



Recommendations for better Mental Health Services in Malta

An Initiative led by:

**The Health & Wellness Committee
within The Malta Chamber of
Commerce, Enterprise and Industry**

Sponsored by:





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1. Background

The Malta Chamber is cognisant of the excellent services provided during the pandemic by our National Health Service. This service has been an example to others and has showcased our country in a very positive light. There are other many areas of the health service where the care is also excellent however unfortunately this cannot be said for the provision of mental health services. During the pandemic, many already vulnerable persons, many of whom are workers, have felt the burdens to be unbearable and succumbed to degrees of mental illness. As employers who contribute to the national health budget, the Chamber would like to see parity in the treatment of mental illness and the respect given to these patients with other types of illness in Malta. It should be noted that despite its shortcomings, the mental health services in Malta have actually increased its range of services and this is to be commended.

The Malta Chamber acknowledges the fact that the Mental Health Strategy for Malta, 2020-2030 is being gradually implemented after having had the sector neglected for decades.

We are also aware that there have been steps taken in the recent past to ameliorate the situation at Mount Carmel Hospital and we also understand that plans for a new hospital are there. However, more needs to be done to address the very urgent needs in the meantime as recommended in this document.

The Health and Wellness Committee within The Malta Chamber of Commerce, Enterprise & Industry has focussed on two specific aspects of the challenges around Health Services in the area of Mental Health in Malta as areas which require the most immediate attention.

As a basis for the development of this policy paper the following reference material was used:

- Performance Audit: A Strategic Overview of Mount Carmel Hospital, July 2018.
- A Mental Health Strategy for Malta, 2020-2030.
- Commissioner for Mental Health Annual Report 2019.

Discussions were also held with professionals in the field as well as service users and family members of service users with reference to the above policy documentation, to establish The Malta Chamber's key positions on the priority areas.



2A. Emergency Response, Early Intervention and Treatment of Mental Health Patients

The Malta Chamber recognises that an individual's already acute mental health crisis may be significantly worsened depending on the treatment at **the sensitive initial stages**.

One must therefore consider how the patient is engaged with at this early intervention stage.

Adequate arrangements for first line treatment at Mater Dei and possibly other areas in the community would greatly improve treatment at these sensitive initial stages. Currently, during working hours there are two Consultant Psychiatrists at MDH who in addition to carrying out psychiatric consultations for inpatients at MDH also see emergency cases. Out of hours a Resident Specialist or a Higher Specialist trainee in Psychiatry are available on site at MDH for emergencies.

Ideally, mental health support is sought and provided early on. People should not be crashing into the system through crises. General Practitioners should be empowered and resourced so as to be able to adequately assist and direct those suffering from mental health issues and guiding them to overcome social stigmas and seek the help they need well before mental health emergency situations arise which would necessitate emergency admissions and patients 'crashing into' the system through a crisis.

Mount Carmel Hospital should only be a fall-back option, after pre-emptive layers of community care have failed. The direction taken by authorities must be towards a community-based approach aimed at early intervention, with increased resources provided to community mental health teams ideally co-located within Health Centres. Clinics in the community were increased and there were consultant psychiatrists assigned full time to the community. Community clinics receive referrals from General Practitioners (public and private).

Mental health community teams should also be strengthened to provide services from Mosta, Birkirkara, Gzira and the Kirkop Health Centres. We understand that where space in health centres permits, this plan is being actuated and that the plan is that Mental Health clinics will also be part of the proposed Southern and Northern Hub Centres. In July 2020, the Qormi Mental Health Clinics were refurbished and expanded. The Qormi Mental Health Clinic is situated within the Qormi Health Centre. New specialised clinics were introduced including a clinic for adults with learning disability and a psychogeriatric clinic. The new Gozo 'Sunrise project' is showing early signs of success and is to be lauded.

General Practitioners must be empowered to direct patients showing signs of mental illness to such community teams, equipped to battle stigma and assist families with the necessary tools and information alike. The objective will be prevention as well as cure, requiring a change in mentality and adequate resources, both human and financial. It is noted that part of the GP training includes Psychiatry and in some Health Centres GP's also run psychiatric clinics.



2B. Mount Carmel Hospital

The recent one-million-euro investment into the new ten-bed ward at Mount Carmel Hospital¹ known as the Maria Sciberras Ward is welcomed

Nonetheless, more is needed and higher prioritisation and investment is required into short and medium-term measures to alleviate the suffering of those with mental illness today. The closure of the acute ward for psychiatric care at Mater Dei Hospital was unfortunate as psychiatry should be, as far as possible, integrated with the general health needs.

Even so, certain positive improvements have also been ongoing and should be applauded. Some examples include:

- Having mental health services shift more towards the community;
- Infrastructural upgrades that are currently underway and have already been implemented at Mount Carmel Hospital such as the refurbishment of a number of wards;
- Plans and tenders are being issued for a further male ward while minor smaller scale refurbishments are ongoing;
- Good and varied daily food, coupled with well trained personnel within the same wards;
- Patients are treated respectfully, and activities are being held to further enable a patients' recovery.

This makes the situation reassuring and less traumatic for both patients and their family members, when having to admit their loved ones. **Such a holistic improvement should also be extended to all wards within Mount Carmel Hospital.**

Mount Carmel Hospital must also address its staffing issues in a more holistic fashion, with special attention paid to discharge protocols. Addressing human resourcing issues at Mount Carmel Hospital is essential to combat low morale, excessive stress from understaffing and the knock-on impact on patients as well as on the potential interest of graduates to enter into the profession and alleviate the burden on the field. There is ultimately a custodial mentality which must also be tackled adequately and altered. A very positive development which should lead to improvements in the coming years is the fact that this year, the hospital has taken the decision to have ten new doctors enter specialisation training in Psychiatry. Mental Health Services always receives new nursing graduates, both in mental health as well as general nursing. There does remain a shortage of specific professionals, namely social workers, but this shortage is at a national level. The service is by its nature stressful and the environment within MCH requires a major overhaul. This is why, most of the refurbishment projects are major projects which require proper planning and time to execute this properly.

Finally, there needs to be all-round improved communication between staff and between patients and families. Information on patients' rights including the obtaining of informed consent and to ask questions, discuss, express opinions and information on support services, should be given to the patient and/or the responsible carer within 24 hours of admission. The rights to free communication with the outside world and receive visits in private at reasonable times are also important and must be made very clear to the

¹ Times of Malta. 2021. *New 10-bed ward at Mount Carmel Hospital set to open*. [online] Available at: <<https://timesofmalta.com/articles/view/new-10-bed-ward-at-mount-carmel-hospital-unveiled.869491>> [Accessed 25 June 2021].



patient. Furthermore, the importance of the role of the responsible carer cannot be over-emphasised especially in the area of receiving information about the care plan and actually being involved in the drawing up and implementation of the said plan. The patient and responsible carer should also be clear about the complaints procedure and the various ways to make a complaint.

Moreover, the recently reported plans for the new acute psychiatric hospital which are ongoing, and which should be up and running by 2025, are also encouraging for patients struggling with mental health, as well as their family members others close to them. However, we should note that this level of care should have been the bare minimum for decades, and further continuous effort to have Mount Carmel on par with, Dei Hospital and the Sir Anthony Mamo Oncology Centre (SAMOC), is a must. It is important to note that the ambience of a mental health hospital needs to be conducive to the mental wellness and recovery of patients. Mental health patients deserve the same level of excellent care and treatment that patients with cancer or other illnesses routinely obtain on our island.

3. Recommendations

3A. Emergency Response, Early Intervention and Treatment of Mental Health Patients

With regard to emergency response, it is recommended that:

1. Mount Carmel Hospital should never be the first entry point to mental health interventions, to avoid its stigma exacerbating a patient in crisis as well as the family members.
2. **Getting first line emergency help at Mater Dei** should be the norm. This coupled with **alternative community-based facilities to catch mental illnesses early and before they reach such acute phases**, is likely to lead to superior results. The stigma associated with Mount Carmel Hospital itself only encourages an increased negative experience and delay in receiving treatment during a mental health crisis. These delays make the need for police intervention more likely rather than voluntary admission. The alternative facilities should be community based and focused, with empowered General Practitioners serving to channel patients into the necessary community services. While patients can now access the system through the Health Centres and GP referral or if it is an Emergency through MDH A&E (or for children the Child and Adolescent Psychiatric Emergency Service (CAPES) where they can be referred to the Liaison Team of Psychiatrists and nurses based at MDH or to the Psychiatric Team on duty if it is out of hours, this may not be generally known by family doctors and the public and better communication of these facilities would help. Referrals for acute psychiatric evaluation, including hospital admission as necessary, must be directed through a psychiatric team at Mater Dei Hospital Accident and Emergency Department all day and night.
3. Crisis intervention must be led by Public Health but supported appropriately by the Malta Police Force. It should be doctors who admit patients for care, rather than the Police. Therefore, there should be a strong and appropriately resourced specialised unit within the Casualty Department, so that specialised psychiatric nurses are the first on the scene, appropriately supported as necessary by psychiatric doctors, a social worker, and a psychologist. Paramedics should be able to



enter (when safe to do so) without Police, with the professional staff being the first port of call with the objective of de-escalating the situation.

4. The **Malta Police Force should also be trained to support mental health crises**, and to deal with mental health emergency interventions. The above allocation of responsibility, along with the necessary Police training, will address the consideration that a uniformed, heavy-handed police presence at crisis intervention stage may further exacerbate the situation. **The Police engaged in an intervention need not be uniformed.** When escorting the patient against their will outside of their comfort zone while in a fearful, anxiety, manic or a schizophrenic state amongst others, a police uniform further exacerbates the situation at emergency response stage.

It is important for people to understand that having mental health issues is no different from having physical illnesses. Calling 112 should allow an individual to gain access to the mental health services they need on the spot, and likewise empower family members to seek the help their loved ones urgently require. Seeking emergency help for a mental health crisis should then allow the individual in need to be channelled to their local community clinic for their mental health emergency. A lack of understanding of mental health and a lack of trust in professionals and institutions may undermine short-term care measures.

The Malta Chamber therefore advocates for educational programmes that will destigmatise mental health care and increase the awareness of the extent of professional help available and the efficacy and importance of appropriate medication.

3B. Short-Term Measures Relating to In-Patient Care at Mount Carmel Hospital

While The Malta Chamber has already acknowledged that a new mental health in-patient care facility is in the pipeline, waiting for the new hospital to be built cannot delay keeping certain basic standards at Mount Carmel Hospital. Even though there has been an initiation of the realisation of the promises made in the Mental Health Strategy, a state-of-the-art hospital that cares for patients just like Mater Dei Hospital and the SAMOC seems like a possibly distant prospect. In this context, the following are some recommendations for the short term most urgent improvements of the current In-patient Care facilities at Mount Carmel Hospital:

Infrastructure

1. **Short term Investment in Mount Carmel Hospital is needed with urgency, as future plans for mental health facilities cannot serve as an excuse not to invest today**, to address short- medium- and long-term urgency. For the emergency treatment stage, the cosmetic aspect of the facility must continue to be given its due importance due to the psychological impact of the ambience upon patients, thus ensuring a positive welcoming environment that supports and enables patient recovery.
2. The room one enters first leaves much to be desired for any patient, family member or friend. **The first room** on the right side of the main gate where one registers and receives a visiting card could be upgraded and should include the Mental Health Services logo upon entry and signage to wards as well as being air conditioned and **welcoming** for patients, visitors waiting to enter, or waiting for nurses, carers,



and patients. The **receptionists** also **need to be well trained** how to use the phones and connect with wards, administration or open the door.

3. In terms of **security**, untrained and unprofessional guards give the wrong impression. We are informed that as these guards in government service retire they are being replaced by guards from a security agency who are trained and far more professional. While the Malta Chamber welcomes the recent changes made as regards improvements to security and patient supervision, it emphasises the need to ensure that the same is implemented in all wards. Moreover, the provision of a **functional security system** including **real time** monitoring of CCTV systems to be used by such trained security staff with an electronic access system for entry and exit into defined areas is also required. Safety must be balanced with freedom.

4. **Patients should have increased safe access to outside spaces** which is central to the design of the hospital and is central to the wellness and rehabilitation of patients. It is therefore recommended that more safe outdoor spaces are made available for patients to relax in with the required supervision and greenery that further positively contributes to the mental wellness of patients.

5. Treatment for **drug related admittances** at Mount Carmel must also be tackled as a priority. In 2017 a quarter of acute admissions to Mount Carmel Hospital were due to drug induced psychosis. While efforts have been made to transfer some long-term geriatric patients out of the hospital, similar efforts for this sector need to be made with more wards like the Maria Sciberras ward or alternative facilities for drug related problems which should be made available for treatment even before the planned major investments are made as per the National Health Strategy. Collaboration with other Ministries and Services is required to ensure that these patients with drug related problems are given the best possible treatment in the most appropriate setting. Due to lack of alternatives a good number of persons suffering from issues relating to substance abuse and who have no additional mental illness end up at Mount Carmel Hospital.

Patient Care

Patients in their first few days at Mount Carmel may enter a “bargaining” mindset, whereby they attempt to negotiate their way out of the situation and avoid treatment. The stigma, fear and negativity of their initial experience may make them ultimately seek to reject treatment. This may manifest in different forms, such as by refusing to acknowledge the severity of their mental illness and simply make every effort to leave the place. **A clear treatment plan with milestones is required and wherever possible the patient and/or carer should be involved in the formulation and evaluation of the care plan as recommended by the Mental Health Commissioner.**

5. **Patients and their support network need to have their rights clearly made known to them in a standardised fashion using standard operating procedures upon emergency and/or admission, including a clear mapping of the treatment plan.** Procedures relating to informed consent, right to appoint a responsible carer, right to confidentiality and access to information as per the Mental Health



Act 2012 must be an intrinsic part of the admission process and the engagement of the patient in a recovery plan².

Staff

6. The Malta Chamber calls for **occupational therapy** to continue to be central to the rehabilitation plan with the introduction of an effective routine as well as sports facilities such as a running track and other opportunities for meditation and artistic expression, as well as nutritional classes which may have additional and natural supportive effects for recovery. Thus, providing the patient with a holistic programme that involves a routine of self-care which they may continue to invest in once they leave the hospital and which the carer of the patient may support with at home. These initiatives could find support through existing NGOs willing to support this cause. Welcome news is that as part of the refurbishment of the Young Persons Unit there will be a running track in the outdoor area. Occupational therapists, especially those based in the community, have started a number of new initiatives. These include sessions on Financial Literacy as part of a collaborative project with HSBC; they also started organising online webinars under the Title of Wellbeing 360, choosing a number of topical subjects that mental health users often find very helpful.

7. **Professional training and counselling support for staff is also essential to continuously ensure the most supportive and professional environment possible.** This holistic approach is required and needs to be further addressed.

8. **Staff must be in sufficient** numbers to ensure no incidents where patients may harm one another take place in wards. While again, significant improvements have taken place as regards staffing and training of personnel, this needs to be a **continuous process**, as carers and nurses may tend to burn out in such a work environment. Moreover, a positive work environment for staff is conducive to the mental wellness and recovery of patients. Just like patients require safety, so do staff need to feel safe and motivated. Knowing how to handle a crisis through **effective hands-on safety and crisis management training** (also for security guards) and ensuring that enough staff complement (including supervisory staff) is available will also ensure employees' wellbeing and engagement. Adequate positioning of nursing stations near dormitories is also needed to improve security.

9. **Improved staff/industrial relations coupled with better conditions is essential and goes beyond improved training which in turn positively impacts the patients.** The 2018 National Audit Office Strategic Overview of Mount Carmel Hospital have cited staff shortages and problematic relations as being key issues within the hospital.³ Although, most of what is reported is actively being addressed by the management of the Mental Health Services, The Malta Chamber suggests that communication channels are improved, to ensure a positive environment that is ultimately beneficial for the patients' recovery and wellbeing.

² Deputyprimeminister.gov.mt. 2012. [online] Available at: <https://deputyprimeminister.gov.mt/en/CommMentalHealth/Documents/mental_health_act_full.pdf> [Accessed 24 June 2021].

³ Nao.gov.mt. 2018. *Press Releases*. [online] Available at: <<https://nao.gov.mt/en/press-releases/4/198/performance-audit-a-strategic-overview-of-mt>> [Accessed 24 June 2021].



Availability of Support, Information & Communication

10. The Malta Chamber recognises the need for positive role models for patients, as part of a wider overhaul of the recovery environment. Patients must be able to see a way out of their predicament, and success stories and empathy offer much needed additional support.

11. Relatives, family members and/or the responsible carers play a key role in moving patients into a community setting and supporting them there. These need to be actively guided on the future care and facilities available for chronic mental health patients, as well as how to support the patient and tend to needs especially when on leave from hospital and once released from hospitalisation, to ensure re-integration at home, in society and at the workplace. Similarly, the responsible carer is to be well informed on the implications of incapacitation of the patient, as well as the procedure to reverse such incapacitation, including the procedures required either way. **Patient and Carer Communication and Engagement** is essential, reporting progress of recovery against the target leading to a healthy individual finding their feet at home once again, in society and at the workplace.

4. Conclusions

The Malta Chamber recognizes that government has planned major investments for mental health in Malta. However, future plans and investments cannot be used as a crutch to excuse inadequate conditions and a lack of adequate resources in the short-term. Every patient has a right to dignified care and treatment. Although a move in this direction has started, much more is required to reach the desired standards of care such patients merit.

Certain proposed reforms are intended to have a positive impact far beyond the necessary corresponding budget; for example, adequately trained officers who are ready to be called in for emergency mental health crises, could offer drastically different outcomes following emergency admissions of mental health patients over the long-term even reducing the need for in-patient care. Similarly, if a patient is provided initial treatment away from Mount Carmel, the stigma of the location will avoid deepening the temporary crisis. As necessary, the patient may afterwards be moved to Mount Carmel once they are in a stabler and safer frame of mind, and once the premises are much more welcoming, patients will not be reluctant to receive the required treatment.

The Malta Chamber recognizes that businesses and employers cannot function without a happy, healthy workforce. Paying due attention to the mental health and wellness of employees is therefore of paramount importance. Rather than consider such obligations as a burden, business owners now recognize positive initiatives from government and private sector alike in this regard as crucial investments in both a better society and better business alike. Community based care is recognized as an ideal way forward in this regard. The COVID-19 scenario has exacerbated the levels of work-related stress and isolation felt by a number of employees and business leaders in various sectors and there is growing understanding and appreciation of the importance of a leap in quality in this important area of healthcare.

Moreover, the recommendations proposed for in-patient care and treatment aim to further contribute to the good work going on, which requires the political commitment through increased budgets in this sector to safeguard the mental wellness of Maltese Society.