

RECOMMENDATIONS
FOR THE
CYPRUS COMMUNITY MENTAL HEALTH SYSTEM

August 1981

Respectfully submitted by:

Vamik D. Volkan, M.D.

Vamik D. Volkan, M.D.
Medical Director
Professor of Psychiatry
Blue Ridge Hospital
University of Virginia
Monticello Road
Charlottesville VA 22901

Raymond R. Ramirez

Raymond R. Ramirez, ACSW
Executive Director
Illinois Governor's Planning
Council on Developmental Disabilities
222 South College
Springfield, Illinois 62706
(Project Director)

Submitted in Consultation with:

Norman J. Knorr

Norman J. Knorr, M.D., Dean
University of Virginia, School of
Medicine, and Professor of
Psychiatry and Plastic Surgery
Charlottesville, Virginia

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DISTRIBUTION LIST

His Excellency Rauf R. Denktas

Mr. John Eaves

Ms. Barbara Turner

Dr. Irsen Kucuk

Mr. Kenan Atakol

Mr. Nail Atalay

Dr. William H. Müller, Jr.

Dr. Ziyad Hakki

Dr. Wilford W. Spradlin

Dr. Ayten Salih

Dr. M. Teyfik Ozmen

Dr. Sezai Sezgin

Dr. Ali Atun

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TABLE OF CONTENTS

	Page
DISTRIBUTION LIST.....	ii
I. Acknowledgements.....	iii
II. Background Information.....	2
First Visit: Phase I.....	2
Phase II.....	2
Phase III.....	3
III. Summary of the Consultants' Activities in Cyprus	4
IV. Organization of the Cyprus Community Mental Health Center.....	6
V. Organization of the Cyprus Community Mental Hospital.....	8
Activities of the Medical Director.....	9
Medical Staff.....	10
1. The Chronic Unit.....	11
2. The Acute Unit.....	13
3. Partial Hospitalization.....	15
4. The Consulting Service / Liaison.....	16
5. Outpatient Services.....	17
Administration.....	17
Conclusion.....	17
VI. Additional Needs of the Mental Hospital.....	18
VII. Recommendations for the Health Care Delivery System.....	20
Report.....	21

Attachments: Chart I, Chart II, Appendix

RECOMMENDATIONS FOR THE
CYPRUS COMMUNITY MENTAL HEALTH SYSTEM

I. Acknowledgements

The consultants feel their visit in June and July, 1981 to Cyprus was uniquely successful for the following reasons:

1. The consultants arrived at a critical period since the new hospital was opened one week prior to their arrival.
2. Dr. Sezai Sezgin, Medical Director of the Community Mental Health Center, and the staff at the center made this visit extremely valuable and productive.
3. We appreciated the assistance of John Eaves and the American Embassy staff in Cyprus.

II. Background Information

This document was developed in response to Phase III of the contract between the consultants and the United States Government, Department of State, Agency for International Development, in response to the request of the Cypriot authorities for assistance in design and development of a mental health center.

FIRST VISIT:

Prior to Phase I Mr. Raymond Ramirez, Project Director, designed a comprehensive mental health center with the assistance of the staff of the mental health center in Northern Cyprus, as well as the architectural staff of the Ministry on Health.

PHASE I:

This consisted of a review of staff by three consultants: Dr. Knorr, Dr. Volkan, and Mr. Ramirez.

PHASE II:

This was completed in 1979. In late spring and summer of 1979, six staff members from the Cyprus Mental Health Center were trained in the United States at the University of Virginia. The staff included: Dr. Sezai Sezgin, Dr. Raif Suleyman, Mrs. Meral Akinici, Dr. Salih Ramadan, Mrs. Baykal Sarper, and Mr. Osman Mehmet. Consultants submitted a report in September, 1979, which outlined the

program activities of the new mental health center and necessary staffing requirements to complete each program responsibility.

PHASE III:

This was designed to provide consultants at the time of the opening of the mental health center. Its purpose was to assist staff in its organizational structure and to assist the staff in designing a year-long itinerary of activities for each of the individuals who had received training in the United States and the center itself.

III. Summary of the Consultants' Activities in Cyprus

The consultants arrived in Northern Cyprus at different times. Dr. Volkan arrived earlier, spent time at the mental hospital acquainting himself with the move and reviewing the status of current patients who recently moved to the new hospital. He also met with health officials and arranged for and conducted model diagnostic and training programs for new admissions. When Mr. Ramirez arrived, Dr. Volkan and Mr. Ramirez spent the first day reviewing current situation to determine an initial course of action for the review and development of the mental hospital. In addition, Mr. Ramirez met with Dr. Ayten Salih, the Turkish-Cypriot Undersecretary for Health, to review the current status of the health recommendations made by the consultants on their last visit.

An election held on the first Sunday of the consultants' visit tended to occupy much of the ministers' and officials' time and energies; however, this provided the consultants ample opportunity to meet with the hospital director and staff in the development of the proposed plan

REPORT OF CYPRUS PROJECT

Page 5

In addition to the staff at the hospital, the consultants had an opportunity to meet and discuss the hospital with Dr. Ziyad Hakki of the Red Cross and Mr. John Eaves, who is the U.S. Charge de Affairs in Cyprus, as well as Mr. Lloyd Davis, a member of the U.S. Embassy Economic Section.

IV. Organization of the Cyprus Community Mental Health Center

GENERAL REMARKS:

The mental hospital has been fully developed in accordance with the plans and specifications outlined by Mr. Ramirez in his earlier review in 1976. The consultants were extremely pleased with the implementation of the plan, recognizing the series of problems and delays that were encountered in construction. This hospital is probably one of the finest community mental health hospitals in Europe and the Middle East. It addresses three main problem areas identified in the Turkish Community on Cyprus.

- A. A unit for the chronic patients.
- B. A unit for the acute patients who are in an active state of psychiatric problems and need immediate attention.
- C. A unit for the hostel clients who are individuals who can live and work in the community but need a community resource in which to live. This unit will also be the basis for the day hospital and night hospital programming.

In addition, the hospital has available components for outpatient clinics, day hospital, and administration, along with the EGG laboratory. Further review provides for the inclusion of a neurology section in the mental hospital.

REPORT OF CYPRUS PROJECT

Page 7

During the consultants' visit, negotiations began to return thirty-one Turkish Cypriots, who are currently in a Greek Cypriot mental hospital in the south. These efforts were initiated by Dr. Hakki, and it is anticipated that this return shall take place in the near future. Therefore, additional plans for staffing of the long-term care hospital need to get underway.

V. Organization of the Cyprus Community Mental Hospital

(See Chart I.)

In view of the lack of a current Medical Policy Committee, The Director of the Hospital shall be the Medical Director. The Medical Director, Dr. Sezai Sezgin, shall be fully responsible for all activities in the hospital, both medical and administrative, and responsible for the hospital to the Undersecretary for Health.

The Medical Director shall also serve as the Executive Director of the Mental Health Association. In the previous report of the consultants, this factor was left unclear. It should be noted that the Medical Director serves consistently as the individual with whom the Association works. The Medical Director is responsible for working with the President of the Mental Health Association to assure at least quarterly meetings are held at the new hospital in conjunction with the activities of the hospital.

The overall direction and utilization of the Mental Health Association is the responsibility of the hospital Medical Director.

Dr. Salih Ramadan will assume the responsibility for the facility during any absences of Dr. Sezgin.

Activities of the Medical Director

<u>Activity</u>	<u>Timeframe</u>
Medical Staff	Weekly
Professional Staff	Every Two Weeks
General Hospital	Weekly
Observation of Programs	As Needed
Training Articles	
Nursing School	
Nursing Staff / Psychiatric Hospital	Every Three Weeks
Scientific / Educational Services	Monthly
All Staff of Mental Hospital	Monthly

MEDICAL STAFF:

The medical staff meets on a weekly basis under the leadership of the medical director to review:

- A. Medical issues related to the hospital.
- B. Administrative issues related to the hospital.
- C. Issues related to the general hospital and the medical community in general.
- D. Other issues related to staffing components of the mental hospital.

Reports of these meetings should be kept by the Medical Director's secretary, especially on decisions or directions of the hospital. The mental hospital shall be organized in a manner which has the following units:

1. The Chronic Unit
2. The Acute Unit
3. Partial Hospitalization
4. The Consulting Service / Liaison
5. Outpatient Services

1. The Chronic Unit

This unit, under the direction of Dr. Salih Ramadan and leadership of the head nurse, Mrs. Ozay Tekiner, is the largest unit. It will provide care and direction for patients suffering from chronic types of mental illness and mental retardation. Under the direction of Dr. Ramadan, the organization will be established in a manner to utilize other staff of the hospital, especially staff who would be of assistance to the chronic unit, including the social worker and physical therapist.

All patients on the chronic unit should be reviewed at least every six months. A careful review should occur on the chronic unit on a regular basis, especially during the initial transfer of individuals to the unit from the south. All patients who are new to the unit should be reviewed very carefully to determine the best programming for the individual and to determine the necessary relationships with the family and others significant in the north. This review should be handled by the social worker.

Chronic Unit -- Meeting Every Two Weeks

Dr. Salih Ramadan, Chief of Team

Ozay Tekiner, R.N., Head Nurse

Hulya Hurkent, Physical Therapist

Soner Oktekin, Social Worker

Mustafa Ozkaynak, Occupational Therapist

Ibrahim Alciner, Psychologist

Hilal Ekici, Dietician

2. The Acute Unit

This unit shall be under the direction of Dr. Raif Suleyman. The head nurse for the acute unit is Mr. Osman Soforoglu. In addition, this unit will utilize services of the psychologists, Mrs. Meral Akinici and Mr. Ibrahim Alciner; the social worker, Mr. Soner Oktekin; the physical therapist, Hulya Hukent; and the occupational therapist, Mr. Mustafa Ozkaymak. This group shall meet on a weekly basis, and at least three times per week will review all new admissions to the hospital. The new admissions shall be evaluated in terms of psychiatric problems, needs, and types of services to be provided to the individual patient. Private practitioners, both psychiatrists and general practitioners, will be encouraged to maintain close liaison with their patients while in the acute unit. They may also request special services, both in terms of treatment and physical care. It is stressed that the overall direction of the acute unit is under the direction of Dr. Raif Suleyman.

Acute Unit -- Meeting Three Times Per Week

Dr. Raif Suleyman, Chief of Team

Osman Soforoglu, R.N.

Soner Oktekin, Social Worker

Meral Akinci, Psychologist

Ibrahim Alciner, Psychologist

Mustafa Ozkaynak, Occupational Therapist (As Needed)

Hulya Hurkent, Physical Therapist (As Needed)

Hilal Ekici, Dietician (As Needed)

3. Partial Hospitalization

The partial hospitalization program will be under the general (medical) direction of Dr. Salih Ramadan. The overall day-to-day direction for the day hospital will be supervised by Meral Akinci. Psychologists will be responsible to Dr. Ramadan for the overall development of the day hospital. The day hospital will have a weekly schedule included as Chart II. Group therapy will be available to individuals currently in the day program and the hospital program at least one day per week. On Tuesday afternoons at 1800 hours one hospital group therapy session should be held for individuals currently involved in work programs in the community. This should be under the direction of Mrs. Akinci.

The partial hospitalization program will also utilize the services of the psychologist, social worker, physical therapist and occupational therapist (primarily with the occupational therapist).

Partial Hospitalization -- Programs Daily

Dr. Salih Ramadan, Chief of Team

Meral Akinci, Psychologist (Day Hospital)

Soner Oktekin, Social Worker (As Needed)

Hulya Hurkent, Physical Therapist (As Needed)

Mustafa Ozkaynak, Occupational Therapist (Daily)

4. The Consulting Service / Liaison

This service will be under the direction of Dr. Sezai Sezgin. Its role and function is to provide consultative services to the general hospital, the long-term nursing homes on the island, and the services to the facilities of the mentally retarded, both the group homes and the day schools. Under Dr. Sezgin's direction, the service will utilize the neurologist, psychologist, social worker, and other psychiatrists of the hospital. This service is important and should have regular meetings of the staff on a bi-weekly basis (every two weeks). Also, it should relate to the other human service agencies on the island.

Consulting Service / Liaison -- Meeting Every Two Weeks

Dr. Sezai Sezgin, Chief of Team

Dr. Salih Ramadan

Dr. Raif Suleyman

Dr. Hatice Seref, Neurologist

Other Staff As Needed

5. Outpatient Services

The outpatient services will be under the direction of Dr. Sezai Sezgin. All professional staff of the hospital shall participate in the outpatient services program. Meetings shall be held bi-weekly (every two weeks) under the direction of the Medical Director. In the staffings cases shall be presented by the staff on individual patients who have provided some difficulties in outpatient care.

ADMINISTRATION:

The Administration unit coordinates the services of the hospital in the following areas: kitchen, housekeeping, porter, information, laundry services. The Administrator also works closely with general hospital on food services and related areas of physical plant maintenance.

CONCLUSION:

An overall table of organization is presented for the staff of the center. This is a modification of the plans discussed with Dr. Sezgin. It is important to note that the plans developed by the consultants and Dr. Sezgin during the visit should be the primary plans implemented by the mental hospital. Modification of these plans are the responsibility of the medical director of the hospital and should be developed after careful review with the medical staff of the hospital and then reported directly to the Undersecretary for Health.

VI. Additional Needs of the Mental Hospital

In addition to the continued program activities of the hospital, in order that the grounds are appropriately maintained, it is strongly emphasized that the Department of Agriculture assist the mental hospital in developing a small grove of fruit trees appropriate to the island. This could be extremely beneficial to the patients at the hospital. In addition, a small garden would be of great assistance, especially for the patients.

Additional items that should be provided to the hospital include:

1. A Van for the Hospital

This van could be used for the transportation of patients into Nicosia and other points within northern Cyprus. It is extremely critical with the hospital location at the present time.

2. Music

The hospital presently is devoid of any music, and a system could be provided throughout the hospital.

3. A Stove in Each Dining Area

This would enable the hospital to provide its own breakfast for patients.

4. Washing Machines

Three washing machines should be placed in the hospital, one in each of the units. These could be used by the patients for personal laundry.

5. A Ceramic Oven for Use in Occupational Therapy.

6. Sewing Machines for Use in Occupational Therapy (Two).

7. For Staff Training: One Projector, One Overhead Projector, and One Tape Recorder.

VII. Recommendations for the Health Care Delivery System

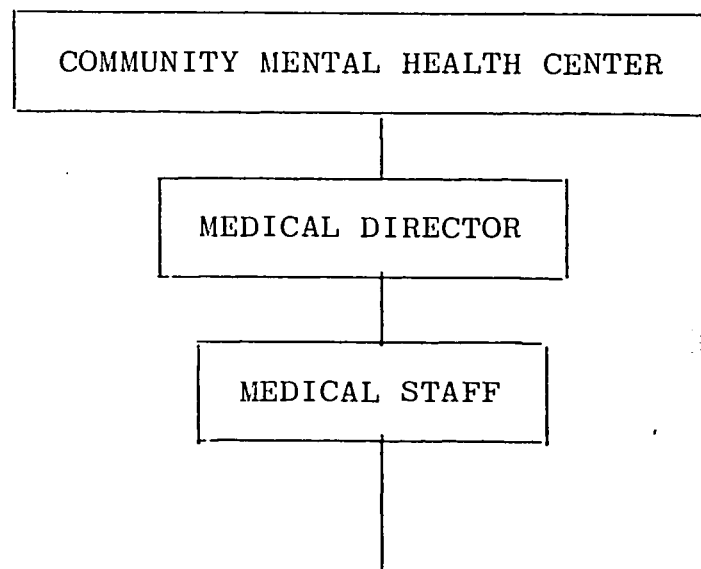
It was identified to the consultants that many of the health recommendations were not able to be implemented, including those related to the health policy group and the hospitals in Famagusta, Kyrenia, and Topel. There is concern that many of the recommendations were not able to be recommended and are currently under study by the Ministry. With the new change in the Ministry, these recommendations will be a major part of the next visit with the participation of Dr. Norman Knorr. We will anxiously await word from the government as to how they expect to best use the time for Dr. Knorr on the next visit.

The general recommendations for the Health Care Delivery System were made in the report submitted May 7, 1979. A summary of those recommendations are included as an appendix to this report. However, in careful review with both the Minister of Health, the Undersecretary, and other key health individuals in Northern Cyprus it is recommended that the health ministry review these recommendations again and indicate to the consultants the desire to have additional systems regarding establishment of an appropriate structure to deliver health care. A desire to revise the current recommendations is indicated. Arrangements will be made to have Dr. Knorr as a part of the consulting team for Phase IV.

REPORT:

There should be a report completed for the consultants and submitted to us by January, 1982, that will describe the current organizational plan and the issues identified by each of the organizational units of the hospital. The report should include the number of patients and the movement of patients from chronic to acute, from acute to day or other units of the hospital. The report should also include the continued considerations of the Ministry toward implementation of the health policy recommendations.

CHART I



CHRONIC UNIT	ACUTE UNIT	PARTIAL HOSPITALIZATION	OUTPATIENT	CONSULTING SERVICE / LIAISON
Dr. Salih Ramadan	Dr. Raif Suleyman	Dr. Salih Ramadan Mrs. Meral Akinci	Dr. Sezai Sezgin	Dr. Sezai Sezgin

TO BE DEVELOPED:

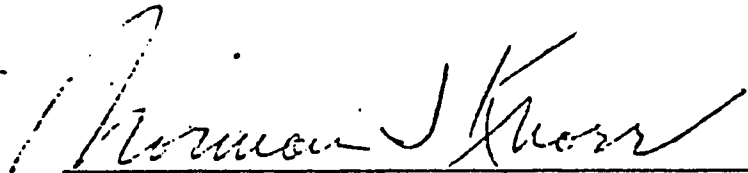
NEUROLOGY
Dr. Hatice Seref

PARTIAL HOSPITALIZATION -- WEEKLY SCHEDULE

WEEKDAY	A. M.	M I D D A Y	P. M.
Monday	Group Therapy	Physical Therapy	Occupational Therapy
Tuesday	Therapy	Physical Therapy	Hostel Group -- 1800 hours
Wednesday	Hostel Group	Physical Therapy	Occupational Therapy
Thursday	Occupational Therapy	Physical Therapy	Group Therapy
Friday	Group Therapy	Physical Therapy	Staff Meeting

REPORT ON AND RECOMMENDATIONS FOR THE NORTHERN
CYPRUS HEALTH (INCLUDING MENTAL HEALTH)
DELIVERY SYSTEM

Respectfully submitted by:



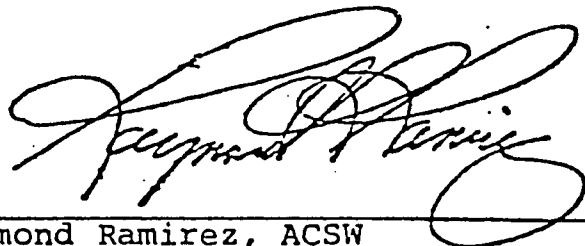
Norman J. Knorr, M.D.

Dean, University of Virginia School
of Medicine; and Professor of
Psychiatry and Plastic Surgery,
University of Virginia School of
Medicine, Charlottesville, Virginia



Vamik D. Volkan, M.D.

Medical Director, Blue Ridge Hospital,
University of Virginia; and Professor
of Psychiatry, University of Virginia
School of Medicine, Charlottesville,
Virginia



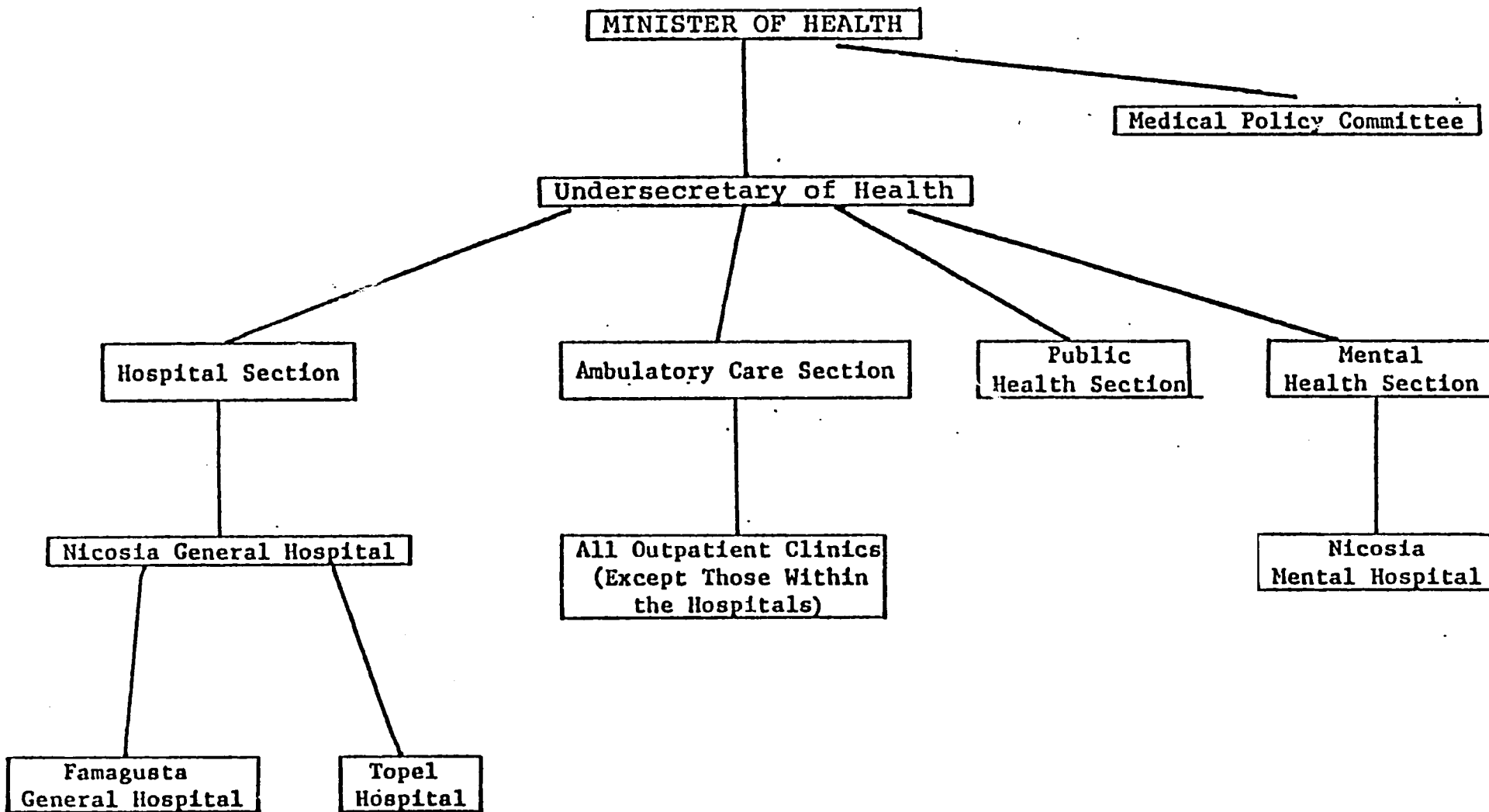
Raymond Ramirez, ACSW

Executive Director of the Governor's
Council on Developmental Disabilities,
Springfield, Illinois
(Project Director)

Date: May 7, 1979

Chart 1

ORGANIZATION OF HEALTH CARE DELIVERY SYSTEM



G. Medical Policy Committee

The consultants felt that the recommendation to establish a Medical Policy Committee (MPC) is perhaps the most important recommendation. The basic purpose of the MPC is to advise the minister of health in decisions he must make in formulating the delivery of health care. The MPC should be responsible for short-term and long-range planning of the health care system; establish priorities regarding the development of this system; review major proposals from the four sections of the system; establish rules and regulations for hospital physicians and employees; establish training and education programs for personnel involved in the delivery of health care; and include in its agenda all matters related to health policy.

In order to accomplish this major task, the MPC must be organized with both standing and ad hoc committees appointed by the chairman of the MPC. The MPC shall also be responsible for recommending appointments and removals of personnel in the health care system to the minister of health.

The MPC shall meet at least monthly and more often as required. It is the most urgent recommendation of the consultants that this priority be immediately implemented. It should begin by the immediate formulation and adoption of its bylaws; the drafting of legislation required for its function; and, if necessary, the formulation of legislation to insure that this important entity is brought into being.

Chart 2 shows the composition of the MPC.

Chart 2

ORGANIZATION OF MEDICAL POLICY COMMITTEE

Chairman

Medical Director of Nicosia General Hospital

Other Members

Assistant Medical Director of Famagusta Hospital
Assistant Medical Director of Topel Hospital
Chief Hospital Administrator, Nicosia General Hospital
Director of Nicosia Mental Health Center (two years
after opening of center as explained on pg. 13)
Director of Public Health Section
Director of Ambulatory Care Section
Chiefs of Major Services at Nicosia General Hospital,
i.e., surgery, medicine, pediatrics, gynecology,
dentistry, etc.

Ex Officio Members*

Undersecretary of Health
One Representative of Medical Trade Union

*without vote

The MPC will immediately face the need to have serious discussion concerning health care resources. This will include consideration of surplus beds, the closing of the Kyrenia Hospital and transfer of some of its personnel to the Nicosia General Hospital; possible restriction of the number of physicians; and all economic issues of the system of health care delivery. The consultants felt that one of the problems in northern Cyprus is the lack of clear guidelines about the privileges of hospital physicians in respect to private practice, and the need to determine how many hours a day such physicians may set aside for private practice. Answers to such questions need to be worked out and rules and regulations established. For example, should what is customary now be continued, or should private practice outside the hospital be eliminated? Should physicians be paid according to the number of hours their contracts indicate they are obliged to give to the hospital?

Another issue needing immediate consideration by the MPC is the nature of authority to be given to the chief hospital administrator. This person should be trained in administrative matters with clear authority in appropriate areas to allow him to run the hospital effectively. The authority of the chiefs of services should also be discussed. Each service chief will be responsible for establishing his own "mini" MPC within his own service in Nicosia, Famagusta, and Lefke; and he will be responsible for seeing that the

rules and regulations applicable to his own service are implemented in all hospitals. Grievances related to the health care delivery system or its policies should be brought to the MPC so it can advise the minister of health accordingly after discussion of the grievance. If the grievance is directed toward any member or members of the MPC it shall be the duty of the chairman (if the grievance is directed toward him, then the acting chairman) to appoint a sub-committee to evaluate the grievance.