



ANNUAL REPORT 2021-2022



to protect and promote
Office of the Commissioner for
**Mental Health
Malta**

Challenges and Opportunities (2021)



Call for Action(2022)



Why the delay?

Academic, scientific and analytical



Describing and highlighting areas of concerns



Bringing them to the attention of House of Representatives



Triggerring concrete action

Why all this?

- Is there a problem?
 - How big is the problem?

Social Security Act (Chapter 318)

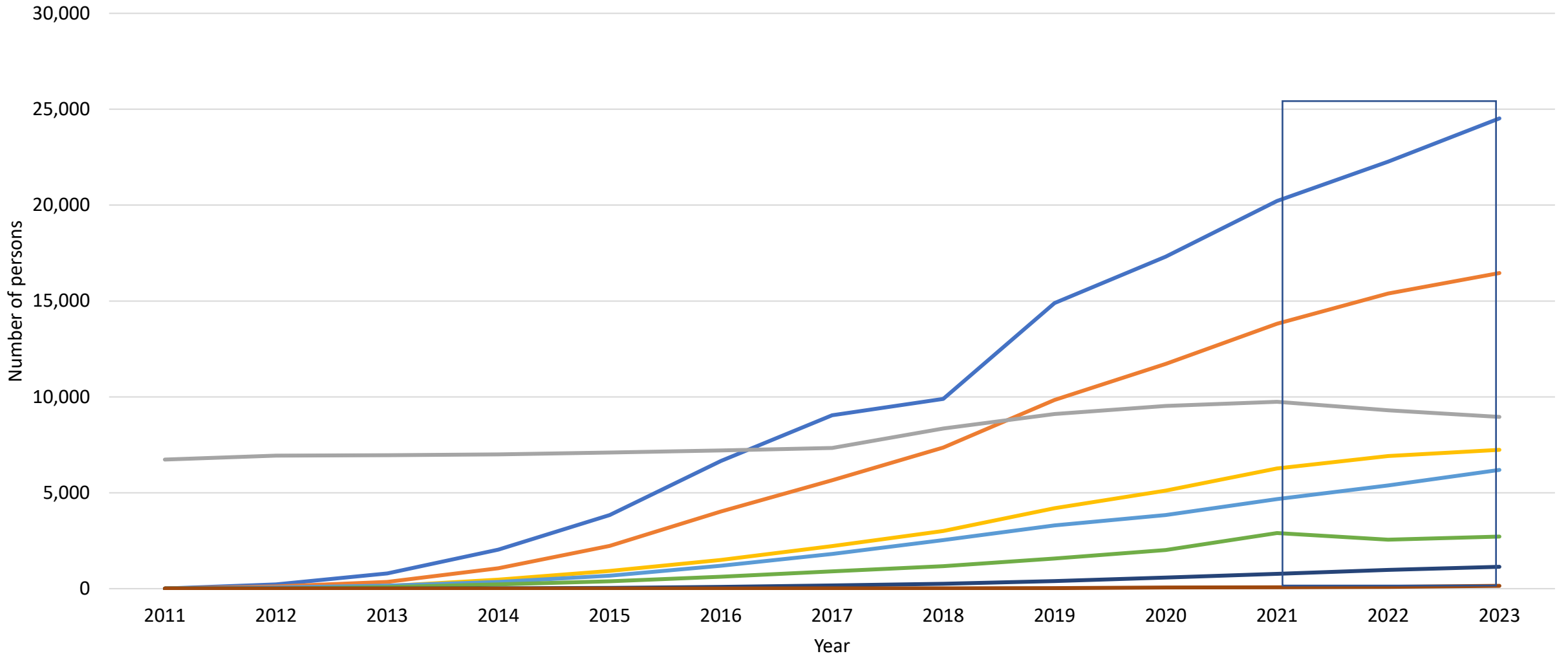
Part II

Diseases and conditions
in respect of which free
medical aid may be
accorded

7. Nervous System Diseases:

-
- (h) Dementia
- (i) Schizophrenia
- (j) Psychosis
- (k) Chronic Mood Disorders
- (l) Chronic Neurotic Disorders
- (m) Addiction Disorders
- (n) Chronic Psychiatric Disorders starting
in Childhood
- (o) Chronic Eating Disorders
-

Number of persons by mental disorder for period 2011 - 2023



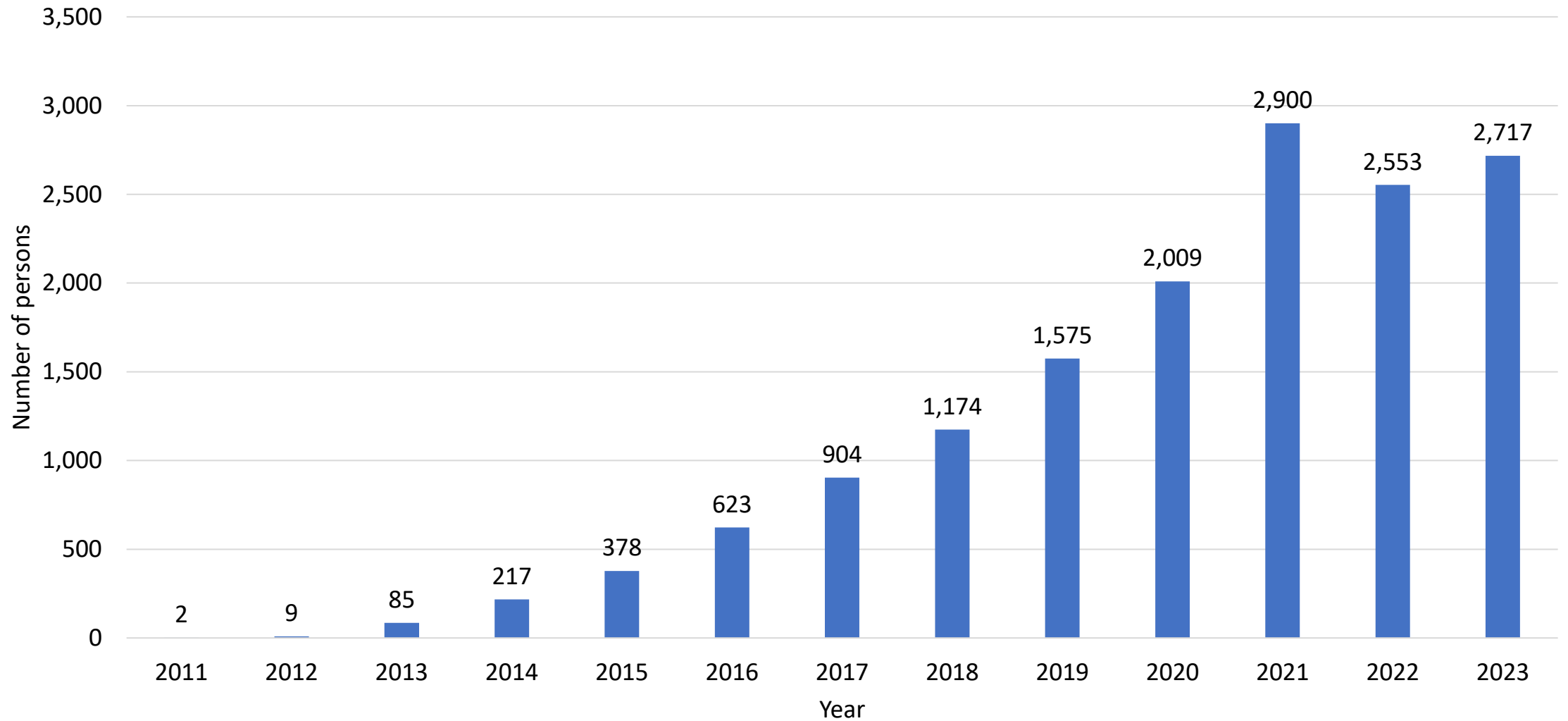
POYC data

Chronic Mood Disorders
 Psychosis
 Addiction Disorders

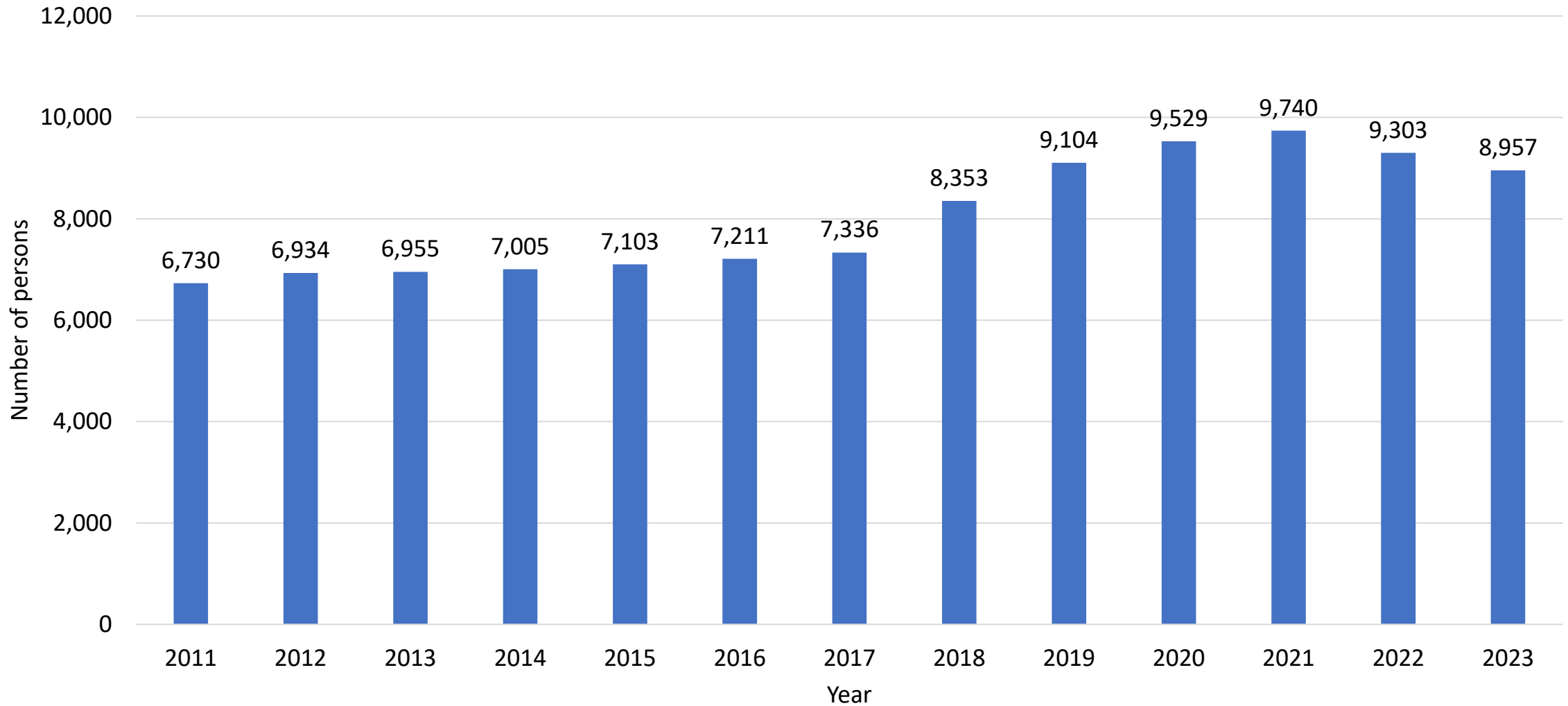
Chronic Neurotic Disorders
 Chronic Psychiatric Disorders Starting in Childhood
 Chronic Eating Disorders

Schizophrenia
 Dementia

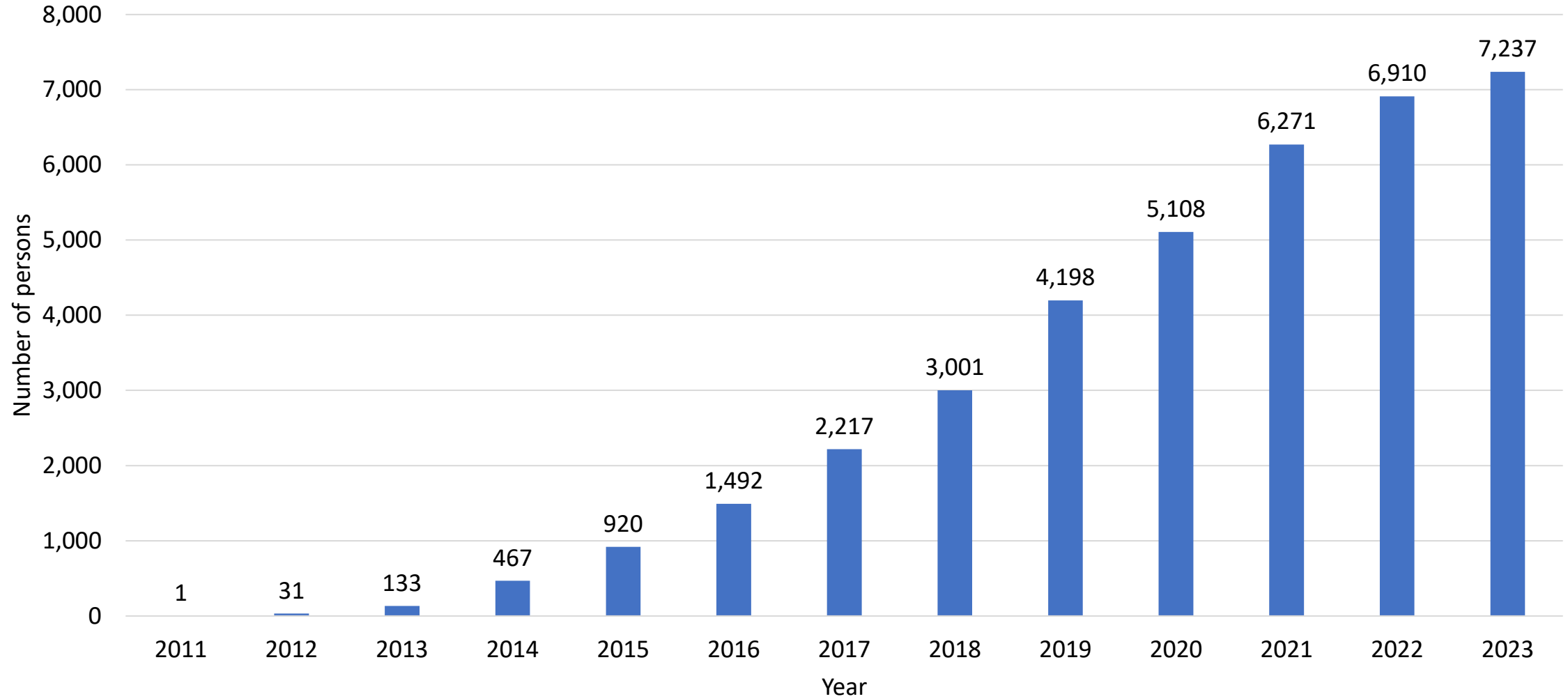
(h) Persons with Dementia for the period 2011 – 2023 (POYC data)



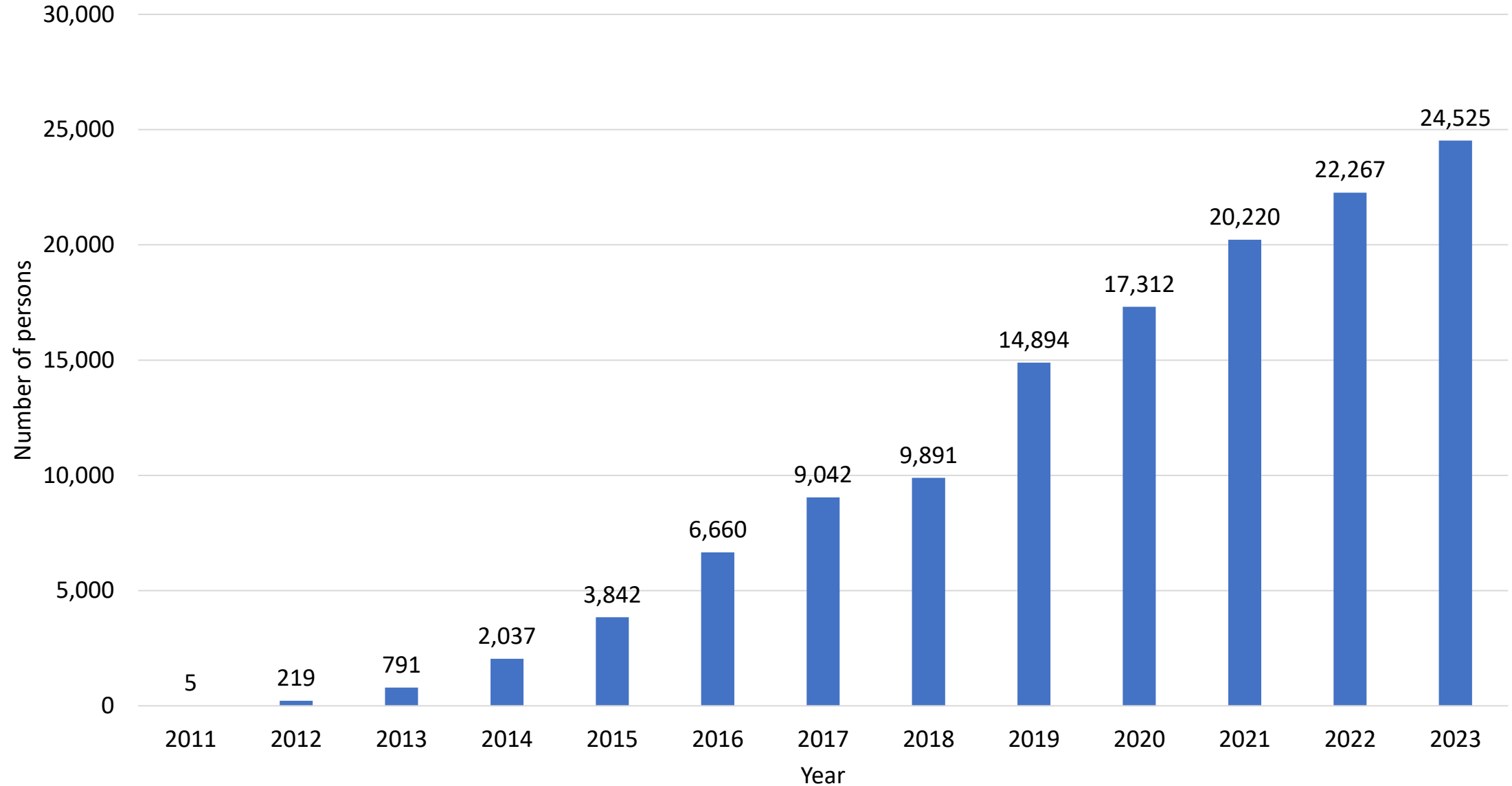
(i) Persons with Schizophrenia for the period 2011 – 2023 (POYC data)



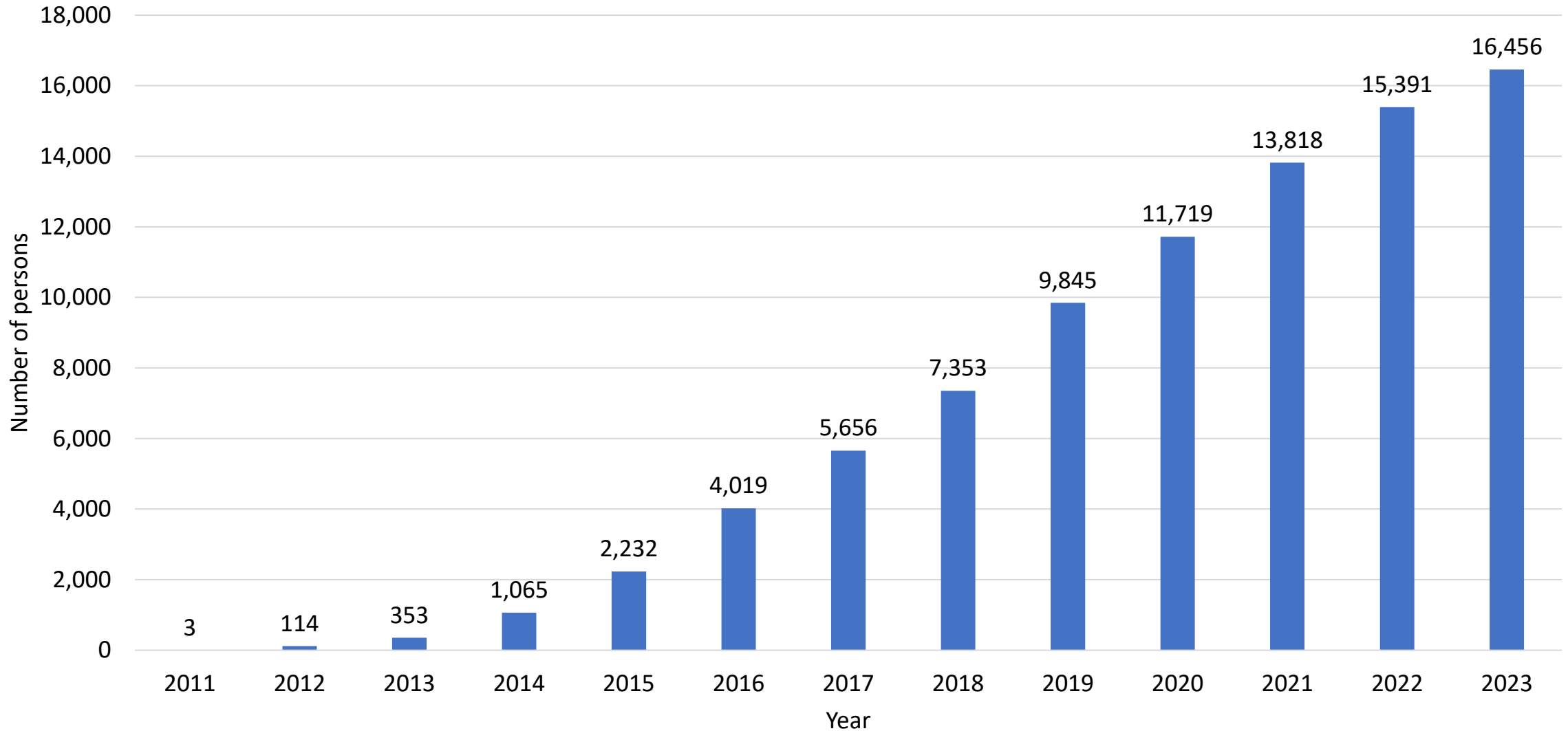
(j) Persons with Psychosis for the period 2011 – 2023 (POYC data)



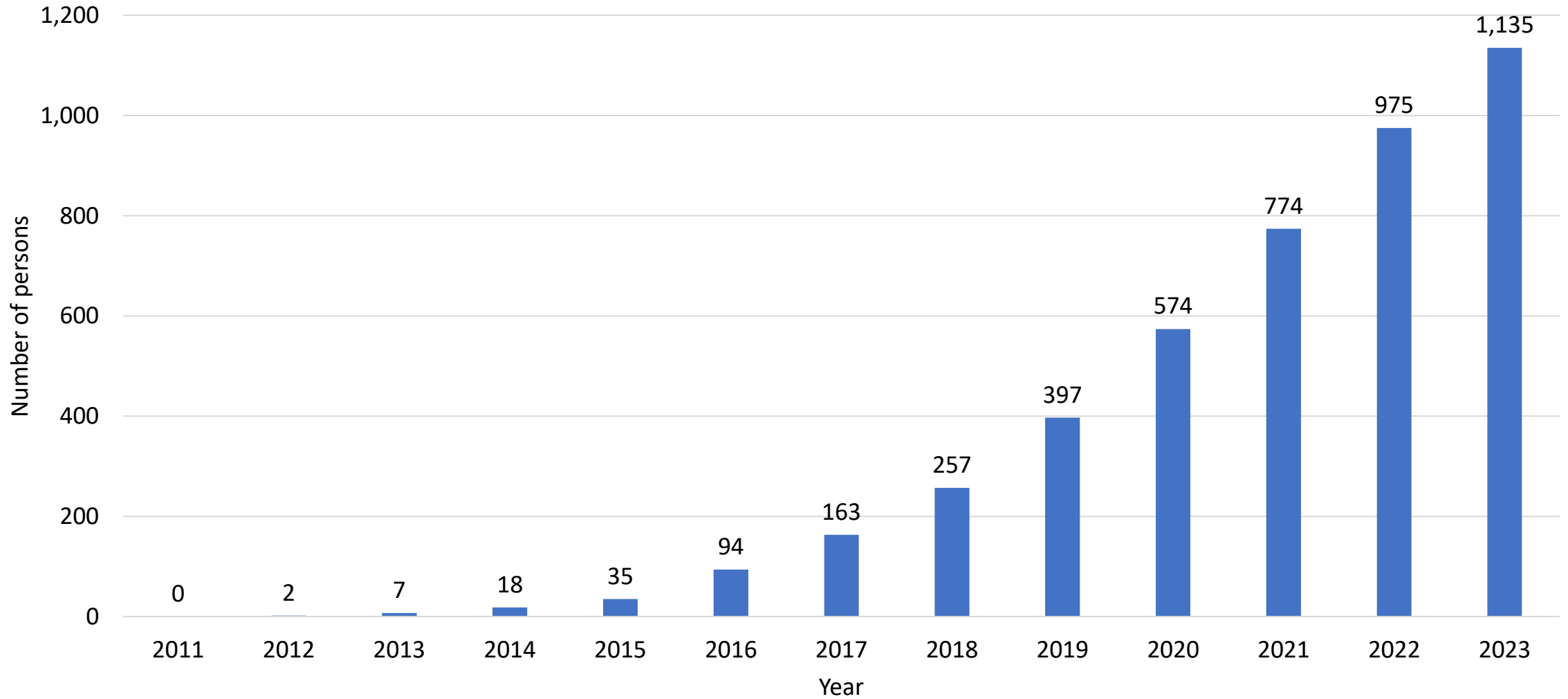
(k) Persons with Chronic Mood Disorders during period 2011 – 2023 (POYC data)



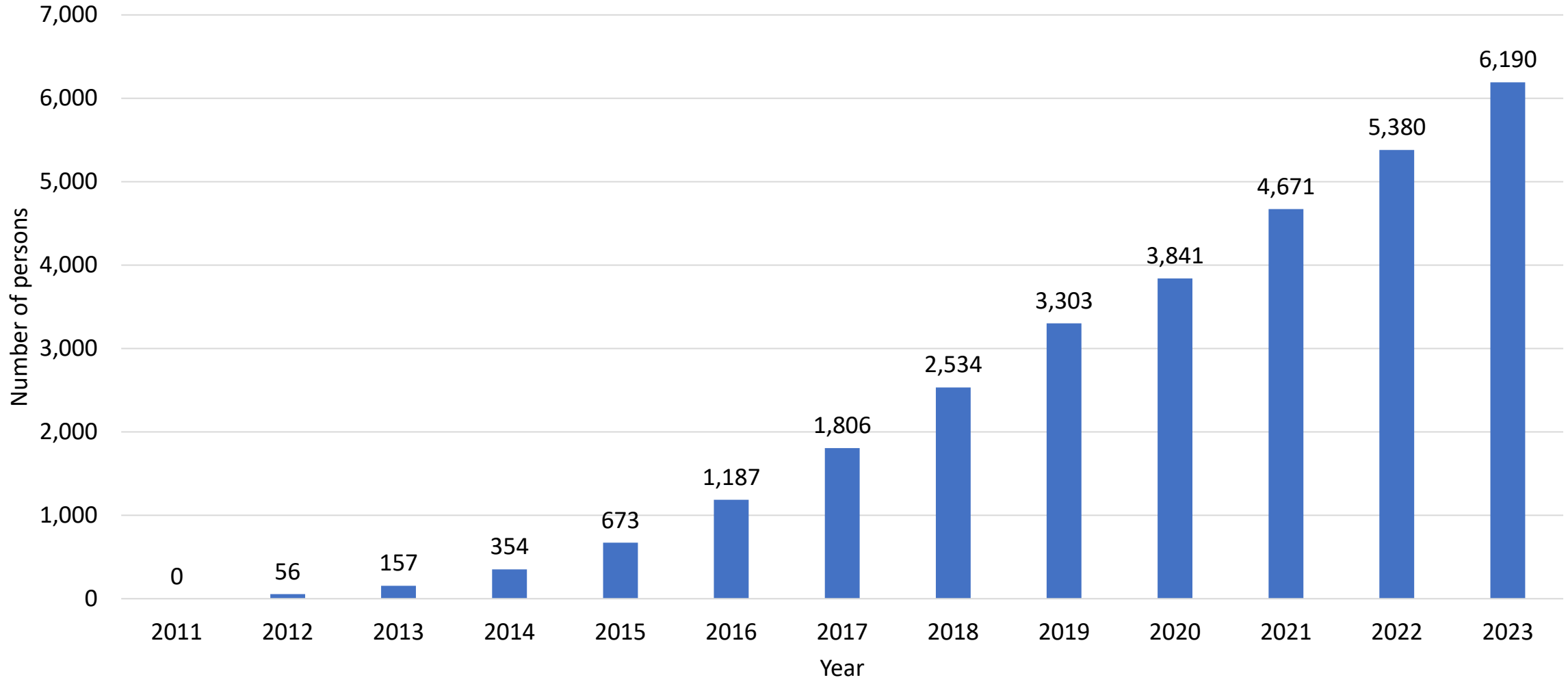
(I) Persons with Chronic Neurotic Disorders for the period 2011 – 2023 (POYC data)



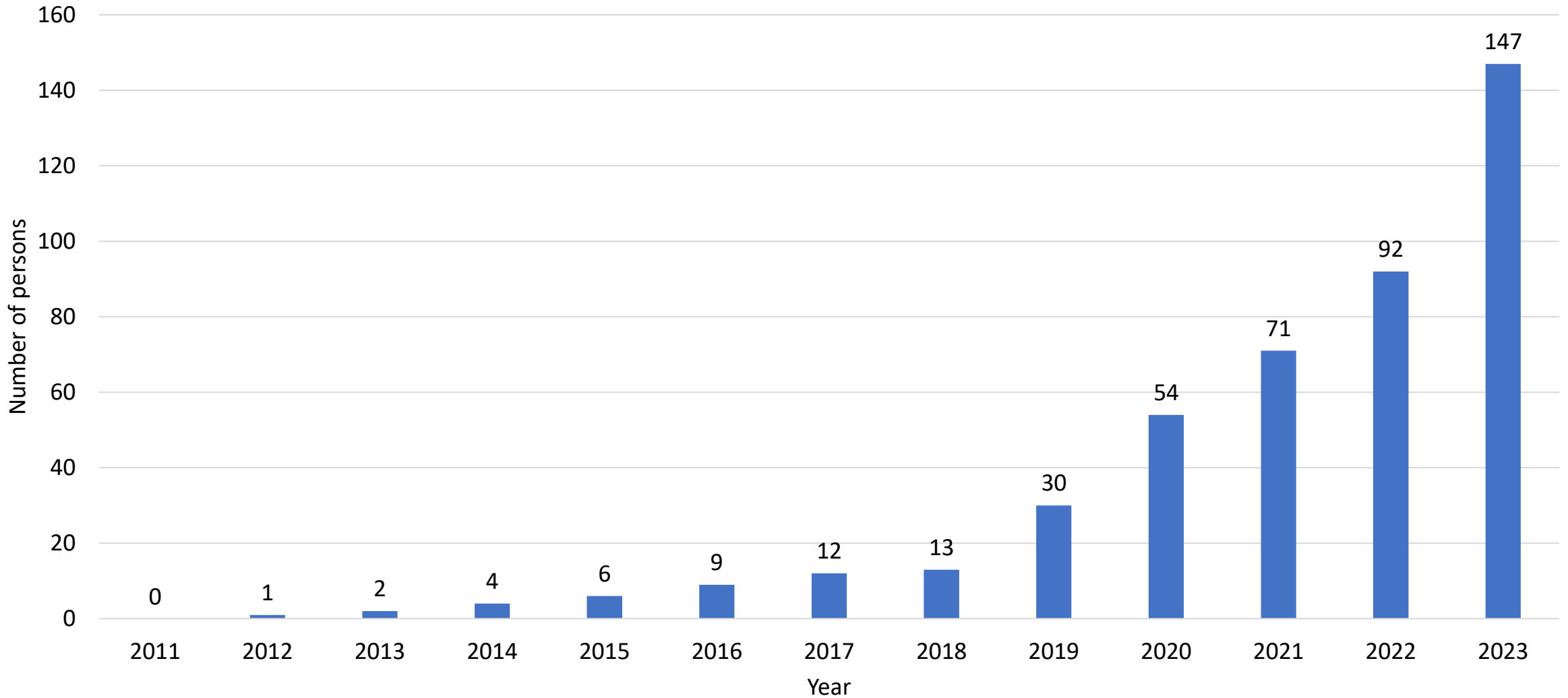
(m) Persons with Addiction Disorders during period 2011 – 2023 (POYC data)



**(n) Persons with Chronic Psychiatric Disorders Starting in Childhood for the period 2011 – 2023
(POYC data)**

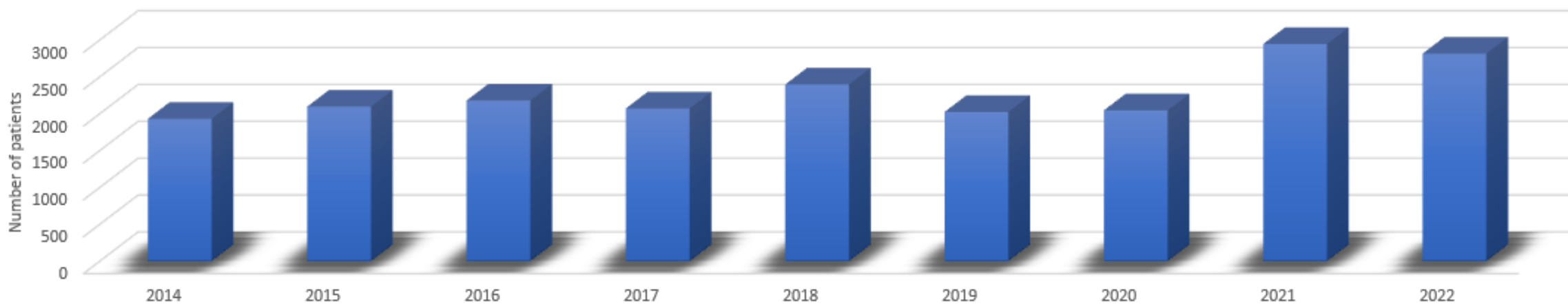


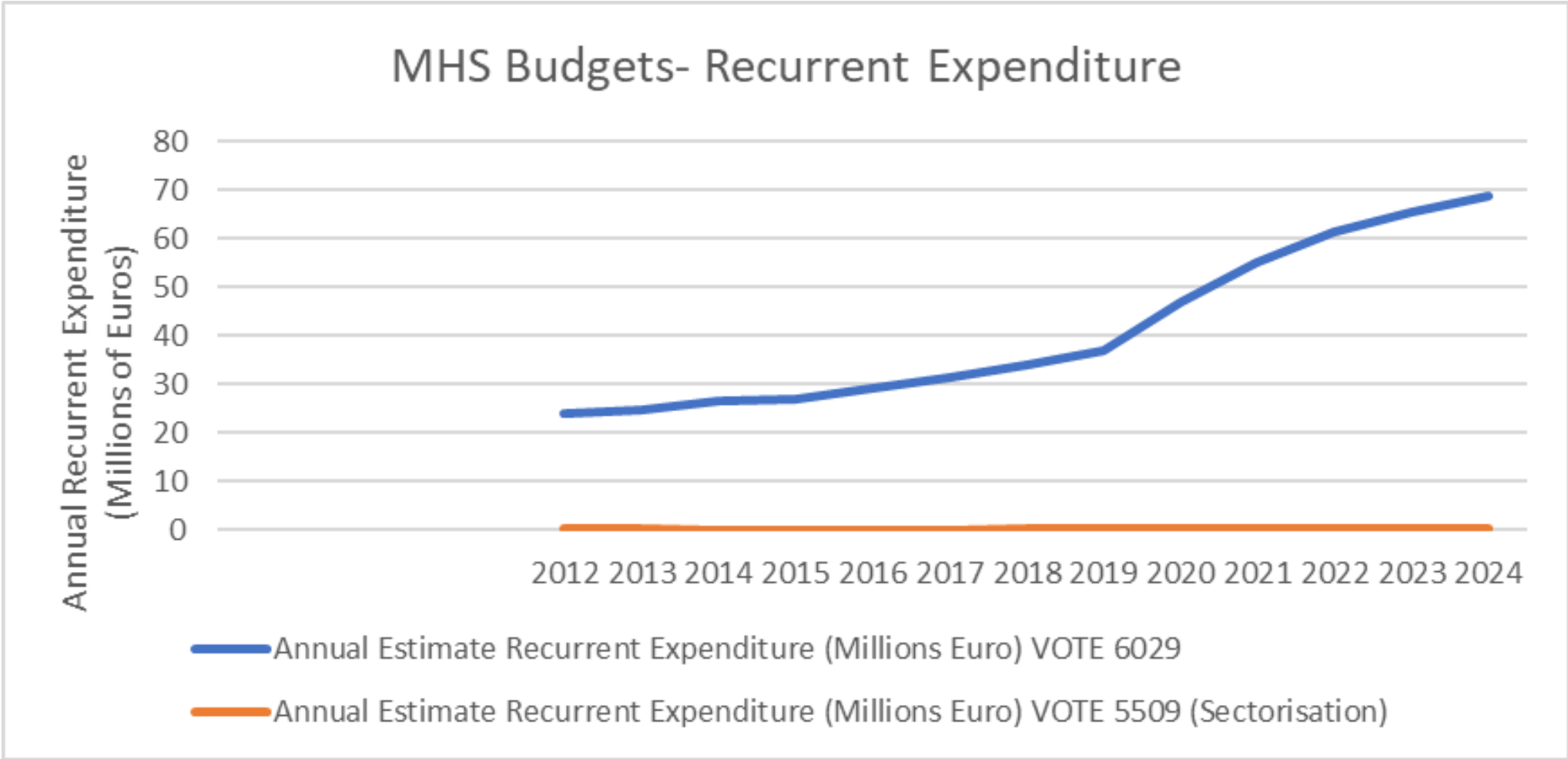
(o) Persons with Chronic Eating Disorders for the period 2011 – 2023 (POYC data)



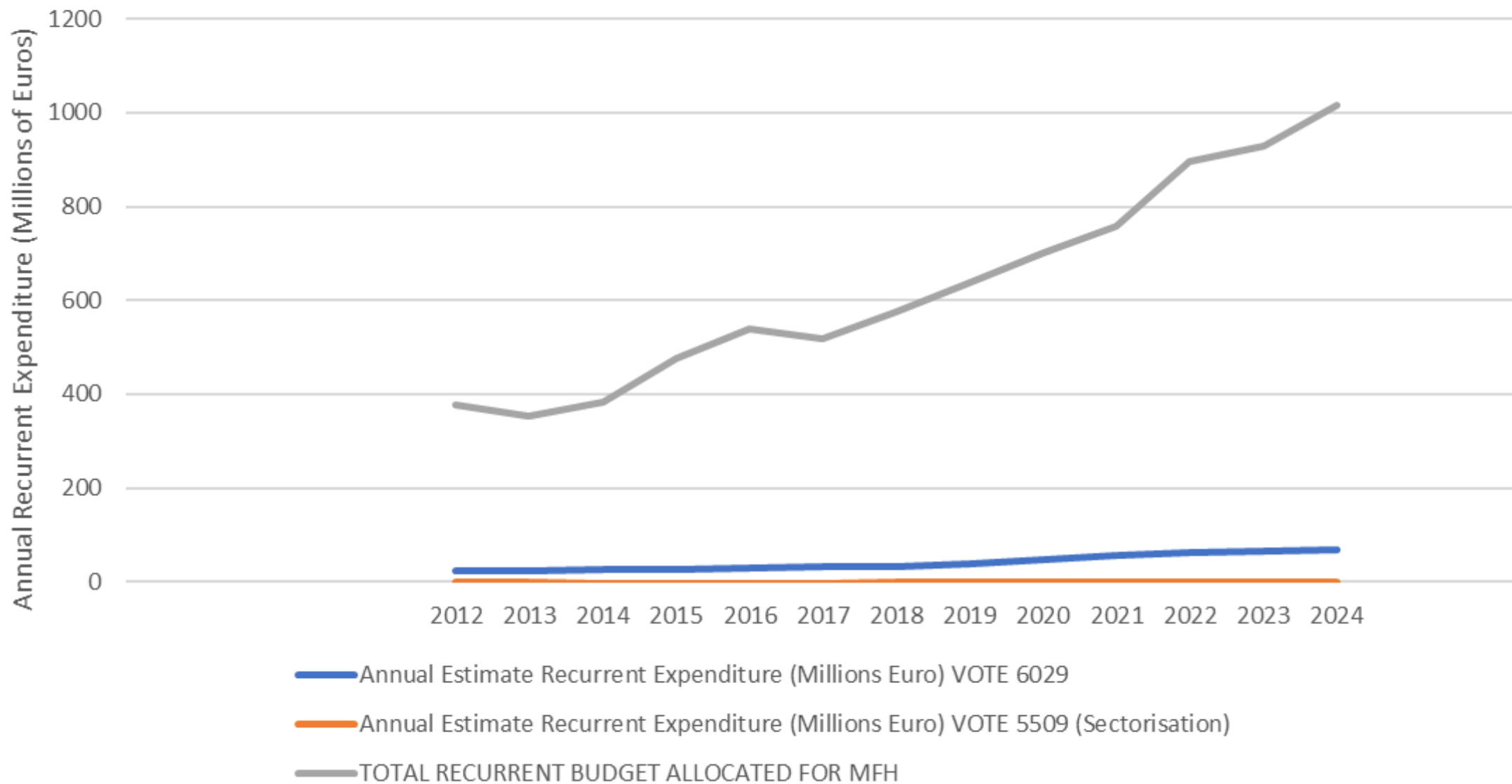
Patients on Psychiatric Treatment and using Drug Control Card for period 2014-2022

(POYC data)



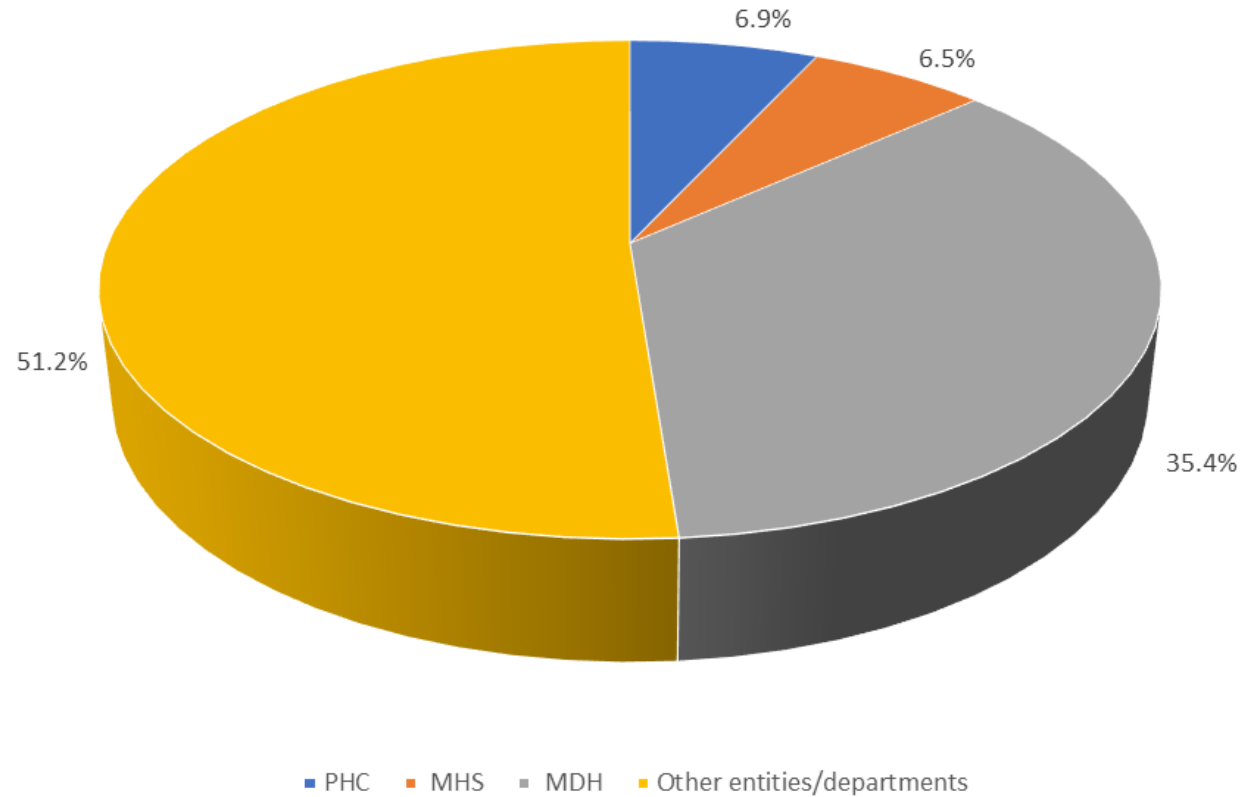


MHS Budget - Recurrent Expenditure



2024 total budget allocation – recurrent and capital

Total MFH estimated budget for 2024



Analysing data at end of 2022 of involuntary care given at Mount Carmel Hospital -1

The total number of new cases in the involuntary care system was 497 - a 38% increase over the average of 361 new cases per year registered from 2016 to 2021. (*Annex 1- section 1 of the annual report*).

Involuntary admission for observation (Sch 2 – IAO) 740 approved applications in respect of 620 individual patients.

- 64.7% lasted <10 days
 - 16.5% lasted >10 days but <17weeks
 - 2% were put on Continued Detention Order >17 weeks
-
- Community treatment orders (Sch 7 – CTO) 418 approved applications in respect of 252 patients.

(*Annex 1- section 2 of annual report*)

Analysing data at end of 2022 of involuntary care given at Mount Carmel Hospital -2

Of the 620 persons under IAO,

- 68.4% were Maltese/Gozitan
- 31.6% were non-Maltese, of whom
 - 66.3% were males
 - 48.5% came from EU/EEA or other European countries
 - 51.5% came from non-EU countries
- A total of 30 patients (4.8%) were classified as **homeless**

(Annex 1 - section 3.2.3).

Analysing data at end of 2022 of involuntary care given at Mount Carmel Hospital -3

Of the 740 Sch. 2 (IAO) applications, only 25% were signed by a responsible carer. An education campaign to increase awareness and the important roles of Responsible Carers needs to be undertaken.

(Annex 1 - section 3.3).

72 persons (11.6%) were admitted under Sch. 2 due to suicide attempt. Another 89 patients (15.5%) had documented suicide ideation

(Annex 1- section 3.6).

Year 2011-2021	No. of suicides/yr n=278	% Male	% Females	Average age	Lowest – Highest age	<25 years of age	>65 years of age
2011	19	100	-	45	18-69	3	1
2012	26	77	23	50	18-98	1	5
2013	22	100	-	47	21-77	3	1
2014	30	87	13	50	14-96	4	6
2015	36	81	19	43	17-72	2	3
2016	21	86	14	44	25-83	1	1
2017	25	80	20	48	15-80	3	5
2018	22	82	18	42	18-80	3	2
2019	21	91	9	45	21-82	3	4
2020	21	68	32	45.5	23-67	1	1
2021	34	73	27	43.5	14-73	6	3

Positive salient remarks from 2021 report

1. The gradual implementation of the Mental Health Strategy published in 2020
2. the refurbishment and the improved environments in some of the wards in Mount Carmel Hospital
3. the transfer of stable chronic mental patients to community residential facilities
4. the ongoing planning for the new acute psychiatric hospital on Mater Dei Campus
5. the various campaigns to increase mental health literacy
6. the introduction of new services, as well as the ongoing staff training and specialisations

Some of the issues raised in past but still need addressing (cont.)

1. The sense of patient inactivity, especially in the afternoon and evening hours
2. The increased number of mental health problems in young people, migrant and foreign workers
3. The burden of substance misuse
4. Need for collaboration by all stakeholders working in the field of mental health
5. The active participation of patients and their responsible carers in patient care plans
6. The slow process of digitalisation of patient medical records
7. The delayed set up of full-time crisis intervention teams on site at MDH

(cont.)
Some of the
issues raised
in past but
still need
addressing

8. Closed Psychiatric Unit within MDH

9. The lack of cohorting of in-patients by disease condition & according to their respective needs, gender - issue often raised by service users

11. The slow introduction of new medicines in the Government Formulary

12. The inadequacy of smoking areas in the wards

13. Patients not requiring hospitalisation are kept there due to lack of appropriate therapeutic and supportive services in the community

14. Lack of interpreter services and cultural mediators for foreigners

Some of the key actions taken by this office in 2022

- Initiated discussions to address the lack of a current valid mental health facility licence in compliance with SL 262.04 of the Dementia Wards at Saint Vincent De Paule (SVP).
- Continued discussions with the Clinical Chair Psychiatry to establish a protocol on Covert Medication
- In line with art 42 of the Mental Health Act, this Office started requesting monthly updates from licensed mental health facilities regarding any death of patients with mental health problems
- Consulted with the State Advocate's Office and organised an online meeting with relevant stakeholders regarding refusal of treatment in patients involuntarily admitted
- Reviewed community treatment orders initiated in the private sector
- Reviewed the process for administration of Electro Convulsive Therapy in MDH
- Brought to the attention of various stakeholders the obligations set by Art 35 of the MHA regarding the conducting of clinical trials, medical or scientific research on patients with mental health problems

Some of the key actions taken by this office in 2022

- In view of the increased prevalence of mental health problems in children and adolescents, this office initiated discussions to introduce the **delivery of Mental Health First Aid training** for all year 9 students (aged 13 years) and their educators in all schools – Public, Private, Church and Independent
- Started planning a stakeholders forum intended to bring together all entities involved in services related to mental health in the country
- Started an **internal exercise to propose amendments to the current MHA**. This followed a meeting held at the Ministry for Health as regards MDH not being licensed to offer mental health services despite psychiatric services being offered. We need to clarify/amplify the role of the Responsible Carer
- Started studying the prevalence and characteristics of individuals who died by suicide in Malta since 1995
- Triggered discussions about safeguarding the rights of persons who go on hunger strikes in the context of the World Medical Association (WMA)'s Malta declaration on hunger strikes

Some of the key actions taken by this office in 2022

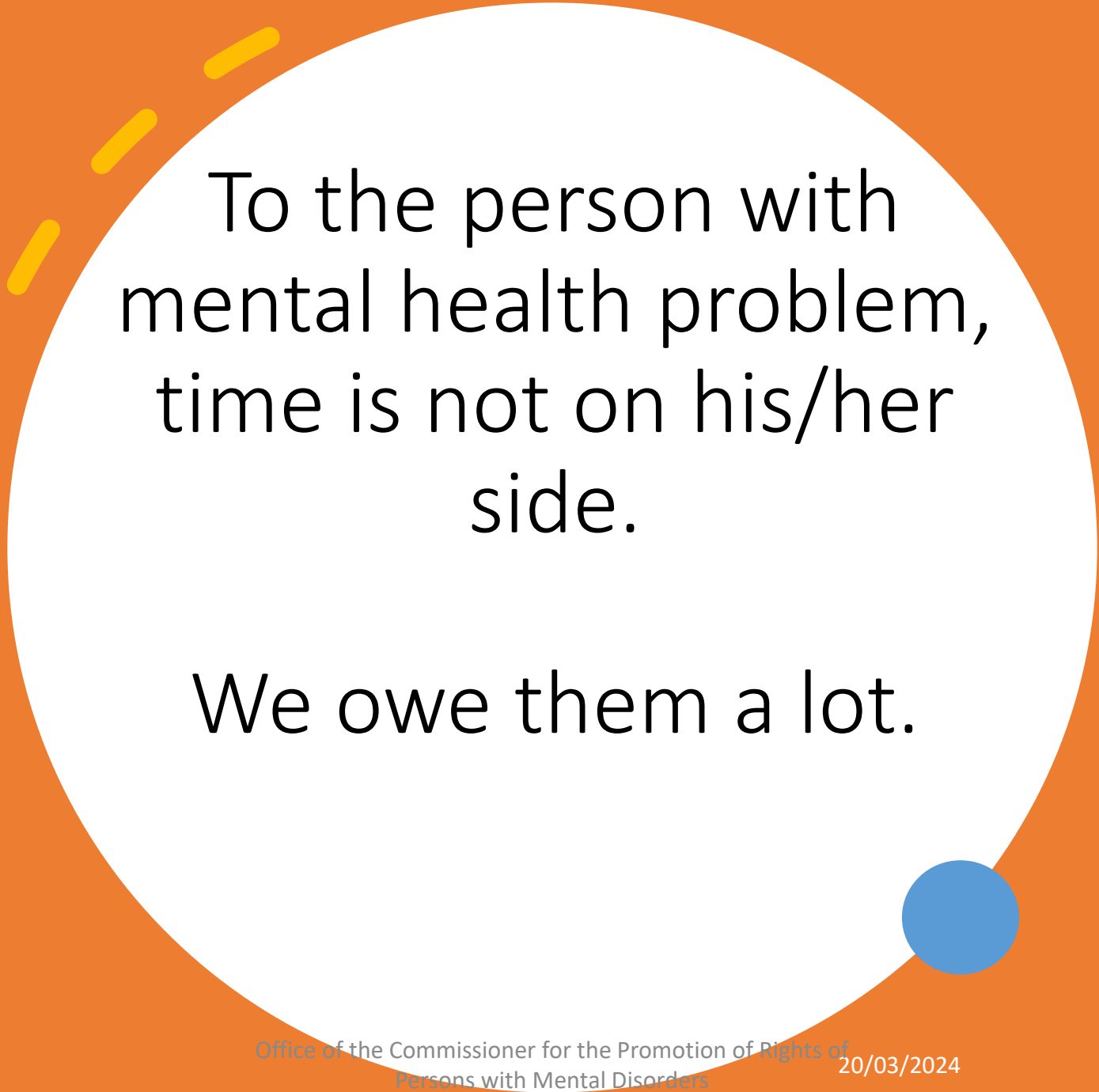
- Since a person suffering from a longstanding chronic mental disorder, living with his/her parents and who has a difficulty in securing / retaining a paid employment, is not entitled to social assistance, we submitted to DSS a proposal for a BM for 2023 so that such persons are entitled to 50% of the stipulated amount of social assistance as established from time to time
- Continued lobbying support for persons with chronic mental health problems with functional disability as verified by WHO DAS tool to be considered eligible for Disability pension

In Conclusion

- Since Mental Health is a universal human right - everyone, whoever and wherever they are, has a right to the highest attainable standard of mental health.
- A round table forum should be organised between all political parties to agree on common positions related to mental health problems.
- An authority with representatives from all political parties, NGOs and other stakeholders should ensure that measures conducive to mental health wellbeing are implemented across all ministries, places of work and in the community. Everyone has a contributory role.
- Increased financial commitments to support preventive measures and support mental health services – both in-hospital and in the community, and support and enhance recruitment of more trained professionals.
- Review of public procurement procedures to ensure **efficient** implementation of the various projects related to **mental health issues** including preventive measures, therapeutic –in-hospital and community wide, as well as, those related to rehabilitation

Finally

- Taking note of the recent visit to MCH by the Prime Minister and the Minister for Health,
 - The major refurbishment of MCH and community clinics should become a **national priority** and implemented at the soonest
 - The Psychiatric Unit in MDH should be reopened at the soonest
 - Parts of MDH should be licensed as Mental Health Facilities (Postpartum psychosis and A&E)
 - Make use of the open land surrounding MCH as well as St. Luke Hospital
 - No person should be kept in a psychiatric hospital if such a need does not exist, simply because of lack of supportive and therapeutic services in the community.
 - The model of Dar Kenn għal Saħħtek should be extended to other specific care needs.



To the person with
mental health problem,
time is not on his/her
side.

We owe them a lot.