



to protect and promote
Office of the Commissioner for
Mental Health

Annual Report 2015

Executive Summary



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

...jingoebu 'l quddiem u jiġu rispettati d-drittijiet ta' nies li jbatu minn diżordni mentali

In its fourth full year of operation, the Office of the Commissioner for Mental Health is proud to report steady progress in the implementation of its assigned responsibilities as the authority to promote and protect the rights and interests of persons with mental disorders in Malta and Gozo.

The first priority for 2015 was to ensure that the strict timeframes of involuntary care of the new Mental Health Act are fully respected by all concerned, that patients are reviewed regularly and not detained against their will longer than is necessary, and that patients are formally discharged from involuntary care or detention where applicable. This has practically been achieved in 2015 and the report includes the first outcomes statistics of the new legislative set-up. A total of 801 applications and notifications were processed - 435 persons detained against their will for observation monitored, 224 treatment or detention orders issued, 100 discharges approved and 12 persons certified as lacking mental capacity. More importantly we commenced 2015 with 54 persons as hospital in-patients on long term treatment order and we ended 2015 with 48 persons on long term treatment order, of whom more than half (25 out of 48) were on community treatment orders. This is a notable and welcome shift towards monitored involuntary care in the community.

The second priority was the assessment and quantification of the level of compliance with the rights of persons with mental disorders within the various service provision set-ups. Improvements have been made since the visit in 2014, although the extent cannot be measured tangibly. Patients seem to be better kept. Staff seemed more receptive to the needs of the patient and more collaborative. Medicines are being stored in a better way and the wards are somewhat cleaner. We found no evidence of torture or cruel, inhuman or degrading treatment within mental health licensed facilities in 2015.

However, beyond basic medical care which is being provided, interventions and activities that help patients in wards to maintain or regain lost skills are sorely lacking. Smoking policies need revision. The vast majority of service users (89%) state that they feel treated with respect and dignity. An overwhelming 93% of users feel that staff were kind and caring towards them.

The same cannot be said about safety and the care environment in wards. Safety measures and the physical environment are in dire need of improvement in most wards in Mount Carmel Hospital and in both wards in Gozo General Hospital. Substantial improvements are necessary for the objective of dignified care in a safe and suitable environment to be reached. Respect and dignity towards patients by dedicated staff cannot be expected to make up for lack of investment in the physical environment of care facilities.

Patients are still far from being empowered about their rights. Less than 25% claimed that their rights had been explained to them. Although nearly two thirds (65%) of respondents feel they have participated in their care as much as they wished, it is difficult to assess the extent of such participation. Patients tend to be reluctant to submit reports on threats from staff or other patients, possibly fearing retribution. Privacy is not always being respected and seems to be very low on the priority list of certain staff. There is no established policy on use of mobile phones, making communication more difficult and increasing risk of isolation.

Documentation in patient files is conducive to safe quality care. The presence of informed consent to treatment forms in 63% of files is encouraging. 40% of files had written evidence that a responsible carer had been identified by the patient. It is unacceptable that the working diagnosis was easily retrievable only in 40% of patient files. Multidisciplinary care plans were absent in 90% of files. The most shocking finding is that only 1% of files contained all the requirements of the Mental Health Act.

The third priority remains advocacy for reform of mental health and well-being services. A revised national mental health policy, strategy and action plan reflecting the principles of the Mental Health Act is essential. The health literacy survey has shown serious gaps in mental health promotion and prevention that must be addressed. Mental disorders must be mainstreamed within the health sector with acute psychiatric care moving to the acute general hospital setting. The mainstay of care must be community-based where the general practitioner is supported by community services and specialised services. Dignified residential accommodation is

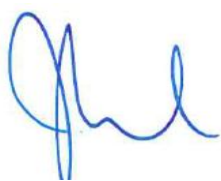
required for long term patients detained in Mount Carmel Hospital for decades, most of whom will probably not make it through rehabilitation, back into the community.

Care services for children, adolescents and youths with psychiatric problems (CAMHS) should continue to follow youngsters until the age of 25 years and transition to adult services should happen gradually and when the youngster is ready for transition. Young people with challenging behaviour have the right to adequate aftercare and rehabilitation leading to their social integration. This is best achieved through specific supervised residential facilities in the community.

Substance abusers are disrupting the care processes for deserving cases within Mental Health Services. This is a complex issue which requires a concerted approach involving mainly Mental Health Services, FSWS, Sedqa, Caritas and OASI.

Mental health must also be mainstreamed outside health care settings involving education, housing, social welfare, social security, employment, youth services, sport, local councils, correctional services, and probation services. Sustainable employment prospects for persons with mental disorders remain poor. There is a very high economic cost tied to mental health problems in terms of reduced quality of life, loss of productivity, and premature mortality.

This Annual Report demonstrates the extensive work performed by the small and multi-skilled team at the Office of the Commissioner for Mental Health in 2015. I thank them all for their professionalism and hard work, for their loyalty towards vulnerable persons and for the achievements outlined in this report. The Office will continue to provide effective strategic leadership in ascertaining that the rights of persons with mental disorders are protected and upheld.



Dr John M. Cachia
Commissioner

26th May 2016