# Transforming mental health care through mental health advocacy

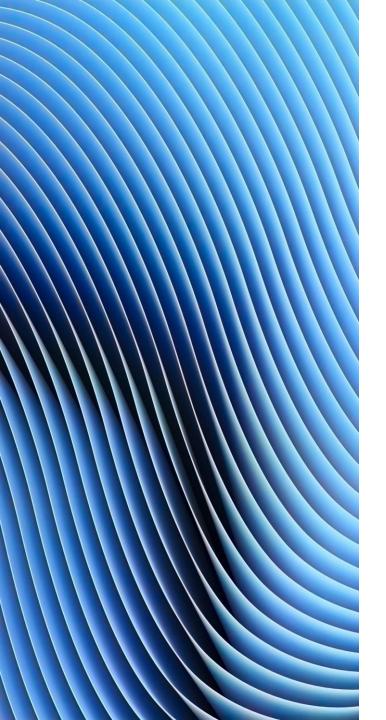
Dr Stephanie Xuereb
CEO Mental Health Services



### Agenda

- Transformative impact of mental health advocacy on the local healthcare landscape over the years.
- How the power of advocacy has historically led to positive changes aimed at improving patient's rights, access to mental health services, expanded treatment options and support services.
- Progress on the implementation of the Mental Health Strategy, new initiatives and services.
- Strategic partnerships, challenges in mental health care and the need for multi sectorial collaboration.





# Mental health advocacy

Promotes human rights of persons with mental disorders

Aims to reduce stigma and discrimination

Overcomes structural and attitudinal barriers with improved access to mental healthcare

Key question is? How has mental health advocacy influenced policies, public perception, and the overall quality of mental health care in Malta?

# Run through our history.....

Maltese historian Dr Paul Cassar traces the roots of the medical practise of psychiatry back to the late 16th century.

In 1574 the 'mentally insane' were placed in a specific area of the Sacra Infermeria with patients who became violent being transferred to one of the basement wards.

Psychiatric patients were also housed at Villa Franconi, which was the former residence of Fra Fabrizio Franconi, a Knight of the Order of St John.

1861 - 250 patients were transferred from Villa Franconi to the newly constructed psychiatric hospital, Mount Carmel Hospital,

# Mount Carmel Hospital





# Mental Health Reform and Political Support

- Mental Health reform commenced by the Dept of Health Policy and Planning in early 1990s
- Scope of the reform included the formulation of a strategy and the preparation of the necessary amendments to the mental health legislation
- Shift in the focus of care from a primarily hospital-based, custodial type of care to a patient-centric, community-based approach, development of multidisciplinary teams and promotion of mental health and well-being
- The National Policy on Mental Health Service was launched in 1995



Hope for change

# Humble beginnings....



Establishment of the first community-based mental health service as a pilot project in Qormi Health Centre



Opening of Villa Chelsea, a residential and day rehabilitation facility in Birkirkara, by Richmond Foundation

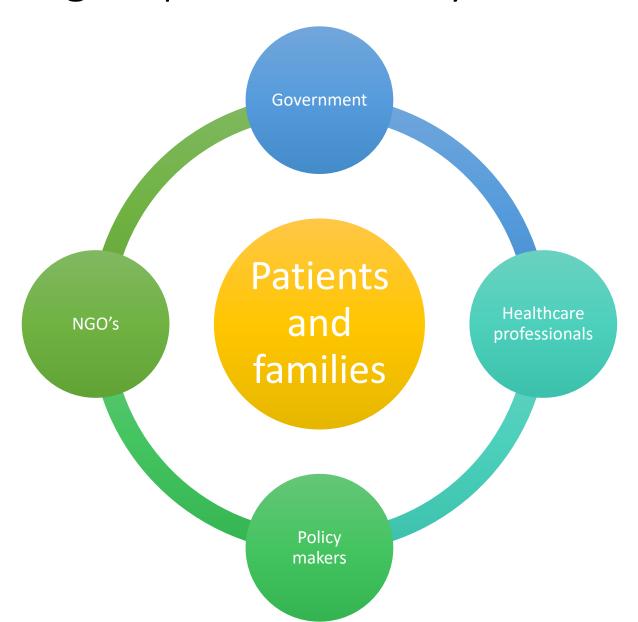


A Community Mental Health Strategy was drafted in 2001



Decline, other priorities with little investment

### Roles of different groups in advocacy







Advocacy....key to making a difference IS ON THE NATIONAL AGENDA
FOR GOVERNMENTS

**PUSH FOR A NEW LEGISLATION** 



CONTINUE TO SHAPE AND INFLUENCE MENTAL HEALTH POLICY

### Legislation Mental Health Act 2012

### Enacted in Parliament in October 2012 with a gradual implementation over 2013 - 2014.

- Person centered approach
- New rights to patients 19 rights......

right to dignity, to high quality care, right to information, right to informed consent, right to appoint a responsible carer

- Promotes deinstitutionalisation of mental health care, with a transition from an institutional custodial approach to one of active rehabilitation, patient empowerment and integration into the community.
- Offers opportunities for increased participation of the service user, reduced hospital stay and increased management in the community.

#### **Commissioner for Mental Health**

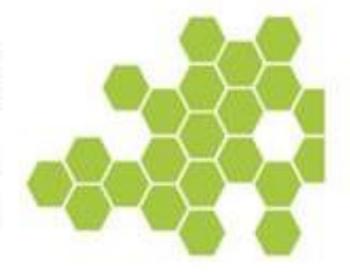


# Power of Advocacy in Mental Health Care

- Mental Health Strategy
- Increased funding
- Continued investment in community services
- Increased emphasis on psycho-social aspect of care
- Investment in residential care and sheltered accommodation
- Building the workforce
- Investing in the workforce and training

#### BUILDING RESILIENCE TRANSFORMING SERVICES

# FOR MALTA 2020-2030



Mental Health Strategy 2020-2030

- Promoting mental health awareness and addressing the wider determinants of health
- A reconfigured mental health service framework
- Enhanced support for all persons with mental disorders
- Building capacity and fostering innovation to improve performance

## Promoting Mental Health & Well being

Overcoming stigma through education and awareness



Webinars – Wellbeing 360

Mental Health Campaign

Mental Health Helpline 1579

Workshops with Youths

Youths as Mental Health Ambassadors

Mental Health in the Workplace

# Wellbeing 360







# Mental Health Campaign -











General population: Internet, social media, television, radio, public events, churches, local councils



Talk it out.

Get Support.











The 1579 Mental Health Helpline is a 24hr national telephone helpline, providing immediate and free emotional support, advice and practical guidance for anyone in need.



Manned by Psychology Professionals who have undergone training geared towards preparing them to mann the Helpline. They work on shifts to keep the service going on a 24/7 basis

#### Frequent Types of Calls



- Depression
- Anxiety (Panic attacks, Phobia, PTSD, OCD)
- Loneliness
- Relational Issues
- Other (Family Issues, Bipolar, Substance Misuse, DV, Financial Struggles, Homelessness e.t.c)
- Medication



Talk it out. **Get Support.** 



### 1579 Statistics



# Reconfiguration of Mental Health Services

Chain of interconnected services that cover the whole spectrum of care

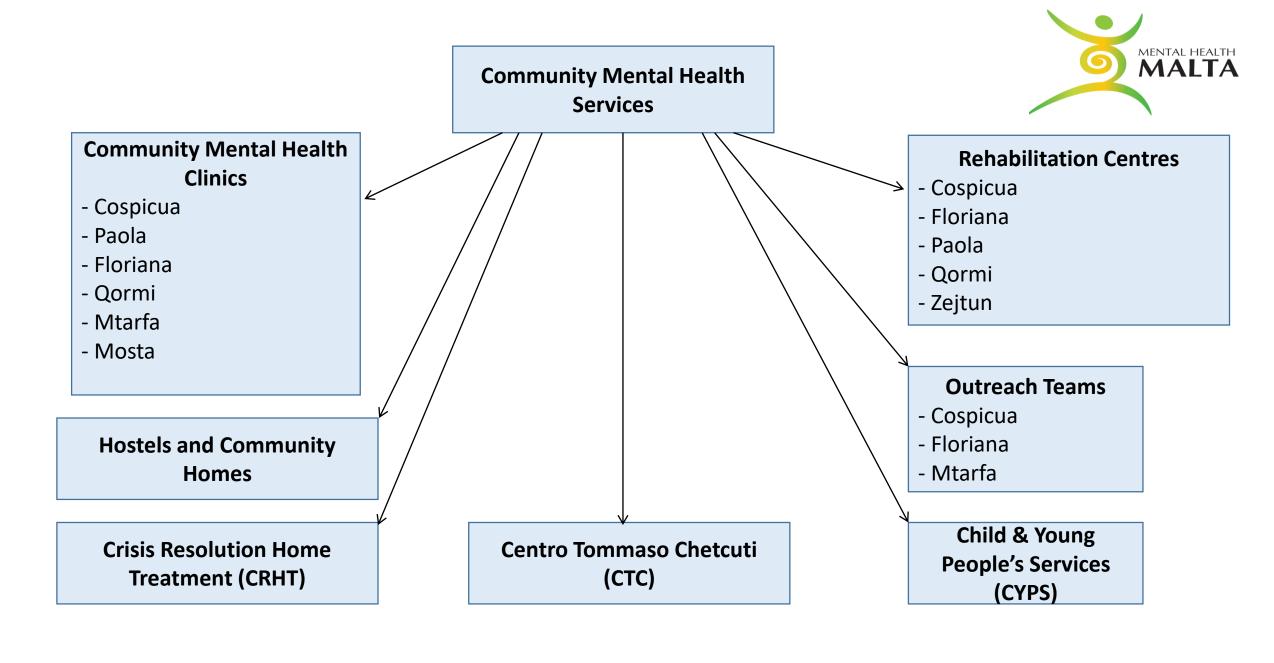
Shift from custodial care in Hospital to a more patient centered care in the Community.

Integration of mental health services with other health services

Development of emergency services – psychiatric specialists at A&E; Crisis Resolution Home Treatment

Focus on empowerment and embracing a recovery model of care

Peer support and coproduction



#### Specialized Services – a life-course approach



- Perinatal Mental Health
- Children and Adolescent Services (CYPS, CIHT, CAPES)
- INNOVATIONS
- MCAST and UOM Wellbeing Clinics
- Dar Kenn Ghal Sahhtek
- Learning Disability Clinics
- Gender Clinic
- Addiction Services
- Old Age Clinics



# Number of Registered clients attending Mental Health Clinics

	2018	2019	2020	2021	2022	2023
Qormi	1941	1932	2265	5005	4649	3978
Floriana	983	1002	1199	2941	2198	1979
Mtarfa	670	657	1455	3476	4149	4233
Paola	4557	4518	2818	4920	3674	3208
Bormla	840	836	1457	3008	3222	2310
Mosta/Qawra	575	480	467	1009	1036	819
TOTAL	9,566	9,425	9,661	20,359	18,928	16,527

#### The Crisis Resolution & Home Treatment Team



Multidisciplinary Team



Timely,
Compassionate
& Intensive Care



Prevention of Psychiatric Admission



3 to 4 Week Follow-up

#### CRHT Service - Informative Brochure

#### What is a Mental Health Crisis?

A mental health crisis refers to any situation in which a person's behaviour puts them at risk of hurting themselves or others. and/or prevents them from being able to care for themselves or function effectively in the community.

This is due to a sudden disruption in one's ability to use effective problemsolving techniques and coping skills, and/or due to a severe deterioration in mental health (NAMI, 2018).



#### Contact Us



CRHT Clinic, I/o Mount





a crht@gov.mt







**CRISIS RESOLUTION** HOME TREATMENT

> Service User Information Leaflet



#### Mission Statement

The CRHT Team provides timely and compassionate psychiatric care to individuals in a mental health crisis.

#### The Role of CRHT

The multidisciplinary team will work intensively with the individual and relevant stakeholders in order to resolve the mental health crisis. The team aims to provide intensive care within the community and home-based treatment to prevent psychiatric admission.

#### Aims of the Service

The CRHT Team aims to support individuals suffering from a mental health crisis by:

- Alleviating the distress associated with the mental health crisis.
- · Empowering the individual to address the mental health crisis.
- · Enabling the individual to increase resilience.
- · Providing evidencebased interventions in a community setting.



#### Aims of the Service

In order to achieve the CRHT Team aims, the team will:

- Provide intensive communitu treatment until the mental health crisis has resolved.
- Ligise with other services to aid in the resolution of the mental health crisis.
- · Facilitate the smooth, professional and nontraumatic transition to other services.
- Provide psychoeducation to patients and their responsible carers.
- Increase individuals' coping abilities to help persons achieve a fulfilling and goodquality life.
- Decreasing psychiatric hospital admissions.

# Crises resolution home treatment service

#### Referrals 600

Predominantly from the Northern region, followed by Central region

Younger age groups - 20-29 yr (36%) 30-39 yr (28%)

Only 7% of service users required hospitalisation

# 2013

# 25 million

2023

67 million

# Repurposing of Mount Carmel Hospital

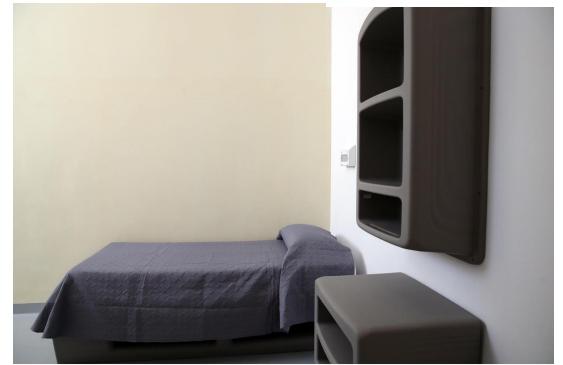
- Provision of care in a safer therapeutic environment
- Refurbishment of STMS ward for dual diagnosis patients
- Opening of Dar Sebh Gdid
- New Admission Ward
- 2 wards for psychogeriatric patients and 2 isolation units
- Long stay ward
- Plans for refurbishment of 3 other wards approved by Planning Authority
- Therapeutic garden project



#### SALA TABIBA MARIA SCIBERRAS







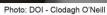




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# Enhance support for persons with mental disorders

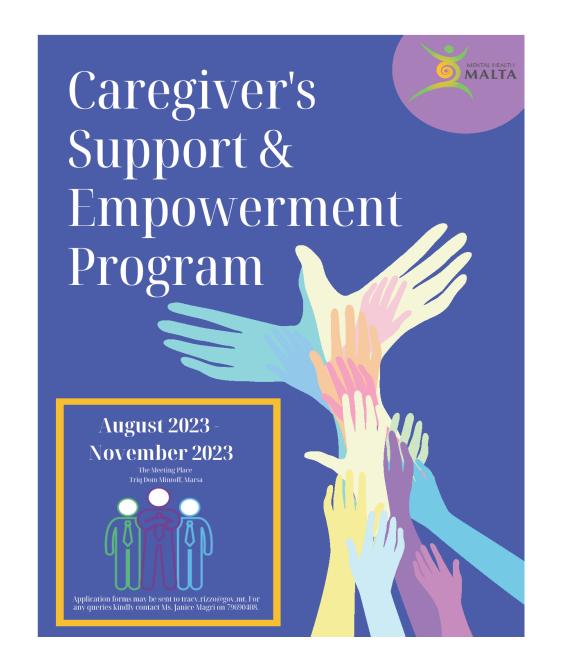
Are you ok?

Caregivers
Support and
Empowerment
Program

Recovery and Wellbeing Academy

## Taking care of caregivers

10-week program focusing on the education, empowerment and support of relatives and carers of service users currently using Community Mental Health Services.



# 5 WAYS TOWELLBEING

STARTING 6TH SEPTEMBER LOCATION: HAVEN - PAOLA

> ENROL NOW IT'S FREE!!

#### The course will:

Present research evidence and lived experience that help mental health and wellbeing. Take place over 5 evening



sessions.

The course is open to all adults who would like to develop a toolkit of self-help methods that improve mental health and wellbeing.



#### FOR FURTHER DETAILS CONTACT

21665727 / 21821515 recovery.academy@gov.mt









# CHIME to Recovery

Every Wednesday evening Starting 11th October at 17:30 Course consists of 5 evening sessions

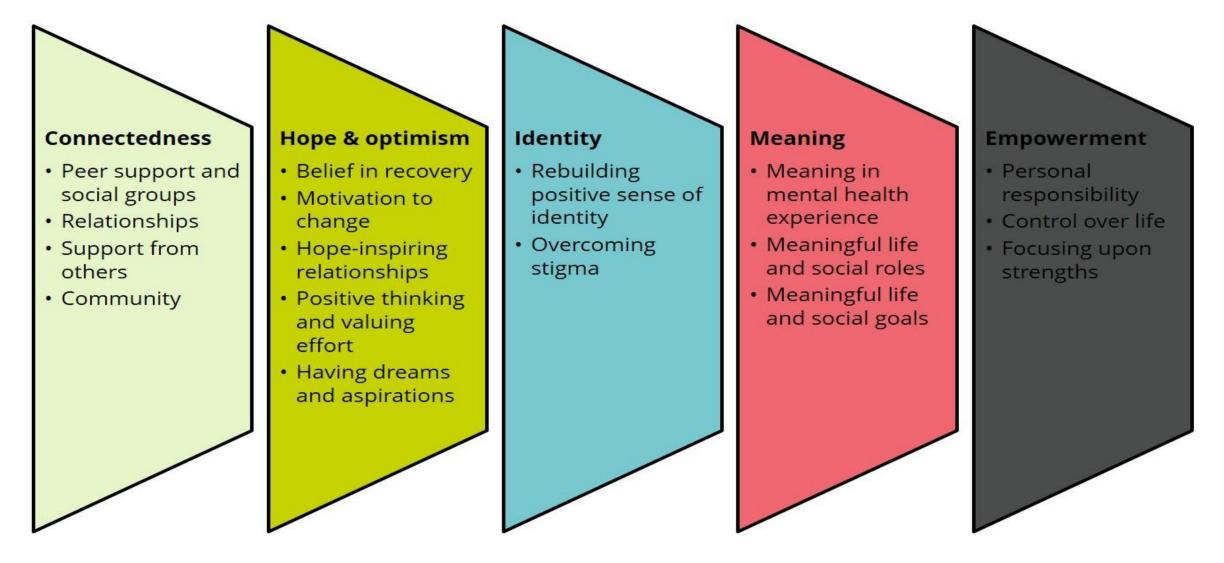
The course will present principles and lived experiences of five recovery processes:

Connectedness
Hope
Identity
Meaning in Life
Empowerment

CONTACT
21665727 / 21821515
recovery.academy@gov.mt

The course is open to all adults who would like to develop an understanding on how to support Recovery

#### The CHIME framework for personal recovery



# Workplace Advocacy — taking care of the mental wellbeing of our staff

#### CARING FOR THE CARERS

Chairperson

Dr Anthony Zahra - Consultant Psychiatrist

#### **Members**

- Ms Claire Busuttil Allied Health Practitioner Occupational Therapy
- Ms Ritienne Darmanin Allied Health Practitioner Occupational Therapy
- Ms Kairee Farrugia Psychology Assistant
- Dr Roberto Galea Basic Specialist Trainee
- Mr Benjamin Gatt Senior Psychologist
- Ms Mandy Micallef Social Worker



#### **Building capacity**

- Undergraduate training programme for mental health nurses commenced in 2005
- The establishment of a local post-graduate training programme in psychiatry in 2008.
- In 2015, a Department of Mental Health was established in the Faculty of Health Sciences. This subsumed the undergraduate mental health nursing programmes and started providing postgraduate specialised mental health nursing programmes.
- Still critical: social workers, occupational therapists and psychologists

## Investing in our Mental Health Workforce

- Risk assessment training predicting and preventing violence/ aggression - for MPU staff & charge nurses (Prof Frans Fluttert)
- Safe Wards training by expert Geoffrey Brennan given to all Charge Nurses
- Induction and preceptor courses
- De-escalation training
- CBT training and DBT training
- Coaching to Nursing Managers
- Assessing and Managing Suicide Risk (AMSR)
   Training health professionals across MHS

Assessing and Managing Suicide Risk (AMSR)Training

- Ambitious project to provide internationally recognized training to MHS professional workforce
- Training course and course material is through the Zero Suicide Institute which forms part of the Suicide Prevention Resource Centre, USA
- Training objective is for staff to be able to address suicide risk and behavior in an outpatient setting incl risk formulation modeling



## Strategic Partnerships



### ImpleMENTAL

Implementation of elements of the Belgian Best Practice (BBP) in Malta





#### **Actions Implemented**

Networking with NGOs, workshops, conferences, training in peer expert engagement

Meeting with the Dean of the Faculty of Health Sciences to include in undergraduate studies the valid role of peer expert

Setting up of recovery and wellbeing academy – co-produced curriculum has been set, call for applications out

Discussion & Training with Primary Care about Collaborative Care

Recovery throughout MHS through WHO Quality Rights eTraining

Piloting Seamless
Transition between
Inpatient and Community
Care







#### **Key Learnings**

- The participation and expertise of Experts by Experience is crucial and adds value to our organization.
- Teamwork is crucial
- Perseverance
- Research and collaboration are vital



Suicide Care implementation of the Austrian Best Practice on Suicide Prevention (SUPRA - SUicide **PRevention** Austria)

Austria identified as best practice for suicide prevention

Enabling participating countries to draw up a Suicide Prevention Strategy

Ensuring that suicide prevention is organizationally embedded & coordinated

Support & treatment of high-risk groups for suicide according to needs

Restriction of access to means of suicide with the aim of making access difficult

Ensuring that awareness & knowledge of suicidality & about coping with psychosocial crises are widespread among general population

Integrating suicide prevention programmes in other health promotion activities & to addiction & violence preventive measures

Quality assurance & expertise

## Promoting financial literacy and independent functioning in the community





5-year strategic partnership



#### Project background

## Occupational Therapy Services within Mental Health Services, Ministry for Health

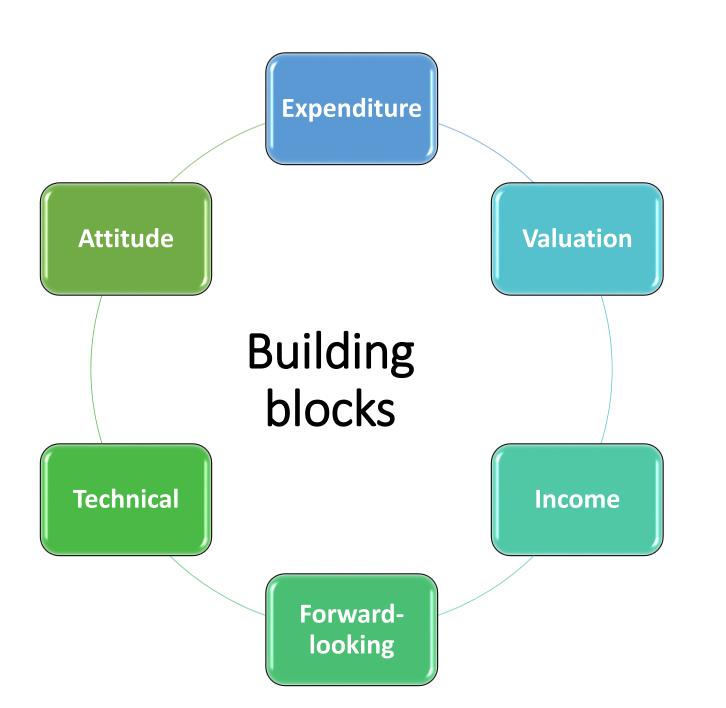
Identified gap

#### **GEMMA**

Government agency focusing on financial capability

#### **HSBC Malta Foundation**

Corporate Social Responsibility



## Learning Outcomes

#### Explanations

Activities

#### Project milestones



Identified the 23 elements which together determine financial capability



Created programme material – slides / activities (in Maltese)



Call for trainers – 3 officials from HSBC



Train the trainer sessions



4 pilot sessions (1.5 hrs each / in person)



Created guidebook



Session with professionals – expand awareness about programme





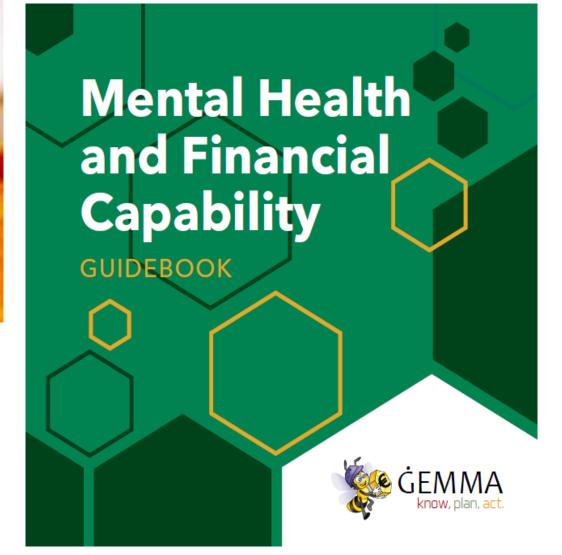
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# development sitive

Mental health provision has certainly improved over the last 30 years. Treatment options have increased and access to treatment has improved.

Social barriers have been broken down, most notably those surrounding public attitudes.

Attitudes are changing - mental health is being talked about more openly and positively than ever before - particularly by young people who will be a driving force for progressive change.

Acute Psychiatric hospital planned on the perimeter of MDH, tender for the provision of design and build awarded, stakeholder consultation and design in final stages

#### Challenges

#### Building Continuing Continuing Intensifying Intensifying Continuing to build Continuing to **Building coalitions** the workforce present evidenceand alliances, engagement across based arguments to engaging policy sectors with a multilead changes in care makers and agency approach stakeholders provision and services

# Thank You