MENTAL HEALTH SERVICES IN MALTA - 1996

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Mental Health problems are common in medical practice. In general practice as many as one consultation in three may involve psychological problems and about a third of medical and surgical in-patients will show significant psychiatric morbidity. Although only a few doctors will choose psychiatry as their main career, the majority of psychiatric problems present to general practitioners in the community and specialists in other fields. Every clinician should be able to recognise these psychiatric aspects, to consider how these will affect management and whether to refer to a psychiatrist. It is therefore important for the medical undergraduate to be well versed in psychiatry, to know when and how to refer and to be familiar with the range of psychiatric facilities.

By way of background, it has long been recognised that although mental health services in Malta are generally good, there are severe shortcomings in certain spheres. Particularly, although medical psychiatric care is of quite a high standard, patients have become institutionalized because of several interacting factors, ie: the disease process itself, emargination of mentally ill by society, institutional hospital surroundings and inadequate rehabilitation and community support facilities, both early and later. The most severe service deficiencies have been:

Extremely limited community based facilities for treatment and support
Severe human resource limitations within the multi-disciplinary team
Poor living conditions on certain wards within Mount Carmel Hospital

Several professional groups within the mental health services has long pressed for improvements in services culminating recently in the **Mental Health Reform** which started about two years ago. Through the setting up of a Scientific Board with foreign advice and a National Mental Health Commission, **a National Policy on Mental Health Service** was produced which provides the framework for the reform process.

Although an important goal of this document is the reduction of hospital bed numbers and a shift towards the community, services still remain largely hospital based. The main psychiatric **Mount Carmel Hospital** has however achieved bed occupancy reductions from approximately 700 to 500 beds in recent years. There is also a short-stay 11 bedded **psychatric unit** at St Luke's Hospital. Psychiatric follow-up is offered from an **Out-Patient clinic** at St Luke's Hospital and from **five community based Health Centres.** Finally there is a psychiatric team in Gozo with limited in-patient facilities.

Services are provided through multidisciplinary teams comprising psychiatrist, psychologist, social worker, occupational therapist and psychiatric nurses.

MOUNT CARMEL HOSPITAL

Mount Carmel Hospital remains the main base for psychiatric services in Malta. This old mental hospital was built in the mid 19th century and although at the time intended to be a modern hospital it later transpired that it was an exact replica of Wakefield Asylum in England. Further, there are doubts as to whether the architect who provided tha plans was truly an architect. Such was society's demand upon these beds that within a short period of the hospital's completion it was already overcrowded.

Mount Carmel Hospital is divided into male and female divisions. On either, there is **an acute admission** ward (MW2, FW6) where new admissions are received, secure ward (MW10, FW10) for more disturbed patients, **locked chronic** wards (MW3A and B,FW5A and B.MW7, FW7), **open** male chronic ward (MW6), learning disability wards (MW8, FW8) and a **medical/geriatric** ward (MW5, Psycho-oranic Unit/exFW2). Within the hospital there is also **a Learning Disabilities Training Unit**. Outside the hospital gates are a **half-way** house and female hostel for rehabilitation and reintegration of patients into the community. There is also a **Young People's Unit** for treating disturbed adolescents and a residential unit for learning disabled males anomalously called **Juvenile Ward** (dating back to the time when these men were indeed juvenile!).

The services are offered through five psychiatric firms. In addition there are **pharmacy, social work, occupational therapy and psychology, physiotherapy and dental** departments and where staff numbers permit, members of these departments are deployed with psychiatric firms. The respective structure and function of these various departments are enlarged upon elsewhere in the guide book.

The aim of the hospital is to offer therapeutic admission to patients who, either by virtue of the severity of their disorder or otherwise, require residential treatment. Depending on the nature of their disorder they may require transfer to a more appropraite unit. Nowdays, the overwhelming majority of admitted patients are rehabilitated back to the community. Unfortunately, however, despite multidisciplinary team management and rehabilitation, a minority of patients do become chronic and require long term admission.

There are also a number of patients whose illness has run its acute course and "burnt out" who could survive in the community with appropriate back up support. Unfortunately, to date, community residential facilities are still only being developed, however, the Richmond Fellowship Foundation's Villa Chelsea is one important step in this direction. The Housing Department has also allocated a number of flats to the National Commission specifically for ex-hospitalized patients.

ST LUKE'S HOSPITAL

The eleven bedded **psychiatric unit** at St Luke's Hospital functions as a short stay unit admitting patients for successive seven-day periods up to three or exceptionally four weeks. It is a mixed open unit only equipped to deal with voluntary admissions. Patients requiring compulsory admission have to be referred to Mount Carmel Hospital.

At St Luke's Hospital there is also a **Psychiatric Out-Patients Department** and a **Child Guidance Clinic.**

Health Centre Clinics

Psychiatric follow-up is also carried out from five community based Health Centres situated in **Floriana, Gzira, Mosta, Paola and Qormi**. Small teams consisting of psychiatrist and nurses from the individual firms visit these Health Centres in rotaion. Ideally it is envisaged that these Health Centre Clinics would develop into community psychaitric teams, however, at present only the **Qormi Health Centre** which forms part of the **Mental Health Reform Community Pilot Area** functions in this way. The remainder function mainly for monitoring of patients stabilized on long term neuroleptic therapy with limited facility for nurses to visit patients who have lapsed their appointments.

Gozo

The **New Gozo Hospital** adjacent to the general Hospital houses modern purpose built psychiatric facilities comprising short, medium and long stay units. There is also an **Out-Patients** and **Drug Dependence Service** and a well equipped **Occupational Therapy Department**.