



to protect and promote
Office of the Commissioner for
Mental Health

“Breaking Silos, Building Bridges”

Annual Report 2017
Executive Summary

19th June 2018



“Breaking Silos, Building Bridges”

**...promoting and upholding the rights of people suffering from
mental disorders**

**...li jingiebu ‘l quddiem u jigu rispettati d-drittijiet ta’ nies li jbatu
minn dizordni mentali**

Breaking Silos, Building Bridges

The Office of the Commissioner for Mental Health presents its Annual Report for the year 2017 which is its sixth full year of operation. As Commissioner, I am indebted to the hundreds of patients, responsible carers and professional staff and to several entities, NGOs and other stakeholder organisations whose input and trust in the ability of our Office to advocate for better mental health and well-being in our society have provided us with the energy and the facts which we present in this report. In our own particular way, we are contributing to the evidence base that will be essential for the Ministry of Health in the upcoming process of updating, revising and modernising the national mental health policy and action plan for the coming decade. We are confident that data in the Visitation Report for 2017 will stimulate discussions and will ensure that the voices of service users, families and providers are at the core of the policy making process.

The findings of the three ad-hoc reports “MCH nursing management’s perspectives on some aspects of MCH patient care”, “Report on the Outcome of One to one Meetings with Consultant Psychiatrists: Working towards effective and comprehensive multidisciplinary care plans” and “Mental Health in Malta: Wellbeing Through a Shared Strategy” provide further grassroot insights and provider perspectives on the current state of mental health services with an incredible richness of observations and recommendations that can be meaningfully utilised to provide a robust way forward. These can be summarised under five headings: mainstreaming mental health services, moving the focus of care from institutions to community, moving acute psychiatric care to the acute general hospital setting, supporting rehabilitation through specialised units preferably in the community and providing long-term care in dignified facilities. The challenge is to translate these recommendations into coherent implementation plans that are appropriately funded and accompanied by sound human resource planning. Robust and resilient leadership is fundamental to bring about the desired changes.

Through this multi-faceted approach, we strive to report as factually and effectively as possible on the state of the rights of persons suffering from mental disorders in Malta. We are unofficially performing the functions expected from the National Preventive Mechanism for persons deprived of their liberty for mental disorder reasons. We operate within the guidelines established by the UN Subcommittee on Prevention of Torture and utilise proactively the monitoring frameworks of the World Health Organisation. We foster a constructive climate with all stakeholders that seeks to find solutions and provide the best protection possible for persons in detention and for persons suffering from mental disorders living in our communities and their families.

We confirm that patients deprived of their liberty are being followed up on a regular basis by their respective caring teams. Length of stay in involuntary care has diminished radically. Patients are being discharged from compulsory treatment orders or transferred to community treatment orders

rather than being left on “leave of absence from hospital” for years on end. The applications for involuntary care orders that the Office processed are being better completed and the quality of the information backing requests for involuntary detention of persons is improving. Care plans are being submitted, but their completeness and quality merit revision. The availability of adequate human resources is a critical issue which regularly features in feedback with care teams concerning care plans. The special report drawn up after speaking with consultants sheds further insight.

63% of acute involuntary admissions were persons aged less than 45 years, confirming the high burden of mental disorder in younger segments of society. Investing in the mental health and well-being of our younger generations is a policy priority which needs holistic action between health, education, employment, social welfare, workplaces and employers to address the core determinants of poor mental health and move to early intervention using available and targeted services in schools, in educational and training institutions, in all workplaces and in health and social care services.

There are considerable relative risk differences within the native population, more marked for females. In 2017, the relative risk of an acute involuntary admission was once again much higher for residents of the Southern Harbour and Northern regions compared to the rest of the country. Persons in residential care had an 8-fold higher risk compared with Maltese citizens living in the community. Persons from medium and less developed countries had a 5-fold risk. Persons from very highly and highly developed countries and non-Maltese persons coming from EU / EEA had a 2-fold risk. Taken together 25% of all acute involuntary admissions were foreigners living in Malta. One plausible justification is lower thresholds for admission and higher thresholds for discharge in situations where clinical teams gauge that available community networks of support are sometimes at best chaotic and in many cases non-existent. This data is also relevant to future service planning and forecasting that must include projected influxes of foreigners when determining future mental health care needs.

Nationals from foreign countries are organising themselves into self-help and support groups. Engaging with their leaders and convincing them to take up mental health issues is a step in the right direction. Foreigners are mostly here for economic or employment reasons. The soaring levels of foreigners among acute psychiatric admissions witnessed in the last two years provide additional evidence for effective workplace support. Workplace mental health will feature very highly on the agenda of the Office for 2018. We plan to reach out to social partners on the importance of focusing on workplace mental health and well-being, as part of Malta’s sustainable economic development.

Schizophrenia (32%), psychoactive substance abuse (25%) and mood disorders (21%) represent close to 80% of the total acute disease burden. Concurrent abuse of psychoactive substances was reported in a further 7% of other acute cases, pushing the total substance abuse burden to one-third of all acute involuntary admissions. Substance abuse was three times more common among males. Within the 18-44 year age group, 80% of acute psychiatric admissions were linked directly or indirectly

to substance abuse. We refer here to our ad-hoc report on the challenges of addictive disorder services published in our 2016 Report and augur that actions already initiated, continue to be taken forward in a holistic and co-ordinated manner.

During this year's visit to all mental health licensed facilities, patients seemed to be better kept and some improvements in the overall physical environment were noted compared with 2016. Staff seems to be more receptive to the needs of the patient and more collaborative. Using Mater Dei Hospital facilities as the gold standard for safety and from the environmental aspect, safety is still an issue on some wards at both Mount Carmel Hospital (MCH) and Gozo General Hospital. All stakeholders agree that further investment in safety measures and ward environments is still needed, with Government announcing a €20 million refurbishment and upgrading plan for Mount Carmel Hospital over the coming five years. This Office can report that infrastructural and safety issues at MCH are being addressed. The refurbishment and upgrading plans shown to this Office and the progress of preparatory and remedial works augurs well. We look forward to see plans unfold for the development of acute psychiatric care facilities on the Mater Dei Hospital site. In the meantime we support action being taken to re-organise acute care within the MCH set-up. We call for renewed efforts to develop as soon as possible 24/7 crisis intervention services based at Mater Dei Hospital to support and augment the emergency care offered to all persons with mental health emergencies and their families.

Patients appear to be more aware of their condition and their rights and are more ready to speak up. 73% of patients know the mental condition that they suffer from and 68% stated that they know who forms part of their caring team. On the basis of opinions expressed by MCH patients, specific action needs to be taken by Management thereat regarding certain aspects: 43% of patients stated that the food served is not adequate in quality, 28% of patients stated that their bed is uncomfortable, 54% stated that there are privacy issues related to washing or toilet facilities. The canteen prices were deemed to be too expensive by a number of patients. More than half [53%] of the patients stated that they had not heard about the Customer Care Unit. All these and other findings concerning MCH were shared with Management who promised that remedial action will be taken.

The quality of the process of eliciting treatment consent merits further reflection. In interviews, 48% of patients claimed that they had signed a document accepting that treatment be given but on file review 84% of these same patients had signed consent forms. Operational review is required since patients may be too disturbed at admission to remember that they actually signed consent.

Although 80% of the interviewed Responsible Carers knew what their duties entail, 57% stated that their duties had not been explained to them. 63% also stated that they had not been informed of what treatment the patient needs. These results indicate an urgent need for the responsible carers to be better involved and empowered to carry out their full duties in this crucial area of patients rights. 60% of responsible carers stated that they had not heard of the Customer Care Unit, 53% did not know


how to contact the Customer Care Unit and 57% stated that they had not heard of the Commissioner for Mental Health before the interview.

The main findings, comments and recommendations emanating from staff interviews overlapped considerably when assessed and compared to the separate exercises carried out with ward managers and consultants. 29% of staff stated that they felt that there is inadequate liaison between the clinical nursing staff based in wards and the other members of the care team involved in a patient's management. 61% of respondents stated that they felt they need training on patient rights.

Certain requirements by law which can be easily implemented such as proper consent taking and the appointment of a responsible carer, are still not being done ubiquitously. Also, patient and responsible carer empowerment needs to be strengthened through more information dissemination so that they are more aware of their rights and of seeking forms of redress. The Office notes efforts being made to raise nursing care standards through protocol reviews and staff empowerment. These initiatives will be beneficial not only for staff themselves but also for patients and responsible carers. These changes raise the profile of the mental health professional and contribute to make careers in mental well-being more attractive and popular among prospective graduates and trainees. Through structured continued education, all healthcare professionals will be more sensitive to patient needs.

A common positive factor which emerged from this year's interviews is evidently improved patient and responsible carer empowerment. Compared to recent years, they are more prepared to speak both of the positive and negative aspects as service users. We need to capitalise on this status and ensure that patients continue to be informed of their rights. Customer care pathways within services and at our own Office must improve. This will bring about a further increase in the quality of care.

In conclusion, I thank the team at my Office who perform their duties admirably and passionately. It is our resolve to continue to advocate for mental health mainstreaming within our society. Our target is to focus on the enormous goodwill to embrace and implement change that was immediately evident in the aftermath of the launch of our #StopStigma campaign in November 2017. Our topmost priority is to bring all stakeholders together, to break silos, to build bridges.



Dr John M. Cachia
Commissioner

19th June 2018