious reliability problems of the quality of these data.

2.1.4 Vulnerable groups and help seeking barriers

Among the vulnerable populations, based on data and dialogue with stakeholders, we have identified groups such as men aged 45-65, economically vulnerable, males in general, prisoners, asylum seekers, immigrants, people with severe mental health disorders, lgbt, and persons with substance abuse disorders.

Regarding the most common barriers people face when seeking psychosocial help, the results of data and dialogue with experts are shown in Box 1.

Box 1. Most common barriers people face when seeking psychosocial help

Stigma
Access to professional help due to long waiting times
Availability of services in specific areas and specific groups
Knowledge on mental illness, symptoms, and treatment options

2.1.5 National action program and national activites

In 2019, the government commissioned the Head of the Mental Health Services of the SHSO to develop a national strategy for suicide prevention. The national suicide prevention strategy is currently being drafted, expected to be completed under 2023 and forwarded to the different stakeholders/organizations for implementation planning. Different stakeholders have programs and projects for promoting mental health such as the Ministry of Health, Ministry of Education, NGOs but the is currently no specific focus for suicide prevention. No hotline for suicide prevention exists, but there is a 24/7 psychiatric acute service for evaluation and treatment through the Psychiatric Services.

2.2 Needs Assessment (NA)

The process of constructing the Needs Assessment included the use of an expert advisory committee assigned by the coordinator of the Joint Action in Cyprus in connection to the Committee assigned to design a suicide prevention strategy in Cyprus by the Ministry of Health. The largest expert advisory group responsible for the National Strategy included all relevant stakeholders including the Ministry of health, Scientific societies (Cyprus Psychiatric association, Cyprus child and adolescent Psychiatric association, Cyprus Psychological Association), Police, Ministry of Education, Social Services and Patients Organizations. The was an overlap between the two expert groups, with the Director of Mental Health Services coordinating both, and had regular meetings in 2022-2223. In addition, a one day meeting (23.3.2023) was performed within the organization (SHSO) to gather more information and enrich the discussions with focus on the SWOT analysis. The results of the meeting-workshop were further assessed by the core working group of the Joint Action in Cyprus to reach the final results presented below.

A summary of the results of the needs assessment is presented in the SWOT Analysis, see table 4.

Table 4: SWOT Analysis

Factor	Contents				
Strengths	1. National coverage through the different structures and centres of the Mental Health Services Directorate including vulnerable groups of people such as asylum seekers and prisoners	2. Availability of education opportunities and expertise building through local or EU funding	3. Mental Health Services are low cost or even free of charge due to the introduction of the General Healthcare System (GHS) in Cyprus.	4. There is a 24-hour emergency medical service for mental crisis management all over the island	5. Participation of Mental Health professionals in several external committees and services, both governmental and non-governmental ones
Weaknesses	1. Cumbersome bureaucracy	2. Short of staff in many disciplines - understaffing	3. Lack of stakeholders' involvement in the transition period such as social services and welfare	4. Due to the introduction of the General Healthcare System (GHS), arranging an appointment with a psychiatrist can take a long time and delay therapy	5. Lack of electronic medical records 6. Lack of reliable statistical data on suicidal behavior
Opportunities	1.Participation in JA ImpleMENTAL including networking with international experts in the suicide prevention, training for Cypriot stakeholders and advocacy)	2. Active involvement in international research	3. Establishment of regular inter-professional meetings and improvement of interdepartmental communication with multi - professional cooperation and teamwork, both on national and international level	4. There is currently political support from all political parties, with suicide prevention regarded as priority.	5. There is societal support through the parliament
Threats	1. Stigma and social stereotyping reducing accessibility to the mental health services	2. State indifference in the mental health care and unwillingness to proceed with essential investments	3. Lack of regulated patient advocacy	4. Lack of proficient mental health specialists in the work market avert the enhancement of the human resource dynamics of the Directorate	

3 Reflection on SANA results

Suicide and suicide attempts are a major public health problem requiring monitoring and action. Since 2004 with establishment of the suicide death registry regarding suicide, there has been a rise in the national suicide rate especially in men. The lack of accurate data on suicide attempts is an important limitation on the capability of the state to monitor suicidal behavior. In addition, the lack of electronic patient file and available data make the need for a suicide surveillance system imperative.

There is a current opportunity with participation in the JA Implemental as well as the initiative from the Ministry of Health to create a National Suicide Prevention Strategy in Cyprus for the first time, almost simultaneously. Together with the latest reform of the Health Care System in Cyprus, the possibilities are even more prospect on implementing such a strategy. In addition, Quick Wins may have the possibility to increase political support and allocate the necessary resources. Better coordination of different stakeholders and a clear pathway to implementation is needed to achieve sustainability of the actions.

In Box 2. Prioritized measures for implementation and Quick wins are presented

Box 2. Prioritized measures for implementation

Overarching measure

Creation of a National Suicide Prevention Strategy (draft)

column 1 (coordination & organization)
Publish the National Suicide Prevention Strategy, establish coordination of actions

column 2 (support and treatment)

Increase knowledge through training of gatekeepers

column 4 (awareness raising and knowledge)

Awareness and knowledge- Reduce stigma and increase knowledge of suicide

Information events/seminars on a national level to increase awareness, minimize stigma and gaining more political support

Increase knowledge in the general public of when and where to seek help, in order to be able to help themselves or guide others

Update media guidelines

column 6 (quality assurance / expertise)

Monitoring of suicidal behavior

improve data base : Increase quality of data on suicide attempts

QUICK WINS

Quick win 1: coordination & organization: Development of a National Suicide Prevention Strategy

Quick win 2: National conference on suicide prevention, fall 2023

Quick win 3: Training of health care gatekeepers such as GPs, fall 2023, spring 2024

Quick win 4: Establish a surveillance system for suicide attempts in collaboration with the Health Insurance Organization

Quick win 5: Update media guidelines

4 Next steps

Based on the prioritized measures (see Box 2), the following next steps were derived together with Suicide Strategy expert advisory Committee in June 2023. The difference with the content in Box 2 is that this is about the specific next steps with a defined time frame that will be implemented in suicide prevention.

- Quick win 1: Finalize the report to the Ministry of Health including the National Suicide Prevention strategy. Fall 2023.
- Quick win 2: National conference on suicide prevention, October 2023.
- Quick win 3: Gatekeeper training, fall 2023
- Quick win 4: surveillance system for suicide attempts in collaboration with the Health Insurance System, started spring 2022.
- Quick win 5: Update media guidelines, spring 2023

5 References

1. Eurostat.(Internet). Available from: https://ec.europa.eu/eurostat/databrowser/view/DEMO_PJAN__custom_5127772/default/table?lang=en
2. Eurostat.(Internet). Available from: https://ec.europa.eu/eurostat/databrowser/view/HLTH_HLYE__custom_5124324/default/table?lang=en
3. Ministry of Health, Republic of Cyprus. Available at: https://www.moh.gov.cy/moh/moh.nsf/page17_gr/page17_gr?OpenDocument
4. State Healthcare Services Organisation, Cyprus, Available at: https://shso.org.cy/en/patient-and-visitor/iperisies-psixikis-igeias/
5. World Health Organization, Mental Health Atlas 2014: Cyprus. Available at : https://cdn.who.int/media/docs/default-source/mental-health/mental-health-atlas-2014-country-profiles/cyp.pdf?sfvrsn=6c915503_3&download=true

6 Corresponding authors

Dr Andreas Chatzittofis, Assistant Professor in Psychiatry, University of Cyprus Medical School and Mental Health Services, SHSO. Chatzittofis.andreas@ucy.ac.cy

Dr Anna Paradeisioti, Director of the Directorate of Mental Health Services, State Health Services Organization, Cyprus (SHSO), Child and Adolescences Psychiatrist. a.paradesiotou@shso.org.cy

Mental Health Services

Tel +357 22402101

Address:

Postcode 1452 Nicosia

Nicosia - Limassol Old Road 215, Strovolos, Nicosia, Cyprus

https://shso.org.cy/en/hospital/iperisies-psixikis-igeias/