

Implementation of Mental Health Best Practices in Cyprus

State Health Services Organization-Mental Health Services

BACKGROUND

The Republic of Cyprus is a presidential republic, divided into six districts (Nicosia, Famagusta, Kyrenia, Larnaca, Limassol and Paphos). The Republic of Cyprus joined the Eurozone since the 1st of January 2008 and latterly joined the European Union on 1 May 2004.

Nicosia is its capital and largest city of Republic of Cyprus. Cyprus is the third largest and the third most populous island in the Mediterranean Sea, with an area of 9,251 square kilometres. The total population is 904705 inhabitants on 1 January 2022, in the Republic of Cyprus Government Controlled Areas included only, as the northeast portion of the island is currently governed de facto by the self-declared Turkish Republic of Northern Cyprus, a claim that is unrecognised by the international community. GDP per capita (EUR) is currently 25790 euros 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). Income inequality, expressed as the Gini coefficient, is 29.4, and total healthcare expenditure relative to GDP is 7 %.

Cyprus's universal healthcare system, GESY, launched on June 1, 2019. As of June 2022, 917,000 Cypriots have registered with a general practitioner through the GESY system, which is roughly the current population of the Republic of Cyprus.

Under GESY, health care financing will be tripartite, with the revenues coming from employee contributions, employer contributions and the state budget, in addition to co-payments. All revenues will be transferred to a central fund and be administered by the HIO, which will act as the exclusive purchaser of health care services for all beneficiaries through contracted public and private providers.

MH services in cooperation

- **Athalassa MH Hospital:** The main MH hospital of Cyprus
- **The Community Mobile Teams:** of the pilot area of Nicosia
- **The CAMH Service:** inpatient and outpatient service
- **Addiction treatment services**

Level of Implementation – Nicosia pilot area

Target Population – Whole population of Cyprus

General Purpose – Transfer and Pilot Implementation of the Belgian Best Practices on Mental Health

Overarching Aim – Improvement of the therapeutic continuity of patients, decrease frequency and duration of MH hospitalizations.

Timeline of Implementation Process

Analysis of Belgian Best Practice & of the Local Context

Jun 2021 to Dec 2022

Jan to Feb 2023

Transitional Period between CAMH and AMH services, European Training Day in Cyprus

March 2023

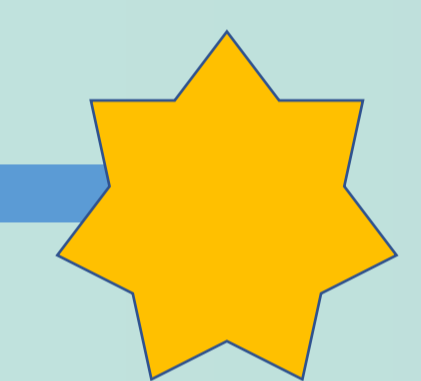
May to August 2023

Collaboration with Stakeholders to draft protocols and procedures

Sept to Oct 2023

Publish report

Nov 2023 to June 2024



Sustainability of actions

Setting up the groups; Engaging Stakeholders; Education; Kick-Off Meeting

Establish QUICK WINS: Training gatekeepers, develop database

Country Profile and Pilot Action Plan

Pilot Action Plan, National Conference

PILOT ACTION PLAN

Coordination & organization

Drafting relevant protocols and procedures

Support and treatment

Involvement of opinion leaders, training of gatekeepers

Awareness raising and knowledge

Training events

Quality assurance / expertise

Develop local information system and database

Increase quality of data on AMH and CAMH in collaboration with Health Insurance Organization

KEY LEARNINGS

Challenges and solutions

Resistance to change

Positive outcomes

Well-working advisory board

Persistence in actions leads to results

Key lessons learned

Need for information system for real-time statistical data and indices on AMH and CAMH

Focused, feasible and practical quick wins should be implemented

GAINS FROM JA ImpleMENTAL NETWORK

Opportunities for **sharing expertise and information**

Continuous feedback from our network partners

Improved knowledge through **training & teamwork**