to protect and promote

Office of the Commissioner for

Mental Health

Annual Report 2016

Executive Summary

10th November 2017

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

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

Executive Summary

In its fifth full year of operation, the Office reports further progress in the year 2016 in the implementation of its role emanating from the Mental Health Act as the monitoring and regulatory authority responsible for the promotion and protection of the rights and interests of persons with mental disorders in Malta and Gozo.

The strict timeframes of involuntary care in terms of the Act are being respected by all concerned. Patients subjected to involuntary care are being reviewed regularly, are not being detained against their will longer than is necessary, and are formally being discharged from involuntary care or detention where applicable. This function unfortunately continues to lack the support of the necessary IT infrastructure that can hasten the administrative process and provide less laborious ways of obtaining performance data. This report provides the second full year review of outcomes' statistics in accordance with the new legislative set-up. 989 applications and notifications processed, 507 persons detained against their will for observation monitored, 284 treatment or detention orders issued, 111 discharges approved and 17 persons certified as lacking mental capacity. More importantly at the end of 2016 there were 69 persons on long term treatment orders, of whom more than 60% (42 out of 69) were on community treatment orders, a further encouraging 13% shift towards long term care in the community in 12 months. This replaces the long term detention in hospital for more difficult cases.

The annual assessment and quantification of the level of compliance with the rights of persons with mental disorders within the various service provision set-ups was carried out between August and December 2016. A new feature introduced this year was structured telephone interviews with responsible carers to complement the interviews with patients and staff. We found no evidence of torture or cruel, inhuman or degrading treatment within all mental health licensed facilities in 2016.

Some improvements have been made since the 2015 visit. The patients seem to be better kept and the vast majority of service users (88%) state that they feel treated with respect and dignity. 86% of users feel that staff were kind and caring towards them. The same cannot be said about the care environment in wards although some improvement in the overall physical environment in certain units has been noted. Using

Mater Dei Hospital psychiatric in-patient ward as the gold standard for safety and environmental aspects of care, safety is still an issue on some wards at Mount Carmel Hospital (MCH). Investment in safety measures is sorely needed especially in the MCH-Male Dual Diagnosis Unit (drug abusers), MCH-Female Forensic Unit (prisoners) and MCH-Male Ward 8B (drug abusers). The physical environment is in dire need of improvement in the MCH-Male Forensic Unit (prisoners), MCH-Male Ward 3A (long term care) and MCH-Male Ward 3B (long term care), followed by MCH-Mixed Admission Ward (all acute admissions), MCH-Male Ward 8B (drug abusers) and MCH-Female Medical Ward 2 (psychogeriatric). One issue that needs to be tackled immediately is the relocation of the smoking area on MCH-Male Ward 1, as the fact that it also doubles up as a lounge and television room exposing non-smokers to continual second-hand smoke is unacceptable.

There is discrimination between the MCH patients themselves, in that care is very dependent on which ward or in which facility one happens to be. This is not right. Standardisation of care is important to ensure that each patient is receiving optimal care in a decent environment, and where applicable hastening recovery and a rapid return to a more independent, productive life within the community.

Staff seems to be more receptive to the needs of the patient and more collaborative. Quality of documentation has improved. The wards are cleaner. However, the objective of dignified care in a safe and suitable environment throughout all service delivery units is not being reached. Staff dedication, respect and dignity towards patients cannot be expected to make up for lack of investment in the physical environment of care facilities.

More investment needs to be made in the continued professional education of all healthcare professionals so that they can offer the best possible care that is more sensitive to patient needs. Certain requirements by law which can be easily implemented such as 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.

Patients are still far from being empowered about their rights. 51% of patients claimed that the relevant care process had actually been explained to them. However only 32%

of patients stated that they had been informed about treatment options that are possible alternatives to or could complement medication, such as psychotherapy. 55% of repondents claimed that they felt they had participated in their care as much as they wished. Although basic medical care is being provided, this is not being complemented by other interventions and activities which help the patient maintain or regain any lost skills. 52% of patients interviewed did not know when the last activity had been organised on the ward / unit and 74% did not know when the next activity was scheduled to take place. These results confirm that the level of organised patient activity especially during the weekend is extremely low.

The Office advocates for reform of mental health and well-being services. Malta needs a revised mental health policy, strategy and action plan reflecting the principles of the Mental Health Act and the recent trends in holistic approaches to mental health and well-being. 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. The mainstay of care must be community-based where the primary care services and the general practitioner are supported by specialised and community rehabilitation facilities. Acute psychiatric care must move to the acute general hospital setting. Dignified residential accommodation is required for long term patients and those who unfortunately do not make it through rehabilitation.

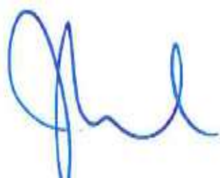
Care services for children, adolescents and youths with psychiatric problems (CAMHS) should follow youngsters beyond the statutory age of 18 years (possibly up to the age of 25 years) and transition to adult services should happen gradually and when the youngster is ready for transition. Building on the success of *Dar Kenn għal Saħħtek* for persons with eating disorders, the country needs to invest in two equally robust programmes targeted at young people: an EIP – an Early Intervention in Psychosis service and a service directed at individuals who recur to self-harm. Finally we stress once again that 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.

Addictive disorder is a chronic treatable disease which can be managed. Relapse does not mean treatment has failed and relapse rates occur as for other chronic medical

diseases and are similar to relapse rates in diabetes, hypertension & asthma. Psychoactive substance use disorder often co-exists with other mental disorders and requires a comprehensive and therapeutic approach that addresses the addiction, any resultant/co-existing mental disorder and the personal and social context of the abusers. Substance abusers are however disrupting the care processes for other deserving cases within Mental Health Services. This is a complex issue which requires a concerted effort involving mainly Mental Health Services and FSWS / Sedqa, but also the active and valid NGOs operating in this sector particularly 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.

I thank the small and multi-skilled team at my Office for their professionalism and hard work, for their loyalty towards vulnerable persons and for the achievements outlined in this report. During 2016 we finalised the Office work programme for the coming three years (2017-2019). We shall pursue the obligations that emanate from the Mental Health Act. We shall continue to provide strategic advocacy for change in mental health service delivery. We shall continue to build alliances and work jointly with the various stakeholders. This Office will continue to provide effective leadership in ascertaining that the rights of persons with mental disorders are protected and upheld.



Dr John M. Cachia 10th November 2017
Commissioner