

Mental health services in Cyprus

Marios Pierides

Cyprus has a turbulent history. First occupied by the Egyptians in 1450 BC, it was subsequently ruled by Assyrians, Persians, Ptolemies, Romans, and up to 1571 by the Venetians. In that year the Turks captured the island. It remained a Turkish province until 1878 when it was colonised by the British. In 1925 Cyprus was declared a Crown Colony of the British Empire. Following a four year armed insurrection against the British, Cyprus became an independent republic in 1960.

The republic's current troubles date back to the summer of 1974 when Turkish troops invaded the island. The Turkish forces currently occupy just over one third of the northern area of Cyprus. The United Nations Cyprus Force monitors the 'green line' that divides the island. The occupied territories are inaccessible except from Turkey. This report is therefore based only on the Greek-Cypriot government controlled part of the island.

Overview of health care in Cyprus

Medical care in Cyprus is provided through public and private health services. Detailed information for the private sector is lacking. These data refer to the public sector health services.

Community life is based around the Greek Orthodox Church and family life around the grandmother, often a widow who survived her husband after the invasion. The most common psychiatric syndrome is *nevra* (or 'nerves') which encompasses a range of disorders including anxiety, depression, sexual disorders, epilepsy and even psychosis. Traditionally, mentally ill relatives are cared for at home by their families.

The general standard of health care in Cyprus compares favourably with that of other developed countries. The infant mortality rate stands at 11.0 per 1000 live births. Life expectancy at birth is 74.1 years for men and 78.6 years for women. The current total population of Cyprus was estimated to be 589 700 at the end of 1992. About a third of the population is below the age of 17 years. Government expenditure on health services is estimated at C£117.1m, representing 4.3% of the gross domestic product. There are approximately 457 individuals per doctor on the island.

Mental health services

Staff

Current mental health service personnel number 469. There are 392 nursing staff including community psychiatric nurses (CPNs). Nineteen psychiatrists (roughly 3 per 100 000 population), nine clinical psychologists, three psychiatric social workers, 18 occupational therapists and various administrative and supportive personnel make up the rest of the numbers. In the United Kingdom there are around ten psychiatrists per 100 000 population (figures supplied by the Royal College of Psychiatrists).

Hospitals

The Psychiatric Institution of Athalassa is a 653-bedded mental hospital that serves the whole of Cyprus and is situated just outside the capital city, Nicosia. All the current (October 1993) 415 in-patients are formally detained. Most of the patients are over the age of 50 and have been in the institution for more than ten years. In some wards no distinction is made between patients with physical disabilities, learning difficulties, psychotic illnesses or a combination of these disorders. Nursing staff wear white uniforms. Each ward contains around 20 beds. Privacy for patients is lacking.

Patients not limited by physical disabilities attend an occupational therapy programme at the hospital. This consists of basket-weaving or similar activities. Patients receive nominal remuneration for their efforts.

Although there is no formal government policy requiring a move to community care, over the last decade psychiatric and allied services have initiated a process of deinstitutionalisation. Fear of job losses among long-serving nursing staff has made for resistance to the decentralisation programme. Despite these limitations progress has been made. New admissions to the mental hospital have dropped from 435 in 1983 to 128 in 1992. Seven long-stay wards have been closed and bed occupancy has fallen by 10% since 1987. Some nursing staff have joined the community psychiatric nursing team based in Nicosia. Despite these advances a degree of institutionalism is evident in both staff and patients.



Fig. 1. Fear of job losses among nursing staff has brought resistance to the deinstitutionalisation policy.

A limited number of psychiatric beds are also available at the Nicosia and Limassol General Hospitals. Children requiring admission are treated at the Archbishop Makarios III Hospital in Nicosia. Psychiatric out-patient clinics are held in the general hospitals and the larger urban centres of Larnaca and Paphos, and in the last five years more have been established in the rural areas of Paralimni, Polis, Kaimakli and Strovolos.

All patients admitted to the general hospitals are voluntary. If patients require formal detention, application with relative's consent is made to the local magistrate. Detained patients are transferred to the Athalassa Hospital. The responsible medical officer must review the application in writing to the magistrate within seven days. After three months the patient must be



Fig. 2. The Psychiatric Ward (top) and the Chemical Dependency Unit (middle) at the Nicosia General Hospital.



Fig. 3. A ward bombed during the 1974 invasion at Athalassa Asylum. Twenty patients and two members of staff died.

released or formally certified, allowing for indefinite detention.

The Chemical Dependency Unit was established at the Nicosia General Hospital in 1991. Most of the admissions are men suffering from alcoholism. Cannabis is thought to be the most commonly abused illegal substance. There have been only two recorded cases of heroin addiction. Dependence on benzodiazepines, other minor tranquillisers and anti-parkinsonian agents are the other commonly encountered problems. In all, 55 patients have been treated at this unit to date.

Community services

The Community Psychiatric Nursing Department covering the whole of Cyprus is based in Nicosia. The first CPN (UK trained) was appointed in 1977. To date, the 25 CPNs have a case-load of about 35 patients each. Referrals are received from psychiatrists, social workers, police, neighbours, relatives and voluntary organisations. Self-referrals are not uncommon since the establishment of a mental health 'hotline' in the CPN offices. The CPNs work closely with the psychiatrists within a multi-disciplinary setting. They are responsible for the supervision of the psychiatric hostel in Nicosia.

Following the start of the ward closure programme at the Athalassa Hospital, a day club was started in Nicosia where patients discharged to relatives would gather informally in the afternoons once or twice a week. Meetings would be supervised by a community nurse. Since then, client-demand and assistance from voluntary organisations has resulted in the development of a fully-fledged day centre in Ayios Dometios. It is open from 7.30 am to 6.30 pm on weekdays and has a register of 65 patients with long-term mental health needs. Self-referrals are becoming more common. The daily programme is run by

five full-time professional staff and lay volunteers.

The move from hospital-based to community care will be further strengthened when the new day centres planned for Limassol and Paphos are opened. Mobile psychiatric clinics have been planned for the more remote areas of the island. However, a core of patients who were cared for by their families before the 1974 invasion are difficult to place since their families form part of the population of 200 000 refugees created by the invasion. There are no known cases of homelessness since the commencement of the deinstitutionalisation programme. It is hoped that resistance to community care from within the mental health services will lessen once benefits to patients, staff and service become more

evident with publication of recent research initiatives.

Acknowledgements

I am grateful to the Rt Hon Mr Manolis Christophides, Minister of Health, the Director of Mental Health Services, Dr Vassos Pyrgos, the Department of Statistics and Research and to the mental health service personnel for their time and support.

Marios Pierides, *Research Registrar in Psychiatry, UMDS of Guy's and St Thomas', South Western Hospital Campus, Pulross Road, London SW9*

The case of the vanishing boiler

Ann Gath

There has been a series of notorious hospital scandals from Ely to Ashworth involving gross neglect or abuse of vulnerable people who have been put away from the sight of the general public. Suddenly the spotlight is put on them and then the question is asked why no one has bothered before.

Sometimes it is possible to believe for a short period at least that such a thing could not possibly happen here – wherever that here may be. When the *Observer* produced its pictures of the hospital on Leros, that surely was beyond any local shortcoming.

Leros has two hospitals – the larger one caters for the mentally ill and for some adults with learning disability while the other, referred to as a children's hospital, caters for those with physical and severe developmental disability with ages ranging from 8 to 46 years, as no one was discharged. Many visitors from other European countries have been to Leros in the years since the *Observer* article. Strangely, those who visit the larger hospital, and they include a number of senior and respected members of the College, find that they are not able to visit the 'children's' part. It is the wrong time of day or unfortunately the director is away. Those who visit the 'children's' hospital, and they include me, find much the same with long waits outside committee rooms but then the meeting always

continues after mid-day, the watershed for visits.

The initial visit to the children's hospital took place at the invitation of the team from Athens who were involved in a project aimed at improving the standards of care. On the flight to the island, we were accompanied by an extremely smartly dressed lady, whom we learnt was the chairman of the government organisation responsible for the institution. When we arrived we found the place scrupulously scrubbed and all the patients wearing new clothes – so new that the creases where they were folded were there in identical form on each. Beds were covered with brand new covers and their occupants lay still all facing the same direction. After the official visit was over, the new clothes all disappeared and once more excrement appeared on the floors.

The four wards, two upstairs and two downstairs, were all centred round the staircase beside which brooded a huge boiler wheezing out vitriolic fumes. Everyone in the two upstairs wards had severe physical deformity and some had not been outside for years. There was no means of escape other than by the staircase. As well as being potentially poisonous and possibly explosive, the boiler was fickle and would suddenly pack up, usually in winter and often for months. The doctors in the team had studied the mortality over the previous winters and it