



to protect and promote
Office of the Commissioner for
Mental Health

Annual report
2022

Mental Health and Well Being
Call for Action

Foreword

The year 2022 is my first full year in office as Commissioner for the Promotion of Rights of Persons with Mental Disorders. Throughout this year I spent a lot of my time visiting the various licensed mental health facilities and meeting representatives from various organisations in the field of mental health. It was clear that there is strong commitment by health care professionals and people in the voluntary sector to help and walk along with people with mental health problems. All should be applauded. They are all our heroes and society should be appreciative of their dedicated work. During these visits, it was blatantly clear that mental health facilities require an urgent uplift. St. Luke's Hospital moved to Mater Dei Hospital. Oncology Services in Boffa Hospital moved to Sir Anthony Mamo Oncology Centre. Primary Health is undergoing major transformation and will soon reach the climax with the opening of Vincent Moran Regional Hub in Paola. Mount Carmel Hospital is eagerly waiting the construction of the new Psychiatric Hospital, scheduled to be inaugurated in about four years' time at the earliest. However, the peripheral community clinics, the Children and Young people's Service (CYPS) located in St. Luke Hospital, as well as the rehabilitation centres leave much to be desired. There is no more place for retrofitting, but the facilities should be purposely designed and built to reflect the current standards and help decrease the prevailing negative stigma. Are our children, adolescents and younger generations at ease to access these services? This calls also for change in our practices. Are the current opening hours suited for the current needs?

It is positive to note that the budget allocation to Mental Health Services (Vote 6029) as approved by the House of Parliament has increased from 24 million euros in 2012 to 69 million euros in 2024. However, the votes allocated to Sectorisation (Vote 5509) and Crisis Intervention (Vote 5542) have remained static for these last five years. It is important to note that despite this positive trend in investment in Mental Health Services, yet we do not have an indication how much of these funds were not utilised and if so what were the reasons for this. Is it because government procurement processes are slow, or projects not implemented due to lack of resources in project management? If this proves to be true, a serious review of current processes needs to be done when considering the current situation of the mental health services and the increasing burden of mental health problems. So many major infrastructure projects have been underway in the Maltese islands, and these do not appear to face such delays.

It is for this reason that I adopted as a theme for the 2022 Annual report - "Call for Action". We need to invest more in the Mental Health Well Being of our residents in Malta and Gozo.

List of Abbreviations

AW1 – Admission Ward 1

AW2- Admission Ward 2

CCF – Corradino Correctional Facility

CCJP – Criminal Court of Judicial Police

CDO – Continued Detention Order

CLMC – Certificate of Lack of Mental Capacity

CMH - Commissioner for Mental Health (referred to as Commissioner for the Promotion of Rights of Persons with Mental Disorders in the Mental Health Act). The former term is used throughout this report for ease of reference and because of its common usage.

CRPD – Commissioner for the Rights of Persons with Disability

CTO – Community Treatment Order

CTC– Centru Tommaso Chetcuti

CYPS – Children’s and Young People’s Services

DSG – Dar Sebħ Ġdid

DDU – Dual Diagnosis Unit

DES – Directorate for Educational Services

ECG– Electrocardiogram

ECT – Electroconvulsive therapy

FW2- Female Ward 2

KHP – Key healthcare Professional

MCAST – Malta College of Arts, Science and Technology

MCH – Mount Carmel Hospital

MDH – Mater Dei Hospital

MDCP – Multi-Disciplinary Care Plan

MHA – Mental Health Act

MHE– Mental Health Europe

MHS – Mental Health Services

MPU – Multi-Purpose Unit

MSU – Maximum Security Unit

MW2 -Male Ward 2

MW7 – Male Ward 7

MT – Maltese

OCMH – Office of Commissioner of Mental Health

OT- Occupational Therapist

QOC –Quality of Care

SOP – Standard Operating Procedures

SVPR – Saint Vincent De Paule Residence

TCN – Third Country National

WMA – World Medical Association

W8B– Ward 8B

YPU – Young People’s Unit

CHAPTER 1

THE FUNCTIONS OF THE OFFICE OF THE COMMISSIONER FOR MENTAL HEALTH

2022

1.0 Reality Check of the Vision, Mission, Commitment

The vision and mission of the Office of the Commissioner for Mental Health have recurrently been stated in this section of previous annual reports. Since its set up, this Office has persistently raised issues related to the rights of persons with mental disorders to the attention of relevant stakeholders. Yet corrective actions take a long course for a multitude of reasons. Why is it that some persons who do not require acute psychiatric hospitalisation are kept in hospital because of lack of appropriate therapeutic services in the community? Why is it that this office still receives complaints about the negative and traumatic experience felt by persons when being admitted involuntarily for acute psychiatric care? Why is it that repeated complaints by patients and their relatives about the mixed gender in wards, about the mix of persons with different psychiatric diagnosis in the same wards, about the lack of interpreter services in case of foreigners, the inappropriateness of smoking rooms in the wards, the idleness of patients in the afternoon and evening hours, etc still not addressed despite having been highlighted on a number of occasions over the years. These questions call for action to be in line with the spirit of the vision and mission of this Office.

2.0 Organisational structure

The organisational structure of the Office as on 31st December 2022 was as follows:

- Dr. Denis Vella Baldacchino as Commissioner.
- One (1) Consultant in Public Health Medicine.
- One (1) Consultant in Occupational Health.
- Two (2) Officers in Grade 4.
- One (1) Assistant Director.
- One (1) Legal Officer.
- One (1) Senior Allied Health Practitioner.
- One (1) Senior Staff Nurse.
- One (1) Assistant Principal.
- One (1) Senior Clerk.
- One (1) Security Guard.
- One (1) Driver.

3.0 Vacancies as on 31st December 2022 in order of priority

It is a recognised fact, that mental health problems are on the increase globally. Malta and Gozo are no exception. To address this challenge, this Office also requires active investment in its human resources. The following vacancies have been requested to meet for the consequences of these challenges.

Consultant (Public Health Medicine) (Scale 4) – 2 positions

Consultant (Psychiatry) (Scale 4) – 1 position

Manager I (Research) (Scale 10) – 1 position

Consultant (Advisor) (Scale 4) full-time – 1 position

Consultant (Advisor) (Scale 4) part-time – 1 position

Senior Allied Health Professional (Scale 8)- 2 positions

Senior Staff Nurse (Scale 8) – 1 position

4.0 The CMH Agenda for 2022

During 2022 the new Commissioner.:-

- (a) visited various mental health facilities and met with relevant stakeholder organisations and other organisations working in mental health to facilitate and enhance collaboration between them.
- (b) being the first year in Office, the Commissioner presented to the Minister for Health the first 100-day report, outlining the resultant findings of his various visits and meetings outlined in point (a) above.
- (c) continued to put pressure for the swift introduction of new psychiatric medicines on the National Government Formulary.
- (d) initiated an internal review process of the current Mental Health Act.
- (e) publicly continued to raise awareness on mental health well-being.
- (f) pushed to ensure a seamless transition from child to adult mental health services.
- (g) triggered and ensured the deployment of new electroconvulsive therapy (ECT) equipment at Mater Dei Hospital
- (h) instigated an investigation to ensure that persons with diagnosed chronic mental health problems still access and participate in the National Screening Programmes.

- (i) ensured that Mental Health Act articles 35 and 31 regarding participation of persons with mental health problems in clinical trials or other medical or scientific research are followed.
- (j) ensured that incident reports and death notification of patients in mental health facilities reach this office monthly in accordance with article 42 of the MHA. Death certificates started to be analysed to mitigate against possible causative factors and avoid repetitions.
- (k) Continued to push for severe mental health disorders to be recognised as a functional disability.

5.0 Mental Health Act applications for restriction of patient rights

The Mental Health Act has strict timeframes within which restriction of liberty for reasons of mental disorder can be done. These timeframes are regulated by the various schedules included in the Act itself. The involuntary care process is closely monitored by the Office, and trends are analysed, and key findings are reported in Chapter 2 of this report. The actual data can be accessed in Annex 1 to be used by policy makers and anyone interested in carrying out analytical research studies. It must be emphasised that this Office has only visibility on the involuntary care process where patient rights are restricted.

6.0 Visitation of Licensed Mental Health Facilities

Fortnightly visits to licensed mental health facilities, other than Mount Carmel Hospital, started to be carried out during the reporting period. Reports of each visit together with an action plan was brought to the attention of the Commissioner and feedback and recommendations were communicated to facility directors. Staff working in the said licensed facilities were briefed on the Mental Health Act and its implications. Information sessions on patient rights were also given to the residents. Both initiatives were well received. Facilities were also assessed as regards Standard Operating Procedures for the supply, storage, preparation and administration of medications. The Office also started looking into whether residents in licensed mental health facilities other than Mount Carmel Hospital had a designated responsible carer as provided for by the Mental Health Act. Of 331 residents in the various facilities outside Mount Carmel Hospital, only 38% had a Responsible Carer. Some residents in some hostels had no designated responsible carer whilst some residences had about 81% of their residents with appointed responsible carer. In this regard, these visits are helping to increase the awareness amongst residents and administrative staff alike.

These visits also helped to ensure that residents were being taken care of in a dignified manner, by dedicated staff, in a suitable environment and that they are aware of their rights and do participate in their care process. In this regard, 81 face-to-face patient interviews were carried out and time was also dedicated to listen to the concerns of 70 staff members in both public and private facilities. A total of 27 environmental questionnaires were carried out and the questionnaires with Responsible Carers were carried out through 10 detailed telephone conversations.

Further details about the outcomes of the two diverse types of inspections which were carried out can be found in Chapter 3.

7.0 World Mental Health Day 2022

Various activities to highlight this day were promoted on the Office's Facebook page. The theme chosen for World Mental Health Day 2022 was Mental Well Being for all – A Global Priority. The Commissioner was a key speaker and participated in a panel discussion in a half-day conference organised by the Malta Chamber of Commerce, Enterprise and Industry. This event focused on mental health at the workplace. On 10th October, The Chairperson of the Malta Foundation for the Wellbeing of Society Her Excellency Marie-Louise Coleiro Preca, together with members from the Children's Hub within the same Foundation, met with the Commissioner for Mental Health to present six proposals made by children about mental health. The proposals feature in a manifesto which was presented to the Commissioner and which reflect the aspirations of 20,000 children living in Malta. This means that one in five children living in Malta have spoken about the mental health challenges, they and their respective communities face. Government should adopt these in its various ministerial operations and ensure their implementation across Malta and Gozo.

The Commissioner also participated in a panel discussion on the Programme Kuxjenza which discussed mental health and which was aired on TVM News+. Mental Health Association Gozo also organised their annual conference on 21st October 2022 to mark World Mental Health Day with the theme on bullying. The Commissioner also addressed this conference. Meanwhile, Mental Health Association marked this day by organising a walk in Valletta held on 23rd October 2022 to help raise awareness about mental health. The Office of the Commissioner for Mental Health participated in the walk and set up its own stand, together with other relevant stakeholders, in the designated area in Saint George's square to give information to the public. The Commissioner also addressed the crowd who were present.

World Mental Health Day was also marked by the Commissioner's participation on a programme which was aired on Radju Malta on 27th October 2022 and other media participation on the 24th of October on Radju Malta and on the 27th of October 2022 on Campus FM.

All these activities helped to continue raising awareness on mental health well-being amongst the public but also to further continue pushing mental health high up on the national agenda.

8.0 Customer Care

This Office held 28 face to face meetings of a customer care nature during 2022. The nature of requests varied. Most requests came from curators requesting information regarding their duties; whereas other requests came from responsible carers complaining of release of patients; perceived injustices at work due to mental health issues; and claims of abuse by carers.

Meanwhile, the Office received a total of 48 written complaints during 2022 of which 40 were resolved. Some complaints were referred to the competent authority for onward action since they were not within the remit of this Office. Some complaints were related to problems as regards to access to social benefits by persons with mental health difficulties. There were also complaints about shortage of psychiatric medicines, requests to add certain psychiatric medicines on the Government formulary, complaints regarding alleged side-effects of certain psychiatric medicines on the formulary, as well as complaints about their alleged lack of efficacy. Other complaints were about the environment at Mount Carmel Hospital / Gozo General Hospital, as well as complaints about the food provided with poor variety and the lack of activities to help structure the day and to help their rehabilitation. The Office received requests from patients to change ward, change consultant, to withdraw a decision taken by the Commissioner regarding the patient's involuntary care. There were also complaints from patients who did not understand the reason behind their involuntary mental health.

It is important to emphasise that this office through its various employees, also handle numerous telephone calls from patients, relatives and carers alike, who raise their complaints without putting them in writing. These are difficult to quantify. It is important to highlight that some of these complainants are not able to write letters and send them by post and do not have digital literacy. Yet this office does its utmost to support.

9.0 Public Relations, Media Presence and participation in meetings

The Office was present on various media platforms throughout the entire year apart from specific interventions related to Mental Health Week, World Suicide Day and World Mental Health Day as detailed hereunder:-

- Interview to the Commissioner for Mental Health on *TVAM* (aired on TVM) on the 7th of January 2022.
- Participation on Radju Malta programme *Il-Polz taċ-Ċittadin* on the 5th of April 2022.
- Interview to the Commissioner for Mental Health on *TVAM* (aired on TVM) on 9th May 2022.
- Interview to the Commissioner for Mental Health on *Newsline* aired on Radju Malta on 11th May 2022.
- Interview to the Commissioner for Mental Health on *Kuxjenza* aired on TVM on 13th May 2022.
- Participation by the Commissioner for Mental Health on *Illum ma' Steph* aired on TVM on 19th May 2022.
- Interview to the Commissioner for Mental Health on Campus FM aired on 6th July 2022.
- Participation by the Commissioner for Mental Health on *Attwalita'* (aired on Xejk TV) on 24th August 2022.
- Interview to the Commissioner for Mental Health on *Il-Polz taċ-Ċittadin* (aired on Radju Malta) on 7th October 2022.
- Interview to the Commissioner for Mental Health on *Kuxjenza* (aired on TVM) aired on 12th October 2022.
- Participation by the Commissioner for Mental Health on *Realta'* (aired on TVM) on 18th October 2022.
- Participation by the Commissioner for Mental Health on *MG Cafe' Live* hosted by Happy Parenting and aired on Radju Malta on 27th October 2022.

The Office website and Facebook page were updated regularly . The Office also kept regular contact with the public via Facebook Messenger.

More information regarding the Office's public relations and media presence in relation to Mental Health Week, World Suicide Day and World Mental Health Day follows.

9.1 Mental Health Awareness Week 2022

For the first time in 2022, The Office of the Commissioner joined the initiative of Mental Health Europe (MHE) to Promote Mental Health Awareness Week 2022 -#EuropeanMentalHealthWeek. The initiative involved inviting organisations with an interest in Mental Health and Media organisations to come together during the week and spread the same message. The theme for this mental health awareness week was that chosen by MHE #SpeakUpForMentalHealth.

The following entities participated through their social media channels and participated in slots on TV and Radio programmes which were co-ordinated by Office of the Commissioner for the Rights of Persons with Mental Disorders. These included: the Commissioner for The Rights Of Children (Malta), the Commissioner for the Rights of Persons with Disability (CRPD), Mental Health Services (Malta), Primary Health Care (Malta), Directorate of Health Promotion and Disease Prevention, University of Malta, Malta College of Arts, Science and Technology (MCAST), Directorate For Educational Services (DES), the Foundation for Social Welfare Services (FSWS), Aġenzija SAPPOR, Dar Kenn Għal-Saħħtek, Aġenzija Żgħażagħ, Malta Trust Foundation, ADHD Malta, bBrave Malta, Caritas Malta, HILA, Mental Health Association (Malta), Richmond Foundation, SOS Malta - Kellimni.com and St Jeanne Antide Foundation. These opportunities helped to continue raise awareness across the various sectors of the population who were listening to the respective programmes aired during the week.

The office of the Commissioner also organised a half-day seminar, hosted at Dar Kenn għal Saħħtek on the 12th May 2022. The seminar was addressed by the Commissioner for Mental Health himself, H.E. President Emeritus Marie Louise Coleiro Preca in her capacity as Chairperson for the Malta Trust Foundation and Foundation for the Wellbeing of Society, Ms. Antoinette Vassallo Commissioner for the Rights of Children, Prof. Josianne Scerri for the Department of Mental Health at the University of Malta, Prof. Anton Grech Clinical Chairperson in Psychiatry – Mental Health Services, Ms. Darleen Zerafa Director at Dar Kenn Għal Saħħtek and Mr. Stephen Sammut Nurminen from Instagram handle movewithsteve. An open floor discussion followed, the recurring message being that all different entities need to get together and tangibly collaborate and work better together.

The week was also supported by media partners through their various coverage; namely TVM News + on the program TVAM, Radju Malta on the programmes *Għal Kulhadd* and *Newsline*, NET FM through its programmes *Brunch* and *Għażżiet*, NET TV program *Bejnietna*, Campus FM through *Therapy Talk*, as well as 103 Malta's Heart, The Malta Independent, TVM News and One News.

Meanwhile, on 19th May Ms. Gertrude Buttigieg from this office, was invited to Mental Health Europe (MHE) Offices and greeted by Ms. Jackie Mellese, Communication Manager MHE who showed great appreciation at the work carried out by the Office to promote the campaign.

9.2 Suicide Awareness Day

On 10th September 2022, the Office issued a press release on Suicide Prevention Day. Copy of the press release is available in full on the Office Facebook page or using the links that follow. A press statement was reported by The Malta Independent and details of which can be found on our official website.

https://www.independent.com.mt/articles/2022-09-10/local-news/Each-death-by-suicide-is-potentially-preventable-World-Suicide-Prevention-Day-2022-6736245808?fbclid=IwAR2uyD_vkF4isWw7yXvPee4NP-4PQFC73JGHFLEUAqOdFKJXimAw3pzbckk and The Times of Malta https://timesofmalta.com/articles/view/suicide-accumulation-pain-denis-vella-baldacchino.979793?fbclid=IwAR0ZyyJjfsK-GM0NjxYWSttA_JUetAzzB1OcHG5aMHZUdw1onMYPbkqKqgg

On this day, the Commissioner also participated in TV program *Kuxjenza* which was aired on TVM News + and also participated on TVM news bulletin and portal (<https://tvmnews.mt/news/li-wiehed-tistaqsih-kif-int-taghmel-hafna-differenza/>).

A selection of print media articles on salient aspects of mental health can be accessed on the official website of this Office.

List of meetings organised and participated by this Office are listed in Annex 2

10.0 Mental Health Review Committee

The Mental Health Review Committee was set up within the Office for the handling of requests for review of cases raised either by the Minister for Justice or by the patients or their responsible carers in terms of the Mental Health Act (MHA). In 2022, there were four (4) referrals that were processed and advised upon.

The respective contributions can be accessed on our official website.

11.0 Investigation of complaints alleging breach of human rights

During 2022 this Office closed an investigation of one significant complaint carried over from the previous year. This complaint involved a 50-year-old, deceased female with mental health problems. The case was referred to our office on the 9th of December 2020 by the Ombudsman (Health) who had received the complaint from the deceased's brother. The investigation involved extensive review of documentation from both Mount Carmel Hospital and Mater Dei Hospital. The relevant investigation was concluded in December 2021 and in January 2022, following discussion with the newly appointed Commissioner, the report was sent to the Ombudsman (Health). The recommendations for action were forwarded to the Chief Executive Officer of Mental Health Services, the Clinical Chair of Psychiatry and the Director Mental Health Nursing

12.0 Assessment of applications for invasive or irreversible treatment under the MHA (Schedule 14).

At the start of 2022, there were three (3) pending applications.

The first application submitted on the 2nd of September 2021 concerned a 27-year-old man with severe refractory obsessive compulsive disorder. A Board of Evaluation was specifically set up and the application was approved by the Commissioner on the 27th of January 2022.

Assessment of the other two cases, both women, aged 32 and 57 respectively, suffering from severe refractory obsessive-compulsive disorder, was still pending at the start of the year. Since the approval of these requests was very resource intensive and involved a lot of time, discussions were initiated to find alternative, more resource-effective way to manage future applications. Meanwhile, the 32-year-old lady was discussed by the Board at an online meeting on the 29th of March 2022. The Board separately interviewed her and her responsible carer on the 26th of April 2022. A positive decision was issued by the Commissioner on the 13th of May 2022.

The case for the 57-year-old lady was discussed by the Board on the 3rd of May 2022. The Board interviewed the patient and her responsible carer separately on the 10th of May 2022. A positive decision was issued by the Commissioner on the 19th of May 2022.

During the reporting period, this Office started following up the five patients who had these interventions.

13.0 Initiatives taken by this Office during 2022.

13.1 Dementia Wards at Saint Vincent De Paule Residence (SVPR) and the MHA.

There has been growing concern by this Office about the lack of a current valid mental health facility licence in compliance with Subsidiary Legislation 262.04 of the Dementia Wards at Saint Vincent De Paule Residence (SVPR). In this context, the Commissioner drew the attention of this anomaly to both the Minister for Health and the Minister responsible for the Elderly. Discussions between this Office, the Office of the Attorney General and the Superintendent of Public Health were also held regarding required amendments to the current legal obligation to license said facilities and it was agreed that there was no legal framework to keep someone against their will at SVPR unless via the Mental Health Act (MHA) or through a Court Order. This would entail having to place all such patients on Involuntary Treatment Orders or certify them as lacking mental capacity through a Certificate of Lack of Mental Capacity with eventual application for incapacitation or interdiction. The latter would continue depriving them of their rights. Other issues which cropped up included whether Dementia should be defined as a Mental Disorder under the MHA and whether other residences for Dementia patients should also be licensed as a mental health licensed facility. The main conclusions from the discussions were that SVPR is to do profiling of patients in the four (4) Dementia wards and then expand this profiling to 11 "dementia" wards. To date, the report of this exercise has not reached this office.

13.2 Covert administration of medication

During the year under review, this Office initiated discussions with the Clinical Chair in Psychiatry to establish a protocol in this regard. Relevant discussions were still ongoing as at end of year 2022.

13.3 Deaths in Licensed Mental Health Facilities (MHA Article 42)

During the year under review, in line with article 42 of the Mental Health Act, this Office requested monthly updates from licensed mental health facilities regarding any death of patients with mental health problems. A number of these deaths were linked to choking and/or aspiration, which is a known risk in mental health patients. Subsequently, this Office discussed measures which should be taken to prevent such occurrences. An email was sent to all licensed mental health facilities outlining a non-exhaustive list of recommendations to curb deaths by choking and/or aspiration. Moreover, the facilities were requested to report on measures that are being taken from their end to this effect. It was recommended that Speech Language Pathologists assess all patients to

assess their swallowing abilities and highlight High Risk Patients. Pursuant to this the various facilities showed actions that were being taken to avoid such incidents including training of staff.

13.4 Migrant Mental Health

This Office was requested by the International Affairs and Policy Development, Department for Policy in Health for feedback on several questions in relation to the drafting of a “Concept note in relation to the European Migration Network on Mapping of Mental Health Policies for Migrants” by the European Commission. The feedback provided by this Office reiterated the recommendations made in July 2019 in the National Mental Health Strategy.

The Office was also involved in the replying to a series of questions from Aditus Foundation to help them in drafting a report on mental health and integration of migrants and refugees. The response was sent to Aditus on the 21st of February 2022.

13.5 Refusal of treatment in involuntary admissions and the issue of mental capacity

This issue was the subject of ongoing different opinions. The Office consulted with the State Advocate's Office and organised an online meeting with relevant stakeholders.

13.6 Community Treatment Orders in the Private Sector

During the reporting period this Office discussed and provided guidance regarding those instances related to applications for Community Treatment Orders which are received from the private sector and which have a Key Healthcare Professional from the Community Mental Health Nursing. The Office sought a clarification from the Clinical Chair, Department of Psychiatry and it was concluded that, in such cases, the Key Healthcare Professional, must be from the private sector too. This direction was amended later in the year to cover Key Healthcare Professionals that are also from the public sector. Meanwhile, it was agreed that Community Treatment Orders that are started solely in the private sector are to reach this Office directly from the private sector rather than reaching us through Mental Health Services.

13.7 Review on the administration of Electroconvulsive Therapy (ECT) at MDH

During the reporting period this Office was involved in discussions regarding a patient at ITU who required Electroconvulsive Treatment at Mater Dei Hospital (MDH) which is not a licensed mental health facility, and about the way patient's consent for ECT was sought. It transpired that in the past, the responsible psychiatrist used the 'Transfer of Hospital Form' under the old MHA

Subsidiary Legislation even though the patient had never been admitted to MCH in the first place. Several discussions followed until it was eventually agreed that:

- (1) ECT should be provided at MDH for patient safety reasons.
- (2) No 'transfer of care forms' are required since patient was not an inpatient in MCH.
- (3) The need to get MDH (or parts of it) licensed as a Mental Health Facility was strongly advocated, as well as the re-opening of the Psychiatric Unit within MDH. In both instances, no progress is recorded by the time of writing this report

13.8 Community Treatment Order of inmates at Correctional Services Agency

This was the subject of several discussions which the Office had during the reporting period. It was concluded that these applications are to be accepted since Corradino Correctional Facility (CCF) is a community for the institutionalised patient. It was also agreed that it is also not precluded that the inmate's Key Healthcare Professional (KHCP) could be one of the signatories or provider of the service, however it must be a single identified person and ideally be different from the signatories of the application form or those providing the service. It is important to highlight that this Office has serious reservations that the Responsible Carer of an inmate with acute psychiatric problems in the Corrective Facility is the CEO of the said facility.

13.9 Clinical Trials or other medical or scientific research (MHA Article 35)

This topic was the subject of several discussions conducted by this Office especially in the light of the ongoing Trans Magnetic Stimulation (TMS) clinical trial which was ongoing in MCH and whereby the obligations of the MHA were not followed. These obligations were then brought to the attention of the various bodies within the University of Malta and resulted in a big turmoil whereby all research in the field of Mental Health was halted due to the requirements of the MHA, which were not being followed. Several high-level discussions ensued and a set of guidelines to be followed by those in charge of clinical trials or other medical or scientific research on mental health patients were drafted. These were subsequently discussed with the Ethics Committee and the Legal Services at the University of Malta and were agreed upon in principle but a redefinition of "mental disorder" was strongly felt with regards to Article 35 of the Mental Health Act and its applicability to persons who were hospitalised. The Mental Health Act needs to be amended in this regard.

13.10 Application submitted for the licensing of a new private healthcare facility aiming to provide Ketamine-assisted Psychotherapy.

The licensing of this facility as a licensed mental health facility was discussed in the context of the proposal to use Ketamine-assisted psychotherapy - a use that is for an indication which is not covered by the licence of use of the drug. The issue regarding licensing falls under the responsibility of the Superintendent of Public Health. It was also stressed that off-label use is the responsibility of the prescriber and that the person with a mental disorder using the service would need to be fully informed of the off-label use of this treatment and gives a valid informed consent.

13.11 Mental Health First Aid Training for Youths and Educators

This Office is very much concerned about the increased prevalence of mental health issues in children and young adolescents as shown in various local research studies. During the reporting period, 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. Several discussions regarding the project's ideation, coordination and funding were carried out. As at end of year 2022, it was envisaged that the project would start to be implemented in the second quarter 2023.

14.0 The planning of a proposed stakeholders forum

During the reporting period, the Office of the Commissioner for Mental Health started planning a stakeholders forum intended to bring together all entities involved in services related to mental health in the country. It is hoped that this exercise will map relevant services on offer, help to coordinate services, facilitate referrals to appropriate services and spur collaboration among everyone. As at end of year 2022, the Office was planning to draft a questionnaire which will eventually be sent to all entities.

15.0 Review of the Mental Health Act (MHA)

The Office started an internal exercise to propose amendments to the current Mental Health Act. This followed a meeting held at the Ministry for Health as regards Mater Dei Hospital not being licensed to offer mental health services, even though the Liaison Psychiatrists are working as a team on MDH campus-

16.0 Study into the prevalence and characteristics of individuals who died by suicide in Malta since 1995

During the reporting period, this Office started studying the prevalence and characteristics of individuals who died by suicide in Malta since 1995. There is a complete lack of information flow on these cases between various government entities. The Department of Health Information and Research (DHIR) only receives death certificates with the cause of death. Other than this, none of the health entities are alerted about the cases of suicides and no one within Health analyses the profile of the individual and whether the individual was previously known to Mental Health Services or otherwise. This is being done to sensitise relevant stakeholders and to try and identify any actions that are possible to anticipate recurrence of such unfortunate instances. The Office emphasises that it is not the number of cases as reported which count but rather emphasis should be made to actively prevent such occurrences. Even one death by suicide is a tragic loss to society.

17.0 Proposed budget measures 2023

During the reporting period, the Office proposed budget measures for budget 2023. The measures focused on the increased importance of community mental health care. The increased prevalence of such care path means that a considerable number of persons suffering from mental health disorders remain living in the community and often cohabiting with parents due to an unaffordable independent living alternative.

Several individuals in this patient cohort have employability issues stemming from the extent of their mental disorder. This often creates an added financial burden on their informal carers. As at end 2022, a person suffering from a mental disorder that lives with his/her parents and that has a difficulty in securing a paid employment, is not entitled to social assistance.

In the face of this difficulty, the Office made the following proposal.

- To help alleviate this difficulty, persons with a longstanding chronic mental disorder that precludes them from securing paid employment and that are living with parents, should be entitled to 50% of the stipulated amount of social assistance as established from time to time.
- Eligibility for the proposed budget measure was linked to the fulfilment of the following conditions:-
 - (a) History of a chronic mental health difficulty that dates to a minimum of two (2) years from date of certification by the current responsible Psychiatrist.

- (b) The mental health disorder is severe to an extent that it is precluding the individual from securing paid employment.
- (c) The individual fulfils the current and future conditions that need to be fulfilled by social assistance beneficiaries.
- (d) The individual is suffering from any of the following disorders:-
 - i. Schizophrenia
 - ii. Psychosis
 - iii. Severe Depression
 - iv. Bipolar Disorder
 - v. Obsessive Compulsive Disorder
 - vi. Anorexia Nervosa

18.0 A proposed protocol regarding inmates or patients on hunger strikes.

During the reporting period, this Office triggered a series of discussions about safeguarding the rights of persons who go on hunger strikes. This was discussed in the context of the World Medical Association (WMA)'s Malta declaration on hunger strikes. The latter declaration also discusses the role of the physician and any associated conflict of interest encountered by caring specialists between their obligations towards patients and those towards their employers. Discussions were still ongoing as at end of year 2022 and continued in 2023.

19.0 Deployment of new ECT machine at Mount Carmel Hospital

This Office reviewed the policy followed with regards to administration of ECT. It also successfully intervened to ensure the deployment of a new ECT machine at Mater Dei Hospital, which although procured, was not being used due to lack of proprietary conductive gel. The new machine has a lot of added benefits.

20.0 The First 100 Day report

The Commissioner compiled a report outlining findings and recommendations from visits to licensed mental health facilities, stakeholder entities and meetings with relevant parties which were carried out in the first 100 days in office. The report was presented to the Minister for Health in the run-up to the General Elections 2022.

CHAPTER 2

Analysis of mental health act applications processed in 2022

Contrary to previous annual reports, analysis of Mental Health Act Schedules processed in 2022 are being submitted in this chapter as key findings hoping to facilitate better understanding of the prevalent situation. The detailed analysis is submitted in Annex 1.

Key findings:

1. The total number of new cases in the involuntary care system was 497. These persons had their rights and freedom restricted according to 1 or more of the 15 schedules under the Mental Health Act. This marks a 38% increase over the average of 361 new cases per year registered from 2016 to 2021 (Annex 1- section 1).

2. The largest number of applications were for involuntary admission for observation (Schedule 2 - IAO) with a total of 740 approved applications in respect of 620 individual patients. This was followed by applications for community treatment orders (Schedule 7 – CTO) with a total of 480 approved applications in respect of 252 patients. No requests for shared General Practitioner care in the community (Schedule 8) were made in 2022 (Annex 1- section 2).

- 3. Acute Involuntary Care (MHA Schedules 2 and 13) – 620 different individuals (Annex 1 – section 3)**
 - 3.1. Outcome of involuntary admissions for observation (740 applications for IAO) (Annex 1 - Section 3.1)
 - a) 64.7% of involuntary admissions for observation (Schedule 2) lasted 10 days or less with the persons involved either being discharged or kept further in hospital as voluntary patients.
 - b) 16.5% of involuntary admissions were of a longer duration lasting not more than 17 weeks.
 - c) 2.0% were put on a Continuing Detention Order (Schedule 5 - CDO) exceeding 17 weeks of involuntary hospital admission.
 - d) 8.9% were put on a Community Treatment Order (Schedule 7 - CTO).

 - 3.2. Overview of persons admitted to MCH under IAO (Annex 1 Section 3.2.1- 3.2.2)
 - a) 58.1% were male and 41.5% were female.
 - b) The number of male patients exceeded the number of female patients at all ages except for minors (4.2% of cases were minors).

- c) The largest portion of patients were young adults in the 18 to 29-year age group (27.4%). 66.1% of the total cohort of patients requiring acute hospital admission by IAO was aged between 18 and 49 years.
- d) The incidence rate of acute involuntary admission for observation for the total patient cohort (620 persons) was 1.3 per 1000 population. Male patients aged between 18-29 years had the highest incidence rate of acute involuntary admission for observation registered by age group at 2.7 per 1000 population.
- e) 68.4% were Maltese or Gozitan while 31.6% were non-Maltese. Out of a total of 196 non-Maltese persons, 48.5% came from EU/EEA or other European countries while 51.5% came from non-European countries. The non-Maltese patient cohort was composed mostly of male patients (66.3%)

3.3. Analysing the last known address as provided on the schedule application received and processed by this Office, it results that most patients (76.1%) resided at a private residence prior to admission. 10.3% resided in a residential facility of which, 3.9% were elderly care homes or other long-term care facilities and 2.9% were CCF patients all of whom were male. 4.7% of persons came from migrant detention or open centres. A total of 30 patients (4.8%) were classified as homeless (Annex 1 - section 3.2.3).

3.4. One of the requirements of a Schedule 2 application is the identification of a responsible carer – appointed by the patient in writing and who has a close personal relationship and manifests concern for his welfare. Out of a total 740 Schedule 2 applications, only 25% were signed by a responsible carer (Annex 1 - section 3.3). A campaign to increase awareness on this needs to be undertaken.

3.5. Disease burden of patients admitted under IAO (620 patients) (Annex 1 – Section 3.4):

- a) 32.4% of admitted patients suffered from schizophrenia, schizotypal and delusional disorders. The incidence rate of acute involuntary admission per 100,000 population in this disease category being 1.3 times higher in males compared to females.
- b) 23.4% had mood disorders, females exceeding male patients.
- c) 17.4% had a primary diagnosis under 'mental and behavioural disorders due to psychoactive substance use.' The incidence rate of acute involuntary admission due to substance misuse was 2.8 times higher in male than in female patients. 50% of these patients were male aged between 18 – 39 years. Another 57 patients (9.2%) had

substance misuse mentioned alongside other primary diagnoses, and 11 patients (1.8%) were classified under 'unclear diagnosis with mention of substance misuse'. This pushes the total burden caused by substance misuse to 28.4%, surpassing mood disorders at 23.4%.

- 3.6. 94 out of 620 patients (15.2%) had more than one application for acute involuntary admission (Schedule 2). These are considered as readmissions. The primary diagnoses of these patients were mostly categorised under 'schizophrenia, schizotypal and delusional disorders' (39.4%), followed by 'mental and behavioural disorders due to psychoactive substance use' (26.6%) (Annex 1- section 3.5).
- 3.7. 72 persons (11.6%) were admitted under involuntary admission for observation due to suicide attempt. 96 patients (15.5%) had documented suicide ideation (Annex 1- section 3.6).
4. The total number of MHA Schedules 3, 4 and 5 approved by this Office in 2022 amounted to 394 applications. A person may have applications for more than one type of MHA schedule and at times, more than one of the same schedules in a single year. These applications involved a total of 266 persons of whom 59.4% were male and 40.6% were female and 2.9% were minors. The vast majority (71.4%) were Maltese or Gozitan. In the non-European cohort, males far exceeded females (15.8% and 1.9%) respectively (Annex 1- section 4).
5. 418 applications for Community Treatment Order (CTO) were approved, involving 252 patients. Only one person was a minor, 67.9% being adults aged between 18 and 49 years. Well over half of patients (64.7%) were male and most (87.3%) were Maltese or Gozitan (Annex 1- section 5).

CHAPTER 3

Report on Visits to Mental Health Licensed Facilities

2022

FORTNIGHTLY VISITS TO LICENSED MENTAL HEALTH FACILITIES

Report of the First Wave of Visits May – November 2022

This new initiative involved visits to licensed mental health facilities other than Mount Carmel Hospital and were carried out at regular intervals. It is planned that these will be followed up from one year to another to monitor progress.

These visits aimed to:

- Continue increasing awareness about patients' rights, as stipulated by the Mental Health Act, among patients, their carers and service-providers.
- provide an on-the-ground point of contact between our Office and service-providers in different facilities.
- supplement the quantitative data obtained from questionnaires used during the annual visitations performed by our Office with qualitative data.

Two weeks prior to the planned visit, the manager of each facility was informed in writing of the planned visit to ensure that staff on duty on the day are aware. A poster promoting the event was sent to stimulate interest and attendance. Carers of residents were encouraged to attend. Demographic data pertaining to the resident group of the facility was obtained beforehand from the facility manager.

On the day of the visit the session was started by giving a general introduction. An informal casual conversation with all present ensued. Notes were taken under strict confidentiality. Two or three residents were then asked to serve as tour leaders of the facility. An information session (lasting about 20 minutes) targeted at patients, carers and staff was delivered by means of a short PowerPoint presentation delivered in Maltese. These presentations highlight key aspects of the Mental Health Act including the functions of the Office of the Commissioner of Mental Health, the rights of patients and carers, the role of the responsible carer, informed consent for treatment and how to contact our Office. Question time followed the presentation. One to one sessions were then held with any of the patients, carers or service providers who felt comfortable doing so. Throughout the day activities like lunchtime and administration of medication were observed.

Before leaving the site, information leaflets about the rights of mental health patients and the role of the Office of the Commissioner for Mental Health were handed over to staff and patients.

After the visit, a report with the observations and the conversations with patients, staff and relatives was submitted to the Commissioner of Mental Health. Each report included recommendations to be communicated to the facility.

The full programme of this first wave of visits was the following:-

DATE	FACILITY
22 nd May	Richmond Foundation, Mosta Hostel, Mosta
29 th May	Casal Nuovo, Paola
12 th June	St. Thomas Community Living, M'Scala
26 th June	Long & Short Stay Psychiatric Wards, Gozo General Hospital, Victoria
10 th July	Casa Hope, Paola
7 th August	Dar Imelda u Paul Debono, B'Kara
15 th August	Dar Victoria, Marsa
4 th September	St. Thomas Community Living - M'Scala LECTURE FOR STAFF ON MHA
8 th September	Richmond Foundation, Attard Hostel
13 th September	Richmond Foundation, KIDs Residence, Hamrun
2 nd October	Casa Marija, Sliema
30 th October	Richmond Foundation, Qormi Hostel, Qormi
13 th November	Richmond Foundation, Kappara Hostel, Kappara
27 th November	Richmond Foundation, Paola Hostel, Paola

Variations in environment and client group between facilities was notable.

Most facility directors were very co-operative at all stages of the process, starting from the scheduling of the visit right till the provision of requested documentation. Feedback was always

communicated in an empowering and constructive way which ensured staff were motivated to act upon it.

A total of 365 patients were reached through this service.

Actions Taken

The following is a list of some of the actions that have been carried out after the first wave of visits:

- A lecture for staff titled 'The MHA and its implications for staff working in mental health settings' was delivered in two facilities. The feedback given was encouraging and similar lectures to other facilities was proposed.
- One facility reported that staff require training to start appointing responsible carers (RCs) in writing. A training session explaining the role of the responsible carer and including role-play to simulate this appointment was scheduled for this facility.
- A list of patients with and without a responsible carer appointed in writing is now being requested from all facilities. This data is being maintained electronically and once this data collection is completed this Office will decide on ways to further increase awareness.
- Since in many facilities it was noted that medication was prepared a week in advance by a nurse and subsequently administered by carers, a Standard Operating Procedures (SOP) regarding medication supply, storage, preparation and administration has been requested from all facilities where this practice was observed. All this data is being maintained electronically and once collection is completed an internal discussion will ensue to determine if any further action needs to be taken.
- Practical suggestions have been given to patients such as watching the news bulletin regularly to maintain contact with the outside world and preparing a list of questions to ask the doctor prior to routine appointments.
- Recommendations were also made to facility managers. One such recommendation was the institution of more opportunities for reflective practice where staff can reflect safely in a non-judgemental space on challenging episodes encountered during their practice. Another recommendation was forging more liaisons with local parishes and local councils particularly for those facilities situated away from village centres. In a particular facility reinstatement of daily walks was suggested, whilst in another where female patients expressed a wish to knit, the provision of wool and knitting needles was suggested.

- Malfunctioning equipment observed or reported by patients was brought to the attention of facility managers. Consequently, the washing machine in one facility was reported to be replaced and in another the air-conditioning system was repaired.
- In one facility suggestions to improve the format of the multi-disciplinary care plan form were passed on after discussion with an OCMH officer. These suggestions consisted of adding a box where patient informed consent is recorded and including a space where members of the multi-disciplinary team may sign and print their names. It transpired that the psychiatric consultant in this facility was willing to amend these forms.
- The nurse in charge of a facility, after being inspired during the visit, took the initiative of asking the facility manager to liaise with the practice development unit at MCH to explore ways in which the nurses can meet their training needs.

As at the end December 2022, this Office commenced its second wave of fortnightly visits. These visits took a different format from those undertaken during the first wave since feedback from the first wave of visits served to help improve the visitation format. Consequently, focus groups started being held with staff and patients separately to determine any changes, developments, or planned projects since the first visit and any subsequent visit and to explore ideas for subsequent visits. This started being gauged using a semi-structured interview guide. Consolidation of patient rights and opportunities to speak with the OCMH representative privately were still being offered.

YEARLY VISITS TO LICENSED MENTAL HEALTH FACILITIES

The year under review was the first time after covid that these visits were again carried out in persona. Amongst others, key findings from two aspects are being summarily reported below:

A. Review of the clinical files showed that:

- i. the patient's caring consultant was easily identifiable in **89%** of cases, an **8% increase** over the year 2019 results [2019 was the last year this Office carried the yearly visits].
- ii. **58%** of files had a formal multidisciplinary care plan registered a **42% increase** over the year 2019 results.
- iii. **69%** of patients had a signed treatment consent form which was filed in the clinical notes. This constitutes a **decrease of 4%** over the year 2019 results.
- iv. **49%** of patients were seen by a specialist in psychiatry within 24 hours from the time when the admitting physician had examined the patient, an **increase of 11%** over the

year 2019 with a further 11% being reviewed by a specialist in the second day post admission. This constitutes a **decrease of 7%** over the year 2019 results.

B. Mental Health Service Healthcare Providers' views on care provision

The aim of this exercise was to obtain a snapshot of the prevailing situation in the provision of mental health care in Malta at the time as seen by diverse groups of health care professionals working in licensed mental health care facilities. The focus was on aspects of patient care and mental health care delivery, training needs, and relationship with patients and other staff. Various meetings were carried out in October and November 2022. The following summarises the findings:

1. Less than half of respondents said that patients they cared for in **hospitals** always or usually had a written Multi-Disciplinary Care Plan (MDCP) and of these just over 2/3 of them stated that its implementation was either good or very good. Respondents working in **Clinics** had a similar perception of overall implementation of the MDCPs.
2. Only just over 50% of respondents knew who was involved in the formulation of a MDCP, similar to figures obtained in 2019.
3. 69% of the nurse cohort in a hospital setting and 75% in the clinic setting stated that consent to treatment was usually or always obtained (2019 - 82%, 55%)
4. 76% of all respondents felt that patients' awareness of their rights was either good or very good (2019 - 54%).
5. 92% of hospital staff and 75% of clinic staff thought that Quality of Care (QoC) in their setting was good or very good.
6. 95% of all respondents felt that patients are always or usually treated in a way that strengthened or restored their sense of dignity (2019 - 90%).
7. Overwhelming majority of all respondents felt that staff almost always or usually considered patient's feelings, wishes and rights.
8. 84% of all respondents reported that they felt that their knowledge of the Mental Health Act was good or very good. (2019 - 82%)
9. Half of staff in hospitals, three fourths of staff in clinics and two thirds of staff in residences felt they needed training in mental health care.
10. Just under half of nurses felt that there was a need for further training in general medical/ nursing care (2019 - 56%).
11. 57% of respondents felt that there was a need for training on patient's rights (2019 - 59%).
12. 59% of respondents felt that there was a need for de-escalation training (2019 - 49%).

13. 85% of respondents stated that the liaison between respondent and individual members of care team was good or very good, identical to 2019 picture.
14. 79% of all respondents were aware of mental health staff support structures (2019 - 64%).
15. 39% of all respondents agreed or strongly agreed that the quality of mental health care delivery had improved in the previous year with differences by clinical setting and professional category. This represented a marked decrease when compared to 2019 data (59%).
16. 8% of all respondents reporting being unhappy with how other staff members acted towards them, a substantial decrease for 2019 figures (28%).
17. 23% of all respondents were unhappy with how patients acted towards them in the previous month ,a slight decrease from 2019 figures (28%).

C. Responsible Carers Interview

The average age of the Responsible Carers (RC) interviewed is 55 years of age. 60% of those interviewed are definitely satisfied with the mental health services provided to the service user, 20% are partially satisfied whilst the remaining 20% are not. Reasons given being as follows:

- The treatment given should also include sessions with Psychologists.
- Some carers waste a lot of time chatting on their mobile telephones

Overall, most participants knew what their role entailed with the majority admitting they are responsible to take care of the patient's needs and listen to their worries and assist wherever possible. However, a significant proportion stated they were not involved as much in the drawing of the multidisciplinary care plans and treatment options. Amongst the grievances raised, some mentioned that were not given information on the patient's status and were not asked to participate in ward rounds. As regards foreign carers, some complained about the language barrier.

Some participants expect that patients are involved more in activities rather than sitting idle. They also remarked about the urgent upgrade of Mount Carmel Hospital in general.

D. Environment

27 environment assessment visits were carried out, of which 44% were in MCH wards. Three wards registered less than half the total allocated score, with some staff alleging that there were concerns expressed even by Health and Safety Officials.

E. Conclusions

These findings continue to emphasise the need for increased monitoring of the situation on the ground, as well as, the need for further training and support to all staff working in mental health facilities. Urgent and unfettered action is needed to improve the physical environment in Mount Carmel Hospital without further delays, in the best interest of patients and staff alike.

Chapter 4

Contributions to various Strategies by the Office of the Commissioner for Mental Health Office

2022

During the reporting period this Office provided its input on the following policy areas and strategies :

- National Health Systems Strategy for Malta 2020 - 2030: Investing successfully for a healthy future.
- Acute Psychiatric Hospital Brief.
- Government's strategy for the environment.

National Health Systems Strategy for Malta 2020 - 2030: Investing successfully for a healthy future.

This Strategy, together with an accompanying Ministry for Health Action Plan, was issued for internal consultation within the Ministry for Health in July 2022.

In general, the Office supported the identified core mission objectives, goals and conceptual framework presented in the document and was pleased to note that the Mental Health Strategy was included as one of several strategies to be implemented in tandem with this National Health Systems Strategy. Overall, the Strategy acknowledged mental health as an increasingly significant key driver of local disease burden and health inequalities across all age groups and amongst vulnerable population cohorts. Ramping up of hospital and community mental health services with development of the acute mental health hospital and appropriate capacity building, increased attention to employee physical and mental wellbeing, and the importance of urban design to mitigate the acknowledged negative environmental impact on population mental health were appropriately proposed.

Nonetheless, our Office felt that more tangible and specific consideration could have been given to mental health in the identification of proposed actions. We stressed that in all our health endeavours we need to continually demonstrate that mental health is an integral part of health and needs to feature just as prominently as physical health. Indeed, we expressed our hope that the inclusion, investment, and innovation goals which formed the three (3) pillars of the strategy will be assiduously applied to mental health both through this National Health Systems Strategy as well as through the parallel implementation of the Mental Health Strategy, so that as the saying goes, truly nobody will be left behind.

Acute Psychiatric Hospital Brief

The feedback provided by this Office focused on the following issues: -

(1) Design Issues:

- i. Bed capacity
- ii. General design and related issues
- iii. General ward design, licensing and other issues
- iv. Specific ward/unit design issues
- v. Other non-clinical support service and design issues

(2) Mental Health Services issues:

- i. Service considerations
- ii. Issues of licensing and/or compliance with the Mental Health Act
- iii. Hospital environment.

Annex 1

Analysis of MHA Applications processed in 2022.

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1. New cases registered in the involuntary care system

For the purposes of this report, new cases are defined as persons who were registered in the involuntary care system for the first time in one particular year because they had their rights and freedom restricted according to 1 or more of the 15 schedules under the Mental Health Act. Table 1 provides an overview of new cases per year since the New Mental Health Act came into force. From 2016 to 2021, the number of new cases seemed to have plateaued at an average of 361 new cases per year. In the year under review the number of new cases have spiked to 497.

Table 1: Number of new cases registered in the involuntary care system by year

Year	Number of new cases
From 10th October 2014 to end 2014	40
2015	410
2016	379
2017	358
2018	332
2019	338
2020	391
2021	366
2022	497

2. Involuntary Care in 2022

Table 2 provides a breakdown of all MHA schedules received classified by type of schedule and whether they were approved, invalid, refused or withdrawn. The number of applications still in force at the end of 2022 is also indicated. Any person may have applications for more than one type of MHA schedule and at times, more than one application for the same schedule in a single year. In fact, whilst there was a total of 2036 approved applications in 2022, only 900 unique individuals were registered in the involuntary care system for one or more applications. The number of persons concerned for each type of schedule is also indicated in Table 2 below.

The largest number of applications were for involuntary admission for observation (Schedule 2 - IAO) with a total of 740 approved applications. This was followed by applications for community treatment orders with a total of 480 approved applications.

When considering the number of schedules still in force on 31st December 2022, the point prevalence of persons receiving involuntary hospital inpatient care is around 91 and the point prevalence of persons receiving involuntary care in the community is around 181.

Table 2 – Overview of MHA Schedules processed in 2022

Mental Health Act Schedule	Number of patients per Schedule	Number of Schedules				Still in force on 31st December 2022
		Approved	Invalid	Withdrawn	Refused	
Schedule 1 - Restriction of Communication (RFC)	23	31	2	1	1	4
Schedule 2 - Involuntary Admission for Observation (IAO)	620	740	5	2	0	11
Schedule 3 - Involuntary Admission for Treatment Order (IATO)	251	292	3	7	3	44
Schedule 4 - Extension of Involuntary Admission for Treatment Order (EIATO)	52	53	1	0	0	11
Schedule 5 - Continuing Detention Order (CDO)	33	49	4	1	1	25
Schedule 6 - Release from Treatment Order (RTO)	170	193	9	1	0	NA
Schedule 7 - Community Treatment Order (CTO)	252	418	16	0	0	181
Schedule 8 - GP Care in the Community	0	0	0	0	0	0
Schedule 10 - Release from Community Treatment Order (RCTO)	125	142	5	2	0	NA
Schedule 11 - Certification of Lack of Mental Capacity (CLMC)	74	83	5	2	3	40
Schedule 12 - Revocation of Certification of Lack of Mental Capacity (RCLMC)	3	3	1	0	0	NA
Schedule 13 - Admission of Minors	26	29	0	0	0	NA
Schedule 14 - Invasive or Irreversible Treatment (IIT)	3	3	0	0	0	0
Grand Total	NA*	2036	51	16	8	316

*A particular person may have applications for more than one type of MHA schedule and at times, more than one application for the same schedule in a single year. A total of 900 unique individuals were registered in the involuntary care system for one or more applications in 2022.

Table 3 displays the total number of inpatient treatment orders (Schedules 2,3,4 and 5) and community treatment orders (Schedule 7) still in force at the end of each year since 2014. It can be noted that from 2014 to 2018, the proportion of persons receiving involuntary inpatient care at one point in time decreased while the proportion of persons receiving compulsory care in the community increased, denoting a shift towards involuntary care in the community. Beyond 2018, the proportion of persons receiving involuntary inpatient care versus involuntary treatment in the community seem to have stabilised at an average of 34% and 66% respectively.

Table 3 – Trend in number and percentage of inpatient treatment orders versus community treatment orders by year

Year	Inpatient Treatment Orders (Schedules 2, 3, 4, and 5)		Community Treatment Orders (Schedule 7)	
	Total number of schedules still in force at end of year	% of total schedules (Schedules 2,3,4,5,7) still in force at end of year	Total number of schedules still in force at end of year	% of total schedules (Schedules 2,3,4,5,7) still in force at end of year
End 2014 (est.)	68	97	2	3
End 2015	50	67	25	33
End 2016	70	58	50	42
End 2017	68	52	64	48
End 2018	56	36	100	64
End 2019	63	36	114	64
End 2020	78	32	163	68
End 2021	101	34	199	66
End 2022	91	33	181	67

3. Acute Involuntary Care (MHA Schedules 2 and 13)

3.1. Number of Involuntary Admissions and their Outcomes in 2022

A total of 740 applications for Involuntary Admission for Observation (Schedule 2 - IAO) were received in 2022. These were in respect of 620 unique patients since a number of patients had one or more readmissions. The final outcome of each of the 740 applications was noted. For the purpose of this analysis, the final outcome of a schedule 2 application is considered to be the last stage of the involuntary care pathway reached by a patient. This could be one of five different stages as described in table 4 below, with stages 4 and 5 considered as final end-stages.

The vast majority of involuntary admissions for observation (64.7%) lasted 10 days or less with the persons involved either being discharged or kept for further inpatient treatment on a voluntary basis. Another 16.5% of involuntary admissions were of a longer duration (14.9% lasting not more than 12 weeks and 1.6% lasting longer but not more than 17 weeks). Only 2.0% of admissions involved a longer period of involuntary hospital stay exceeding 17 weeks as the patients concerned were placed on a Continuing Detention Order (Schedule 5 - CDO). A CDO is valid for up to 6 months and is renewable. On the other hand, in 8.9% of admissions, the patients involved were placed on a Community Treatment Order (Schedule 7 - CTO) after having undergone a period of involuntary inpatient stay lasting not more than 17 weeks. A CDO or CTO are considered final end-stages in the involuntary care pathway. 7.8% of applications were still in force at end 2022 and had not reached their final outcome.

Table 4 – Number and percentage of Involuntary Admissions for Observation (IAO) according to their final outcome for the year 2022

Final outcome (last stage of an involuntary care pathway starting with a schedule 2 application and ending at 1 of 5 stages described below)		Number of schedules (IAO)	% of total number of schedules (IAO) n=740
1	Involuntary Admission for Observation (Schedule 2 – IAO) lasting 10 days or less	479	64.7
2	Involuntary Admission for Treatment Order (Schedule 3 – IATO) with total involuntary inpatient stay lasting not more than 12 weeks	110	14.9
3	Extension of Involuntary Admission for Treatment Order (Schedule 4 - EIATO) with total involuntary inpatient stay lasting more than 12 weeks but less than 17 weeks	12	1.6
4	Continuing Detention Order (Schedule 5 - CDO) with total involuntary inpatient stay lasting more than 17 weeks	15	2.0
5	Involuntary care in the community by Community Treatment Order (Schedule 7 – CTO) following an involuntary inpatient stay lasting not more than 17 weeks	66	8.9
Schedules still in force on 31st December 2022 and had not reached their final outcome			
	Involuntary Admission for Observation (Schedule 2 - IAO)	12	1.6
	Involuntary Admission for Treatment Order (Schedule 3 - IATO)	41	5.5
	Extension of Involuntary Admission for Treatment Order (Schedule 4 - EIATO)	5	0.7
Grand Total		740	100.0

3.2. Overview of persons admitted under involuntary admission for observation (Schedule 2 - IAO)

3.2.1. Gender and age

A total of 620 individuals were admitted to MCH under involuntary admission for observation in 2022, of which 58.1% were male and 41.5% were female. The number of male patients exceeded the number of female patients at all ages except for minors. The largest portion of patients were young adults in the 18 to 29-year age group (27.4%). Older adults aged 30-39 years (20%) and 40-49 years (18.7%) also constituted two significantly large groups. Indeed, 66.1% of the total cohort of patients requiring acute hospital admission by IAO was aged between 18 and 49 years.

Table 5 – Number and percentage of persons admitted under involuntary admission for observation (IAO) by gender and age group.

Age group	Male		Female		Grand Total	
	n	% of total persons	n	% of total persons	n	% of total persons
13-17	6	1.0	20	3.2	26	4.2
18-29	124	20.0	46	7.4	170	27.4
30-39	70	11.3	54	8.7	124	20.0
40-49	77	12.4	39	6.3	116	18.7
50-59	30	4.8	34	5.5	64	10.3
60-69	34	5.5	34	5.5	68	11.0
70-79	15	2.4	22	3.5	37	6.0
80-89	6	1.0	8	1.3	14	2.3
90-99	0	0.0	1	0.2	1	0.2
Grand Total	362	58.1	258*	41.5	620	100.0

*Includes one transgender female

As displayed in table 6, the incidence rate of acute involuntary admission for observation for the total patient cohort (620 persons) was 1.3 per 1000 population. Certain age groups had higher incidence rates namely: female patients aged 12-17 years with an incidence rate of 1.6 per 1000 population, male patients aged 40 – 49 with an incidence rate of 1.9 per 1000 population and the highest rate was registered in male patients 18-29 years of age at 2.7 per 1000 population.

Table 6 – Incidence rate of acute involuntary admission for observation per 1000 population by gender and age group

Age group	Male			Female			Total population 12 years of age or more		
	n	Population	Rate/1000 population	n	Population	Rate/1000 population	n	Population	Rate/1000 population
12-17	6	13,716	0.4	20	12,646	1.6	26	26,362	1.0
18-29	124	45,170	2.7	46	36,541	1.3	170	81,711	2.1
30-39	70	50,966	1.4	54	42,601	1.3	124	93,567	1.3
40-49	77	40,728	1.9	39	35,243	1.1	116	75,971	1.5
50-59	30	30,728	1.0	34	28,352	1.2	64	59,080	1.1
60-69	34	29,928	1.1	34	29,769	1.1	68	59,697	1.1
70-79	15	22,885	0.7	22	25,080	0.9	37	47,965	0.8
80-89	6	7,216	0.8	8	10,963	0.7	14	18,179	0.8
90+	0	953	0.0	1	2,278	0.4	1	3,231	0.3
Total above 12 years	362	242,290	1.5	258	223,473	1.2	620	465,763	1.3

Source of population statistics: Total population by sex and single years of age as at 31st December 2021 (Revised). NSO News Release – World Population Day 11 July 2023¹.

3.2.2. Gender and Nationality

Out of a total of 620 persons admitted under involuntary admission for observation in 2022, 68.4% were Maltese or Gozitan while 31.6% were non-Maltese. Out of a total of 196 non-Maltese persons, 48.5% came from EU/EEA or other European countries while 51.5% came from non-European countries. The non-Maltese patient cohort was composed mostly of male patients (n=130, 66.3%) as opposed to female patient (n=66, 33.6%). There was a preponderance of males coming from non-European countries (n=78, 39.8%) as opposed to females (n=23, 11.7%).

The incidence rate of acute involuntary admission for observation for Maltese or Gozitan patients was of 1.0 per 1000 population while that for non-Maltese patients was almost double at 1.7 per 1000 population. This higher incidence rate was largely attributable to male patients coming from non-European countries whose rate of acute involuntary admission for observation was 2.6 per 1000 population.

¹ <https://nso.gov.mt/world-population-day-11-july-2023/#:~:text=NSO%20Malta%20%7C%20World%20Population%20Day%3A%2011%20July%202023%20%2D%20NSO%20Malta>

Table 7 - Incidence rate of acute involuntary admission for observation per 1000 population by gender and Nationality

Nationality	Male			Female			Total		
	n	Total male population	Rate/1000 population	n	Total female population	Rate/1000 population	n	Total population	Rate/1000 population
MALTESE / GOZITAN	232	201,540	1.2	192	202,573	0.9	424	404,113	1.0
Gozitan	16	15,943	1.0	15	15,682	1.0	31	31,625	1.0
Maltese	216	185,597	1.2	177	186,891	0.9	393	372,488	1.1
NON-MALTESE	130	68,481	1.9	66	46,968	1.4	196	115,449	1.7
EU/EEA	29	22,335	1.3	28	17,675	1.6	57	40,010	1.4
Non-EU/EEA total	101	46,146	2.2	38	29,293	1.3	139	75,439	1.8
<i>Other European countries</i>	23	15,986	1.4	15	11,387	1.3	38	27,373	1.4
<i>Non-European countries</i>	78	30,160	2.6	23	17,906	1.3	101	48,066	2.1
TOTAL	362	270,021	1.3	258	249,541	1.0	620	519,562	1.2

Source of population statistics: NSO Census of Population and Housing 2021: Final Report: Population, migration and other social characteristics (Volume 1). Date Published: 16th February 2023²

3.2.3. Place of Residence

The 620 persons admitted to MCH under involuntary admission for observation (IAO) were grouped according to the last known address as provided on the schedule application received and processed by this Office. The vast majority of patients (76.1%) resided at a private residence prior to admission. 10.3% resided in a residential facility of which, 3.9% were elderly care homes or other long-term care facilities such as St Vincent De Paul Residence (SVPR) and 2.9% were Corradino Correctional Facility (CCF) patients all of whom were male. 4.7% of persons came from migrant detention or open centres, the vast majority of whom were male (4.2%). A total of 30 patients (4.8%) were classified as homeless where this was clearly stated on the application form. In a number of cases, patients' address was demarcated as "no fixed address" (3.2%) and this does not necessarily translate to homelessness. In fact, 1.8% of these could be classified as non-residents temporarily living in Malta namely tourists and students. The above information is displayed in table 8 below.

² https://nso.gov.mt/themes_publications/census-of-population-and-housing-2021-final-report-population-migration-and-other-social-characteristics-volume-1/ (Last accessed on 28th Feb 2024)

Table 8 – Number and percentage of patients by gender and last known place of residence

Place of residence	Male		Female		Total	
	n	% (n=620)	Female	% (n=620)	n	% (n=620)
PRIVATE RESIDENCE IN MALTA/GOZO	259	41.8	213	34.4	472	76.1
RESIDENTIAL FACILITY	40	6.5	24	3.9	64	10.3
Adolescent/Youth Facilities	0	0	3	0.5	3	0.5
CCF	18	2.9	0	0.0	18	2.9
Elderly Care Home and long-term care facility (SVPR)	12	1.9	12	1.9	24	3.9
Residential care for persons with disability	3	0.5	1	0.2	4	0.6
Residential Drug Addiction Services	1	0.2	0	0	1	0.2
Mental Health Supported Community Living and Rehabilitation	3	0.5	6	1.0	9	1.5
JP2 Ward GGH/MCH	3	0.5	2	0.3	5	0.8
MIGRANT DETENTION/OPEN CENTRES	26	4.2	3	0.5	29	4.7
HOMELESS	24	3.9	6	1.0	30	4.8
NO FIXED ADDRESS	11	1.8	9	1.5	20	3.2
Residing at a hotel/on holiday	3	0.5	2	0.3	5	0.8
Brought to A&E from airport	2	0.3	1	0.2	3	0.5
Students temporarily residing in Malta	2	0.3	1	0.2	3	0.5
No fixed address - No other information given	4	0.6	5	0.8	9	1.5
UNKNOWN	2	0.3	3	0.5	5	0.8
TOTAL	362	58.4	258	41.6	620	100.0

3.3. Responsible carer

One of the requirements of a Schedule 2 application is the identification of a responsible carer; a person who has a close personal relationship with the patient and manifests concern for his welfare. The responsible carer should be appointed in writing by the patient. Out of a total 740 Schedule 2 applications, only a quarter were signed by a responsible carer. 31% of applications belonging to Maltese or Gozitan patients were signed by a responsible carer while only 13.3% of applications belonging to non-Maltese patients were signed.

Table 9 – Number and percentage of Schedule 2 applications that were not signed or signed by a responsible carer grouped by patients’ Nationality

Nationality as stated on Schedule 2 application	Schedule 2 applications - Not signed		Schedule 2 applications - Signed		Total Schedule 2 applications
	n	%	n	%	n
Maltese/Gozitan	350	69.0	157	31.0	507
Foreign	202	86.7	31	13.3	233
EU/EEA	55	90.2	6	9.8	61
Other European countries	34	72.3	13	27.7	47
Non-European Countries	113	90.4	12	9.6	125
Grand Total	552	74.6	188	25.4	740

3.4. Disease burden

In accordance with the requirements of the Mental Health Act, specialists in psychiatry are obliged to examine the patient and confirm the need for involuntary care within 24 hours of admission for observation. This disease burden analysis is based on the primary diagnosis stated on applications for involuntary care by specialists in psychiatry based on their examination findings. Most patients have secondary diagnoses in addition to the primary diagnosis, but these were not considered for the purpose of this analysis except for the data presented in table 12 regarding substance misuse. The primary diagnoses were classified according to ICD-10 Version 2019.

As displayed in table 10, the largest portion of patients requiring acute involuntary admission for observation were classified under schizophrenia, schizotypal and delusional disorders (32.4%) with the incidence rate of acute involuntary admission per 100,000 population being 1.3 times higher in male than in female patients. Mood disorders represented 23.4% of cases with a slightly higher rate in female patients when compared to male patients at 25.6/100,000 and 30.5/100,000 population respectively. The next most common group of mental disorders was the mental and behavioural disorders due to psychoactive substance use at 17.4%. The incidence rate for acute involuntary admission due to substance misuse was 2.8 times higher in male than in female patients.

It should also be noted that whilst the largest portion of patients requiring acute involuntary admission for observation were classified under schizophrenia, schizotypal and delusional disorders, 56 out of 201 patients (27.9%) classified under this category had a diagnosis of ‘psychosis NOS’ (Not Otherwise Specified). This is used to describe the patients’ psychotic state early on in the diagnostic process when the patients’ final diagnosis is not yet clear. For instance, some of these persons may have had drug-induced psychosis which could not be assessed upon presentation and application for involuntary admission for observation.

A number of patients were classified under 'unclear diagnosis' category. This category was created for patients whose primary diagnosis was not specified in the application form mostly because they were new cases and required further observation prior to establishing their primary diagnosis. Out of 73 patients grouped under 'unclear diagnosis', 9 patients had a mention of substance misuse, 20 had a mention of suicide attempt and another 2 patients had a mention of suicide attempt together with substance misuse.

Table 10 – Number, percentage and incidence rate of acute involuntary admission by gender and primary diagnosis grouped according to ICD-10 classification

Primary diagnosis grouped by ICD-10 Classification (F00 - F98)	Male (270,021)			Female (249,541)			Total (519,562)		
	n	% (n=620)	Rate/ 100,000 population	n	% (n=620)	Rate/ 100,000 population	n	% (n=620)	Rate/ 100,000 population
Organic, including symptomatic, mental disorders (F00-F09)	17	2.7	6.3	12	1.9	4.8	29	4.7	5.6
Mental and behavioural disorders due to psychoactive substance use (F10-F19)	81	13.1	30.0	27	4.4	10.8	108	17.4	20.8
Schizophrenia, schizotypal and delusional disorders (F20-F29)	118	19.0	43.7	83	13.4	33.3	201	32.4	38.7
Mood [affective] disorders (F30-F39)	69	11.1	25.6	76	12.3	30.5	145	23.4	27.9
Neurotic, stress-related and somatoform disorders (F40-F48)	8	1.3	3.0	8	1.3	3.2	16	2.6	3.1
Behavioural syndromes associated with physiological disturbances and physical factors (F50-F59)	1	0.2	0.4	1	0.2	0.4	2	0.3	0.4
Disorders of adult personality and behaviour (F60-F69)	10	1.6	3.7	12	1.9	4.8	22	3.5	4.2
Mental retardation (F70-F79)	6	1.0	2.2	2	0.3	0.8	8	1.3	1.5
Disorders of psychological development (F80-F89)	5	0.8	1.9	3	0.5	1.2	8	1.3	1.5
Behavioural and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98)	3	0.5	1.1	5	0.8	2.0	8	1.3	1.5
Unclear diagnosis	44	7.1	16.3	29	4.7	11.6	73	11.8	14.1
Grand Total	362	58.4		258	41.6		620	100.0	

Source of population statistics: NSO Census of Population and Housing 2021: Final Report: Population, migration and other social characteristics (Volume 1). Date Published: 16th February 2023³.

³ https://nso.gov.mt/themes_publications/census-of-population-and-housing-2021-final-report-population-migration-and-other-social-characteristics-volume-1/ (Last accessed 28th Feb 2024).

Table 11 below displays a breakdown of the number of patients by age, gender and primary diagnosis grouped according to ICD-10 classification. Of note is the fact that 50% of patients classified under mental and behavioural disorders due to psychoactive substance use were male 18 – 39 years of age.

Table 11 – Number of patients by age, gender and primary diagnosis grouped according to ICD-10 classification

Primary diagnosis grouped by ICD-10 Classification (F00-F98)	Gender	Age group						Grand Total
		Minors	18-29	30-39	40-49	50-59	60+	
Organic, including symptomatic, mental disorders (F00-F09)	M			1	1	1	14	17
	F						12	12
Mental and behavioural disorders due to psychoactive substance use (F10-F19)	M		36	18	15	9	3	81
	F		8	9	3	5	2	27
Schizophrenia, schizotypal and delusional disorders (F20-F29)	M		46	27	24	8	13	118
	F	2	10	18	13	13	27	83
Mood [affective] disorders (F30-F39)	M	2	19	8	17	12	11	69
	F	2	15	14	14	13	18	76
Neurotic, stress-related and somatoform disorders (F40-F48)	M	1	1	2	2		2	8
	F	3		2	2		1	8
Behavioural syndromes associated with physiological disturbances and physical factors (F50-F59)	M		1					1
	F		1					1
Disorders of adult personality and behaviour (F60-F69)	M		2	3	2		3	10
	F	2	3	4	1	2		12
Mental retardation (F70-F79)	M			2	4			6
	F				1	1		2
Disorders of psychological development (F80-F89)	M	1	3	1				5
	F	2	1					3
Behavioural and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98)	M	2	1					3
	F	5						5
Unclear diagnosis	M	0	15	8	12	0	9	44
	F	4	8	7	5	0	5	29
Total	M	6	124	70	77	30	55	362
	F	20	46	54	39	34	65	258
Grand Total		26	170	124	116	64	120	620

Whilst 17.4% of patients requiring acute involuntary admission for observation had a primary diagnosis categorised under ‘mental and behavioural disorders due to psychoactive substance use’, another 57 patients (9.2%) had substance misuse mentioned alongside other primary

diagnoses, and 11 patients (1.8%) were classified under 'unclear diagnosis with mention of substance misuse'. This pushes up the total burden caused by substance misuse to 28.4%, surpassing mood disorders at 23.4% (Table 12).

Table 12 – Overall substance misuse burden by gender and including substance misuse as a secondary diagnosis

Substance misuse category	Male		Female		Total	
	n	% (n=620)	n	% (n=620)	n	% (n=620)
Mental and behavioural disorders due to psychoactive substance use as primary diagnosis	81	13.1	27	4.4	108	17.4
Substance misuse mentioned alongside other primary diagnoses	41	6.6	16	2.6	57	9.2
Unclear diagnosis with mention of substance misuse	7	1.1	4	0.6	11	1.8
Total substance misuse burden	129	20.8	47	7.6	176	28.4

3.5. Readmissions

As previously described, a total of 740 applications for involuntary admission for observation (IAO) were approved in 2022 and these concerned 620 patients. The discrepancy between number of patients and number of applications is due to 120 applications (16.2%) being readmissions. For the purpose of this analysis, the acute involuntary admission for observation in 2022 of any patient who already had one previous acute involuntary admission in 2022 was considered as a readmission. Readmissions preceded by a voluntary admission and voluntary readmissions preceded by an involuntary admission for observation are not included in this analysis since it only takes into consideration schedule 2 applications. Table 13 provides a detailed breakdown of these readmissions including the timeframe within which they occurred.

Table 13- Number of readmissions per person and timeframe within which they occurred in 2022

Number of admissions per person	Total number of persons	Total number of applications (Schedule2 - IAO)	Readmissions by Schedule 2 - IAO			
			Total number of readmissions	Within less than 3 months	Between 3 to 5 months	Between 6 to 8 months
1 Admission	526	526				
1 Admission + 1 Readmission	76	152	76	59	6	11
1 Admission + 2 Readmissions	11	33	22	16	5	1
1 Admission + 3 Readmissions	6	24	18	14	4	
1 Admission + 4 Readmissions	1	5	4	4		
Total	620	740	120	93	15	12

Table 14 displays the characteristics (gender, age and primary diagnosis) of the 94 patients who had 1 admission and at least 1 readmission. The majority were aged between 18 and 29 years (35.1%) while persons aged up to 39 years made up almost 60% of the total patients with at least one readmission. The majority were Maltese (68.1%) while patients from non-European countries amounted to 21.3%. The most common primary diagnoses for which patients had at least one readmission fell under the 'schizophrenia, schizotypal and delusional disorders' category (39.4%). The next most common category was 'mental and behavioural disorders due to psychoactive substance use' at 26.6%. Furthermore, substance misuse was mentioned as a secondary diagnosis in another 12 patients, pushing the burden of readmissions due to substance misuse to 39.4%.

Table 14 – Number of patients with one admission and at least one readmission by gender, age group, nationality and primary diagnosis

Age Group	Male	Female	Total	% of total Patients (n=94)
Minor		1	1	1.1
18-29	23	10	33	35.1
30-39	12	9	21	22.3
40-49	9	7	16	17.0
50-59	4	4	8	8.5
60+	6	9	15	16.0
Total	54	40	94	100.0
Nationality	Male	Female	Total	% of total Patients (n=94)
Maltese	33	31	64	68.1
EU/EEA	1	3	4	4.3
Other European Countries	4	2	6	6.4
Non-European countries	16	4	20	21.3
Total	54	40	94	100.0
Primary diagnosis grouped by ICD-10 Classification (F00-F98)	Male	Female	Total	% of total Patients (n=94)
Organic, including symptomatic, mental disorders (F00-F09)	1	2	3	3.2
Mental and behavioural disorders due to psychoactive substance use (F10-F19)	16	9	25	26.6
Schizophrenia, schizotypal and delusional disorders (F20-F29)	22	15	37	39.4
Mood [affective] disorders (F30-F39)	8	9	17	18.1
Behavioural syndromes associated with physiological disturbances and physical factors (F50-F59)		1	1	1.1
Disorders of adult personality and behaviour (F60-F69)	3	2	5	5.3
Mental retardation (F70-F79)	2		2	2.1
Disorders of psychological development (F80-F89)		1	1	1.1
Behavioural and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98)	1	1	2	2.1
Unclear diagnosis	1		1	1.1
Total	54	40	94	100.0

3.6. Suicide Behaviour

This analysis is based on schedule 2 applications for involuntary admission for observation in which the referring doctor and/or specialist in psychiatry mentioned suicide attempt, or suicide ideation alongside their primary diagnosis. It should not be considered as a suicide incidence statistic but rather as an indication of the number of persons who required acute involuntary admission for observation and had attempted suicide or had suicide ideation. Suicide ideation includes a whole spectrum of severity levels including: suicide thoughts without or with method, and suicide intent without or with specific plan.

There were 72 patients (11.6%, n=620), admitted under involuntary admission for observation due to suicide attempt and 96 patients (15.5%, n=620) who had documented suicide ideation.

Table 15 – Overview of number of patients and schedule 2 applications with mention of suicide attempt, suicide ideation or non-suicidal self-injury (NSSI)

Suicide behaviour	Total Schedule 2 applications (IAO)	Total patients	Male	Female
Suicide attempt	77	72 (5 persons had 1 readmission)	37	35
Suicide ideation	101	96 (5 persons had 1 readmission)	52	44
Non-Suicidal Self-Injury (NSSI)	12	12	9	3

All persons admitted under involuntary admission for observation with a documented failed suicide attempt were further analysed by gender, age, nationality and primary diagnosis (Table 16). The number of male to female patients was very similar at 37 and 35 respectively. 56.9% of cases were aged between 18 and 39 years. 66.7% were Maltese or Gozitan and the rest were foreign patients of which, 18.1% came from EU/EEA or other European countries and 15.3% were from non-European countries. Mood disorders were the most common underlying primary diagnoses at 27.8% of cases of suicide attempt.

Table 16 – Number of patients admitted under involuntary admission for observation with a documented failed suicide attempt by gender, age, nationality and primary diagnosis

Age Group	Male	Female	Total	% of all suicide attempt cases (n=72)
Minors	1	4	5	6.9
18 - 29	15	10	25	34.7
30 - 39	6	10	16	22.2
40 - 49	7	6	13	18.1
50 - 59	2	2	4	5.6
60+	6	3	9	12.5
Grand Total	37	35	72	100.0
Nationality	Male	Female	Total	% of all suicide attempt cases (n=72)
Maltese or Gozitan	24	24	48	66.7
EU/EEA	2	4	6	8.3
Other European countries	5	2	7	9.7
Non-European countries	6	5	11	15.3
Grand Total	37	35	72	100.0
Primary diagnosis grouped by ICD-10 Classification (F00-F98)	Male	Female	Total	% of all suicide attempt cases (n=72)
Organic, including symptomatic, mental disorders (F00-F09)	2	1	3	4.2
Mental and behavioural disorders due to psychoactive substance use (F10-F19)	3	6	9	12.5
Schizophrenia, schizotypal and delusional disorders (F20-F29)	5	2	7	9.7
Mood [affective] disorders (F30-F39)	10	10	20	27.8
Neurotic, stress-related and somatoform disorders (F40-F48)	1	1	2	2.8
Disorders of adult personality and behaviour (F60-F69)	2	5	7	9.7
Behavioural and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98)	1	1	2	2.8
Unclear diagnosis with mention of suicide attempt	13	9	22	30.6
Grand Total	37	35	72	100.0

4. Inpatient Involuntary Treatment Orders (MHA Schedules 3, 4 and 5)

This section of the report deals with approved MHA schedules 3, 4 and 5 for longer periods of involuntary inpatient treatment beyond the 10-day observation period as provided for by a schedule 2 application.

In 2022, the total number of MHA Schedules 3, 4 and 5 approved by this Office amounted to 394 applications. The involuntary care process is complex and dynamic, and a particular person may have applications for more than one type of MHA schedule and at times, more than one of the same schedule in a single year. When pooled together, these 394 applications were found to involve a total of 266 persons of whom 59.4% were male and 40.6% were female and 2.9% were minors below the age of 18 years. The vast majority (71.4%) were Maltese or Gozitan. A much larger proportion of male patients (15.8%) compared to female patients (1.9%) coming from non-European countries can be noted. 'Schizophrenia, schizotypal and delusional disorders' was the most common category under which primary diagnoses of patients requiring longer periods of involuntary hospital admission were classified.

Table 17 - Number and percentage of patients admitted under Schedules 3, 4 or 5 by gender, age group, nationality and primary diagnosis grouped according to ICD-10 Classification

Age Group	Male		Female		Total	
	n	% (n=266)	n	% (n=266)	n	% (n=266)
Minors	3	1.1	3	1.1	6	2.3
18 - 29	59	22.2	19	7.1	78	29.3
30 - 39	30	11.3	20	7.5	50	18.8
40 - 49	30	11.3	19	7.1	49	18.4
50 - 59	16	6.0	18	6.8	34	12.8
60+	20	7.5	29	10.9	49	18.4
Grand Total	158	59.4	108	40.6	266	100.0
Nationality	n	% (n=266)	n	% (n=266)	n	% (n=266)
Maltese/Gožitan	102	38.3	88	33.1	190	71.4
EU/EEA	8	3.0	12	4.5	20	7.5
Other European countries	6	2.3	3	1.1	9	3.4
Non-European countries	42	15.8	5	1.9	47	17.7
Grand Total	158	59.4	108	40.6	266	100.0
Primary diagnosis grouped according to ICD-10 Classification (F00-F98)	n	% (n=266)	n	% (n=266)	n	% (n=266)
Organic, including symptomatic, mental disorders (F00-F09)	5	1.9	7	2.6	12	4.5
Mental and behavioural disorders due to psychoactive substance use (F10-F19)	42	15.8	10	3.8	52	19.5
Schizophrenia, schizotypal and delusional disorders (F20-F29)	71	26.7	49	18.4	120	45.1
Mood [affective] disorders (F30-F39)	25	9.4	33	12.4	58	21.8
Neurotic, stress-related and somatoform disorders (F40-F48)	2	0.8	2	0.8	4	1.5
Disorders of adult personality and behaviour (F60-F69)	5	1.9	4	1.5	9	3.4
Mental retardation (F70-F79)	3	1.1		0.0	3	1.1
Disorders of psychological development (F80-F89)	1	0.4	2	0.8	3	1.1
Behavioural and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98)	2	0.8		0.0	2	0.8
Unclear diagnosis	2	0.8	1	0.4	3	1.1
Grand Total	158	59.4	108	40.6	266	100.0

5. Community Treatment Orders (MHA Schedules 7 and 8)

This section of the report deals with approvals of involuntary treatment in the community. The concept of Community Treatment Orders (Schedule 7 - CTO) was established in order to replace the practice of keeping patients under involuntary inpatient care on the books of the inpatient care facility whilst placing such patients 'on leave' from the institution. The community outreach service provided by the public Mental Health Service is the backbone of the regular monitoring of patients receiving involuntary care in the community.

In 2022, no Schedule 8 applications for shared care in the community with primary care physicians or family doctors were received and it is very unfortunate that the possibility of joint care is not being utilised. A total of 418 applications for Community Treatment Order (CTO) were approved. These applications were in respect of 252 patients since a single person may have more than one application in a given year. Indeed, since a CTO is valid for six months, many patients will have 2 different CTO applications in one calendar year. Out of 252 patients, only one person was a minor and 67.9% were adults aged between 18 and 49 years. Well over half of patients (64.7%) were male patients. The vast majority of patients (87.3%) receiving involuntary treatment in the community were Maltese or Gozitan. Mental disorders categorised under 'schizophrenia, schizotypal and delusional disorders' were the most commonly cited as the primary diagnosis for which patients required long-term involuntary care in the community.

Table 18- Number and percentage of patients under Community Treatment Order (Schedule 7 – CTO) by gender, age group, nationality and Primary diagnosis grouped according to ICD-10 Classification

Age Group	Male		Female		Total	
	n	% (n=252)	n	% (n=252)	n	% (n=252)
Minor	1	0.4	0	0.0	1	0.4
18 - 29	47	18.7	15	6.0	62	24.6
30 - 39	38	15.1	18	7.1	56	22.2
40 - 49	36	14.3	17	6.7	53	21.0
50 - 59	16	6.3	19	7.5	35	13.9
60+	25	9.9	20	7.9	45	17.9
Grand Total	163	64.7	89	35.3	252	100.0
Nationality	n	% (n=252)	n	% (n=252)	n	% (n=252)
Maltese/Gozitan	140	55.6	80	31.7	220	87.3
EU/EEA	2	0.8	3	1.2	5	2.0
Other European countries	3	1.2	2	0.8	5	2.0
Non-European countries	18	7.1	4	1.6	22	8.7
Grand Total	163	64.7	89	35.3	252	100.0
Primary diagnosis grouped according to ICD-10 Classification (F00-F98)	n	% (n=252)	n	% (n=252)	n	% (n=252)
Organic, including symptomatic, mental disorders (F00-F09)	4	1.6	1	0.4	5	2.0
Mental and behavioural disorders due to psychoactive substance use (F10-F19)	32	12.7	8	3.2	40	15.9
Schizophrenia, schizotypal and delusional disorders (F20-F29)	94	37.3	44	17.5	138	54.8
Mood [affective] disorders (F30-F39)	27	10.7	28	11.1	55	21.8
Neurotic, stress-related and somatoform disorders (F40-F48)		0.0	1	0.4	1	0.4
Behavioural syndromes associated with physiological disturbances and physical factors (F50-F59)	1	0.4	2	0.8	3	1.2
Disorders of adult personality and behaviour (F60-F69)	2	0.8	5	2.0	7	2.8
Disorders of psychological development (F80-F89)	1	0.4	0	0.0	1	0.4
Behavioural and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98)	2	0.8		0.0	2	0.8
Grand Total	163	64.7	89	35.3	252	100.0

Annex 2

List of meetings, conferences participated by the Office of the Commissioner and of Continuous Professional Development of staff.

This list does not include list of meetings held in relation to investigation of complaints. This is being done to protect the identity of persons lodging such complaints. Internal meetings are also not included.

- Meeting between the Commissioner for Mental Health, Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health) and Mr. Matthew Vella (Permanent Secretary - Ministry for Education, Sport, Youth, Research and Innovation) to discuss a complaint regarding the Malta Autism Centre. (4th January 2022).
- Meeting between the Commissioner for Mental Health, Dr. Miriam Camilleri (Office of the Commissioner for Mental Health) and representatives from Saint Vincent De Paule regarding mental health licensing. (10th January 2022).
- Meeting between the Commissioner for Mental Health, Malta Association of Psychiatrists (Dr. Nigel Camilleri, Dr. Rachel Taylor-East, Dr. Chantelle Azzopardi and Dr. Emma Camilleri). (10th January 2022).
- Meeting between the Commissioner for Mental Health and the Commissioner for Health (Office of the Ombudsman). (11th January 2022).
- Meeting between the Commissioner for Mental Health, Prof. Josianne Scerri and Ms. Therese Saliba (Mental Health Department, together with the Commissioner – University of Malta). (12th January 2022).
- Meeting between the Commissioner for Mental Health, Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health), Prof. Neville Calleja (Directorate for Health Information and Research), Dr. Alexia Bezzina (Office of the Chief Medical Officer), Ms. Angele Azzopardi, Ms. Alison Grech and Ms. Abigail Camilleri from the Funds and Programmes Division (Office of the Prime Minister) to discuss projects with Iceland and Norway. (13th January 2022).

- Meeting between the Commissioner for Mental Health and the Maltese Association of Psychiatric Nurses (MAPN). (14th January 2022).
- Commissioner's visit to Community Mental Health Services (Children's and Young People's Service, Floriana rehab services, Floriana outreach services, Community Mental Health Clinic (North Region) and Ċentru Tumas Chetcuti. (17th January 2022). Ms. Gertrude Buttigieg accompanied the Commissioner.
- Commissioner's visit to the Caritas Community Centre. (18th January 2022). The Commissioner was accompanied by Ms. Gertrude Buttigieg .
- Meeting between the Commissioner for Mental Health, Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health) and Ms. Rachael Hollwey from Walk and Talk voluntary organization. (19th January 2022).
- Meeting between the Commissioner for Mental Health, Dr. Miriam Camilleri (Office of the Commissioner for Mental Health), the Clinical Chair in Psychiatry Prof. Anton Grech, and Dr. Francesca Falzon Aquilina regarding a way forward towards establishing a protocol for the processing of schedule 14 application forms. (20th January 2022).
- Commissioner's visit to Mount Carmel Hospital wards. (25th January 2022).
- Commissioner's visit to the Qormi rehabilitation services, Qormi Mental Health Clinic, and the Mtarfa Mental Health Clinic. (26th January 2022).
- Meeting between the Commissioner for Mental Health, Dr. Miriam Camilleri (Office of the Commissioner for Mental Health) and Dr. Joanne Farrugia (Office of the Superintendence of Public Health) regarding national standards in the use of medicines in Mental Health Services. (27th January 2022).
- Visit to Gozo Mental Health Services, emergency and ward services, out-patients and community services by the Commissioner and Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health). (28th January 2022).
- Visit by the Commissioner for Mental Health and Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health) to Dar il-Kantuniera in Gozo. A meeting with H.E. President Emeritus Dr. Marie-Louise Coleiro Preca followed. (28th January 2022).
- Visit by the Commissioner for Mental Health and Dr. Miriam Camilleri (Office of the Commissioner for Mental Health) to the Liaison and Emergency Psychiatric Service Team at Mater Dei Hospital . During this visit the Office met with Dr. Patrick Farrugia, new Clinical Chair Accident &Emergency,; Drs Joe Cassar and Maria Bezzina Xuereb, Consultant Psychiatrists, and Dr. Daniela Zammit, HST Psychiatry. The meeting served to discuss MDH Liaison Emergency Psychiatric Service. The meeting confirmed that the 24/7 pre-

hospital emergency crisis team which was being planned in the previous years (also through active intervention from our Office), had been postponed. The Crisis Home Resolution Team which was now operating was having good outcomes, but it did not replace pre-hospital emergency care and therefore left a lacuna which was still not addressed. The team maintained that at the time they were providing a full 24-hour psychiatric service on-site at MDH as follows: Mondays to Saturdays - Consultants present from 8am to 2pm with RS and BST; From 2pm to 10pm the service operated with one BST or HST or RS onsite. From 10pm onwards a BST remained on site with more senior coverage from MCH. Sunday coverage was unclear. The team also comprised two psychiatric nurses. (31st January 2022).

- Meeting between the Commissioner for Mental Health, Dr. Miriam Camilleri (Office of the Commissioner for Mental Health), Prof. Joseph Cacciottolo, Pro-rector Academic Affairs, Prof. Carmen Sammut, Pro-rector for Student and Staff Affairs and Outreach, and Dr. Joan Camilleri, Head of Counselling Services at the University of Malta. The meeting served to discuss University of Malta staff and student mental health and wellbeing. (31st January 2022).
- Visit to Mount Carmel Hospital nursing services by the Commissioner for Mental Health. (1st February 2022).
- Meeting between the Commissioner for Mental Health, Dr. Miriam Camilleri (Office of the Commissioner for Mental Health), Ms. Catherine Galea, Head Allied Health Care Professionals and Ms. Maria Daniela Farrugia, Head Occupational Therapy Services, Mental Health Services. (2nd February 2022).
- Meeting between the Commissioner for Mental Health and Prof. Charmaine Gauci Superintendent of Public Health regarding SAG quarantine/isolation policy. (2nd February 2022).
- Meeting between the Commissioner for Mental Health, Dr. Miriam Camilleri (Office of the Commissioner for Mental Health), Prof. Ludvic Zrinzo, Visiting Consultant Neurosurgeon, Prof. Anton Grech and Dr. Martina Caruana (Neuro psychologist), at Mater Dei Hospital. The meeting served to discuss a protocol for the processing of schedule 14 applications. (2nd February 2022).
- Visit by the Commissioner for Mental Health to Zejtun rehabilitation services, Cospicua rehabilitation, Cospicua mental health clinic, Paola mental health clinic and Paola rehabilitation and. (3rd February 2022).

- Visit by the Commissioner for Mental Health to Mount Carmel Hospital nursing services. (4th February 2022).
- Visit by the Commissioner for Mental Health to Richmond Foundation Head Office, Learning and Development Unit, Community Service Centre, the Supported Housing Service, Psychological Support Service and the Qormi Hostel. (7th February 2022).
- Visit by the Commissioner for Mental Health to Villa Chelsea, Richmond's Mosta Hostel and Richmond's Kids in Development Rehabilitation Programme. (8th February 2022).
- Visit by the Commissioner for Mental Health and Ms. Stephanie Chetcuti to the National Blood Transfusion Service. (9th February 2022).
- Visit by the Commissioner for Mental Health and Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health) to FSWS Head Office. (9th February 2022).
- Meeting between the Commissioner for Mental Health and Hon. Ivan Bartolo M.P. (11th February 2022).
- Meeting between the Commissioner for Mental Health, Dr. Miriam Camilleri (Office of the Commissioner for Mental Health), Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health), and Dr. Alistair De Gaetano (Chair Autism Advisory Council) and Coordinator in the Directorate for Disability Issues, Ministry for Inclusion, Voluntary Organisations and Consumer Rights. The meeting served to discuss the autism council and NGO. (15th February 2022).
- Visit to Mount Carmel Psychology services by the Commissioner and Ms. Anna Debattista. (16th February 2022).
- Visit to Mount Carmel Hospital Pharmacy department by the Commissioner for Mental Health and Ms. Anna Debattista. (16th February 2022).
- Visit to Mount Carmel Allied Health Services by the Commissioner for Mental Health. (17th February 2022).
- Visit to Saint Jean Antide Foundation by the Commissioner for Mental Health and Ms. Gertrude Buttigieg. (17th February 2022).
- Meeting called by Prof. Charmaine Gauci Superintendent of Public Health and attended by the Commissioner for Mental Health regarding SAG Travel Policy. (21st February 2022).
- Meeting between the Commissioner for Mental Health, Dr. Miriam Camilleri (Office of the Commissioner for Mental Health), Ms. Louise Xerri, Head Social Work Department and staff, Mental Health Services, and other social workers working at Mount Carmel Hospital.

The meeting served to discuss Social Work services in mental health. (21st February 2022).

- Meeting between the Commissioner for Mental Health, Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health), and Ms. Stelmart Khalil (Assistant Director – Employee Support Programme). (21st February 2022).
- Meeting between the Commissioner for Mental Health, Dr. Miriam Camilleri, Dr. Beppe Micallef-Trigona, Consultant Psychiatrist and Dr Francesca Falzon Aquilina, Resident Specialist (Psychiatry) at the Trans Magnetic Stimulation Centre (TMS), Mount Carmel Hospital. The meeting served to discuss Trans Magnetic Stimulation Centre (TMS) at MCH. It was explained to us that TMS is currently being used by them in the treatment of refractory depression, whilst performing a Randomised Control Trial in the use of TMS in refractory obsessive-compulsive disorder (OCD) (comparing different treatment sites). The possible use of TMS as a treatment alternative in patients referred for Schedule XIV for refractory OCD was discussed and it became apparent that TMS did not give satisfactory results in OCD compared to 70% improvement in depression, even though it was licensed by National Institute for Health and Care Excellence (NICE) for use in OCD. (21st February 2022).
- Visit to the Maximum Security Unit at Mount Carmel Hospital by the Commissioner for Mental Health. (23rd February 2022).
- Attendance in the Annual General Meeting of the Malta Association of Public Health Medicine (MAPHM). (23rd February 2022).
- Orientation visit at Aġenzija Sapport by the Commissioner for Mental Health and Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health). (24th February 2022).
- Orientation visit by the Commissioner for Mental Health to the Addiction Services at Detox Unit (Saint Luke’s Hospital) and a discussion with Dr. Anna Vella, Director, Dr. Moses Camilleri and Dr. Gianluca Bezzina. The meeting served to discuss addiction Services at Detox Unit. (1st March 2022).
- Meeting between the Commissioner for Mental Health, Dr. Miriam Camilleri (Office of the Commissioner for Mental Health) and Mr. Saviour Grima, Manager at The Meeting Place, Ministry for Social Policy and Children’s Rights, at the Meeting Place, Marsa. (1st March 2022).
- Visit by the Commissioner for Mental Health to YMCA. (2nd March 2022).
- Visit by the Commissioner for Mental Health to the Mosta Mental Health Clinic and Qawra Leap Centre. (3rd March 2022).

- Visit by the Commissioner for Mental Health to the Foodbank Lifeline Foundation. (3rd March 2022).
- Visit by the Commissioner for Mental Health and Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health) to Mount Carmel Hospital (Occupational Therapy Department) and the Malta Association of Occupational Therapy. (7th March 2022).
- Orientation visit by the Commissioner for Mental Health and Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health) to MCAST Paola Campus. (7th March 2022).
- Meeting between the Commissioner for Mental Health, Ms. Stephanie Chetcuti (Office of the Commissioner for Mental Health) and Caritas Rehabilitation Facilities. (8th March 2022).
- Commissioner's visit to the Commission for the Rights of Persons with Disability and meeting with the Commissioner for the Rights of Persons with Disability. The Commissioner for Mental Health was accompanied by Ms. Gertrude Buttigieg 10th March 2022).
- Meeting between the Commissioner for Mental Health, Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health) and the CEO Malta Council for the Voluntary Sector. (10th March 2022).
- Visit by the Commissioner for Mental Health to Tama NGO. (29th March 2022).
- Orientation visit by the Commissioner for Mental Health and Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health) to Aġenzija Support Day Centres in Santa Venera and Fleur De Lys. (6th April 2022).
- Meeting between the Commissioner for Mental Health, Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health), and the Mental Health Association. (8th April 2022).
- Visit by the Commissioner for Mental Health to Fondazzoni Suret il-Bniedem (SIB) licensed mental health facilities (Dar Victoria and Dar Franġisk in Marsa and Dar Imelda u Paul Debono in Birkirkara). (14th April 2022).
- Meeting between the Commissioner for Mental Health, Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health), Mr. Luciano Busuttil (CEO- Authority for Integrity in Maltese Sport), and Mr. Ryan Borg (Director – Authority for Integrity in Maltese Sport). (19th April 2022).
- Visit by the Commissioner for Mental Health to the Correctional Services Agency (CSA). (20th April 2022).

- Meeting attended by the Commissioner for Mental Health at Mater Dei Hospital to mark United Nations Psychology Day. (21st April 2022).
- Meeting to discuss social benefits vis-à-vis persons with mental health problems (both at Mount Carmel Hospital and in the Community). The meeting was attended by Dr. Miriam Camilleri, Dr. Jesmond Schembri (Office of the Commissioner for Mental Health), the Commissioner for Mental Health, Ms. Miriam Agius and Ms. Daniela Farrugia from the Social Work Department at Mount Carmel Hospital and the Clinical Chair in Psychiatry at Mental Health Services Prof. Anton Grech. (21st April 2022).
- Meeting between the Commissioner for Mental Health, Ms. Stephanie Chetcuti (Office of the Commissioner for Mental Health) and the Kunsill Nazzjonali taż-Żgħażaġħ (KNŻ). (21st April 2022).
- Meeting between the Commissioner for Mental Health and the Commissioner for Children. (25th April 2022).
- Meeting between H.E. President Emeritus Dr. Marie-Louise Coleiro Preca on behalf of the Malta Trust Foundation and Foundation for the Wellbeing of Society, the Commissioner for Mental Health, together with Ms. Sarah Cilia Vincenti and Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health). (26th April 2022).
- Meeting between the Commissioner for Mental Health, Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health) together with Prof. Carmel Cefai (Head – Department of Psychology, University of Malta). (26th April 2022).
- Meeting at Peacelab between the Commissioner for Mental Health and Patri Dijonijsju Mintoff. (2nd May 2022).
- Meeting between the Commissioner for Mental Health and the Police Superintendent Mr. James Grech regarding allegations written in the newspaper *Il-Leħen*. (3rd May 2022).
- Meeting between the Commissioner for Mental Health and SOS Malta. (3rd May 2022).
- Visit by the Commissioner for Mental Health to Occupational Health and Safety Authority (OHSA). (4th May 2022).
- WHO pan-European Mental Health Coalition Meeting (online). (4th and 5th May 2022).
- Visit by the Commissioner for Mental Health to Aġenzija Żgħażaġħ. (17th May 2022).
- Meeting between the Commissioner for Mental Health and Mr. Joseph Pace (Senior Nursing Manager – Mount Carmel Hospital). (20th May 2022).
- WHO pan-European Mental Health Coalition Meeting (online). (22/23/24th May 2022).

- Meeting attended by the Commissioner for Mental Health titled *Data for Decision Making - Launch of ESPAD data portal*. (25th May 2022).
- Meeting attended by the Commissioner for Mental Health regarding persons with mental health issues and disability allowance. The meeting was also attended by Ms. Gertrude Buttigieg and Ms. Marthese Mugliette (President of the Malta Federation of Organisations Persons with Disability). (26th May 2022).
- Meeting between the Commissioner for Mental Health, Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health), Ms. Mariella Dimech, Chairperson, Cannabis Authority, and Ms. Karin Cassar from the Cannabis Authority. (27th May 2022).
- Meeting held between the Commissioner for Mental Health, Dr. Stephen Zammit and Dr. Miriam Camilleri (Office of the Commissioner for Mental Health), Dr. Bernice Saliba t(State Advocate's Office) and Dr Joseph Saliba, Clinical Director Psychiatry, Correctional Services Agency. The meeting served to discuss the refusal of treatment in involuntary admissions and the issue of mental capacity. (30th May 2022).
- Meeting between the Commissioner for Mental Health, Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health), the Commission for the Rights of Persons with Disability Ms. Samantha Pace Gasan, Ms. Victoria Grech (CRPD), Dr. Bernard Busutil (CRPD), and Ms. Nicolette Mifsud (CRPD). The meeting served to discuss mental health cases investigated by CRPD. (8th June 2022).
- Meeting of the Social Affairs Committee to discuss the Annual Report 2020 of the Office of the Commissioner for Mental Health. (15th June 2022).
- Meeting with the Chamber of Commerce: Health and Wellness Committee. The meeting was attended by the Commissioner, Ms. Sarah Cilia Vincenti and Ms. Gertrude Buttigieg Ms. Catherine Calleja (Atlas Insurance) and Mr. Timothy Alden (Chamber of Commerce). (15th June 2022).
- Meeting attended by the Commissioner for Mental Health regarding briefing on ESPAD Maltese Data (European School Survey Project in Alcohol and Other Drugs. (17th June 2022).
- Meeting attended by the Commissioner for Mental Health titled *Launch of new WHO Mental Health Report: Transforming mental health for all*. (17th June 2022).
- Meeting between the Commissioner for Mental Health, Ms. Sarah Cilia Vincenti and Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health) together with Prof. Carmel Cefai (Professor Department of Psychology University of Malta). (22nd June 2022).

- Meeting between the Commissioner for Mental Health, Ms. Sarah Cilia Vincenti and Ms. Gertrude Buttigieg (Office of the Commissioner) and Ms. Chantelle Sciberras President of the Friends of Mount Carmel Hospital Society. (22nd June 2022).
- Meeting between the Commissioner for Mental Health and Hon. Mr. Mario Galea. (23rd June 2022). Participation in an *internet safety meeting organised by the Be Smart Online Advisory board* at Aġenzija Żgħażaġħ by Ms. Sarah Cilia Vincenti (Office of the Commissioner for Mental Health). (23rd June 2022).
- Meeting between the Commissioner for Mental Health and Hon. Ian Vassallo M.P. (30th June 2022).
- Meeting between the Commissioner for Mental Health, Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health) and Mr. Matthew Vella Permanent Secretary (Ministry for Education, Sport, Youth, Research and Innovation). (4th July 2022).
- Meeting between the Commissioner for Mental Health, Ms. Gertrude Buttigieg and Dr. Jesmond Schembri (Office of the Commissioner for Mental Health), Mr. Grazio Barbara (Director General Department of Social Security) and Prof. Anton Grech (Clinical Chair in Psychiatry – Mental Health Services). (19th July 2022).
- Meetings with bBrave to assist on the Bullying at the Place of Work project. (21st July 2022).
- Participation by the Commissioner for Mental Health in the Faculty of Social Wellbeing's 10th Anniversary Celebration. (22nd July 2022).
- Participation in a preparatory meeting leading to the mental health conference organised by the Malta Chamber of Commerce attended by the Commissioner for Mental Health, Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health) and the Malta Chamber of Commerce. (22nd July 2022).
- Meetings with bBrave to assist on the Bullying at the Place of Work project. (27th July 2022).
- Meetings with bBrave to assist on the Bullying at the Place of Work project. (4th August 2022).
- Meeting attended by the Commissioner for Mental Health, Ms. Stephanie Chetcuti (Office of the Commissioner for Mental Health), and Mr. Ian Deguara, Information and Data Protection Commissioner to ensure compliance in a proposed initiative related to mental health screening and mental health patients. (5th August 2022).

- Meeting between the Commissioner for Mental Health and Dr. Carmel Abela (Chairman Department of Anaesthesia and intensive Care- Mater Dei Hospital). (9th August 2022).
- Meeting between the Commissioner for Mental Health and Hon. Mr. Chris Fearn M.P. Minister for Health. (11th August 2022).
- Meeting between the Commissioner for Mental Health and Prof. Josianne Scerri (Department of Mental Health – University of Malta). (18th August 2022).
- Meeting between the Commissioner for Mental Health, Ms. Gertrude Buttigieg, Dr. Jesmond Schembri (Office of the Commissioner for Mental Health), Mr. Grazio Barbara (Director General Department of Social Security), Mr. Raymond Chetcuti (Director General Income Support and Compliance Division) to discuss social benefits and mental disorders. (18th August 2022).
- Meeting between the Commissioner for Mental Health, Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health), General Secretary Mr. Kurt Sansone and President Mr. Matthew Xuereb from Istitut tal-Ġurnalisti Maltin. (18th August 2022).
- Meeting between the Commissioner for Mental Health, Prof. Anton Grech (Clinical Chairperson in Psychiatry- Mount Carmel Hospital), Dr. Joseph R. Saliba (Clinical Chairperson in Psychiatry – Correctional Services Agency). (19th August 2022).
- Meeting between the Commissioner for Mental Health and playwright Mr. Rambert Attard regarding a proposal for collaboration about an idea to write a play about men’s mental health. (22nd August 2022).
- Meeting between the Commissioner for Mental Health, Ms. Sarah Cilia Vincenti (Office of the Commissioner for Mental Health), Dr. Cherilyn Fenech (Mater Dei Hospital) and Dr. Carmel Abela (Chairman of the Department of Anaesthesia, and Intensive Care at Mater Dei Hospital) regarding ECT procedures carried out in Mater Dei Hospital. (23rd August 2022).
- Meeting between the Commissioner for Mental Health and Dr. Miriam Dalmas (Department of Policy in Health) to discuss feedback received from the Office of the Commissioner for Mental Health on the National Health Systems Strategy 2023-2023 (NHSS). (24th August 2022).
- Meeting between the Commissioner for Mental Health, Ms. Sarah Cilia Vincenti and Dr. Miriam Camilleri (Office of the Commissioner for Mental Health), Mr. Alfred Grixti (CEO FSWS), Ms. Remenda Grech (Operations Director - FSWS - Alternative Care). The meeting served to discuss transitioning of child to adult services. (26th August 2022).

- Meeting between the Commissioner for Mental Health, Dr. Jesmond Schembri and Ms. Gertrude Buttigieg (Office of the Commissioner), Prof. Neville Calleja (Director Department for Policy in Health) to discuss possible budgetary measure proposals for those Mental Health Patients who were currently not receiving/eligible for any form of financial assistance. (30th August 2022).
- Meeting between the Commissioner for Mental Health, Dr. Stephen Zammit (Office of the Commissioner for Mental Health), Dr. Nigel Camilleri, Dr. Rachel Taylor East, Dr. Etienne Muscat, Dr. Emma Saliba and Dr. Aloisia Camilleri (Maltese Association of Psychiatry – MAP). (2nd September 2022).
- Meeting between the Commissioner for Mental Health, Ms. Stephanie Chetcuti (Office of the Commissioner), Mr. Ian Deguara (Information and Data Protection Commissioner), Dr. Mario Vella, Dr. Glenn Garzia and Ms. Denise Vella (Primary Healthcare), Mr. Stephen Cassar and Ms. Divna Sladojevic (Pharmacy of Your Choice). The meeting served to discuss possible data protection implications in the proposed initiative to follow patients with mental health disorders who would have missed their national screening appointment. (6th September 2022).
- Familiarisation meeting between the Commissioner for Mental Health and Prof. Godfrey Laferla (Professor of Surgery and Dean of Faculty of Medicine and Surgery at the University of Malta). (12th September 2022).
- Meeting between the Commissioner for Mental Health, Ms. Sarah Cilia Vincenti (Office of the Commissioner for Mental Health), and Dr. Mark Xuereb (Specialist in Psychiatry on behalf of the Crisis Resolution Malta) regarding suicide prevention. (13th September 2022).
- Familiarisation visit by the Commissioner for Mental Health and Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health) to the Saint Jean Antide Foundation (SJAF) which included a discussion with Mr. Reuben Vella and Ms. Nora Macelli (SJAF). (16th September 2022).
- Meeting between the Commissioner for Mental Health, Mr. Aldo Drago, Ms. Catherine Vassallo and Ms. Lisa Vella to discuss the views of the Mental Health Association (MHA). (19th September 2022).
- Meeting between the Commissioner for Mental Health and the President of the Medical Association of Malta (MAM) Dr. Martin Balzan. (19th September 2022).
- Visit by the Commissioner for Mental Health to Mount Carmel Hospital on the inauguration of a new entrance near the Transit Ward. (20th September 2022).

- Meeting between the Commissioner for Mental Health, Dr. Miriam Camilleri and Dr. Stephen Zammit (Office of the Commissioner for Mental Health), Prof. Charmaine Gauci (Superintendent of Public Health), Dr. Alexandra Gatt (Director Healthcare Standards), and Dr. Bernice Saliba (Office of the State Advocate). The meeting served to discuss the licensing of the dementia wards at Saint Vincent De Paule as a mental health facility. (22nd September 2022).
- Meeting between the Commissioner for Mental Health, Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health), and Prof. Marilyn Clark, Ms. Marcella Muscat and Dr. Chantal Avellino (Union of the Malta Chamber of Psychologists). (23rd September 2022).
- Meeting between the Commissioner for Mental Health and Dr. Lydia Abela to discuss projects in mental health. (27th September 2022).
- Participation in a preparatory meeting leading to the mental health conference organised by the Malta Chamber of Commerce by the Commissioner for Mental Health, Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health) and representatives from the Malta Chamber of Commerce. (3rd October 2022).
- Meeting between the Commissioner for Mental Health and CEO Aġenzija Sapport Mr. Oliver Scicluna and a visit to the services offered by Aġenzija Sapport. (7th October 2022).
- Meeting between the Commissioner for Mental Health and CEO UHM Voice of the Workers Mr. Josef Vella. (11th October 2022).
- Meeting between the Commissioner for Mental Health and DG Finance and Administration Ministry for Health Mr. Edgar Borg regarding the budget for the Office of the Commissioner for Mental Health. (12th October 2022).
- Meeting between the Commissioner for Mental Health, Dr. Miriam Camilleri (Office of the Commissioner for Mental Health), Dr. Stephanie Xuereb, CEO Mental Health Services, Prof. Anton Grech, Clinical Chair in Psychiatry, Dr. Antonella Sammut, Consultant Public Health Medicine, Mental Health Services and Dr. Victoria Sultana, Director Mental Health Nursing, at Mount Carmel Hospital. The meeting served to discuss plans for the future development of MCH after the opening of the Acute Psychiatric Hospital at Mater Dei Hospital. (12th October 2022).
- Meeting between the Commissioner for Mental Health, Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health), Dr. Mariella Borg Buontempo and Dr. Elaine Cutajar from Health Promotion and Disease Prevention Directorate regarding mental health aspects. (13th October 2022).

- Meeting between the Commissioner for Mental Health, Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health), Mr. Colin Galea and Mr. Paul Pace (Malta Union of Midwives and Nurses). (18th October 2022).
- Meeting between the Commissioner for Mental Health, Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health), Mr. Marco Bonnici and Ms. Elaine Germani (Malta Union of Teachers). (19th October 2022).
- Meeting between the Commissioner for Mental Health, Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health), Mr. Raymond Zammit, Mr. Chris Ellul, PC Mr. Tyrone Sammut, PS Mr. Christian Azzopardi, PC Roderick Joseph Psaila and Reserved PC Mr. Mark George Joseph Cesare from the Police Officers Union. (20th October 2022).
- Meeting between the Commissioner for Mental Health and Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health) with the Gozo Business Chamber. (21st October 2022).
- Meeting between the Commissioner for Mental Health and Ms. Miriam Agius Principal Social Worker to exchange views on social work in mental health services. (24th October 2022).
- Meeting between the Commissioner for Mental Health and Mr. Frank Zammit to discuss information and publicity initiatives. (31st October 2022).
- Meeting between the Commissioner for Mental Health, Dr. Miriam Camilleri and Dr. Stephen Zammit (Office of the Commissioner for Mental Health), Prof. Charmaine Gauci Superintendent of Public Health (SPH), Dr. Alexandra Gatt Director (SPH), Dr. Josianne Cutajar CEO Saint Vincent De Paule Residence (SVPR), and Dr. Ronald Fiorentino Medical Superintendent SVPR to discuss the licensing of the dementia wards as mental health facilities. (31st October 2022).
- Meeting between the Commissioner for Mental Health, Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health), Mr. Victor Carachi and Mr. Josef Bugeja (General Workers' Union). (3rd November 2022).
- Meeting between the Commissioner for Mental Health, Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health) and Kamra ta' I-Avukati regarding code for legal practitioners. (3rd November 2022).
- Meeting between the Commissioner for Mental Health, Dr. Miriam Camilleri (Office of the Commissioner for Mental Health) and Archbishop Charles J. Scicluna and Mgr. Charles Cordina, Episcopal Vicar for Diaconia at the Archbishop's Curia, Floriana. (4th November 2022).

- Meeting between the Commissioner for Mental Health and Hon. Dr. Clifton Grima M.P. Minister for Education, Sport, Youth, Research and Innovation to discuss mental health. (10th November 2022).
- Meeting between the Commissioner for Mental Health, Dr. Miriam Camilleri (Office of the Commissioner for Mental Health), Prof. Alfred J. Vella, Rector University of Malta, Prof. Patrick Schembri, Chair of the University Research Ethics Committee and Prof. Noellie Brockdorff and Prof. Josianne Scerri, both members of the same Committee and lawyer Dr. Luisa Spiteri Baluci University of Malta regarding Article 35 of the MHA. (22nd November 2022).
- Meeting between the Commissioner for Mental Health and Ms. Stephania Dimech Sant CEO Richmond Foundation, Mr. Andrew Barberi, Manager, and Ms. Denise Bugeja, Deputy Manager KIDS in Development (Richmond Foundation) regarding mental health first aid in schools. (23rd November 2022).
- Meeting between the Commissioner for Mental Health and Ms. Miriam Agius, Principal Social Worker, Mount Carmel Hospital to provide a better background regarding social work in mental health services. (24th November 2022).
- Meeting between the Commissioner for Mental Health, Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health), Prof. Angela Abela, Ms. Gianella Caligari, Dr. Clarissa Sammut Scerri and Ms. Delicia Farrugia (Malta Association of Family Therapy). (24th November 2022).
- Meeting between the Commissioner for Mental Health, Dr. Miriam Camilleri (Office of the Commissioner for Mental Health), Dr. Rita Micallef, Director Allied Health Care Services and Dr. Charles Pace, Visiting Senior Lecturer in Social Policy and Social Work with the Faculty of Social Wellbeing, University of Malta regarding Mental Health Social Workers, at the Ministry for Health, Valletta. (24th November 2022).
- Meeting between the Commissioner for Mental Health and the Ministry for Education, Sport, Youth, Research and Innovation regarding Mental Health First Aid Course. (28th November 2022).
- Meeting between the Commissioner for Mental Health, Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health) and Prof. Michael Galea (Mental Health Department – University of Malta). (28th November 2022).
- Meeting between the Commissioner for Mental Health, Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health), Dr. Stephanie Xuereb (CEO- Mount Carmel Hospital) and

Mr. Alfred Grixti (CEO- Foundation for Social Welfare Services) to discuss common services. (28th November 2022).

- Meeting between the Commissioner for Mental Health, Dr. Aloisia Camilleri (Consultant in Psychiatry Mount Carmel Hospital) and Dr. Kristian Sant (Consultant in Psychiatry) regarding dual diagnosis. (30th November 2022).
- Meeting between the Commissioner for Mental Health, Dr. Stephen Zammit, Prof. Anton Grech (Clinical Chair in Psychiatry – Mental Health Services), Dr. Maria Bezzina Xuereb (Consultant in Psychiatry and Liaison Psychiatrist at Mater Dei Hospital) and Dr. Joseph Cassar (Consultant in Psychiatry and Liaison Psychiatrist at Mater Dei Hospital) regarding issues related to ECT and involuntary care under the MHA at Mater Dei Hospital (30th November 2022).
- Meeting between the Commissioner for Mental Health, Ms. Mary Gauci, Mr. Anthony Cauchi and Dr. Ivan Sammut from Happy Parenting Malta (For Happier Children) on the launch of the 17-day Awareness Campaign (Parental Alienation is Family Violence and Children Need Both Parents). (1st December 2022).
- Meeting between the Commissioner for Mental Health, Dr. Miriam Camilleri and Ms. Stephanie Chetcuti (Office of the Commissioner for Mental Health), Mr. Emile Vassallo, Director General Educational Services, Ms. Lucienne Calleja, Director Education Resources, and a third person, all from the Ministry for Education, Sport, Youth and Research Innovation; Ms Stephania Dimech Sant, CEO, Ms Denise Bugeja, Deputy Manager KIDS in Development, and Mr. Andrew Barberi, Manager, all from Richmond Foundation, regarding the Mental Health First Aid for Youths and Educators project. (2nd December 2022).
- Meeting between the Commissioner for Mental Health, Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health), Ms. Yvonne Spiteri and Mr. Albert McCarthy from Be Positive Bipolar Self-help Malta. (5th December 2022).
- Meeting between the Commissioner for Mental Health, Ms. Sarah Cilia Vincenti (Office of the Commissioner for Mental Health), Mr. Robert Brincau then CEO at Correctional Services Agency and Mr. Christopher Siegersma then Commissioner for the Welfare and Development of Prisoners. The meeting served to discuss several issues relating to forensic licensing (particularly any plans for the licensing of the female forensic unit), a proposal for inmates to choose their responsible carer (requiring an amendment to the MHA) and future visits to the Forensic Unit. (5th December 2022).

- Meeting between the Commissioner for Mental Health and Dr. Elaine Cutajar (Manager II - Health Psychology) Health Promotion and Disease Prevention Directorate regarding areas of cooperation. (6th December 2022).
- Meeting between the Commissioner for Mental Health, Dr. Miriam Camilleri (Office of the Commissioner for Mental Health), Prof. Neville Calleja (Director - Health Information and Research), Prof. Josianne Scerri (Head- Department of Mental Health, University of Malta) and Prof. Andrew Azzopardi (Associate Professor and Dean of the Faculty for Social Wellbeing) to discuss *How big is the mental health problem in Malta?* (12th December 2022).
- Participation in the consultation meeting with stakeholders organized by the Sexual Orientation, Gender Identity, Gender Expression and Sex Characteristics Unit (SOGIGESC) by Ms. Sarah Cilia Vincenti (Office of the Commissioner for Mental Health). Stakeholders were summoned informally to identify LGBTIQ needs within the health sector and brainstorm for ideas prior to the drafting of the next equality strategy and action plan. Since it transpired that local research on the mental health needs of the LGBTIQ community and their satisfaction with mental health services is not available, a recommendation to consider this type of research in the next action plan was made. It was also communicated that the OCMH would be interested in exploring avenues to collaborate in awareness campaigns. An officer of the SOGIGESC Unit asked whether the CMH could be roped in on the issue of how sexual wellbeing and functioning affects people' mental health (often psychological issues underpin sexual dysfunction). Again, it was ascertained that the OCMH would be interested in exploring how to collaborate on this matter. SOGIGESC officers informed everyone that ideas from stakeholders will be welcomed till mid-February of next year in time for full integration in the drafting of the LGBTIQ Equality Strategy & Action Plan. (16th December 2022).
- Attendance by the Commissioner for Mental Health during the Safe Space Launch by the Malta Foundation for the Wellbeing of Society held at the House of Representatives. (14th December 2022).
- Meeting between the Commissioner for Mental Health, Ms. Lucienne Calleja (Director People Management Department – Ministry for Education, Sport, Youth, Research and Innovation), Dr. Ian Mifsud (Director for Curriculum and Standards with the Secretariat for Catholic Education), Ms. Anne Marie Carabott (Head of School, St. Michael's School), Ms. Stephania Dimech Sant (CEO Richmond Foundation), Ms. Denise Buhagiar (Deputy

Manager KIDS in Development at the Richmond Foundation) and Mr. Emile Vassallo (Director General - Educational Services Department) to discuss mental health first aid in private and church schools. (28th December 2022).

Participation in Local Events

- The Malta Association of Public Health Medicine Annual General Meeting, held online. (23rd February 2022).
- Conference titled *Let us talk Primary Health Care* attended by the Commissioner for Mental Health. (2nd March 2022).
- Seminar organised by National Council of Women to celebrate Women's Day. (3rd March 2022).
- Seminar on The Added Value of the Professional in Society: The perception of the public on the professional organised Malta Federation of Professional Associations (MFPA). (17th March 2023).
- Seminar titled *Encouraging motivation while coping with anxiety* organized by The Malta Union of Midwives and Nurses. (25th March 2022).
- Attendance by the Commissioner for Mental Health to WHO expert visit: *Patient safety and quality of care. A focus group on mental health and well-being*. (5th April 2022).
- Participation by the Commissioner for Mental Health in the *Youth Mental Health: Research Seminar*. (22nd April 2022).
- Participation by the Commissioner for Mental Health to take part in the human rights platform roundtable: A discussion on Covid-19 inequality titled *COVID-19 and Inequality: Everyone in the same boat?* Organised by The Human Rights Platform of the University of Malta . (27th April 2022).
- Participation by the Commissioner for Mental Health and Ms. Stephanie Chetcuti (Office of the Commissioner for Mental Health) during the *Ġimgħa għas-Servizz Pubbliku* held at the Malta Fairs and Convention Centre. (2nd May 2022).
- Participation in *Health in all policies: Addressing the social determinants of health through stakeholder collaboration*, a Conference organized by Superintendence of Public Health, at Mediterranean Conference Centre (12th May 2022)
- Press conference organised by the Office of the Commissioner for Mental Health at Dar Kenn għal Saħħtek to mark the European Mental Health Week. (12th May 2022).

- Participation in *Together for patient safety and clinical risk management across all ages*; a Symposium organized by Prof. Sandra Buttigieg, from the Department of Health Systems Management and Leadership, Faculty of Health Sciences, University of Malta at MDH. (25th May 2022).
- Participation by the Commissioner for Mental Health in a media event addressed by Hon. Dr. Michael Falzon Minister for Social Policy and Children's Rights to mark international drugs day. (24th June 2022).
- Attendance to by the Commissioner for Mental Health to the graduation ceremony held by Caritas Malta at the San Blas Therapeutic Community. (24th June 2022).
- Participation by the Commissioner for Mental Health in the annual conference organised by the Department of Mental Health (University of Malta). (6th July 2022).
- Participation during the SOGIGESC Unit Annual Conference. (5th September 2022).
- Training workshop titled *Resilient therapy intervention for adolescents from a counselling perspective*. (9th September 2022).
- Conference attended by the Commissioner for Mental Health titled *A National Health Strategy for Malta 2020-2030*. (14th September 2022).
- Conference attended by the Commissioner for Mental Health on World Patient Safety Day organised by the Malta Health Network (MHN). (14th September 2022).
- The Stakeholder's Conference organized by Aġenzija Żgħażaġħ. (15th September 2022).
- The Commissioner's participation in the Joint Action ImpleMENTAL Kick-off Meeting at Villa Arrigo, Naxxar. (26th September 2022).
- Participation in the *Improving Employee Health in the Workplace: Guidelines for Employers Seminar*, organised by the Health Promotion and Disease Prevention Directorate held at Dar Kenn għal Saħħtek. (27th September 2022).
- Participation by the Commissioner for Mental Health in a workshop about the new acute psychiatric hospital. (28th September 2022).
- Participation in CPD event titled *The WHO European Regional Obesity Report 2022 : A new direction and missed opportunity*. (28th September 2022).
- *The International Society of Addiction Medicine Conference* organised by Foundation for Social Welfare Services (FSWS) and the University of Malta. 4th and 7th October 2022.
- Participation in an online seminar organised by the Friends of Mount Carmel Hospital titled *Mental Health: Identifying Injustices, Addressing Prejudices* by the Commissioner for

Mental Health and Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health). (7th October 2022).

- Meeting with Ms Daniela Calleja Bitar as part of her MSc in Mental Health 4th year thesis qualitative component (meetings with experts) together with the Commissioner. (7th October 2022).
- Participation in the *Mental Wellbeing at the Place of Work* Conference organised by The Malta Chamber of Commerce by the Commissioner for Mental Health and Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health). (10th October 2022).
- Visit by President Emeritus H.E. Coleiro Preca to the Office of the Commissioner for Mental Health to present the Commissioner with the Children's Manifesto; six (6) proposals regarding mental health. (10th October 2022).
- Hybrid event organised by Mental Health Europe for World Mental health Day, event hosted at the European Parliament focusing on migrants, refugees and mental health. (10th October 2022).
- Attendance by the Commissioner for Mental Health during the Dissemination and Information Session on the closure of existing funds and introduction to the new funding programmes. (12th October 2022).
- Attendance to the *Reset, Align, Engage* - Richmond Foundation Annual Conference held at Villa Arrigo, Naxxar by Dr. Miriam Camilleri and Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health). (14th October 2022).
- *Il-Bully - Jien jew Int?* - Mental Health Association Gozo Annual Conference held at Queen Mary Campus, Gozo General Hospital, Gozo. The conference was attended by Dr. Miriam Camilleri and Ms. Gertrude Buttigieg (Office of the Commissioner for Mental Health) whereas the Commissioner for Mental Health delivered the closing address. (21st October 2022).
- Participation in CPD session delivered by Dr. Natasha Azzopardi Muscat on *Rethinking Health Systems in a time of permacrises*. (26th October 2022).
- Participation in the Caritas Community Centre official opening by the Commissioner for Mental Health. (2nd November 2022).
- Participation in CPD session delivered by Prof. Sandra Buttigieg titled *What can I do to improve patient safety? My experiences through the lenses of a Consultant in Public Health Medicine and of an academic/researcher*. (3rd November 2022).

- Attendance by the Commissioner for Mental Health during the press conference titled *Nagħtu l-añħar ćans*. This press conference tackled the expungement of crimes related to simple possession of drugs from the conduct certificate. (7th November 2022).
- World Psychiatrist Association Congress held at the Merriott Hotel, St Julians. Dr. Miriam Camilleri attended the congress. (11th November 2022).
- Malta Med-Tech World Summit 2022. (17th and 18th November 2022).
- Attendance by the Commissioner for Mental Health during the conference titled *Understanding the complexities of Perinatal and Infant Mental Health*. (25th November 2022).
- Attendance during the Caritas Malta open day at Ta' I-lbwar facility by the Commissioner for Mental Health and Ms. Stephanie Chetcuti (Office of the Commissioner for Mental Health). (25th November 2022).
- Participation by the Commissioner for Mental Health in an online seminar titled *The role of the primary care in the community mental health* organised by the European Community Based Mental Health Service Providers Network. (30th November 2022).
- Participation by the Commissioner for Mental Health in the end of year conference organised by the Victim Support Agency. (2nd December 2022).
- Participation by the Commissioner for Mental Health in the Mental Health Association 40th anniversary event. (12th December 2022).
- Attendance by the Commissioner for Mental Health during the launch of the extension of the blossom project by the Malta Trust Foundation at the San Bastjan Primary School in Qormi. (15th December 2022).
- The Office was also involved in another collaborative initiative with 'Djakonija Iklin' to promote mental health awareness among the general population during Sunday masses.

ONLINE EVENTS

- *Uppsala Health Summit Post-Conference Report - Pathways to Lifelong Mental Wellbeing – Rebuilding Young People's Mental Health in a Post Pandemic world online online seminar*. (8th March 2022).
- Preventing Medication Errors to Protect Patient Safety online seminar organised The European Alliance for Access to Safe Medicines. (22nd March 2022).
- Online seminar attended by the Commissioner for Mental Health regarding tackling of childhood obesity in the UK and in the EU. (29th March 2022).

- Online launch event attended by the Commissioner for Mental Health titled *Global launch of the WHO quality rights e-training: Advancing mental health, eliminating stigma and promoting inclusion confirmation*. (12th April 2022).
- Participated for Closing Conference of the COMPAR-EU Project 15&16/11/2022 (Brussels) Project carried out by European Patients' Forum supported by the Horizon 2020 research and innovation grant. (15th and 16th November 2022).
- Online seminar attended by the Commissioner for Mental Health titled *Launch of new WHO Mental Health report: Transforming Mental Health for All*. (17th June 2022).
- Meeting attended by the Commissioner for Mental Health organised by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and titled *Preparing for the Future: Applying a foresight approach in the drugs field*. (23rd June 2022).
- valUE - Solidarity Matters Final, hybrid conference by Volonteuropa. (12th July 2022).
- Participation in the 2022 Suicide Prevention Summit organised by the American Association of Suicidology. (22nd August 2022).
- Participation in a seminar organised by Webex titled *Healthier Together: EU non-communicable disease initiative – shareholders online seminar*. (28th November 2022).
- Participation by the Commissioner for Mental Health in the online seminar titled *How far have we come in strengthening health system resilience in Europe*. (1st December 2022).