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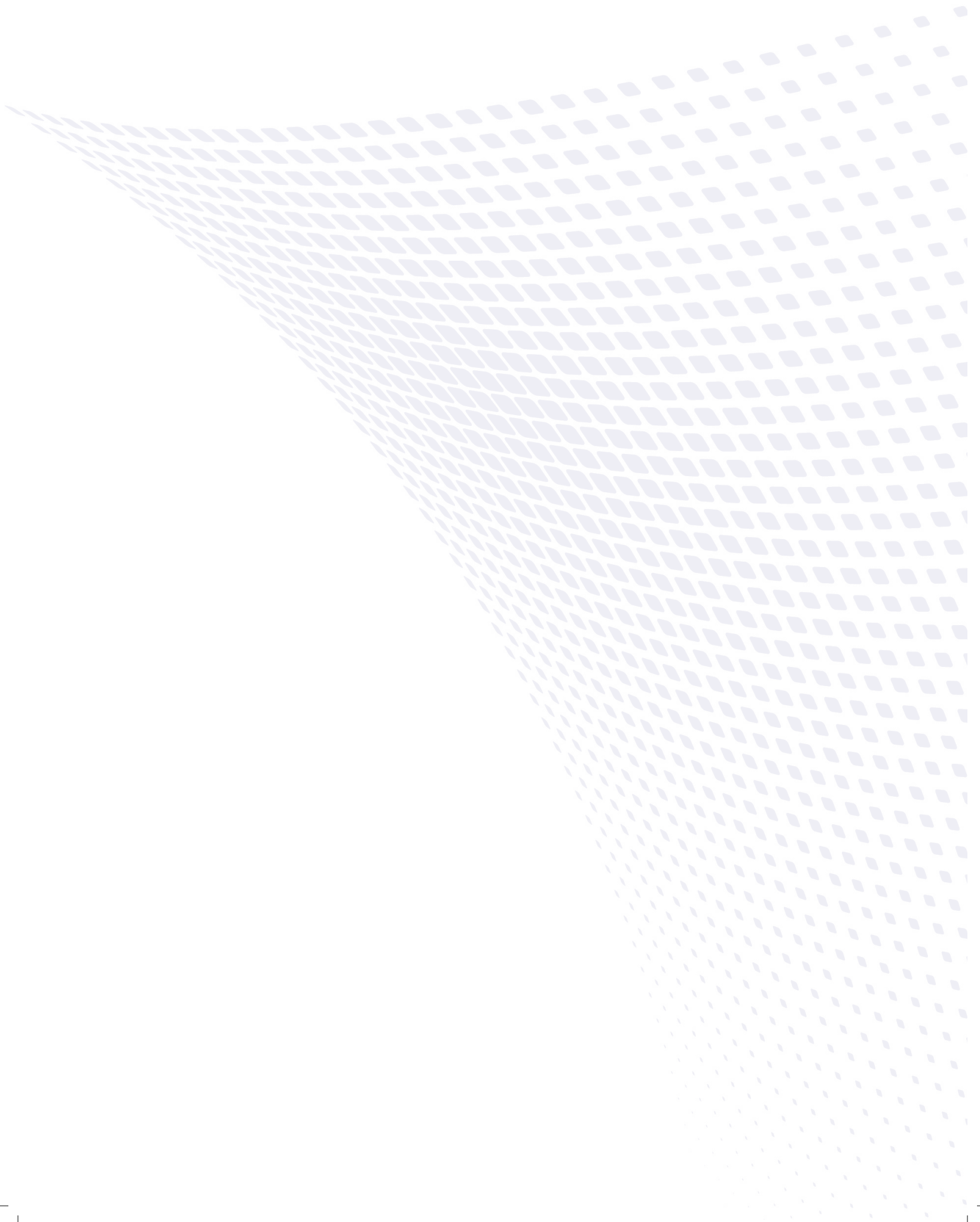
# Mental Health Services for Persons with Disabilities in Gozo

Commissioned by Hila Home Ltd, a subsidiary of CareMalta Group

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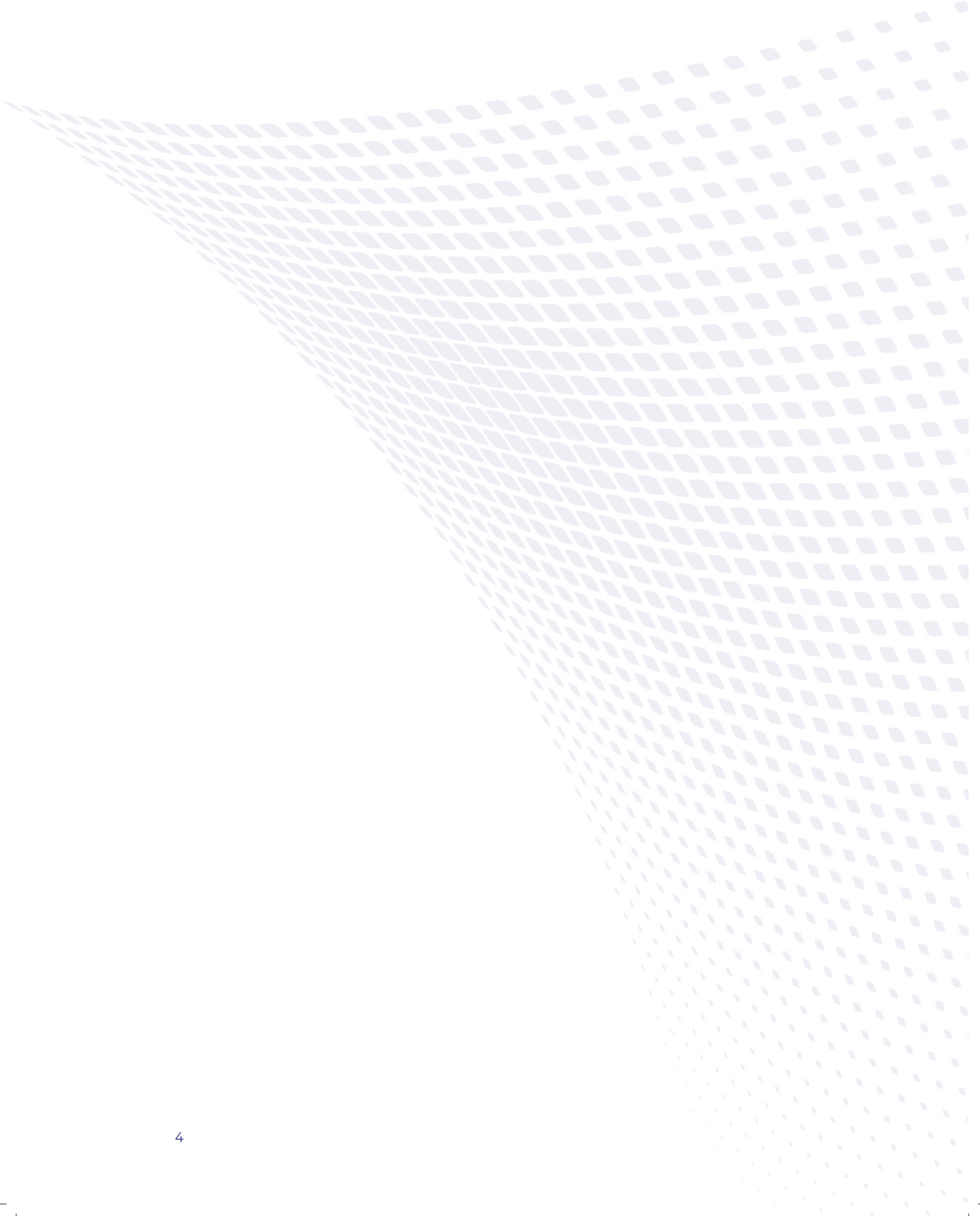
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**Mental Health Services  
for Persons with Disabilities in Gozo**

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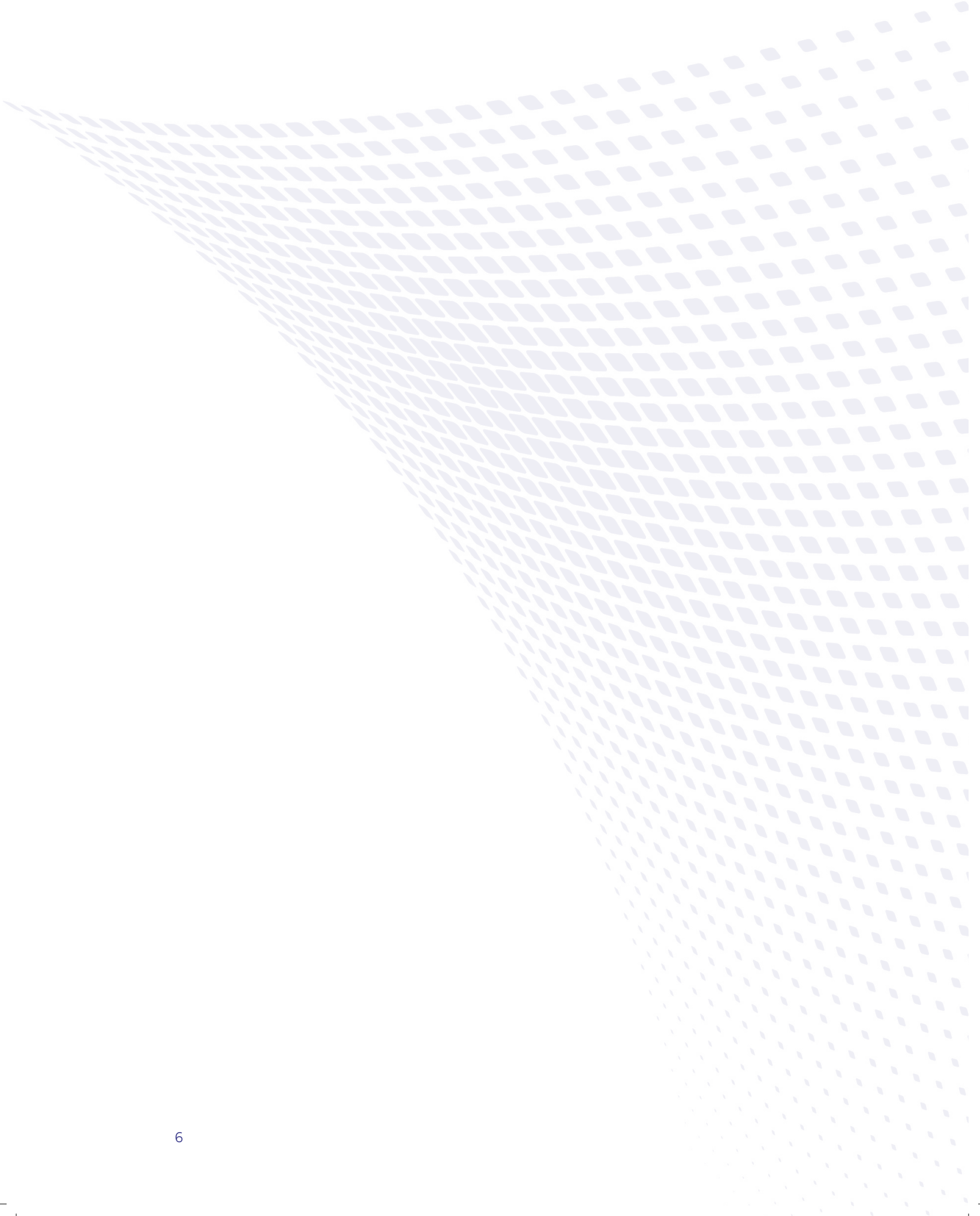
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## **Understanding our communities**

The project with Hila was another feather in the cap of the Faculty for Social Wellbeing. Being trusted to do a social impact study in Gozo, in the area of mental health and mental disability, was indeed a privilege for us. Undoubtedly this research which was led by our administration, RSOs and academic team helped us understand in more depth the dynamics and the way social services are weaved in Gozo. Apart from that it gave us a better understanding of what works and what needs to be done. This is what Hila is about, finding solutions within the community and facilitating support services. We are looking forward to working more closely with this entity which is always on the lookout to address particular social gaps.

**Prof. Andrew Azzopardi**  
Dean  
Faculty for Social Wellbeing



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# Chapter 1 - Introduction

## 1.1. INTRODUCTION TO MENTAL HEALTH

Mental health is defined as, “a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community” (WHO, 2018). Consequently, mental health challenges arise when an individual is not in a position to cope with daily life. In Europe, nearly 84 million people are estimated to suffer from mental health problems, with the most common mental health problems being ‘anxiety’ followed by ‘depression’ (IHME, 2018 cited by OECD, 2018).

## 1.2. THE CONTEXT: MALTA AND THE ISLAND OF GOZO

Similarly, to most European countries, ‘anxiety’ and ‘depression’ are the most common forms of mental illness reported in the Maltese Islands. However, it is reported that within the Maltese Islands, a number of people going through depression many times do not report it, with diagnosis of depression reported by Maltese people being lower than the EU average (Office of the Deputy Prime Minister, Ministry for Health, 2019).

The island of Gozo forms part of the Maltese archipelago. Nonetheless, as is common with other island states formed by more than one landmass, data and research on mental health problems focus on the main island in this case Malta or the Maltese Islands as a whole. Small islands are often faced with double insularity and added to this are heightened issues of stigma and discrimination due to the close-knit communities. Gozo is no exception. When it comes to mental health problems, issues around privacy become difficult to maintain, since most inhabitants know each other (Setoya and Kestel, 2018). Compounded to this is the fact that mental illness is still highly stigmatised in Gozo, compared to Malta, and this tends to create an obstacle for people to seek treatment and therapy (Caruana, 2020).

Nonetheless, there are also positives we can draw from small islands like Gozo since these usually have strong cultural and familial ties within their communities, which allows for increased support when people suffer from problems, including mental health issues. The provision of free health care services linked with a strong sense of civic support is also common within small islands (Skuse, 2018) and as is the case in the Maltese Islands becomes an asset. Gozo, apart from its own hospital and wide-ranging medical services also has an inpatient psychiatric facility incorporated within its general hospital (Grech, 2016), thus offering free mental health care for short stay and long stay patients.

## 1.3. MENTAL HEALTH CARE AND COMMUNITY CARE

Studies on community care have indicated that people who sought treatment in the community responded better than those who resorted to hospital services. Apart from that, people tend to seek more help when services are offered within the community (PFWS, 2017) and the long-term impact seems to be more visible. Mental health treatment in the community needs to be carefully designed to ensure that this service is responding to the needs of the neighbourhood. In small towns and villages in Gozo the service provided needs to be tailor-made for the small and closely-knit population (Caruana, 2020).

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### 1.4. AIMS AND OBJECTIVES

The aim of this project was to explore the needs of people with mental health difficulties and persons with disability in Gozo and, through this scoping exercise, examine what services are available and explore whether further services are required to complement the current provision.

The objectives of this study were to:

- Gain an understanding of the perceptions of mental health problems in Gozo;
- Identify the demand for the provision of mental health community services in Gozo; and,
- Explore barriers to accessing mental health and related services in Gozo.

### 1.5. REPORT STRUCTURE

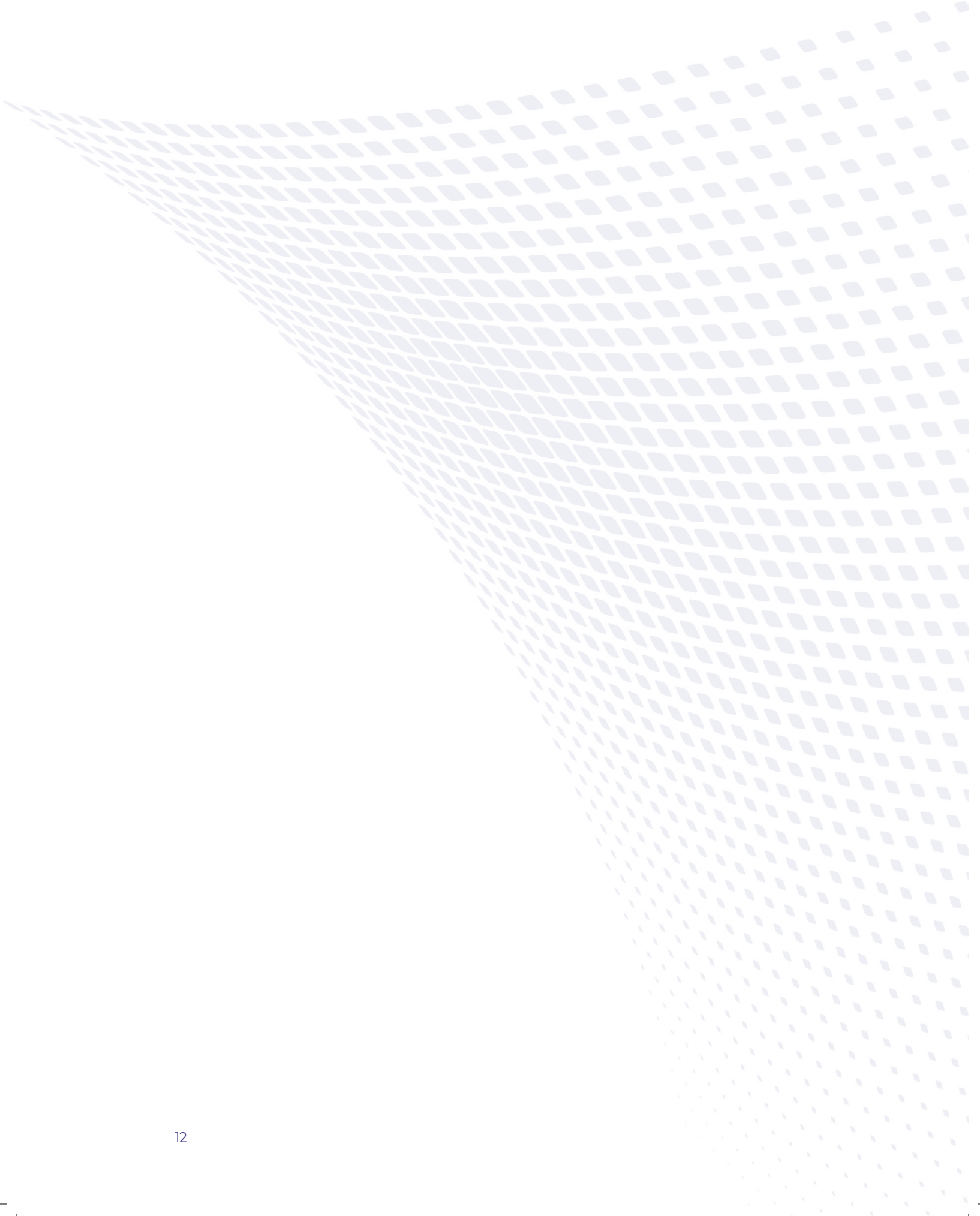
The above-mentioned objectives were achieved through the following milestones which will feature in the following chapters:

- Chapter 2 will allow for an understanding of the theoretical framework, policies and practises that are relevant to mental health, to the uptake of services in small island states and close-knit communities, and to evaluate the current situation in Gozo;
- Chapter 3 will delve into the methodology used to collect primary data, mainly a questionnaire and interviews with service providers and stakeholders, as well as interviews with service users;
- Chapter 4 will attempt to explain the findings from the primary data collection and analyse how the outcomes of the questionnaires and interviews links with the literature; and,
- Chapter 5 will highlight the main results and allow for recommendations for policy and practice.

### 1.6. CONCLUSION

This study attempts to locate the service gaps in mental health services and services for persons with disabilities in Gozo. It will also attempt to understand the provision of services which are already available and the potential barriers when it comes to assessing mental health and related services in a small island like Gozo. This study will also explore the social dimension of mental health recovery, including community relationships. In attempting to understand the mental health sector in Gozo, a questionnaire and a number of interviews were carried out with professionals and service providers working in Gozo. Both methods explored services offered and barriers currently in place. The data collection process looked at understanding the scope for community services in Gozo, and the benefit of such services for people in Gozo suffering from mental health problems. The end product of the study is to help the commissioning entity fill specific service gaps.

The following chapter presents a summary of the existing literature related to mental health uptake of services especially in small island states and traditionally close-knit communities and evaluates the current situation in Gozo.





## Chapter 2 - Literature Review



## 2.1 WHAT IS MENTAL HEALTH?

Galderisi, Silvana et al. (2015) in their paper “Toward a new definition of mental health” propose a new definition of mental health. The aim was to make it more inclusive, due to the fact that each country around the world has its own values, cultures and lifestyle. They proposed that mental health should be defined as:

a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society. Basic cognitive and social skills; ability to recognize, express and modulate one's own emotions, as well as empathize with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind represent important components of mental health which contribute, to varying degrees, to the state of internal equilibrium.

((WPA) vol. 14,2 (2015): 231-3)

Mental health is an important ingredient in a person's life. Mental health affects every aspect of a person's life, from relationships to personal and societal wellbeing, from work related challenges to physical health. Problems with mental health can lead a person to feel stressed, depressed and anxious. These conditions can disrupt a person's life and can leave detrimental effects on the quality of life of a person (Legg, 2020). A study which was conducted in 2018 by Khanna and Aeri found that at various life stages ranging from pre-conception till adulthood, a person can be exposed to various risk factors which may lead to mental illness. Risk factors for adverse mental health include being the child of an adolescent mother, receiving inadequate prenatal care, experiencing a bad nurturing environment during childhood, school and peer issues, substance abuse, family history of mental illness, environmental issues, and exposure to violence, abuse or neglect (Khanna and Aeri, 2018).

### 2.1.1. Statistics on Mental Health

Statistics on mental health in Europe, Malta and Gozo indicate how prevalent and significant mental health problems actually are. Looking at Europe, a study conducted by the Institute for Health Metrics and Evaluation found that in 2016 there were nearly 84 million people with mental health problems, which translates to about one in six people (IHME, 2018, cited by OECD, 2018). The most common mental health disorder across all Europe was 'anxiety disorder', followed closely by 'depression'. In Europe, in 2016 anxiety affected 25 million people, while depression affected 21 million citizens. Finland has the highest prevalence rate of mental health disorders, followed by the Netherlands, France and Ireland. When it comes to lowest prevalence of mental health disorders, Romania, Bulgaria and Poland were reported to have the lowest rates. According to Munizza et al. (2013), these three countries may be at the lower end because there still exists a lot of stigma with regards to mental illness, and mental health awareness is not as common as in other countries, which may result in under-reporting (Munizza et al., 2013). During 2015, Europe saw 84,000 people die from mental health problems and suicide; 43,000 of whom were male. The country with the highest rate of suicides in Europe was Lithuania, followed by Slovenia, Latvia and Hungary. Malta was at the lower end, together with Greece, Cyprus, Italy and Spain (OECD, 2018).

### 2.1.2. The Maltese Islands

The following are some statistics on the current mental health situation in Malta. According to the National Mental Health Strategy of 2020-2030, in Malta people going through depression many times did not report being depressed (Office of the Deputy Prime

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Minister, Ministry for Health, 2019). In fact, across almost all age groups, Maltese people reporting depression was lower than the EU average. The only difference was for the age group 55 to 64, which reported rates of depression higher than the EU average. In Malta, depression was found to be more common among those with lower education, vulnerable bereaved persons, and those who were divorced or separated. In these cohorts, depression was reported three times more frequently than in the rest of the population (Office of the Deputy Prime Minister, Ministry for Health, 2019). The onset of mental health disorders in Malta was found to be more common at around the age of 14. The National Mental Health Strategy highlights that Maltese students aged 15 to 16, tend to use alcohol due to tension and stress was above the EU average. In both these studies, females were found to be more at risk than males (Office of the Deputy Prime Minister, Ministry for Health, 2019). Other groups which are more likely to develop a mental health illness in Malta, according to the National Mental Health Strategy are those who have a low socio-economic status and are socially marginalised such as migrants, as these groups were more likely to experience serious mental health issues, such as those related to psychosis (Office of the Deputy Prime Minister, Ministry for Health, 2019).

Over the years, in Malta any treatment related to mental health regrettably remained somewhat hospital oriented. Mount Carmel Hospital, built in 1861, is the ONLY hospital dedicated entirely to mental health services in Malta. A small psychiatric unit is located within Malta's main hospital, Mater Dei Hospital, where patients are admitted for a short-stay period. Similarly, a short-stay and a long-stay unit also exist in Gozo. Over the past few years, community and specialist services have been developing, with UK and USA Maltese trained psychiatrists returning to Malta.

The island of Gozo forms part of the Maltese archipelago made up of three main islands, Malta, Gozo and Comino. Gozo's population stood at 34,430 people in 2019; 6.7% of the total Maltese population as per statistics from the National Statistics Office (NSO, 2021). Gozo is geographically separated from the main island of Malta by five kilometres of sea and linked by the ferry service that takes 25 to 30 minutes to cross over and the recently set up fast ferry service. Culturally, Gozitans see themselves as a community with an identity of their own, and the perception is similar for Maltese towards Gozitans themselves (Azzopardi, 2015). Gozo's population was mainly composed of one-person dwellings, with the island having a higher elderly population, in all age groups over 52 years, when compared to the population in Malta (NSO, 2021).

Dr Justyne Caruana, who was the Minister for Gozo at the time, in an article she published on The Malta Independent of Sunday in 2020, reported that there were roughly 6,000 people suffering from mental illnesses in Gozo. Dr Caruana added that Gozo lags behind when it comes to mental health, especially with infrastructure, resources and awareness, and noted that currently there was not much statistical data regarding mental illness and mental health in Gozo (Caruana, 2020).



## 2.2. MENTAL HEALTH ON SMALL ISLANDS

### 2.2.1. Mental Health Issues faced by Small Islands

While certain issues are common to both large and small countries, there are a number of issues regarding mental health which are characteristic of small countries, especially small islands, with one of the most common issues being the lack of mental health specialists (Setoya and Kestel, 2018).

In such small communities the population is already very small, and thus the chances of having people specialising in mental health care is quite low (Setoya and Kestel, 2018). This issue can be linked to another concern that people on small islands face – that of limited access to mental health services. Apart from lack of specialists, certain islands and small states also lack human resources in general, such as non-specialist workers and community health workers (Setoya and Kestel, 2018).

When a country is an archipelago certain services are typically only offered on the main island. Since Gozo is not the main island, this problem also surfaces here, particularly with specialised services such as those connected to mental health. Moreover, when an island has a small population, confidentiality becomes very difficult to maintain, since these communities are close knit and everyone knows each other. At the same time, there often tends to be low mental health awareness, and consequently stigma and discrimination are often widespread (Setoya and Kestel, 2018). Setoya and Kestel (2018) add that campaigning and focusing on mental health awareness would help diminish such stigma and discrimination.

Thus, to see improvement in mental health, small islands should focus not just on awareness, but also on human resources. With adequate dedication of human resources, mental health services will improve, and in turn the mental health situation of such countries will also advance (Setoya and Kestel, 2018).

The mental health gap action programme (mhGAP) is a programme run by the World Health Organisation whose main aim is to support several small island states. One of the aims of this programme was to improve mental health treatment by training non-specialists in the area of mental health. WHO released an mhGAP intervention guide in 2010, and a revised one in 2016, which was targeted towards non-specialist health workers such as doctors and nurses who did not have mental health as their area of specialisation (WHO, 2016). The non-specialists following the programme have been trained to manage most common mental health disorders. They were also continuously supervised and supported by a mental health specialist throughout their training. The first phase of this programme was implemented as a pilot project in the Pacific and Caribbean, due to the fact that there were a considerable number of small islands present there. This programme was so successful that WHO has now implemented it in more than 90 countries, 20 of which are small islands (Setoya and Kestel, 2018).

### 2.2.2. The Advantages of Small Islands with regards to Mental Health

Small island countries may face a number of disadvantages when compared to larger islands and countries, but there are certain aspects related to close proximity that can place them at an advantage when trying to improve their mental health situation. David Skuse (2018), found a number of positives whilst studying the small islands phenomenon.

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Three of those mentioned were strong cultural bonding, strong informal support and the availability of free, functioning, basic health services. In small populations such as those on small islands, cultural bonding is common. This cultural bonding brings with it support and solidarity between members of the community. Such support and solidarity create a strong informal support system which can be very useful in places where formal social support, housing services, social security and disability services are weak or missing. In most small islands, basic health services are paid for by the government, which is also a strength of living on a small island. Unlike the case for small islands, the governments in larger countries and islands might find it difficult to pay for the medical expenses of their already large and ever-growing populations (Skuse, 2018).

In Malta, family units are still relatively strong when compared to other countries. A next of kin or close relatives may be those who raise awareness about a family member's mental health problem and it is still the family network which provides most of the support in most cases. Malta, being a small island, service provision is usually relatively close to home. Family doctors, health centres, community mental health services, where available, and mental health hospitals are all in close vicinity (Taylor-East, 2019).

### 2.3. THE SITUATION IN GOZO

#### 2.3.1. The Current Mental Health situation in Gozo

Gozo has an inpatient psychiatric facility incorporated within its general hospital, with an average 8-bed occupancy. There are, however, no formal psychiatric services being offered within the community (Grech, 2016). A series of annual reports issued by the Office of the Commissioner for Mental Health between 2012 and 2017 found that in Malta, as well as in Gozo, there were serious gaps when it came to mental health service provision. These gaps were mainly noticed in the Northern Harbour Region and the Northern Region in Malta, and most of all in Gozo (Office of the Commissioner for Mental Health, 2019).

Dr Justyne Caruana, the then-Minister for Gozo, expressed her concern with regards to Non-Governmental Organisations (NGOs) in the mental health sector. She added that although some of these NGOs were very active in Malta, they were practically absent or barely present in Gozo (Caruana, 2020). Foundations like Fondazzjoni Arka and Inspire offer services to persons with disabilities having also mental health issues. The Commission for the Rights of Persons with Disabilities is also present in Gozo offering persons with disabilities in Gozo some of the services which it offers at its offices in Malta and therefore avoiding the inconvenience of having to travel to Malta. The Foundation for Social Welfare Services also offers social services to persons suffering from mental health issues and other disabilities through the Aġenzija Appoġġ which has an office in Gozo.

The Malta Trust Foundation in collaboration with the Richmond Foundation in 2018 embarked on a project, known as the Sunrise Project, which was designed to be community based and which targeted Gozitan youths suffering from mental health problems. Through this pilot project, professionals reached out to young people who due to stigma would not have the courage to approach services. Mental illness is highly stigmatised in Gozo. This stigmatisation is keeping Gozitan people with mental health problems from seeking treatment, and this is why mental health treatment needs to be carefully designed to cater for the small and closely-knit population of Gozo (Caruana, 2020).

### **2.3.2 Recommendations in the Mental Health Strategy**

As stated above, studies about small islands often refer to the main island. The Mental Health Strategy for Malta 2020-2030 document (Office of the Deputy Prime Minister, Ministry for Health, 2019), reviews the current situation of mental health in general on the Maltese islands and sets goals and proposed actions for the islands as a whole. Usually, what is implemented in Malta is then implemented on a smaller scale in Gozo, such as the establishment of community-based multi-disciplinary teams to offer mental health services in the new community mental health services centres. The Government is planning to have three centres in Malta and one centre in Gozo (Office of the Deputy Prime Minister, Ministry for Health, 2019). These teams will be made up of psychiatrists, psychologists, nurses, social workers but might also include occupational therapists and psychotherapists.

The document does not even refer to the current situation at the Psychiatric Unit within the Gozo General Hospital or mention any plans for bettering it aesthetically and ameliorating the services which are presently being given. The document refers solely to the Mount Carmel Psychiatric Hospital in Malta and the plans to construct a new psychiatric hospital for acute mental disorders in Malta on Mater Dei Hospital grounds.

## **2.4. THE IMPORTANCE OF CARE IN THE COMMUNITY**

“From individuals with mental illness, children with intellectual disabilities, and wheelchair users, all desire integration rather than isolation, mainstreaming rather than segregation” (Stone, 2019, p.523). A study about the home and community-based services by the National Council on Disability in the US in 2015 concluded that community settings have positive outcomes on persons with disabilities and help with their integration into society (NCD, 2015)

The Malta Association of Professional Counsellors added that through services offered in the community, people were also more likely to seek help (PFWS, 2017). In 2016, President Emeritus Marie-Louise Coleiro Preca, on behalf of the President's Foundation for the Wellbeing of Society (PFWS), visited three day-care centres, in Qormi, Zejtun and Paola, all localities in Malta, to see the effectiveness of community care in mental health. During her visits she spoke with people seeking care in these day care centres and received quite a positive feedback. For instance, people making use of these day care centres felt that the only safe place for them to seek help was in these community centres, which they consider as a second family (PFWS, 2017).

Although these day care centres are successful, this is not enough. To say the least they are not available 24/7 and do not have enough reach. There is an uneven distribution of such centres mostly due to the lack of personnel and of provision of centres when compared to the high demand for the centres' services and a lack of outreach services. Outreach services are key to help provide the care needed but also extremely important in combating stigma associated with mental health issues. Such services are also an important tool in trying to access hard-to-reach people with mental health issues and to help reintegrate people with mental health issues within their own community (Camilleri et al 2019, PFWS, 2017 and Office of the Deputy Prime Minister, Ministry for Health, 2019).

There needs to be mental health investment in other community settings (Office of the Commissioner for Mental Health, 2019). This investment should include schools, the workplace, mental health services for migrants, mental health services for children and adolescents, and

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community settings which offer accommodation to people requiring long term treatment such as people suffering from severe dementia to be able to offer such services, one has to have a good complement of human resources. Malta, but most especially Gozo, does not have the sufficient human resources to run the services just mentioned. There needs to be more staff trained in psychiatry and mental health, such as mental health nurses, to be able to strengthen community care services but who also have a good understanding of the Gozitan community. In 2008, a local post-graduate training programme in psychiatry was introduced which recruits about five trainees per year. In 2015, the Department of Mental Health was formed. This offers courses for nurses to specialise in mental health. Unfortunately, to date there has not been enough uptake to produce the necessary human resources needed for an effective community-based care setting (Camilleri et al. 2019).

### 2.5. CONCLUSION

This chapter looked at the literature to understand mental health issues better, including a brief picture of mental health problems reported in Europe and the Maltese Islands. This chapter also highlighted the main issues arising with mental health problems on the island of Gozo, including the barriers to seeking assistance that the literature shows are present for people with mental health issues.

The literature review also highlighted the importance of care within the community and how providing such care can help eradicate these barriers and allow people to be more comfortable in seeking help for mental health problems. The importance of outreach and public awareness campaigns is also visible.

The following chapter will explain the methodology used for this particular study, what came out when analysing the data which was collected from professionals and service providers working in the field of mental health in Gozo, as well as attempts to recruit service users, and some recommendations which might ease the way forward.







## Chapter 3 – Methodology

### **3.1. INTRODUCTION**

The literature review presented in the previous chapter clearly shows that through the years mental health has been recognised as an indispensable element of one's health and wellbeing. It is something which we all need to nurture through a proactive and preventive approach. Mental health can be considered to be a human right and it is stated that "there is no health without mental health" (DH, 2011)

According to the Minister for Health, Chris Fearne, in his Foreword for the Mental Health Strategy for Malta 2020-2030 public consultation document, mental illness is one of the most significant public health challenges of the century, and it is estimated that at some point in their lifetime, approximately one out of every two persons, will be affected by a mental disorder (Office of the Deputy Prime Minister, Ministry for Health, 2019). This research project aims to attain a better understanding of the needs of persons with mental health issues in Gozo in relation to the existing service provision.

This chapter will include in more detail the objectives of this study and how the different methods were applied to collect data and how this was analysed, the ethical clearance required, together with the limitations faced due to the sensitivity and complexity of the study.

### **3.2. OBJECTIVES**

The rationale behind this study was to explore the needs of people with mental health difficulties and persons with disability in Gozo by examining what services are available and exploring whether further services are needed. The main objectives of this study were to gain an understanding of the perceptions of mental health problems in Gozo, identify the demand for the provision of mental health community services on the island, and also to explore any barriers to accessing mental health and other related services in Gozo.

### **3.3. RESEARCH DESIGN**

To obtain the above-mentioned objectives, a sizable literature was reviewed to understand the theoretical framework, evaluate the existing mental health services being provided in Malta and Gozo and review the existing policy and strategies which pave the way to developments in the sector. A qualitative questionnaire based on the literature, and aimed at service providers was designed by the research team. This was followed by interviews with service providers, to better understand the rationale behind the questionnaire responses. Interviews were also planned with service users or their caregivers. Finally, the data collected was analysed and the findings were clearly presented, along with recommendations for policy and practice.

### **3.4. RESEARCH METHOD AND DATA COLLECTION**

"Qualitative research seeks to understand the ways people experience events, places, and processes differently as part of a fluid reality" (McGuirk & O'Neill, 2016:3). It is difficult to quantify the complexity of one's everyday life and the influences that shape one's lived experiences. Even though there is limited data that can be collected from qualitative questionnaires, they can provide a better insight into social trends, processes, values and attitudes. Qualitative questionnaires can be combined effectively with other complementary forms of qualitative research, such as interviews and focus groups, to provide triangulated in-depth perspectives on social processes and context (McGuirk & O'Neill, 2016).



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### 3.4.1. Qualitative Questionnaire

For the purpose of this research, a qualitative online questionnaire was designed for experts working with populations who may be affected or have been affected by mental health difficulties. All participants were invited via email, which was sent to their publicly available email address along with a request for their consent to participate in the study. The participants were informed that their feedback will remain anonymous and therefore that they could not withdraw from the study once the questionnaire was submitted.

### 3.4.2. Interviews with Professionals and Service Providers

Various professionals in the field who offer their services in Gozo such as psychiatrists, psychotherapists, family therapists, social workers and mental health nurses and service providers were contacted for an interview to discuss the issues which were highlighted in the questionnaires in more depth. Participants were informed that they could withdraw their participation anytime, even after the interview had taken place as long as this did not disrupt the integrity of the project. These semi-structured interviews helped the researchers obtain a clearer picture of the services which are presently being offered in Gozo and what professionals and service providers would like to suggest for further improvement and better reach out. Service providers' feedback proves to be very useful in research because they have a 'birds eye view' of service provision.

### 3.4.3. Interviews with Service Users

The researchers' intention was to collect data from service users using semi-structured interviews, to obtain a better understanding of their experience with regards to accessing mental health services in Gozo. Service providers and NGOs were approached to serve as gatekeepers for the recruitment of participants.

An information letter in both English and Maltese was sent to the prospective participants and interested participants were invited to contact the researchers directly via email. The choice of holding individual interviews over organising focus groups was backed by literature which stresses that when documenting personal behaviour there is an understandable tendency that certain detail is under reported or else unreported when using group settings (Bloor, Frankland, Thomas & Robson, 2001).

## 3.5. DATA ANALYSIS

Participants were asked to give their consent for the online interview to be recorded using the Zoom record facility, which includes security features such as encryption. Each interview was then transcribed and key points were extracted and listed on an analysis sheet. Responses were then grouped according to themes.

Although the questionnaire and interviews were analysed separately, there were some themes that recurred across both data collection methods, and these will be clearly referred to in the next chapter, which will give a clear picture of the experiences and insights of the participants. During the analysis, results obtained were also linked to the literature reviewed and presented in the second chapter of this report.

## 3.6. ETHICAL CONSIDERATIONS

This research is in conformity with the University of Malta's Research Code of Practice and Research Ethics Review Procedures.

It was considered that the study may cause participants, particularly service users, possible distress and discomfort when discussing their access to mental health services in Gozo. In a bid to support participants should the need arise, the contact details of psychological support services including Richmond Foundation's free helpline 1770, Support 179 and Kellimni.com were communicated during the information/consent stage of the study.

Participation in the study was on a voluntary basis and participants could refrain from answering any questions or stop answering the questions entirely. Anonymity was ensured to individuals during and following their interview.

Due to the ongoing pandemic, all semi-structured interviews were conducted online via Zoom. Participants were asked to give their consent so that the interview could be video recorded. The Zoom function "Require encryption for 3rd party endpoints (SIP/H.323)" was used. Participants also consented for the data collected during the interview to be transcribed. They were assured that all information given was to be pseudonymised and deleted once the study is concluded and published.

### **3.7. LIMITATIONS**

Whilst carrying out this study the researchers encountered two main limitations.

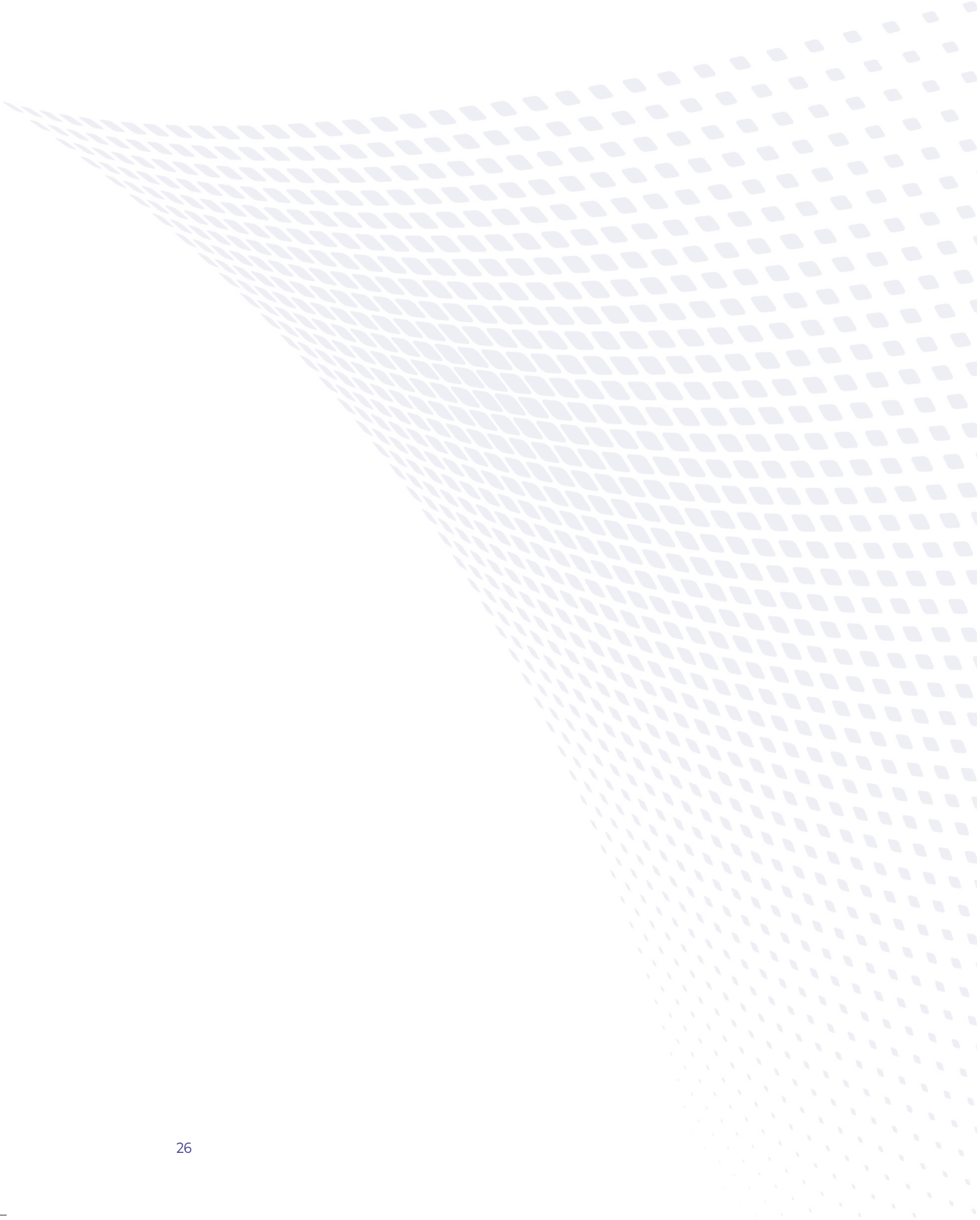
Firstly, even though a satisfying sampling of a variety of professionals in the field of mental health was obtained, it was felt that the number of professionals interviewed was restricted, mainly due to the lack of human resources in the field. Information about professionals working in the field was obtained through the Malta Medical Index and even though a personalised email was sent to all professionals listed as offering their services in Gozo only few were willing to be interviewed. Entities providing services related to mental health to persons with disabilities were more willing to participate in this study. Once again, the researchers acknowledge the fact that the services provided in Gozo are limited and therefore once again although the number of interviewees was low, the sampling was still satisfying since it covered a good sampling of service providers.

Secondly, interviews with service users proved to be more challenging. The first difficulty was in finding both professionals and service providers willing to act as gatekeepers. Efforts to obtain gatekeeping assistance from professionals resulted in the negative and only few entities offering mental health services were willing to assist. Added to this was the difficulty in finding service users willing to be interviewed and share their experiences on such a delicate and personal subject. Although the assistance of a small number of service providers who were willing to contact their clients is to be acknowledged, the feedback from service users was very poor.

A more detailed insight as to the possible reasons why these limitations were encountered shall be discussed in more detail in the next chapter which includes the analysis of the data collected through the methods which have been referred to in this chapter.

### **3.8. CONCLUSION**

This chapter highlighted the methodology selected to collect primary data in order to obtain a better understanding of the situation of mental health care especially for persons with disability on the island of Gozo, the main barriers that exist and the possible need for community care. The next chapter will now focus on analysing the results obtained from the qualitative questionnaire and the qualitative interviews which were carried out for the purpose of this research project.





## Chapter 4 - Data Analysis



#### 4.1. INTRODUCTION

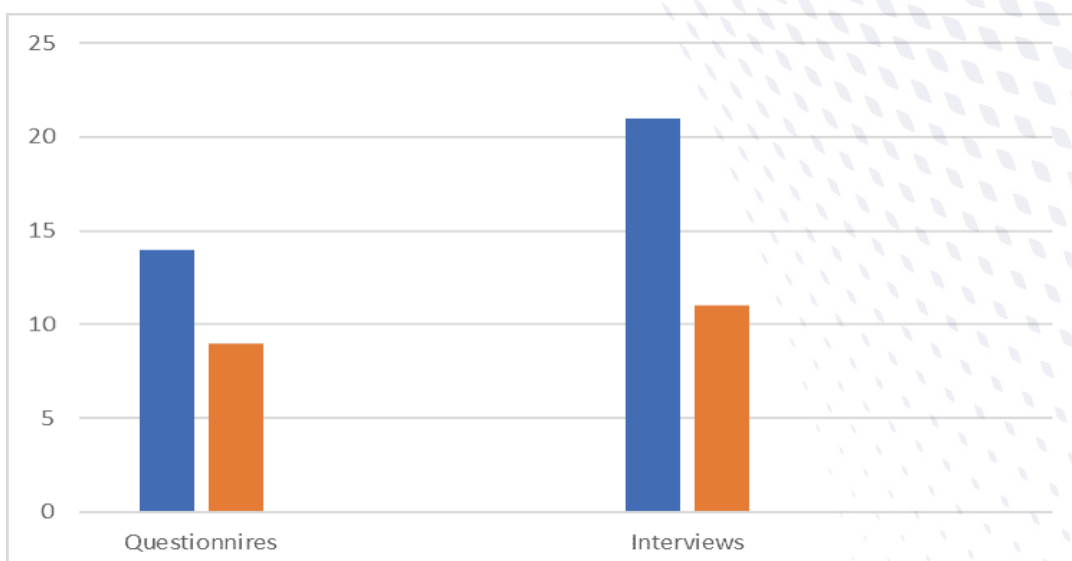
The aim of this study is to gain an understanding of the perception of mental health services in Gozo, the current state of provision of services and the barriers which there might be when it comes to assessing mental health and related services in such a small island as Gozo. This study also aims at gaining a better understanding of the social dimension of mental health recovery, which is multi-layered, and includes interpersonal, group and community relationships. It also includes facets such as socioeconomic status; social attitudes to people experiencing mental ill health; the type of mental health services and interventions offered; and the role of the individual's decision-making in mental health recovery.

In order to understand the mental health sector in Gozo in this study, a questionnaire and a number of interviews were carried out with professionals and service providers offering their service particularly in Gozo. The questionnaire and interviews enquired about the services offered and barriers encountered. The data collection process looked at understanding the scope for community services in Gozo, and the benefit of such services for people in Gozo experiencing disabilities and mental health problems.

The qualitative questionnaire targeted fourteen local experts, academics and professionals working with people who may be affected or have been affected by mental health difficulties. Age or gender of participants were not a priority for this data collection and participants were selected based on their professional capacity and experience. They were invited to participate through an email invitation sent to their publicly available email address. The questionnaire was created by the research team specifically for this study, based on the literature review and on other, similar studies. No rewards were offered for participation, however the benefit to participants was that they were assisting the researchers in understanding the knowledge of the mental health/disability services which are currently available or still lacking in Gozo.

The data collected was anonymised at source, via the google forms platform, and therefore participants were informed that consent could not be withdrawn once the questionnaire was submitted. Amongst the professionals contacted were psychiatrists, psychotherapists, social workers and mental health nurses. Out of fourteen requests to respond to the qualitative questionnaire, nine positive replies were received, as reflected in Figure 1 below.

**Figure 1: Questionnaires sent and Interviews requested compared to responses received**



## Mental Health Services for Persons with Disabilities in Gozo

Semi-structured interviews were held with academics, professionals and mental health service providers. The aim of these semi-structured interviews was to examine issues and topics related to this subject more deeply. Participants needed to be over 18 years old and be experienced in their field of practice. Each interview with experts/service providers was held via Zoom and lasted approximately an hour. Twenty-one invitations were extended to professionals and service providers and a total of eleven interviews were held with six professionals and five entities established and providing services related to mental health in Gozo, as shown in Figure 1.

Fifteen invitations were sent to professionals and service providers so that they act as gatekeepers. Potential gatekeepers were also reminded to confirm or decline their invitation. Out of the fifteen invitations sent, four positive replies were received to act as gatekeepers. The researchers encountered a reluctance by both potential gatekeepers and service users to carry out interviews, despite the fact that anonymity was guaranteed and that researchers ensured interviews would be carried out at a time, place and mode which would be convenient to service users. Through correspondence, the researchers ensured service users that they can opt out of the study at any point in time. Information about services which can be accessed if feeling distressed during or after the interview was given out. However, the researchers feel that the high stigma with which mental health is still viewed is most likely the cause for this lack of response, for service users to come forward to discuss their experiences and which often keeps people from seeking treatment to solve mental health problems (Setoya and Kestel, 2018 and Caruana, 2020). A discussion on the lack of feedback received by gatekeepers and service users is discussed further on in this chapter.

### 4.2. QUESTIONNAIRE

This section evaluates the responses received for the qualitative questionnaire. The questionnaire was sent to and filled in by professionals working in the mental health sector in Gozo at various levels and in various professions. Whilst some respondents highlighted their direct involvement, this is not being listed in this report to guarantee anonymity and non-traceability of respondents. Fourteen invitations extended and nine anonymous responses were received (Figure 1). Respondents answered an open-ended qualitative questionnaire.

The questionnaire looked at understanding the respondents' involvement with mental health services currently being offered in Gozo, their overall impression of the mental health services available and the strengths and issues of the current system. Respondents were asked how they feel the current mental health service can be improved as well as how the current service can react to the social aspect of mental health.

When asked what is their overall impression of the mental health service in Gozo respondents tended to reply negatively on the current state of affairs, or at least looked at the service as needing to be improved extensively. Table 1 shows some of the responses received, including replies highlighting the current service as "poor", "fair" or that it leaves much to be desired. Other respondents looked at how this can be improved by stating that the current service "could be more client focused" possibly highlighting the need to explore a model which looks more at the client rather than the medical aspect of mental health. Two respondents highlighted the need for community services in Gozo, which also looks at focusing further the current system around the service user.

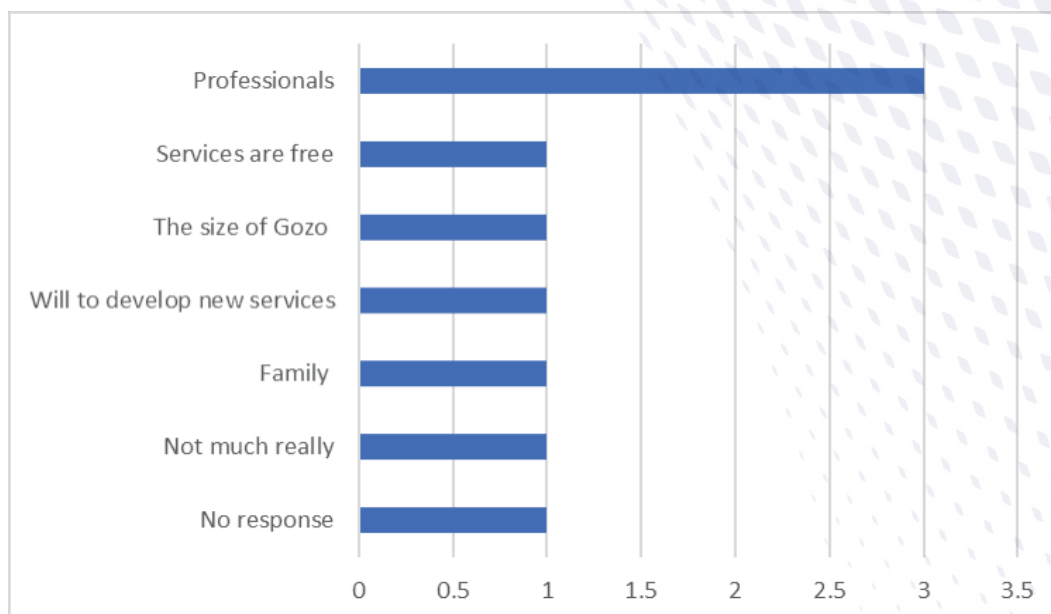


**Table 1: Questionnaire responses to the overall impression of the mental health service in Gozo**

Poor
Fair
Leaves much to be desired
Could be more client focused
Needs improvement
There is willingness to provide a good service, however it seems that some work in isolation.
We are still lacking knowledge about what mental health really is
Quite good however community services are very limited
Hospital based good, community services need further development to at least be similar to those at Malta

Figure 2 summarises responses by questionnaire respondents as to the strengths of the current system. Out of the nine respondents, three respondents highlighted that professionals working in the sector are the main strength of the current system, including “the passion and dedication of the professionals involved, amidst all the limited resources”. The fact that current services are free, the size of Gozo in particular and thus the possibility for an easier reach out to those in need, and the will to develop new services were also mentioned as strengths of the current system. Family was considered as a main strength by one of the respondents, who highlighted that, “family support is still very strong. Absent in foreign patients that are becoming more frequent”, thus highlighting both the current strengths and weaknesses in the current system and also identifying the change in demographics. Gozo’s changing social structure was a theme which also emerged strongly in the qualitative interviews, an analysis of which is found later in this chapter. Finally, one respondent had a rather negative outlook stating that currently there are “not really much” strengths, whereas another respondent chose not to reply to this question.

**Figure 2: Questionnaire responses to the strengths of the current system**



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Questionnaire respondents were also asked what are, in their opinion, the areas that are not being addressed by the current system, highlighted in Figure 3. Community services, or the lack of such services were mentioned by 44% of respondents, including “community residential long-term facilities”.

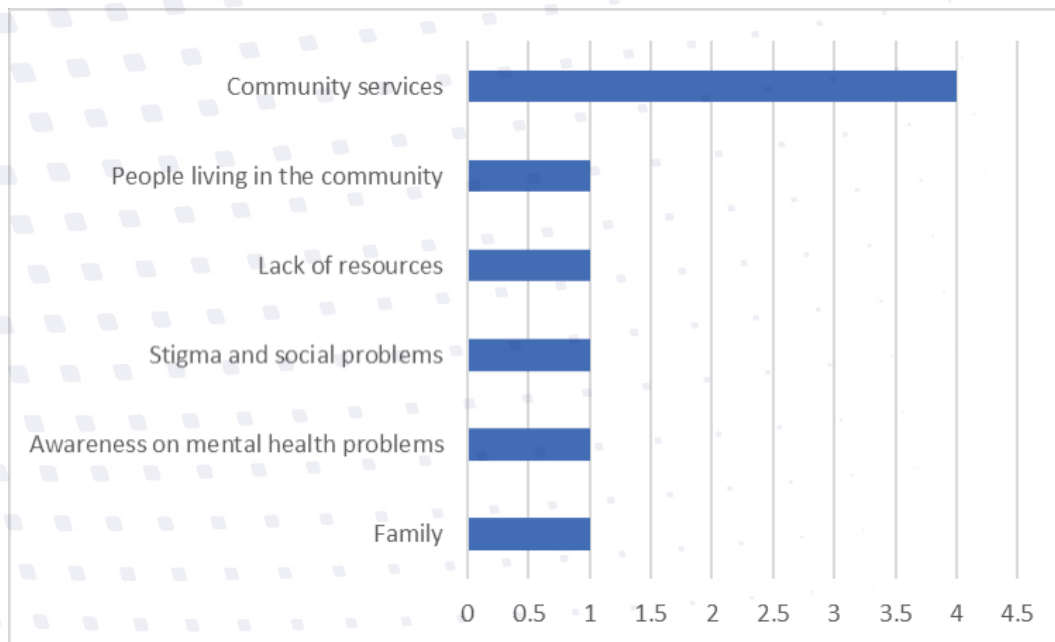
Lack of services for people living in the community, such as elderly persons with cognitive impairments and younger people with mental health challenges were also mentioned as areas which are not being addressed. Stigma and social problems were also highlighted, including the homeless and the poor, thus reiterating how the issue of stigma and social problems are crucial problems to be addressed. The family, as a system around the person suffering from mental health problems, was also mentioned as a current area which is not being addressed, “the family as a system around the person being stamped/labelled as ‘the problem’”. Family is a recurrent theme which has emerged, highlighting the Maltese Islands’ and Gozo in particular, evolving yet still close-knit community (Taylor-East, 2019).

Another questionnaire respondent covered most elements, ultimately highlighting the current lack of resources,

“All services, in my opinion, are very limited, compared to counterparts in Malta. Psychologists are inundated, school counsellors are overworked, social work meets a great many needs but still limited in terms of opportunities and resources. Free psychological help is needed, outreach services, as well as services provided by the local hospital.”

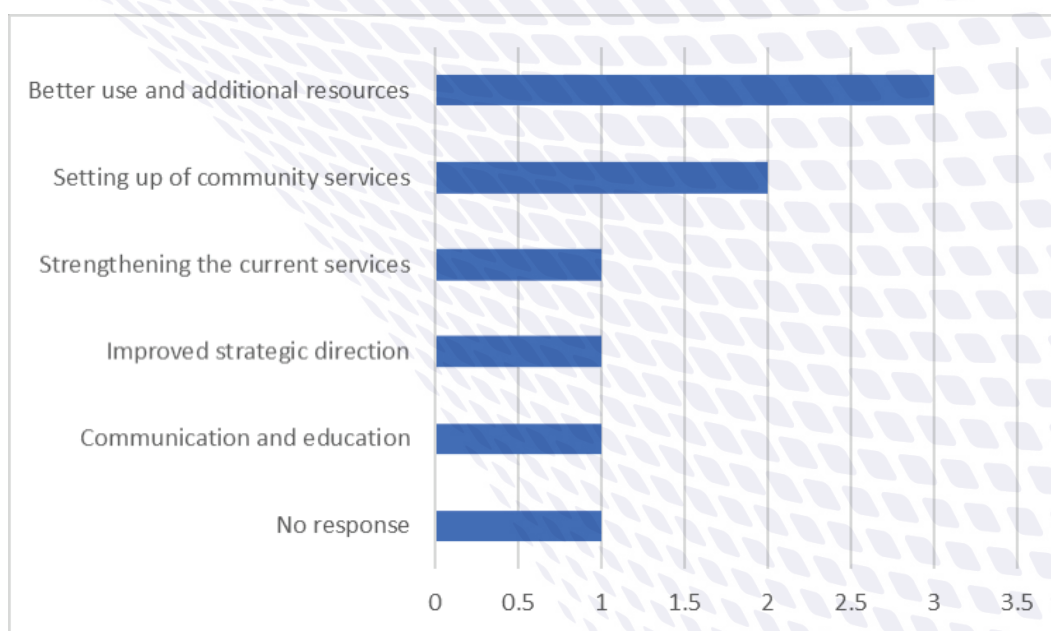
(Questionnaire Respondent)

**Figure 3: Questionnaire responses to areas not being addressed by the current system**



Respondents to the qualitative questionnaire were also asked to highlight what, in their opinion, may be done to improve the current approach, as shown in Figure 4. 33% of respondents mentioned that better use of, and additional resources should be essential in improving the current approach, including “better resources in terms of funds and personnel” and additional training. 22% of respondents mentioned the need to set up community services, thus showing a reiteration in questionnaire respondents to the need to set up community services, including “community-based teams”. The need to strengthen the current services and for enhanced strategic direction within the current system were also mentioned together with “education to the general public across all generations”. One respondent chose not to answer this section of the questionnaire.

**Figure 4: Questionnaire responses on how to improve the current approach**



Finally, towards the end of the questionnaire, respondents were asked whether there was anything further they wished to add in terms of their experience and the social aspect of mental health. Further empowerment of multidisciplinary professionals to develop community services was mentioned by one of the respondents. Another respondent further emphasised the importance of multidisciplinary by stating, “working in a multidisciplinary team is an asset for the benefit of our clients”, whereas another respondent mentioned the importance of involving local NGOs.

Finally, one respondent highlighted the importance of making sure people with mental health issues still are able to feel ‘normal’, because of the current taboo/stigma surrounding mental health, and the fact that clients feel safe when mentioning their mental health and possible issues.

Ultimately, survey respondents highlighted the need to develop strong community services and the need to enhance multidisciplinary between professionals providing the mental

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health service in Gozo. Whilst most respondents mentioned the current human resources as a strength, many emphasised, at different stages whilst answering the questionnaire, that such human resources need to be strengthened, mostly because whilst most professionals are dedicated, they are overloaded with cases. The need to broaden the service being provided to different groups with different issues was also noted, together with the need to further educate the general public about mental health issues, why it is important to seek help and finally, and very importantly, to help reduce the stigma associated with mental health issues and seeking help.

### 4.3. INTERVIEWS WITH PROFESSIONALS AND SERVICE PROVIDERS

Semi-structured interviews were held with academics and professionals and with mental health service providers working in Gozo with the aim to examine issues and topics related to this subject more deeply. For the scope of this study, twenty-one interview requests were sent, including thirteen professionals and eight service providers. Eleven interviews being carried out, six interviews with professionals and five with service providers, who operate in Gozo (Figure 1). The professionals and service providers interviewed cater for different groups of the population in Gozo; ranging from services with children up to older adults. Obviously, the challenges faced when providing these services to different age groups vary however some feedback was similar for all age groups. Next, we will delve deeper in the outcomes of these interviews by analysing what professionals and service providers had to say about the current service and their hopes for the future. This includes the main strengths and barriers, the main themes emerging from the current situation and the development of community services in Gozo.

#### 4.3.1. The Current Scenario

During the interviews, professionals and respondents were asked to give an overview on their impression of the current mental health service in Gozo. According to respondents, currently, when someone in Gozo has mental health issues, there are currently two main service options. Firstly, if the person concerned is not aggressive, they are referred to by their private doctor for further care in the generic hospital. If this person is sanctioned, these patients are admitted to the short-stay ward in the hospital where patients usually spend a maximum of a month. The short stay ward hosts a maximum of twelve patients. Following this stay, people return back to the community assuming they are treated. A long-stay ward exists for chronic patients, hosting around 40 patients. Unfortunately, according to a particular respondent, many patients in this ward end up with no visitors, “forgotten”, with a “very rigid routine and no privacy”. Sanctioning, defined as when a person is “admitted to hospital whether or not you agree to it” (Royal College of Psychiatrists, 2015), occurs through psychiatric welfare officers. However, for patients in the long-term ward, the service tends to focus more on protecting society from these patients, rather than giving them therapy, whereas therapy is usually given to patients in the short stay ward. Whilst the medical perspective is taken care of, one service provider suggested that attention should be given to a person’s dignity besides addressing the medical aspect of the mental health problem, “a person’s dignity not just not feeling sad or to deal with their mental health problems”. Mental health patients, particularly those staying in the long-term ward, should be empowered to be as independent as possible. This would increase their motivation and sense of dignity. Smaller but very important aspects should also be considered, such as the quality of food served. There are small things, sometimes details, which can make the everyday life of a person experiencing mental health problems completely different, which



could also allow these inpatients to retain a minimal level of independence, and to teach them to “appreciate and help yourself”.

Service providers mentioned a range of services offered including services to people on the autism spectrum, people with physical disabilities who might suffer from mental health issues as a result of their disability and other mental health problems. Service providers also referred to how the COVID-19 pandemic has made this situation even more difficult, since some of the little services offered for particular groups were reduced or halted in view of the restrictions related to the pandemic as a result of protecting the most vulnerable, particularly during the first stages of the pandemic and in view of social distancing measures

The need for evolution and improvement of the current system was repeatedly mentioned by respondents. One respondent, a professional, stated that, “in Gozo we are evolving at a very slow rate”, whereas another professional noted that when one compares to around ten years ago, there has been a huge step forward, but there’s still room for a lot of improvement. The need for upgrading was reiterated by another respondent who noted that the current service can definitely improve.

The following subsections will highlight the main themes emerging from the interviews carried out with professionals and service providers.

#### **4.3.2. Main Emerging Themes**

##### **4.3.2.1. Resources**

The overarching strength mentioned by the majority of professionals interviewed was Human Resources working in the sector. Human Resources as a strength to the current system was also emphasised in terms of communication between a number of multidisciplinary professionals, including psychiatrists, doctors, nurses, occupational therapists, psychologists, amongst other, with another respondent stating that there is a full team who meets regularly to discuss cases. Service providers interviewed for this study highlighted how they work there is a good dynamic and how professionals and service providers work well together. On the other hand, one of the professionals interviewed lamented about the lack of energy within the system itself, rather than the professionals and staff, stating that even new, energetic staff are forced to slow down to adapt to the system.

A sense of resilience was mentioned when referring to people working or aspiring to work in mental health. One respondent noted that,

*“We work as a team, trying to ‘supervise’ each other and discuss our concerns... sometimes our work becomes too demanding and hectic. Professionals are also human beings and we should support each other” ... (since)... “no man is an island”.*  
*(Interview Respondent)*

Investment in training for social workers and professionals was acknowledged, yet acknowledging the need for more trained human resources to work in the sector. The need for more professionals to be able to consider and assess people on the waiting list to be seen to receive a service, or to receive an in depth follow up was mentioned as a current lack in the system. This argument reflects what has been found in the literature which refers to the fact that lack of specialists in mental health issues, as well

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as lack of community health workers tend to be an issue in most small islands and this investment in such islands should focus on both awareness building on mental health issues but also on building and enhancing human resources to tackle such problems (Setoya and Kestel, 2018).

Adequate resources and training would allow for the creation of proper action plans to manage services effectively. A respondent noted that “if we had more resources, we would be able to do so much more”, whilst another respondent stated that “with a lack of resources, we work on crisis management”.

On the other hand, training to carers, professionals and LSEs dealing with children with mental health problems was mentioned as further training required, by service providers interviewed. Respondents noted that it is hard to choose a career in mental health as there is a lack of information and potential students looking for a career in mental health should be given more information about a possible career in the sector and that by choosing such a profession they can ultimately improve people's lives.

Interviewees highlighted that specialised Human Resources are also needed, such as for people with eating disorders, neuropsychiatry, children's mental health, amongst other specialised services needed. Specialisation was reiterated by another two professionals noting that when there is a specialised case the person needs to go to Malta to receive treatment and that other professionals are trained generically so they do not specialise in, for example, substance abuse, or any particular area.

During the interviews it transpired that another strength associated with the sector's Human Resources is the fact that most people working in the sector are also quite involved in society in Gozo. Therefore, most people working in the sector tend to give support beyond their work, also on a voluntary basis, particularly through the various Gozo voluntary services.

Overall professionals showed their dedication and passion for their work, with one respondent stating that, “that makes the whole difference in the service we offer. We get a lot of satisfaction from very small things”, highlighting the joy they feel when patients return to the community fully functional.

In terms of resources, respondents highlighted the current state of the premises where the mental health hospital is situated, with a number of respondents highlighting that the premises need improvement. A professional mentioned that the hospital wards were built in the 1990s and are therefore outdated, hence the need for an improved ecology. The long stay ward does not cater for social needs, since patients there have a very rigid routine and no privacy, besides the fact that the place needs upgrading.

### 4.3.2.2. Stigma

Although the mental health wards are situated in the Gozo General Hospital, entrance to such wards is through separate entrance making it easier for persons seeking mental health care to be identified, thus increasing the sense of ‘fear’ of being noticed, and labelled, which often causes people to fear reaching out for help because of fearing of being stigmatised, “mignun” (mad person).

“Externally we see a lot of stigma with regards to both psychiatric and occupational therapy help. Gozo being a small island, keeping confidentiality proves to be hard, yet somehow we manage”.

(Interview Respondent)

Interview respondents agreed that integration of people with mental health issues within society is not being addressed and these people are still today being ‘made fun of’. There is a need to educate people about mental health issues, so that those suffering from such problems are accepted and can integrate within society, and from a smaller perspective, within their own families. The way the system works, people with mental health issues are ‘identified for support when it is too late and when they are at a stage they might need sanctioning. Munizza et al (2013) also confirm this in their study and that stigma is often a major factor in under-reporting mental health disorders and very often for seeking help to address such issues (Munizza et al, 2013).

According to a number of respondents, the younger generation, estimated to be under 30 years old, including students, seek support for mental health problems, either because they will not let themselves be influenced or judged by other people, and thus facing and/or ignoring stigma, since, “the younger generation feel it is more acceptable to have mental health issues”. The younger generation, especially students, might sometimes tend to be pressured by their families to seek help, particularly when levels of stress associated with their studies affects their mental health, as younger people “do not let people judge them”.

On the other hand, for issues such as depression and anxiety, people of a working age might tend to look out more for help, with a number of respondents highlighting that the intellectual segment tend to seek help voluntarily. The fact that younger people and people of working age tend to be the two groups who mostly seek help for mental health issues is also confirmed by literature where most people in the Maltese Islands reporting depressive symptoms are aged between 55 to 64 years (Office of the Deputy Prime Minister, Ministry for Health, 2019).

Whilst the younger generation seems to be slowly overcoming the stigma on mental health and choosing to seek help, one professional emphasised the need to actually look into the issue of stigma, since there is a category of people who will never seek help because of the fear of being stigmatised because of their mental health problems. This also links with the fact that, if mental health issues go beyond a certain level, the person suffering from these conditions will not want to seek help, as they fear sanctioning. Therefore, at that stage, it is usually family members who reach out for help for their relatives particularly beyond a certain level of help needed.

One service provider replied that people needing mental health support in Gozo tend to seek out help at a very late stage since, there is still an incredible level of stigma, and a lot of people do not accept that someone might have a mental health problem so they only reach out for help at a very late stage. Another respondent reiterated this by stating that Gozo being a small island, and most people knowing each other, a lot of Gozitans try to hide issues with mental health.



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The same service provider reinforced the issue of stigma by stating that some people try to seek mental health care privately or travel to Malta to receive care so as not to be seen, as receiving care from a psychiatrist is still a taboo, “there is some kind of a vicious circle. There is a lack of services, but if there is a service, will people use this service because of the taboo?”

Parents of young children were also touted as a group which often mostly seek help, especially when enquiries by parents at the diagnosis stage are made, which is probably one of the most challenging phases. Another respondent commented that the sense of stigma is slowly changing, but changing. Support for kids is one example as kids with issues are not hidden any longer, but to the contrary parents seek to give their children support through LSEs, and “Gozo is always a step behind Malta”. The current service given to children is mostly community based and gives way for inclusion. For example, one particular interviewee remarked how children tend to benefit more by being in mainstream school, but this depends on various factors, such as the LSE supporting them and their level of disability.

### **4.3.2.3. Double Insularity**

Interviews highlighted the issue of double insularity which makes the cost of receiving care from professionals even more expensive in Gozo, since services, and professionals providing the service, are limited. This is very common in small islands where a country is made up of more than one island, certain services tend to concentrate on the main island (Setoya and Kestel, 2018).

One service provider highlighted that we need to keep the island of Gozo in mind when planning care services, as although the fast ferry is helping to access certain services which are not available in Gozo but which need to be accessed in Malta. Service providers, in agreement with professionals, highlighted the sense of double insularity in Gozo, which makes receiving professional services more expensive, unless the service is received in Malta, though in this case one also needs to factor in transportation costs. Provision of therapy, rather than the clinical aspect, is still not particularly addressed, by the current system, another service provider remarked.

### **4.3.2.4. Gozo's evolving social structure**

Professionals and service providers remarked that Gozo is a small island and therefore people are easily reached. The minuteness of the island also allows for a relatively closed-knit community, which facilitates continuation of care, since care can be followed up due to professionals often knowing their patients or their families on a personal level. Skuse (2018) confirms this, in that the author also states that small islands are usually strong in their cultural bonding and informal support as well as, in most cases, a quite well-functioning free basic health service. From the interviews it emerged that the smallness of Gozo also proved positive at times, since Gozo's small size also helps professionals to reach out to patients who might miss their appointments as they can chase them to return. On the other hand, in the community there seems to be a lack of resources, so that does not allow for social needs to be catered for. Similarly, to highlight the strengths of the system, one professional noted that psycho-socially a lot of professionals tend to get involved, and being a small island, it is easier to identify people with problems and who these are, once again highlighting the close-knit community of Gozo as a strength in itself. Nonetheless, this often happens out of professionals and service providers' own

initiative, or because they might know the person or their family personally. Another interviewee stated that relatives also tend to be concerned on how to handle their loved ones with mental health issues, so this put added pressure on the system and service offered. “The base is there but we need to build on it. We have little money, we need to push, but all this is too slow”.

Social needs, as we know, are multi-faceted, and there is currently an issue with catering for psycho-social needs. Professionals highlighted the importance that psycho-social help needs follow up. Patients must be followed up, in taking their treatments, basic needs and coping skills. Professionals remarked that although they do not want to institutionalise patients, these patients need support, not solely given some kind of treatment. Another respondent confirmed the above, stating that from a social perspective, better results can be achieved through further provision of services. Service providers should help people with mental health issues gain social skills to help them in society and with their inclusion. If more services are provided, their inclusion can be improved, and “you can always do better”.

The issue, according to interview respondents, revolves around human resources, or the lack of, since it transpires that there is not enough staff available to cater for the social needs, and more input is needed, including from NGOs. One respondent mentioned that, whilst mental health services are offered privately, not everyone can afford to pay for such services. Mental health services are expensive and are often required for a long period of time so this might make the costs unbearable. From these interviews it transpires that a great percentage of poverty comes from psychiatric conditions in Gozo. If people with mental health problems are given access to treatment and medication within their community, in a more accessible, yet controlled manner, and with a less bureaucratic system, people with mental health issues may seek help and be treated, including those on the lower income spectrum. Respondents ultimately noted that “we are dealing with the most vulnerable groups of society” and thus, money should not be a deciding factor as to whether one seeks help or not. Ultimately, vulnerable groups tend to be more prone to mental health issues, and this is also true in the Maltese Islands, where people coming from a low socio-economic status, the unemployed and those who end up being socially marginalised tend to be more affected (Conradt et al, 2020). People in Gozo try to seek help where they will not be seen, as there is a more ‘closed’ culture in Gozo. Another respondent noted that, Gozitans may be a bit hesitant to seek help, especially at the initial stages, and the church is also a very important and strong stakeholder in Gozo. A respondent stated the need of most mental health patients to remain anonymous and when asked about services being offered in the community stated, “I cannot imagine it. In the community you would be exposed, if you go to Rabat you remain anonymous. This can be a barrier actually”, since “people would comment”. Whilst the family and a close-knit social structure is still evident in Gozo, Gozo’s evolving social structure and demographics was noticeable from the interview outcomes. Interviewees highlighted that there is an increase in 40-50-year olds reaching out for help, help which they would have ideally received from their families, including parents who might have now passed away or became elderly, thus also highlighting the evolving Gozitan social structure. Another interviewee noted that until some time ago many Gozitans used to rely on the family nucleus. Whilst reliance on family structures is still strong, this is now slowly changing and the close-knit family in Gozo is now slowly fizzling out.

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A changing structure also reflects an increasing influx of foreigners who have settled in Gozo, who are not catered for and often end up lost in the current system, creating a relatively new social need, that of supporting the mental health of foreign residents in Gozo, or non-Gozitans.

“We tend to forget foreigners, coming from other European countries and beyond. These foreigners might miss their families, they might have a low income, and need support. The church can give them some kind of support but our system does not reach out to them to give them the therapy needed”.

(Interview Respondent)

Professionals also mentioned the need to look at other groups such as migrants who have mental health problems but cannot access the services. As one professional said, these people might not have a right to the service from a bureaucratic perspective but they are also human beings who deserve to be treated. Overall, this highlights the need to reach out and to provide a specialised and holistic service as soon as possible.

As a result of the interviews, it transpires that Gozo is now facing problems which were non-existent up until a few years ago, in this case also highlighting an influx of internal migration, with a number of Maltese coming over to live in Gozo, which leads them to see a number of issues they did not see before. These Maltese residing in Gozo often do not have their family close and thus require additional attention in terms of help and support. “People with mental health issues are people dealing with deep experiences who have different colours” and they should be supported, no matter whether they are Gozitan, Maltese or foreigners.

### 4.3.5.5. Mental Health Community Services

Most interview respondents referred to the current lack of community mental health services in Gozo. Respondents highlighted that besides the outpatients services, community services focussing on mental health issues are practically non-existent and a focus on developing such services within the community would allow for a more accessible service for a wider population. There has been a leap forward in mental health in Gozo especially with a new specialised home opening in the community, Tghanniq, which, according to a particular respondent, will offer an additional service and users will definitely benefit more. This is a step forward, since in Gozo, until a few years ago, there was no real need for community service, because certain care was given by family members but the evolving Gozitan society, highlighted previously in this chapter, requires evolving support structures. Outpatient services were recently introduced in the hospital, but this only reflects a slow, yet gradual shift and shows that there needs to be more structured services.

From the interviews it also transpired that official community services are lacking but somehow that is carried out through other, oftentimes informal, channels, as already previously highlighted. Professionals reiterated the need to cater for a specialised group of people suffering from specific mental health problems, such as people experiencing trauma, abuse, suicidal tendencies and violence, for example, since people suffering often tend to stay silent and do not seek help because they are afraid. “We do not want to hit the masses but to help those in need not to feel alone” an interviewee remarked. The vast majority of respondents agreed that a move towards community-based

services would be beneficial for Gozo and its residents, “definitely”. A particular interviewee remarked, “I am against any type of institutions, people should stay in their community”.

Interviewees highlighted that the more mental health services are offered in the community the more these services may be seen as ‘normal’, and thus more people will reach out, ultimately helping to decrease the stigma associated with mental health problems and normalising seeking help. Respondents confirmed the fact though that, whilst ‘being seen’ may be a barrier, people would eventually get used to receiving mental health help in the community and thus setting up of mental health community services would help eliminate the stigma by making such services more accessible. Offering a community-based service for people with mental health problems would help to normalise the seeking of help and help eliminate the stigma about mental health and the stigma of seeking help in itself. Such stigma tends to be particularly strong in small islands as highlighted by Setoya and Kestel (2018).

The concept of community care is also endorsed by other professionals. Community care is seen as ideal, especially in mental health care, since professionals may follow up on their patients especially if they are lonely and they might also know them. Community care is also regarded as a tool which might lessen the pain and ideally lead to a lower suicide rate for people with mental health problems.

Respondents mentioned the need for a new infrastructure to reach out to people, and a new strategic direction that reinforces the need to increase outreach services. Moreover, the need to ensure that fully qualified professionals, using evidence-based approaches, are engaged to give community services transpired. Literature confirms that training would allow for the strengthening of community care services being provided (Camilleri et al, 2019).

Professionals could possibly also do preventive work and reach out to people before it is too late, before they would end up being institutionalised and segregated and thus possibly reduce the number of hospital admissions. Respondents agreed that a community-based services would allow people to catch mental health issues at the very beginning and provide a greater level of care by handling issues at an early stage and that people suffering from such issues are also helped more by staying at home rather than in hospital and that this, in itself is one type of care.

The service being provided in the community would mean people can remain in their homes, in their environment. Therapy sessions may thus take place outside of a hospital or medical environment, where people tend to be labelled just because they attend hospital to receive treatment. Service in the community would help to lower the stigma and allow the community to accept people with mental health issues and would help them tackle and handle issues.

Moreover, the interviews highlighted the stigma which professionals, not necessarily mental health professionals, themselves may have. Training to direct and indirect professionals working with people with mental health problems, or who might encounter people with mental health issues, was recurrently mentioned by respondents, to help people with mental health issues understand and accept that they might need



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to seek help. Training to these other 'indirect' professionals can also be used as a tool to eliminate stigma about mental health with those professionals who are not direct mental health professionals. This study also confirmed that training of professionals together with general training and outreach within the community may help people understand when to seek help for themselves and not to stigmatise people with mental health issues, especially if community care for mental health issues is to be developed. Continuous training to professionals who encounter people with mental health issues such as professionals in the police force, lawyers, teachers, people who work migrants and people in the civil service, especially if mental health service is to be given within the community (Office of the Commissioner for Mental Health, 2019).

One respondent stated that people in Gozitan communities are somehow related or they know each other. Mental health is a very delicate issue and people still comment about people with mental health issues, "we have a culture of gossip". For long, the stigma associated with mental health illnesses has kept people suffering from such conditions away from seeking the treatment needed and therefore community-based mental health care needs to be skilfully designed to cater for such a small and close-knit community as in the island of Gozo (Caruana, 2020), yet also ensuring that other groups, such as non-Gozitans who reside in Gozo are not excluded from receiving such needed care.

Nonetheless other respondents commented that if this doesn't happen, mental health will remain a taboo, whereas if it happens, people will get used to it. "When you introduce something new, at first it is difficult. Then people get used to it and it becomes part of the community", advised another service provider. Ultimately, "a greater support would be of benefit to everyone", noted another service provider.

On the other hand, another service provider noted that some people are open-minded, whereas in other instances, one finds closed communities. So, if there is a service in the community, some people will seek it but others will go to a different community than their own as they do not want to be gossiped about, as in their own community "they know me". The same interviewee reinforced this by commenting on how in a waiting area in a community centre people would see you, some people would feel exposed. If they go to Rabat, referring to the mental health hospital, they would remain anonymous, so, a service in the community might end up being a barrier to seeking help, albeit a separate entrance for mental health services in Rabat.

Professionals and service providers agreed that community service is needed and that although they would be seen by neighbours as receiving care, this is the most near to a normal life that can possibly be.

### **4.3.5.6. Conclusion**

Concluding the interviews with professionals and service providers, there was an overall understanding and agreement that people with mental health issues need to be understood and given support. Mental health can cause a lot of pain and patients with mental health issues need an adequate environment where to receive treatment. Finally, another service provider emphasised that through the provision of community care a wider reach of people is achieved and professionals and service providers may ultimately support more positively those who need care, and their respective families.



Community care may prevent people from seeking help at in-patient wards or residential homes. Moreover, people might feel less alone and through community support since they would be receiving therapy in their 'home' community setting. Community work was defined as "invaluable" as it is within the community that people working in the field may actually see what people really go through, their problems, and their pain and outreach is essential.

Mental health issues have become more accentuated in view of different pressures from today's society which cause a strain on relationships, including financial pressures, lifestyle. Mental health problems are very challenging, requiring specialised training, people and resources, and this was once again reinforced in the interviews, especially if community services are to be set up.

#### **4.4. INTERVIEWS WITH SERVICE USERS**

In order to contact and interview service users, fifteen gatekeepers, between professionals and service providers, were engaged to contact and seek permission from their service users to be interviewed. Feedback proved to be quite difficult to obtain.

##### **4.4.1. Issues with interviewing service users**

Amongst those contacted, professionals immediately declined to act as gatekeepers or did not reply to such requests albeit being reminded by email several times. Whilst the researchers did not obtain a reason why most professionals declined or did not reply, it is being suggested that these professionals did not agree to act as gatekeepers either due to lack of time or in view of the sensitivity of the research project and the anonymity of their clients. The service providers who agreed to act as gatekeepers did not have much success in obtaining a consent from their clients to be interviewed about their perception of the current services being offered in Gozo and what in their opinion can be improved.

The researchers looked into the reasons why interviews with service users proved to be problematic to set, by asking directly those gatekeepers who accepted this role and by looking into literature. Amongst the direct reasons why interviews with service users could not take place are the fact that service users themselves, or their responsible family members did not accept to take part in this research.

The sensitivity of the topic was another reason why service users of their direct, responsible, family members might have declined to participate. As explained in the literature review, chapter two, and in previous sections in this chapter, service users are often reluctant to seek help for mental health issues. Discussing and speaking up about their problems and the service received often proves problematic.

The element of confidentiality is another factor which hinders people with mental health issues to speak out and discuss their problems. Being mental health such a delicate issue, service users might easily feel that confidentiality may not be maintained and they would be recognised in discussing their issues, albeit interviewers ensuring confidentiality is maintained and clearly explaining this to potential interviewees and/or gatekeepers. confidentiality also ties it with the element of stigma, since service users might fear being recognised and thus stigmatised for having mental health issues. Stigma in itself is a barrier for seeking help, and speaking out about one's problems is often associated with being stigmatised.

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Furthermore, the data collection process with service users was carried out closely to the Christmas period and literature suggests that this particular period may enhance difficulties for persons suffering from mental health (Patko, 2014). The fact that the study was carried in winter and mental health service users might be affected by what is referred to as the Seasonal Affective Disorder, a condition which accordingly to literature helps develop further depression during the winter months and so service users might not feel like opting to engage with unknown individuals, in this case the researchers and delve into their private experiences (Magnussons & Boivin, 2003).

### 4.4.2 Service Users Feedback

Despite various attempts at trying to organise interviews with service users, only two service users agreed to participate in an interview. Whilst the feedback of two users does not allow us to obtain a comprehensive picture of the current situation and services this important feedback may act as a good indication.

The service users interviewed make use of private services. One service user highlighted the way she is looked at when accessing mental health treatment in Gozo rather than in Malta, “kif wiehed iħares lej k digħa hu ħafna”, referring to the way people look at the service user says a lot. This service user mentioned that it is very difficult to lead what is considered as a ‘normal’ life and that it is very difficult to speak out about one’s mental health problems since it is, “veru diffiċli titkellem għax in-nies kemm Maltin u kemm Għawdxin veru jaraw lil poplu bħala miġnun”, really difficult to speak out as both Maltese and Gozitans easily define you as a mad person. The service user noted that people gossip about a person with mental health issues because of the problems he/she suffers and this results in the person thinking that everyone is looking and judging. The stigma is counterproductive and the family around the person suffering from mental health feels ashamed, the service user stated, also mentioning that by being treated at Mount Carmel Hospital, patients feel like they shame their family. The other service user substantiated the aspect of stigma around persons suffering from mental health in Gozo and emphasised that they tend to hide it as much as possible. He pointed out that most of the time they are then admitted for mental health services because they find themselves in trouble with the law due to some public inconvenience or a criminal offense.

Both service users highlighted how difficult it is for someone to understand persons having mental health issues and that this person often finds it difficult to express oneself. Personal acceptance of one’s own mental health problems is difficult, especially since people and society in general will ultimately look at you differently once you are ‘branded’ as having mental health issues. This has to be compounded by a positive community experience.

Whilst one of the respondents noted that the service received was fine, they both mentioned that services available in Gozo are limited, and ideally more frequent sessions take place. Yet, as stated already by service providers, both service users confirmed that attending sessions is a major financial burden since it can be financially demanding to pay for regular professional services every two to three weeks and possibly medication. Ideally, a service is offered where mental health services are of excellent quality, where professionals discuss their patients’ issues in a multidisciplinary team to devise a way forward.



The opinion of these service users about community care reflects what has been already stated by both professionals and service providers, that community care will definitely help with reducing stigma and making it easier for persons with mental health or other disabilities to reach out and access services. Here once again one of the service users emphasised the importance of having a multidisciplinary team of professionals working together to the benefit of the service user. Being in one's own community and therefore surroundings makes it much easier for a person to respond to treatment. Having to leave your own comfort zone and go to a completely different ambience either at the Gozo General Hospital or even worse travelling to Malta for a long stay at Mount Carmel Hospital does not help the patient as insecurity sinks in. One of the service users who benefited personally from community care services offered by the Richmond Foundation emphasised how much these sessions were beneficial to him even more because they reached out to him rather than he had to request the service himself. To his disappointment this summer he was informed that the service is going to be halted and no further visits were held. "Hasra kbira li dawn is-servizzi twaqqfu u issa ergajt spiccajt wahdi", he insisted that it is a pity that these services were stopped even because he felt that someone really cared for him when they reached out to him.

Finally, one of the service users stated that even though one is faced by so many difficulties, "we have to move on and be strong enough to fight for our own rights and trust the professionals, leaving out your anxiety that people around you are looking at you and talking about you".

(Service User Respondent)

#### **4.5. CONCLUSION**

The analysis of the primary data highlighted a number of key issues associated with the current system, especially the importance of establishing community-based service providing amongst others, mental health services in order to allow for further accessibility and to help eliminate the barriers associated with seeking support for mental health problems. This is a crucial step in reducing or better removing the stigma associated with mental health, and more importantly in helping persons suffering with mental health issues to seek help before it is too late, whilst remaining in their own community setting.

The next chapter, chapter five, highlights the main conclusions which emerge from this research study and indicate a number of recommendations for further improvements.



## Chapter 5 - Conclusions & Recommendations



## 5.1. INTRODUCTION

This research project aimed to attain a better understanding of the needs of persons with mental health issues and disabilities in Gozo, in relation to the existing service provision.

A qualitative questionnaire and qualitative interviews were designed and carried out in order to understand the current mental health service in Gozo, the strengths and barriers of the current system and how to improve the current service. Both the questionnaire and the interviews explored the need for a community service for people with mental health issues, and how the development of such a service would be beneficial for people with mental health issues and the implications on the Gozitan community and society. The study also looked at exploring the experience of people using the current mental health services in Gozo, service users, and their views on what is needed to provide a better service.

This chapter aims to summarise the main findings from the data collection and present recommendations for policy and practice and areas for further research.

## 5.2. MAIN FINDINGS

The questionnaire explored professionals' involvement with the current mental health services offered in Gozo, their overall impression of the services available, and the strengths and barriers of the current system, together with how they feel the current mental health service can be improved.

When asked for their overall impression of the current services being offered in Gozo, questionnaire respondents highlighted that it needs to be improved extensively, with professionals working in the sector being mentioned as the main strength of the current system. Questionnaire respondents were also asked what they think are the areas that are not being addressed by the current system, with community services, or the lack of such services, being mostly mentioned. Stigma and social problems were also highlighted. Respondents were asked to highlight what in their opinion may be done to improve the current approach. The main responses included better use of, and additional resources and the need to set up community services with multidisciplinary teams. The importance of decreasing, or mitigating as much as possible, the current taboo/stigma surrounding mental health was also mentioned as a need to improve the current scenario.

During the interviews, professionals and service providers were asked to give an overview on their impression of the current mental health service in Gozo. Respondents highlighted how the current hospital infrastructure is outdated and requires improvement, whereby patients in the 'long-stay' ward often end up being forgotten, admitted to such a ward more to protect society rather than to be given care. Patients in such wards often end up neglected, lacking privacy and independence.

Similarly, to the responses in the questionnaire, the majority of interview respondents mentioned Human Resources as the main strength of the current service, highlighting how this works well together through a model founded on multi-disciplinarity. The need for more trained and specialised human resources to work in the sector was also mentioned.

Stigma was an issue which emerged in the vast majority of interviews carried out. This included the current, separate, entrance to access hospital services. This is regarded as a barrier since people accessing the service are easily highlighted and labelled as, "mignun" (mad person). Interview respondents agreed that the integration of people with mental health issues within society is not being addressed and persons experiencing from mental



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health are still at times being 'made fun of'. This highlights the need to educate and raise awareness on the importance of looking for help when someone experiences mental health problems. This is crucial if we want to improve the current scenario. The taboo of seeking mental health support is less evident for younger people and people of a working age but there is a need to actually look into the issue of stigma, since there is a category of people who will never seek help because of the fear of being stigmatised because of their mental health problems. Stigma also 'forces' people to seek mental health care privately or to travel to Malta to receive care to remain anonymous.

Interviewees also highlighted the issue of double insularity which makes the financial cost of receiving care from professionals even more expensive in Gozo, since services, and professionals providing the service are limited.

Professionals and service providers also mentioned the need to help people with mental health issues develop their social skills to help them in society and to allow them access into the community. If more services are provided, particularly directly within their own community, inclusion can be improved.

Whilst the family together a close-knit social structure is still evident in Gozo, Gozo's evolving society was noticeable from the interview outcomes. Whilst reliance on family structures is still strong, this is now slowly changing and, according to interview respondents, the close-knit family in Gozo is slowly fizzling out. Gozo has also experienced an increasing influx of internal and foreign migrants, who often end up lost in the current system, creating a relatively new social need, that of supporting the mental health of non-Gozitan residents. These migrants do not have their close family support and thus require additional attention in terms of help and support.

Most respondents referred to the current lack of community mental health services in Gozo. Respondents highlighted that besides the outpatients' services, community services focussing on mental health issues are non-existent and a focus on developing such services within the community would allow for a more accessible service for a wider population. Interviewees highlighted that an increase in mental health services offered in the community will contribute to making it easier for potential service users to seek help and to decrease the stigma associated with mental health problems. The service being provided in the community would also mean people can remain in their homes and hence in their environment.

Moreover, the interviews also highlighted the need to provide training to professionals working directly and indirectly with people with mental health problems. Such professionals might not work directly with people with mental health issues, but might encounter people with such issues, including professionals in the police force, lawyers, teachers, people who work with migrants and people in the civil service.

As highlighted in Chapter four, interviewing service users proved to be rather difficult. Nonetheless from the interviews carried out, it is clearly visible how service users themselves feel the stigma and the labelling of society of their mental health issues, plays a part in the stigma that befalls their own families. Personal acceptance of their own issues and the financial burden associated with receiving support was also highlighted. The development of community services was regarded as a positive step to improve the current service. Community service providing mental health care was viewed as a way to increase the currently limited

service being offered, and also as a way to help reduce the stigma associated with mental health issues, since the service may become more accessible and receiving such care may slowly become 'normal'.

### **5.3. CONCLUSIONS AND RECOMMENDATIONS**

This study looked at exploring the needs of people with mental health difficulties and persons with disability in Gozo. It gave an overview of the situation in Gozo and examined what services are available and explored whether further services are required to complement the current provision.

It also focused on gaining an understanding of the perceptions of mental health problems in Gozo, identifying the demand for the provision of mental health community services in Gozo and exploring the barriers to access mental health and related services in Gozo.

The following are recommendations for policy and practice and also for further research arising from data collection as analysed and discussed in chapter four.

#### **5.3.1. Recommendations for Policy and Practice**

Based on the findings of this report, the below recommendations highlight the needs of the current mental health care service in Gozo and what can be done to improve policy and practice.

Overall, there are two major barriers which need to be tackled. These are considered as the authors' main recommendations for policy and practice.

#### **THE ELEMENT OF STIGMA**

Any service provided needs to consider the strong element of stigma surrounding the provision of care in mental health issues. Important factors which need to be considered, particularly in setting up a community setting for mental health issues are elements such as location and access to such location. The outcomes of this report highlighted that service users often feel uncomfortable making use of the current hospital services particularly since even though the services are given at the Gozo General Hospital, there is a separate entrance. Therefore, whoever accesses such entrance clearly does so to seek mental health care. A community setting offering such care ideally should offer a diverse number of services and not just mental health services. That way, apart from providing a variety of services in the community it will also allow to cover who accesses such premises and for what reasons these are being accessed.

#### **SERVICE PROVISION**

The data collection and analysis of this research study highlighted a number of services which are required and which may be offered at community level. Adequate supply of such services is currently lacking. Such services need not be supplied regularly, for example on a daily basis. Other services might be offered, for example, on a monthly basis. This would provide an adequate supply of services according to the demand placed by service users. The services required, highlighted in the outcomes of this research study, include:

- Services for the elderly with cognitive impairment to provide a dedicated and focussed service in a community setting, promoting a sense of dignity and independence as much as possible;

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- Services for younger people with mental health challenges;
- Services for children with disability from school age onwards, including children's mental health, particularly since findings show that such services currently are being interrupted when children are enrolled in compulsory schooling;
- Services for people, and particularly children on the autism spectrum, who need a dedicated and focused approach;
- Services for people suffering from eating disorders, since there is currently no service being offered in Gozo;
- Services for neuropsychiatry need to be developed;
- Services for people who have suffered from, or are suffering from trauma, abuse and violence, particularly since professionals highlighted that there is no support being offered focusing specifically on these issues;
- Services for people who have suicidal ideation;
- Services for socially marginalised persons such as the homeless and the poor who oftentimes end up not being supported by the current system.

### DOUBLE INSULARITY

The findings of this report have highlighted the issue of double insularity, showing how financially and physically expensive it is to receive mental care in Gozo. Double insularity refers to the smallness of Gozo as a 'secondary' island, the fact that services are often not available and that service users need to travel to Malta to receive care. Double insularity can be mitigated and decreased by opening up and offering a number of services, on a regular basis in Gozo, ideally within the community. Such services may include the services listed above, since these were mentioned by respondents as being currently lacking in Gozo. Offering these services regularly may allow for the double insularity issue in receiving mental health care to decrease. It is very important to protect against current insularity by not replicating services but by offering a broad range of services which maybe cannot be found in state provision.

### OUTREACH AND AWARENESS CAMPAIGNS

Uptake for people to use mental health care services needs to be increased. This can take place through awareness campaigns. Lobbying Government departments and bodies to carry out an awareness campaign focussing on mental health care, covering Gozo specifically may be a way to normalise mental health care services and help break down the stigma. Direct outreach campaigns may also be carried out to normalise mental health care, though these may be easily viewed as a Public Relations campaign if coming from a service provider in the private sector. Ultimately, the findings highlight that there needs to be a normalisation of receiving mental care and the more outreach and information campaigns are carried out, the more 'normal' receiving care for mental health issues becomes.

### RESOURCES

With regards to the physical infrastructure, the outcomes of this report highlight that service users prefer a combination of a functional, and cheerful place. It is important to keep in mind that nice, welcoming and accessible premises help service users feel more at ease and more comfortable, encouraging them to access the service further, and regularly. Service provided also needs to be delivered by and in collaboration with indirect professionals. Indirect professionals may often, inadvertently, perpetuate stigma through



actions and way of speaking. Continued Professional Development (CPD) is therefore very important to be provided to professionals working directly or indirectly with people having mental health issues.

### **5.3.2. Concluding Comment**

Finally, following this study, the authors recommend the below areas for further research to devolve deeper in understanding the sector:

- A study exploring best practises in outreach particularly for communities with a strong aversion or persistence of stigma;
- A study evaluating the set of a community service focussing on providing mental health support at least two years after set up;
- A study exploring areas for collaboration with non-mental health service providers.



## Reference List

- Azzopardi, J.G. (2015). Solving Problems, The Island Way: Human Resourcefulness in Action among the Islanders of Gozo. *Island Studies Journal*. 2015;10(1):71-90. <https://ejournals.um.edu.mt/login?url=https://www.proquest.com/scholarly-journals/solving-problems-island-way-human-resourcefulness/docview/1953815286/se-2>.
- Bloor, M., Frankland, J., Thomas, M., & Robson, K. (2001). *Focus Groups in Social Research*. Sage Publications Ltd.
- Conradt, E., Carter, S., & Crowell, S. (2020). Biological Embedding of Chronic Stress Across Two Generations Within Marginalized Communities. *Child Development Perspectives* 14(4). <https://doi-org.ejournals.um.edu.mt/10.1111/cdep.12382>
- Camilleri, M., Sammut, A., & Cachia, J. M. (2019). The Development of Public Mental Health in Malta. In N. Azzopardi Muscat, D. Cauchi & T. Melillo Fenech (Eds.), *Public Health in Malta: 1999 - 2019* (pp.29-34). Malta Association of Public Health Medicine. <https://www.um.edu.mt/library/oar/handle/123456789/49384>
- Caruana, J. (2020, May 17). Current Psycho-Social Considerations. *The Malta Independent on Sunday*. <https://www.independent.com.mt/articles/2020-05-17/newspaper-opinions/Current-psycho-social-considerations-6736223155>
- Department of Health. (2011). *No Health without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages*. The Stationery Office, London.
- Galderisi, S., Heinz, A., Kastrup, M., Beezhold, J., & Sartorius, N. (2015). Toward a New Definition of Mental Health. *World Psychiatry: Official Journal of the World Psychiatric Association (WPA)*, 14(2), 231-233. <https://doi.org/10.1002/wps.20231>
- Grech, A. (2016). Epidemiology of Serious Mental Illness in Malta - Consequences for Developing a New Psychiatric Hospital and Community Psychiatry. *Psychiatria Danubina*, 28(1), 108-110. <https://www.um.edu.mt/library/oar/handle/123456789/19958>
- Khanna, P. & Aeri, B. (2018). Risk Factors for Mental Health Disorders: From Conception till Adulthood. [https://www.researchgate.net/publication/328889507\\_Risk\\_factors\\_for\\_mental\\_health\\_disorders\\_From\\_conception\\_till\\_adulthood](https://www.researchgate.net/publication/328889507_Risk_factors_for_mental_health_disorders_From_conception_till_adulthood)
- Legg, T.L. (2020, April 13). What is Mental Health? <https://www.medicalnewstoday.com/articles/154543>
- Magnusson, A., & Boivin, D. (2003) Seasonal Affective Disorder: An Overview, *Chronobiology International*, 20:2, 189-207, DOI: 10.1021/CBI-120019310
- Munizza, C., Argentero, P., Coppo, A., Tibaldi, G. & Di Giannantonio, M., et al. (2013) Public Beliefs and Attitudes towards Depression in Italy: A National Survey. *PLOS ONE* 8(5): e63806. <https://doi.org/10.1371/journal.pone.0063806>
- McGuirk, P.M. & O'Neill, P. (2016). *Using Questionnaires in Qualitative Human Geography*. Faculty of Social Sciences - Papers. 2518.
- National Council on Disability (NCD). (2015). *Home and Community-Based Services: Creating Systems for Success at Home, at Work and in the Community*. [https://ncd.gov/sites/default/files/HCBS%20Report\\_FINAL.pdf](https://ncd.gov/sites/default/files/HCBS%20Report_FINAL.pdf)
- National Statistics Office (NSO). (2021). *Regional Statistics 2021* [https://nso.gov.mt/en/nso/Media/Salient-Points-of-Publications/Documents/2021/Regional%202021/Regional%20Statistics%202021\\_full%20publication.pdf](https://nso.gov.mt/en/nso/Media/Salient-Points-of-Publications/Documents/2021/Regional%202021/Regional%20Statistics%202021_full%20publication.pdf)
- Office of the Commissioner for Mental Health. (2019). *Empowering Stakeholders: Building Bridges and Crossing them Together* <https://www.parlament.mt/media/105319/dokument-42.pdf>
- Office of the Deputy Prime Minister, Ministry for Health. (2019). *Building Resilience Transforming Services: A Mental Health Strategy for Malta 2020-2030*. [https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/Mental\\_Health\\_Strategy\\_EN.pdf](https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/Mental_Health_Strategy_EN.pdf)
- Organisation for Economic Co-operation and Development (OECD). (2018, November 22). *Health at a Glance: Europe 2018*. <https://www.oecd.org/health/health-systems/OECD-Factsheet-Mental-Health-Health-at-a-Glance-Europe-2018.pdf>
- Royal College of Psychiatrists. (2015). *Being Sanctioned (in England and Wales)*. <https://www.rcpsych.ac.uk/mental-health/treatments-and-wellbeing/being-sectioned>





- Setoya, Y., & Kestel, D. (2018). WHO Mental Health Gap Action Programme Implementation in the Small Island Development States: Experience from the Pacific and English-Speaking Caribbean Countries. *BJPsych international*, 15(2), 27–30. <https://doi.org/10.1192/bji.2017.16>
- Skuse, D. (2018). Mental Health and Life on a Small Island. *BJPsych International*, 15(2), 27-27. <https://doi:10.1192/bji.2018.3>
- Stone, D.H. (2019). The Least Restrictive Environment for Providing Education, Treatment, and Community Services for Persons with Disabilities: Rethinking the Concept. *Touro Law Review*, 35 (1), 523-590. HeinOnline, <https://heinonline.org/HOL/P?h=hein.journals/touro35&i=531>
- Taylor-East, R. (2019). Working in Psychiatry in Malta: A Personal View. *BJPsych International*, 16(3), 56-57. <http://dx.doi.org/10.1192/bji.2018.22>.
- The President's Foundation for the Wellbeing of Society (PFWS). (2017). Mental Health in Malta: Wellbeing through a Shared Strategy. The President's Foundation for the Wellbeing of Society. <https://deputyprimeminister.gov.mt/en/CommMentalHealth/Documents/2017/Mental%20Health%20in%20Malta%20Publication.pdf>
- World Health Organisation (WHO). (2018, March 30). Mental health: strengthening our response. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
- World Health Organisation (WHO). (2016). mhGAP Intervention Guide - Version 2.0 <https://www.who.int/publications/i/item/9789241549790>
- World Health Organisation. Growing up Unequal: Gender and Socioeconomic Differences in Young People's Health and Well-Being. Health Behaviour in School Aged Children (HBSC) Study: International Report from the 2013/2014 Survey. 2016;(7). Available from <http://www.euro.who.int/en/publications/abstracts/growing-up-unequal-hbsc-2016-study-20132014-survey>



# Appendix



## Appendix 1

### QUESTIONNAIRE QUESTIONS – PROFESSIONALS

The aim of this study is to gain an understanding of the perception of mental health problems in Gozo, the provision of services which are already available and the barriers which there might be when it comes to assess mental health and related service in such a small island as Gozo, and to better understand the social dimension of mental health recovery. The social dimension of mental health is multi-layered, and includes interpersonal, group and community relationships. It also includes facets such as socioeconomic status; social attitudes to people experiencing mental ill health; the type of mental health services and interventions offered; and the role of the individual's decision-making in mental health recovery.

In what ways you are involved in the mental health services offered in Gozo?

What is your overall impression of the mental health service in Gozo?

In your opinion, what are the strengths of such system?

What particular areas, do you feel, are not being addressed by the current system?

In your opinion, what can be done to improve the approach being used?

Would you like to add anything further on your experience with the mental health services in Gozo, and how they can react to the social aspect of mental health?

## Appendix 2

### **INTERVIEW QUESTIONS – PROFESSIONALS**

The aim of this study is to gain an understanding of the perception of mental health problems in Gozo, the provision of services which are already available and the barriers which there might be when it comes to assess mental health and related service in such a small island as Gozo, and to better understand the social dimension of mental health recovery. The social dimension of mental health is multi-layered, and includes interpersonal, group and community relationships. It also includes facets such as socioeconomic status; social attitudes to people experiencing mental ill health; the type of mental health services and interventions offered; and the role of the individual's decision-making in mental health recovery.

As a professional, what is your overall impression of the mental health service in Gozo?

What are the strengths of the current system?

What particular areas, if any, are not being addressed by the current system?

Do you think that the mental health services (those you are involved in and/or services in general) cater for the social needs of service users? If so, how? If not, why not?

From your experience as a Professional, what population segment in Gozo do you feel reaches out most for mental health services and why?

Would service users benefit more if Gozo moves towards a more community-based service?

What affect can this have on the Gozitan community?

Would you like to add anything further on your experience with the mental health services in Gozo, and how they can be improved?

## Appendix 3

### INTERVIEW QUESTIONS – SERVICE PROVIDERS

The aim of this study is to gain an understanding of the perception of mental health problems in Gozo, the provision of services which are already available and the barriers which there might be when it comes to assess mental health and related service in such a small island as Gozo, and to better understand the social dimension of mental health recovery. The social dimension of mental health is multi-layered, and includes interpersonal, group and community relationships. It also includes facets such as socioeconomic status; social attitudes to people experiencing mental ill health; the type of mental health services and interventions offered; and the role of the individual's decision-making in mental health recovery.

As a service provider, what is your overall impression of the mental health service in Gozo? Can you specify what services you offer?

What are the strengths of the current system?

What particular areas, if any, are not being addressed by the current system?

As a service provider, do you think that your services can better respond to the social issues that sometimes surround persons in need of mental health services in Gozo?

From your experience as a service provider, what population segment in Gozo do you feel reaches out most for mental health services and why?

Would service users benefit more if Gozo moves towards a more community-based service?

What affect can this have on the Gozitan community?

Would you as a service provider be willing to explore new approaches to dealing with persons in need of mental health services in Gozo?

Would you like to add anything further on your experience with the mental health services in Gozo, and how they can be improved?



## Appendix 4

### **INTERVIEW GUIDE – SERVICE USERS**

The aim of this study is gaining an understanding of the perception of mental health problems in Gozo, the provision of services which are already available and the barriers which there might be when it comes to assess mental health and related service is such as small island as Gozo and to better understand the social dimension of mental health recovery. The social dimension of mental health is multi-layered, and includes interpersonal, group and community relationships. It also includes facets such as socioeconomic status; social attitudes to people experiencing mental ill health; the type of mental health services and interventions offered; and the role of the individual's decision-making in mental health recovery.

What type of mental health service/s do/did you make use of?

What were the difficulties which you felt you most needed help and support with?

Do you feel that the services you use/d helped you with these difficulties? If so, describe how. If not, describe why not and what could have been better.

Do you feel that the service/s you use/d address/es any social needs you might have or had? ('Social needs' include, but are not limited to, social bonds, relationships, support structures, employment, leisure, community ties, financial situation)

Is there something that you wish to have received in the service you use/d but did not receive?

Would you like to add anything further on your experience with the mental health services in Gozo, and how they can react to the social aspect of mental health?



## Appendix 5

### INTERVISTA – UTENTI TAS-SERVIZZ

L-ghan ta' dan l-istudju huwa biex nifhmu ahjar il-percezzjoni tad-diffikultajiet fis-sahha mentali f'Ghawdex, is-servizzi li diga qeghdin jigu offruti, il-problemi li jiltaqghu maghhom l-utenti tas-servizzi fuq gzira zghira bhal Ghawdex u kif dan jista jittejjeb. Id-dimensjoni socjali fiha bosta saffi, li jinkludu relazzjonijiet interpersonali u tal-komunita'. Jinkludi wkoll aspetti bhall-istatus socio-ekonomiku; attitudnijiet socjali lejn nies bi kwistjonijiet ta' sahha mentali; it-tip ta' servizzi ta' sahha mentali u intervenzjonijiet offruti; u l-irwol tal-process li bih jittiehdu d-decizzjonijiet dwar il-kura tas-sahha mentali tal-individwu.

X'tip ta' servizz tas-sahha mentali ghamilt jew qed taghmel uzu minnu?

X'kienu d-diffikultajiet l-iktar li hassejt li ghandek bzonn l-ghajnuna u support fihom?

Tahseb li s-servizz/l li uzajt/tuza ghenuk b'dawk id-diffikultajiet? Jekk iva, kif? Jekk le, iddeskrivi ghala le u x'seta' sar b'mod ahjar.

Tahseb li s-servizzi li uzajt/tuza indirizzaw bzonnijiet socjali li jista jkollok? ('bzonnijiet socjali' jinkludi, imma mhumiex limitati ghal rabtiet socjali, relazzjonijiet, strutturi ta' support, impjieg, divertiment, sens ta' komunita'; qaghda finanzjarja)

Hemm xi haga li xtaqt li rcevejt fis-servizz li uzajt/tuza imma li ma rcevejtx?

Tixtieq izzid xi haga dwar l-esperjenza tieghek mas-servizzi tas-sahha mentali f'Ghawdex, u kif jistghu jirreagixxu ghall-aspetti socjali tas-sahha mentali?

## Appendix 6



**Faculty for Social Wellbeing  
University of Malta  
Msida MSD 2080, Malta**

**Tel: +356 2340 2672  
socialwellbeing@um.edu.mt  
www.um.edu.mt/socialwellbeing**

### Information and Recruitment Letter – Interview

#### Research Team & Contact Details:

Project Leader: Prof. Andrew Azzopardi; E: (andrew.azzopardi@um.edu.mt)

Research Officers: Ms. Charlene Fabri; E: (charlene.fabri@um.edu.mt)

Ms. Graziella Vella; E: (graziella.vella@um.edu.mt)

Project title: Mental Health Services for Persons with Disabilities in Gozo

You are kindly invited to take part in our research project, which is being carried out by the Faculty for Social Wellbeing at the University of Malta on behalf of the Hila Home Ltd. — set up by Caremalta Group.

This study will explore the needs of people with mental health difficulties and persons with disability in Gozo and through a scoping exercise, examine what services are available and explore whether further services are needed. The aim of the project is to gain an understanding of the perceptions of mental health problems in Gozo, identify the demand of the provision of mental health community services and explore barriers to accessing such services in Gozo. And provide policy recommendations to improve the provision of mental health services. Your participation, will help us better understand the experience of mental health professionals in a small island like Gozo and in what way you think the current services can be improved. Any data collected from this research will be used solely for the purposes of the study. If you choose to participate, please note that there are no direct benefits to you from your participation.

Participation in this study is entirely voluntary, you are free to accept or refuse to participate without needing to give a reason of your choice. Your participation does not entail any known or anticipated risks. Should you choose to participate, you will be invited to take part in an online semi-structured interview of approximately one hour, held via Zoom, at a convenient time. An audio recording of the discussion will be made to allow for later data analysis. This recording will make use of Zoom security features such as end-to-end encryption. Your name and surname and any other personally identifiable details will not be used in the study or disseminated in any way.

In accordance with the General Data Protection Regulations (GDPR), you have the right to information, access, rectification, objection, erasure, data portability, and to withdraw your consent, without needing to provide any explanation and without any negative repercussions



for you. Should you choose to withdraw your participation, any data collected from you will be deleted, if this is technically possible that is the study has not been completed and published, unless erasure of data would render impossible or seriously impair achievement of the research objectives. This is acknowledged in point 2 of the consent form and is in line with the exemptions provided for in GDPR Article 17(3)(d).

Data collected from the interview will be used solely for the purposes of this study and will be stored securely and separately from the consent forms and any other personal information. Additionally, the data collected will be pseudonymised and end-to-end encrypted to ensure that it is stored safely and in a way that guarantees confidentiality, and only the research team will have access to the raw data collected from the interview. Raw data from the study will be erased once the study is completed.

A copy of this information sheet is hereby being provided for you to keep and for future reference.

I would be grateful if you would respond to this email if you would like to participate in an online focus group. If you have any questions or considerations, please do not hesitate to contact us by email on [andrew.azzopardi@um.edu.mt](mailto:andrew.azzopardi@um.edu.mt) or [charlene.fabri@um.edu.mt](mailto:charlene.fabri@um.edu.mt) or [graziella.vella@um.edu.mt](mailto:graziella.vella@um.edu.mt) or by phone on 23402693.

Your contribution is of great value to this study. Whilst thanking you in advance, we look forward to your participation.

Sincerely,

Charlene Fabri  
Research Support Officer

Graziella Vella  
Research Support Officer

Prof. Andrew Azzopardi  
Project Leader

## Appendix 7



**L-Università  
ta' Malta**

**Faculty for Social Wellbeing  
University of Malta  
Msida MSD 2080, Malta**

**Tel: +356 2340 2672  
socialwellbeing@um.edu.mt  
www.um.edu.mt/socialwellbeing**

Consent Form - Online Questionnaire

[Note: This will be the front page of the anonymous online questionnaire]

Project title: Mental Health Services for Persons with Disabilities in Gozo

I, the undersigned, give my consent to take part in the study conducted by:

Prof. Andrew Azzopardi, Project Leader (andrew.azzopardi@um.edu.mt)

Ms Charlene Fabri, Research Officer (charlene.fabri@um.edu.mt)

Ms Graziella Vella, Research Officer (graziella.vella@um.edu.mt)

This consent form specifies the terms of my participation in this research study.

1. I have been given written and/or verbal information about the purpose of the study; I have had the opportunity to ask questions and any questions that I had were answered fully and to my satisfaction.
2. I also understand that I am free to accept to participate, or to refuse or stop participation at any time without giving any reason and without any penalty. Should I choose to participate, I may choose to decline to answer any questions asked. I can stop my participation at any time until I click submit. Once I submit the questionnaire, I will be unable to withdraw my participation since the questionnaire is anonymous.
3. I understand that I have been invited to participate in this anonymous online questionnaire which contains a set of questions that will help to further understand my experiences within the context of my profession. I am aware that the anonymous on-line questionnaire will be taken once, and will take approximately 15 minutes to fill in.
4. I am aware that, if I give my consent, extracts from my online questionnaire may be reproduced in these outputs.
5. I understand that my participation does not entail any known or anticipated risks.
6. I understand that there are no direct benefits to me from participating in this study. I also understand that this research may benefit others by allowing researchers to identify the mental health/disability services which are currently available and others that are still lacking in Gozo.

You may save a copy of this information by right-clicking on the current web page and selection 'Save As - PDF'. Alternatively, you may contact our research officers on charlene.





fabri@um.edu.mt or graziella.vella@um.edu.mt to request an electronic copy of this page.

By clicking 'I agree', this indicates that you have read and understood the information provided above, and consent to participating in the present study.

- I agree - [Participant will proceed to online questionnaire]
- I do not agree - [Participant will not proceed to the online questionnaire]

## Appendix 8



**Faculty for Social Wellbeing  
University of Malta  
Msida MSD 2080, Malta**

**Tel: +356 2340 2672  
socialwellbeing@um.edu.mt  
www.um.edu.mt/socialwellbeing**

Consent Form – Interview

Project title: Mental Health Services for Person with Disabilities in Gozo

Research Team & Contact Details:

Prof. Andrew Azzopardi, Project Leader (andrew.azzopardi@um.edu.mt)

Ms. Charlene Fabri, Research Officer, (charlene.fabri@um.edu.mt)

Ms. Graziella Vella, Research Officer, (graziella.vella@um.edu.mt)

The Faculty for Social Wellbeing at the University of Malta on behalf of Hila Homes Ltd set up by CareMalta Group is investigating the needs of people with mental health difficulties and persons with disability in Gozo, to examine what services are available and explore whether further services are needed.

I the undersigned give my consent to take part in this research study, and this consent form specifies the terms of my participation.

1. I have been given written and/or verbal information about the purpose of the study; I have had the opportunity to ask questions and any questions that I had were answered fully and to my satisfaction.
2. I understand that I am free to accept or refuse to participate, or stop participation at any time without giving any reason and without any penalty. Should I choose to participate, I may choose to decline to answer any questions asked. In the event that I choose to withdraw from the study, any data collected from me will be erased, if this is technically possible that is the study has not been completed and published, unless erasure of data would render impossible or seriously impair achievement of the research objectives.
3. I understand that I have been invited to participate in a one-time interview of approximately one hour. I understand that the interview will take place online, via Zoom, at a time that is convenient.
4. I understand that my participation does not entail any known or anticipated risks. I also understand that there are no direct benefits to me from participating in this study, but



that this research may benefit others as the results of the study will aim to inform policy recommendations that serve to improve the services provided by institutions in Malta, provide recommendations as to how to minimise the need for institutionalisation and what steps need to be undertaken to successfully move these services towards community care services.

5. I understand that, under the General Data Protection Regulation (GDPR) and national legislation, I have the right to access, rectify, and where applicable, ask for the data concerning me to be erased.
6. I am aware that if I give my consent, this Zoom interview will be audio-recorded and converted to text as it has been recorded (transcribed), and that extracts of the discussion may be reproduced in the study outputs in a pseudonymised form. This recording will make use of Zoom security features such as end-to-end encryption. The recording will be deleted once the study is completed.
7. I understand that all data collected will be stored in a pseudonymised form, and only the research team will have access to the raw data.
8. I have been provided with the study information and will be given a copy of this consent form, which includes the contact details of the researcher.

I have read and understood the above statements and consent to participate in this study.

Participant name and surname: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Charlene Fabri  
Research Support Officer

Graziella Vella  
Research Support Officer

Prof. Andrew Azzopardi  
Project Leader  
Dean, Faculty for Social Wellbeing

## Appendix 9



**Faculty for Social Wellbeing  
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**Tel: +356 2340 2672  
socialwellbeing@um.edu.mt  
www.um.edu.mt/socialwellbeing**

Email to Gatekeepers

Project title: Mental Health Services for Person with Disabilities in Gozo

Dear (Gatekeeper),

We would like to introduce ourselves. We are Charlene Fabri and Graziella Vella, Research Support Officers with the Faculty for Social Wellbeing. We are currently working on a research project, which is being carried out by the Faculty for Social Wellbeing at the University of Malta on behalf of Hila Homes Ltd — set up by CareMalta Group.

As part of the data collection for this project we are looking to conduct interviews with mental health service users in Gozo to examine their views and experiences of the services being offered. These interviews will be held in person or online, depending on the pandemic situation at the time or according to the wish of the service user himself/herself. For the interviews, participants should be 18 years or older. Potential participants will be sent a recruitment form by email, explaining the nature of the study and inviting them to take part in this research project. The identity of participants will not be disclosed in any part of the study and pseudonyms will be used.

We would be grateful if you could reply to this email and let us know whether you are happy to fulfill the role of gatekeeper and assist us with this study. Once we have this and ethical clearance in granted, we will send you the recruitment email in Maltese and English and ask you to forward to members of your association.

Please do not hesitate to contact us if you require any clarifications.

Regards,

Charlene Fabri  
Research Support Officer

Graziella Vella  
Research Support Officer

## Appendix 10



**Faculty for Social Wellbeing  
University of Malta  
Msida MSD 2080, Malta**

**Tel: +356 2340 2672  
socialwellbeing@um.edu.mt  
www.um.edu.mt/socialwellbeing**

Information Letter - Interview

Project title: Mental Health Services for Person with Disabilities in Gozo

You are kindly invited to take part in our research project, which is being carried out by the Faculty for Social Wellbeing at the University of Malta on behalf of Hila Homes Ltd — set up by CareMalta Group.

Below you will find information about the study and about what your involvement would entail, should you decide to take part.

Method of data collection: The data will be collected through an in-person (or online) one-time interview which would last approximately 1 hour and will be held at a time and place that is convenient for you. Audio recording will be used during the interview to allow for later data analysis. Your name and surname, or any other personally identifiable details, will not be used in the study. In accordance with the General Data Protection Regulations (GDPR), you have the right to information, access, rectification, objection, erasure, data portability, and to withdraw your consent as a participant in this study.

Guarantees:

1. Clearance has been provided by the University Research Ethics Committee of the University of Malta.
2. Participants' identity and personal information will not be revealed in any publication, reports or presentations arising from this research and steps will be taken accordingly to protect participants' confidentiality.
3. Data will be used solely for research and scholarly purposes and will be stored securely and separately from the consent forms and any other personal information. All data collected will be destroyed on completion of the study and following publication of results, around June 2022.
4. Only the research team will have access to the raw data collected from the interviews.
5. Data will be managed in accordance with the General Data Protection Regulations (GDPR) and national legislation, with the participants having the right to access, rectify, and where



## Mental Health Services for Persons with Disabilities in Gozo

applicable, ask for the data concerning them to be erased; until this is technically possible that is until the report is being finalised. 6. You are free to quit the study at any point and for whatever reason. In the case that you withdraw from the study, all the records and information relating to you will be destroyed until this is technically possible.

7. Deception in the data collection process will not be used.

8. If you are concerned at any point about any aspect of this data gathering exercise, you may discuss this with the research officers by email on [charlene.fabri@um.edu.mt](mailto:charlene.fabri@um.edu.mt) or [graziella.vella@um.edu.mt](mailto:graziella.vella@um.edu.mt). Alternatively, you can contact the Faculty by telephone on +356 2340 2693.

If, at any point during or after the research process, you feel concerned or anxious and would like to talk to someone, you may seek assistance via chat, email or message on [kellimni.com](https://kellimni.com), Richmond Foundation helpline 1770 and Supportline 179.

Your contribution is of great value to this study. Thus, whilst thanking you in advance, we look forward to your participation.

Sincerely,

Charlene Fabri  
Research Support Officer

Graziella Vella  
Research Support Officer

Prof. Andrew Azzopardi  
Project Leader  
Dean, Faculty for Social Wellbeing

## Appendix 11



**Faculty for Social Wellbeing**  
**University of Malta**  
**Msida MSD 2080, Malta**

**Tel: +356 2340 2672**  
**socialwellbeing@um.edu.mt**  
**www.um.edu.mt/socialwellbeing**

Ittra ta' tagħrif - Intervista

Titlu tal-proġett: Studju dwar is-Servizzi tas-Saħħa Mentali għall-persuni b'dizabilità f'Għawdex

Int ġentilment mistieden biex tiegħu sehem fil-proġett ta' riċerka tagħna, li qed jitwettaq mill-Fakultà għat-Tisħieh tas-Socjeta' fl-Università ta' Malta, b'kollaborazzjoni ma' Hila Homes Ltd – taħt il-kappa tal-CareMalta Group.

Hawn taħt għandek issib informazzjoni dwar dan l-istudju u x'ser ikun jikonsisti l-involvement tiegħek ġa la darba ġentilment taċċetta li tippartecipa f'dan l-istudju.

Metodu ta' ġbir ta' dejta: Id-dejta ser tkun qegħda tingabar permezz ta' intervista wiċċ imb wiċċ jew fuq Zoom li iddum bejn wieħed u ieħor siegħa u issir f'post u ħin konvenjenti għalik. Waqt din l-intervista ser tkun qegħda tiġi rekordjata l-vuċi tiegħek biss biex tkun tista issir analiżi aħjar ta' l-informazzjoni li tgħaddilna. Id-dettalji tiegħek li permezz tagħhom tista b'xi mod tiġi identifikat mhux ser ikunu qegħdin jintużaw għal fini ta' dan l-istudju. Bħala parteċipant/a, għandek id-dritt, skont ir-Regolament Ġenerali dwar il-Protezzjoni tad-Data (GDPR, li taċċessa, tikkoreġi u fejn hu applikabbli, titlob li l-informazzjoni li tikkonċernak titħassar.

Bħala riċerkaturi intuk garanzija li:

1. Din ir-riċerka ġiet approvata mil- Faculty University Research Ethics Committee (Faculty for Social Wellbeing) kif ukoll mil- University Research Ethics Committee ta' l-Universita' ta' Malta.
2. Kull informazzjoni li tista tidentifika lil parteċipant/a mhux ser tkun qegħda tintuża għal dan l-istudju u mhux se tidher fl-ebda pubblikazzjoni, rapport jew preżentazzjonijiet li jistgħu isiru wara dan l-istudju. Ser jittieħdu miżuri biex jiproteġu l-kunfidenzjalita' tal-partecipant/a.
3. Id-dejta miġbura mil-intervista tintuża biss għall-iskopijiet ta' dan l-istudju u tinħażen b'mod sigur u separat mill-formoli tal-kunsens u kwalunkwe informazzjoni personali oħra. Dejta mhux ipprocessata mill-istudju titħassar hekk kif jiġi konkluz l-istudju u r-riżultati jiġu ippublikati, sa Ġunju 2022.
4. It-tim tar-riċerka biss ikollu aċċess għad-dejta mhux maħduma miġbura mil-intervista.

## Mental Health Services for Persons with Disabilities in Gozo

5. Skont ir-Regolamenti Ġenerali dwar il-Protezzjoni tad-Dejta (GDPR), għandek id-dritt għal informazzjoni, aċċess, rettifika, oġġezzjoni, tħassir, portabbiltà tad-dejta, u li tirtira l-kunsens tiegħek, mingħajr il-bżonn li tipprovdi xi spjegazzjoni u mingħajr ebda riperkussjonijiet negattivi għalik. Jekk tagħzel li tirtira l-partecipazzjoni tiegħek, kwalunkwe dejta miġbura mingħandek tithassar jekk dan ikun teknikament possibbli, u sakemm it-tħassir tad-dejta ma jagħmilx impossibbli jew ifixkel serjament il-kisba tal-għanijiet tar-riċerka. Dan huwa rikonoxxut fil-punt 2 tal-formola tal-kunsens u huwa konformi mal-eżenzjonijiet previsti fl-Artikolu 17 (3) (d) tal-GDPR.
6. Inti wkoll liberu/a li twaqqaf il-partecipazzjoni tiegħek fl-istudju meta tixtieq, mingħajr ma jkollok tagħti spjegazzjoni u mingħajr ebda riperkussjoni. Jekk tagħzel li ma tkomplix tipparteċipa, l-informazzjoni li tkun laqgħet ittiegħdet fl-intervista miegħek tkun imħassra jekk dan ikun teknikament possibbli.
7. Mhux se jintuza qerq fil-proċess tal-ġbir tad-dejta
8. Jekk tkun tixtieq tiddiskuti xi aspett tal-metodu kif qegħda tingabar id-dejta, tista tagħmel dan billi tibagħat imejl lir-riċerkaturi fuq [charlene.fabri@um.edu.mt](mailto:charlene.fabri@um.edu.mt) or [elton.zammit@m.edu.mt](mailto:elton.zammit@m.edu.mt). Tista tagħzel ukoll li tikkuntatja lil Fakulta' fuq +356 2340 2693.

Jekk, f'xi waqt mil-process ta' dan l-istudju tħossok anzjuż/a jew tkun tixtieq tiftah qalbek ma' xi ħadt, tista titlob assistenża fuq [kellimni.com](http://kellimni.com) jew Richmond Foundation helpline 1770 jew Supportline 179.

Il-kontribuzzjoni tiegħek hija ta 'valur kbir għal dan l-istudju. Filwaqt li niringrazzjawk bil-quddiem, inħarsu 'l quddiem għall-partecipazzjoni tiegħek.

Dejjem tiegħek,

Charlene Fabri  
Riċerkatriċi

Graziella Vella  
Riċerkatriċi

Prof. Andrew Azzopardi  
Project Leader  
Dean, Faculty for Social Wellbeing

## Appendix 12



**Faculty for Social Wellbeing  
University of Malta  
Msida MSD 2080, Malta**

**Tel: +356 2340 2672  
socialwellbeing@um.edu.mt  
www.um.edu.mt/socialwellbeing**

Consent Form - Interview

Project title: Mental Health Services for Persons with Disabilities in Gozo

I, the undersigned, give my consent to take part in the study conducted by:  
Prof. Andrew Azzopardi, Project Leader (andrew.azzopardi@um.edu.mt)  
Ms Charlene Fabri, Research Officer (charlene.fabri@um.edu.mt)  
Ms Graziella Vella, Research Officer (graziella.vella@um.edu.mt)

This consent form specifies the terms of my participation in this research study.

1. I have been given written and/or verbal information about the purpose of the study; I have had the opportunity to ask questions and any questions that I had were answered fully and to my satisfaction.
2. I also understand that I am free to accept to participate, or to refuse or stop participation at any time without giving any reason and without any penalty. Should I choose to participate, I may choose to decline to answer any questions asked.
3. I understand that I have been invited to participate in this interview during which the researcher will ask questions to further understand my experiences as a mental health service user in Gozo. I am aware that the interview will be carried out once, and will take approximately 60 minutes. I understand that the interview is to be conducted in a place and at a time that is convenient for me or online (via Zoom) depending on my preference. Zoom audio recordings will be collected using the Zoom platform. Interview recordings will be saved in an encrypted file on the researcher's password-protected computer and in compliance with General Data Protection Regulation (GDPR).
4. I am aware that this interview will be audio recorded and converted to text as it has been recorded (transcribed). Extracts from my interview may be reproduced in these outputs using a pseudonym [a made-up name or code – e.g. respondent A].
5. I am aware that my data will be pseudonymised; i.e., my identity will not be noted on transcripts or notes from my interview, but instead, a code will be assigned. The codes that link my data to my identity will be stored securely and separately from the data, in an encrypted file on the researcher's password-protected computer, and only the research team will have access to this information. Any hard-copy materials will be placed in a

## Mental Health Services for Persons with Disabilities in Gozo

locked cupboard. Any material that identifies me as a participant in this study will be stored securely for the duration of the study.

6. I am aware that my identity and personal information will not be revealed in any publication, reports or presentations arising from this research and that steps will be taken accordingly to protect my confidentiality.
7. I understand that my participation could potentially entail risk however if I feel that the interview has distressed me in any way, support services such as Richmond Foundation helpline 1770, Kellimni.com and Supportline179 will be available to assist me.
8. I am aware that I may ask to be given the opportunity to review relevant extracts of the transcript of my interview, before the results of the study are published. I am also aware that I may ask for changes be made, if I consider this to be necessary.
9. I understand that, under the General Data Protection Regulation (GDPR) and national legislation, I have the right to access, rectify, and where applicable, ask for the data concerning me to be erased; until this is technically possible that is until the report is being finalised.
10. I understand that there are no direct benefits to me from participating in this study. I also understand that this research may benefit others by allowing researchers to understand the demand for the provision of mental health services in Gozo and explore any barriers to accessing such services.
11. I understand that all data collected will be destroyed on completion of the study and following publication of results, around June 2022
12. I have been provided with a copy of the information letter and understand that I will also be given a copy of this consent form.

NAME & SURNAME \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Charlene Fabri  
Research Support Officer

Graziella Vella  
Research Support Officer

Prof. Andrew Azzopardi  
Project Leader  
Dean, Faculty for Social Wellbeing



## Appendix 13



**Faculty for Social Wellbeing**  
**University of Malta**  
**Msida MSD 2080, Malta**

**Tel: +356 2340 2672**  
**socialwellbeing@um.edu.mt**  
**www.um.edu.mt/socialwellbeing**

Formola tal-Kunsens - Intervista

Titlu tal-proġett: Studju dwar is-Servizzi tas-Saħħa Mentali għall-persuni b'dizabilità f'Għawdex

Jiena, hawn taħt iffirmit/a, nagħti l-kunsens tiegħi li nieħu sehem fl-istudju ta' Prof. Andrew Azzopardi, Project Leader (andrew.azzopardi@um.edu.mt)  
Ms Charlene Fabri, Research Officer (charlene.fabri@um.edu.mt)  
Ms Graziella Vella, Research Officer (graziella.vella@um.edu.mt)

Din il-formola tal-kunsens tispjega t-termini tas-sehem tiegħi f'din ir-riċerka.

1. Inghatajt l-informazzjoni bil-miktub u/jew bil-fomm dwar l-iskop tar-riċerka; kelli l-opportunità nagħmel il-mistoqsijiet, u kull mistoqsija ngħatajt twegiba għaliha b'mod sħiħ u sodisfaċenti.
2. Nifhem ukoll li jiena liberu/a li naċċetta li nieħu sehem, jew li nirrifjuta, jew li nwaqqaf il-partecipazzjoni tiegħi meta nixtieq mingħajr ma nagħti spjegazzjoni jew mingħajr ma niġi penalizzat/a. Jekk nagħzel li nippartecipa, jaf niddeċiedi li ma nwegibx kull mistoqsija li ssirli.
3. Nifhem li ġejt mistieden/mistiedna nippartecipa f'din l-intervista u l-persuna li qed tagħmel ir-riċerka se tistaqsin mistoqsijiet sabiex tifhem aħjar l-esperjenza tiegħi bħala persuna li nuża s-servizzi tas-saħħa mentali f'Għawdex. Jiena konxju/a li din l-intervista se ddum bejn wieħed u ieħor siegħa. Nifhem li l-intervista se jsir/ssir f'post u f'ħin li huma komdi għalija jew online fuq Zoom skond il-preferenza tiegħi. F'dan il-kas se jkun qiegħed jintuża l-audio recording tal-pjattaforma taz-Zoom u se jsir użu mill-karatteristiċi tas-sigurtà taz-Zoom, bħal kriptagg min tarf sa tarf [end-to-end encryption] skont ir-Regolamenti Ġenerali dwar il-Protezzjoni tad-Dejta (GDPR).
4. Nifhem li din l-intervista se tkun irrekordjata u maqluba f'test hekk kif tkun ġiet irrekordjata. Nifhem ukoll li jekk nagħti l-kunsens tiegħi, biċċiet mil-intervista jistgħu jiġu irriproduċuti u kwalunkwe referenza għad-dejta li pprovdejt f'din l-intervista ssir f'forma psewdonimizzata.
5. Jiena konxju/a li l-informazzjoni tiegħi se tkun psewdonimizzata, jiġifieri l-identità tiegħi mhix se titniżzel fit-traskrizzjonijiet jew fin-noti tal-intervista, imma minflok, se niġi assenjat/a kodiċi. Ilkodiċijiet li jorbtu l-informazzjoni dwari mal-identità tiegħi se jinżammu b'mod sigur u separat 2 mill-informazzjoni, f'file kodifikat fuq il-kompjuter

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tar-riċerkatur/riċerkatriċi, protetti b'password, u r-riċerkaturi biss se jkollhom aċċess għal din l-informazzjoni. Kwalunkwe materjal stampat se jitqiegħed f'armarju msakkar.

6. Nifhem li kull informazzjoni li tista tidentifikani mhux ser tkun qiegħda tintuża għal dan l-istudju u mhux se tidher fl-ebda pubblikazzjoni, rapport jew preżentazzjonijiet li jistgħu isiru wara dan l-istudju. Ser jittieħdu miżuri li tiprotegi l-kunfidenzjalita' tiegħi.
7. Nifhem li l-partecipazzjoni tiegħi tista tinkludi xi riskju pero f'kas li nħossni anzjuż/a waqt jew wara l-intervista ser inkun offrut/a l-assistenza ta' kellimni.com jew Richmond Foundation helpline 1770 jew Supportline 179
8. Konxju/a li nista' nistaqsi biex ningħata l-opportunità niċċekkja siltiet relevanti mit-traskrizzjoni tal-intervista tiegħi qabel ma jiġu ppubblikati r-riżultati tal-istudju. Konxju/a wkoll li nista' nistaqsi biex isir xi tibdil jekk nara li jkun meħtieġ.
9. Konxju/a li skont ir-Regolamenti Ġenerali dwar il-Protezzjoni tad-Dejta (GDPR), għandi d-dritt għal informazzjoni, aċċess, rettifika, oġġezzjoni, tħassir, portabbiltà tad-dejta, u li nirtira l-kunsens tiegħi. Jekk nagħżel li nirtira l-partecipazzjoni tiegħi, kwalunkwe dejta miġbura mingħandi titħassar jekk dan ikun teknikament possibbli, u sakemm it-tħassir tad-dejta ma jagħmilx impossibbli jew ifixkel serjament il-kisba tal-għanijiet tar-riċerka.
10. Nifhem li bil-partecipazzjoni tiegħi f'dan l-istudju, m'hemm l-ebda beneficiċċju dirett għalija. Nifhem ukoll li din ir-riċerka jaf tkun ta' beneficiċċju għall-oħrajn għax se tgħin lir-riċerkaturi jifhmu aħjar id-domanda għas-servizzi ta' saħħa mentali f'Għawdex u x'barrieri wieħed jista jsib biex jaċċessa dawn is-servizzi.
11. Nifhem li l-informazzjoni kollha miġbura se titħassar meta jintemm l-istudju u wara li joħorġu r-riżultati sa Gunju 2022.
12. Inghatajt kopja tal-ittra ta' tagħrif biex inżommha u nifhem li se ningħata wkoll kopja ta' din il-formola tal-kunsens.

Grajt u fhimt l-istqarrijiet t'hawn fuq, u naqbel li nippartecipa f'dan l-istudju.

Isem il-partecipant/a: \_\_\_\_\_

Firma: \_\_\_\_\_

Data: \_\_\_\_\_

Charlene Fabri  
Riċerkatriċi

Graziella Vella  
Riċerkatriċi

Prof. Andrew Azzopardi  
Project Leader  
Dean, Faculty for Social Wellbeing

## Appendix 14



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Information re Support Services

Research Team & Contact Details:

Project Leader: Prof. Andrew Azzopardi; E: (andrew.azzopardi@um.edu.mt )

Research Officer: Ms Charlene Fabri; E: (charlene.fabri@um.edu.mt)

Research Officer: Ms Graziella Vella; E: (graziella.vella@um.edu.mt)

Project title: Mental Health Services for Persons with Disabilities in Gozo

Dear Participant,

I hope this email finds you well.

I would like to take this opportunity to thank you for your participation in this study. I appreciate your involvement and cooperation throughout this entire process.

I would like to remind you of the aims of this study, i.e. to explore the needs of people with mental health difficulties and persons with disability in Gozo, examine what services are available and explore whether further services are needed.

This study was not anticipated to cause distress and the questions were formatted in as sensitive a manner as possible. However, if your participation has led you to experience any distress or discomfort for whatever reason, then below I have included some information about services that offer free professional support that you might find helpful.

If you require any additional information or wish to report any concerns about this study, please do not hesitate to contact us, on charlene.fabri@um.edu.mt or graziella.vella@um.edu.mt or the project leader on andrew.azzopardi@um.edu.mt

Yours sincerely,

## Mental Health Services for Persons with Disabilities in Gozo



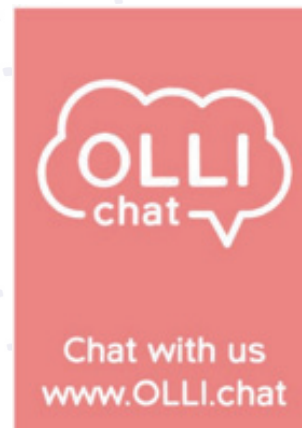
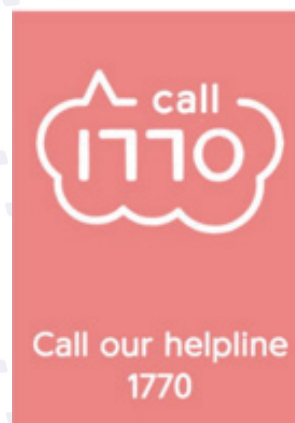
Richmond Foundation

[info@richmond.org.mt](mailto:info@richmond.org.mt)

+356 21 224580/ 21 482336/ 21 480045

Supports both individuals who are experiencing mental health problems as well as those around them. Apart from supporting individuals by offering therapeutic help, Richmond Foundation also guides individuals by teaching the necessary skills to live and work independently. Their services include support groups, assisted living solutions, educational programmes, as well as counselling services.

Richmond Foundation also run a 24hr helpline on 1770 and a 24hr chatline on [www.OLLI.chat](http://www.OLLI.chat)





fsws.gov.mt

### Supportline 179

This is Malta's national helpline acting to provide support, information about local social welfare and other agencies, as well as a referral service to individuals who require support. It is also a national service to individuals facing difficult times or a crisis. Their primary mission is to provide immediate and unbiased help to whoever requires it.



### Kellimni .com

<http://kellimni.com/>

21244123/21335097

kellimni.com is an online support service in which trained staff and volunteers are available for support 24/7 via email, chat and smart messaging. This service is managed by SOS Malta



**Mental Health Services  
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