

Mental Wellbeing in Malta during the Pandemic Aftermath: A Call-to-Action

Paulann Grech¹, Alexei Sammut², Andrew Azzopardi³

Abstract

During the 2019 Coronavirus disease (COVID-19) pandemic, mental health challenges constituted a parallel peak to physical health difficulties. Local research conducted during COVID-19 identified mental wellbeing implications that merited consideration. Currently, the population is progressing to a new normality. Whilst the encouragement to adapt is commended, the mental wellbeing nuances experienced during COVID-19 pandemic and in the face of an altered reality following the pandemic, need to be addressed. This paper will navigate around some of the needed changes in the local context. This literature review utilised the University of Malta library resources and main online media portals to access literature involving the local context that is Malta, focusing on a specific mental wellbeing area rather than on generic mental health, and published between 2020 and 2022. Eligible publications yield it for four areas, namely loneliness, anger, social media access, and mental health at the workplace. These were explored with international literature to elicit further recommendations. The analysis yielded recommendations on environmental and architectural considerations, awareness and access to mental-health services, changes at the workplace, and consideration of identity markers to ensure accessibility to our social welfare systems to all.

Keywords: COVID-19 pandemic, wellbeing, mental health, challenges, physical health

¹Faculty of Health Sciences at the University of Malta. ORCID ID: 0000-0001-5485-0893

²Faculty of Health Sciences at the University of Malta. ORCID ID: 0000-0002-0255-7780

³Faculty for Social Wellbeing at the University of Malta. ORCID ID: 0000 0002 5294 9803

The authors contributed equally to this article.

*Corresponding author:

Paulann Grech: Faculty of Health Sciences, University of Malta

Email: paulann.grech@um.edu.mt

Introduction

During the 2019 Coronavirus disease (COVID-19) pandemic, the sudden increase in demand for mental health support was instantly noted. This was evidenced in what therapists, social operators, and educators were claiming throughout the pandemic and reflected in the social media talk that was resonating with these growing concerns. To this extent, as reported by the World Health Organisation (WHO) in an assessment involving 130 countries, 93% of countries worldwide reported a disruption in mental health services. This provided the first proof of the pandemic's effects on mental health and the burden it consequently placed on social welfare and the health support systems. It also amplified the critical need for increased funding to support empirical research that would result in policy action and guidance (WHO, 2020).

Prior to the pandemic, many countries were not managing to reach the set national mental health standards, and less than 2% of their national health expenditures were being allocated to mental health (WHO, 2020). During COVID-19, this situation deteriorated further, with bereavement, isolation, financial losses, and fear all serving as catalysts for mental health conditions or exacerbating pre-existing ones. A thorough analysis of the pandemic's existing effects on mental health was published in a research brief in March 2022 (WHO, 2022).

This report showed that the pandemic resulted in a worldwide increase in mental health problems. If infected, those with a history of mental illness were at an increased risk of dying from physical causes triggered by the virus and were also more likely to suffer from severe COVID-19 symptoms. According to the reported data, most countries did not see a rise in suicide rates at the beginning of the pandemic. However, there were indications that young individuals were at increased risk. The longer-term COVID-19 consequences and related economic crises on mental wellbeing and suicide rates remain a worry, given the well-established link between suicidal behaviours and financial troubles (Mathieu et al., 2022). Studies also revealed that the pandemic significantly disrupted outpatient mental health care and widened the treatment gap for mental illness (Grech et al., 2022).

The Maltese Islands were affected by the pandemic's early phases similarly to other countries. Research conducted locally during the acute phases revealed alterations in mental wellbeing that warranted attention. While Briguglio et al. (2021) noted a reduction in pleasure and life

satisfaction. A wide range of emotions and psychological attitudes related to the pandemic emerged from a local document analysis conducted between March and June 2020, amply demonstrating the country's ongoing mental health turmoil (Grech & Grech, 2020). Additionally, mental health services noted greater demand for help at certain times during the pandemic (Scerri et al., 2021).

The Aftermath of the Pandemic in Malta

In the aftermath of the pandemic, there has been a national emphasis by various governance bodies on the resumption of everyday life. The easing of the restrictions was a significant turning point in the reuptake of normality since the masks and social distancing had served as constant and vivid reminders of the lurking virus. While the effort to view COVID-19 as an event of the past is commendable, it is evident that the nation is going through a multi-sectorial recovery journey, especially in terms of wellbeing and economic aspects.

As the focus on physical health and economic stability has understandably occupied the main priority, it can be argued that the nation's post-pandemic mental health status is subtly, but surely shifting to the back burner position. Concerningly, this de-prioritisation is inversely related to concerns that are being voiced regarding the state of the population's mental health.

This paper shall localise four mental wellbeing areas identified through a review of local publications over the past three years. These areas merit consideration and action in terms of their potential consequences on the nation's post-pandemic mental wellbeing. The literature search commenced by selecting keywords that could lead to relevant local publications. Key terms were then constructed utilising synonyms, acronyms, spelling variations, outdated and modern language, as well as lay and medical vocabulary. To search for relevant papers, the University of Malta library's resources were used to access the HyDi portal. Filters and limiters were employed to restrict the results to those particularly relevant to the topic. To locate additional relevant papers, the bibliographies and reference lists of pertinent articles were examined. The same search strategy was used to conduct an additional search on the leading main online media portals to locate articles on the topic. The resulting publications were then screened using the inclusion criteria in Table 1.

Table 1

Inclusion Criteria

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1. Involving the local context i.e., Malta
 2. Focusing on a specific mental wellbeing area rather than on generic mental health
 3. Published between 2020 and 2022
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Eligible publications were then screened and categorised according to their primary focus. This led to the emergence of the four areas that shall be presented. These areas, namely loneliness, anger, social media access, and mental health at the workplace, shall be explored against a backdrop of international literature to shed further light on the depth and complexity of their effect on wellbeing. Following this analysis, recommendations outlining a call to action in this sector shall be postulated.

Loneliness

As a result of the social contact restrictions during the pandemic, loneliness levels were at an unprecedented high in Malta and overseas (Azzopardi et al., 2021). In order to measure local loneliness during COVID-19 (frequency and severity) among a sample of Maltese people (n = 906) and to examine any connections between loneliness and sociodemographic factors, Azzopardi et al. (2021) employed a quantitative online survey. The data demonstrated a relationship between age group, country, and occupational group and the incidence of self-reported loneliness. Younger participants and non-Maltese residents of Malta both reported experiencing loneliness more often. The frequency and severity of loneliness were substantially correlated with occupation type, with individuals in entry-level jobs or those without jobs reporting higher rates of loneliness as well as a greater likelihood of being severely lonely. In comparison to results from Clark et al. (2021) survey, in the year prior to the pandemic, rates of loneliness intensity were much higher throughout the sample. However, it has to be noted that loneliness levels in Malta before the pandemic had already been of concern, with research results showing that 43.5% of the Maltese population felt lonely (Clark et al., 2021). In this view, the COVID-19 exacerbated a situation which had already been disquieting (Azzopardi & Grech, 2012).

Zammit (2022) postulated that in countries like Malta, where the perception is that there is less poverty and hunger, citizens tend to live faster lives, have less social connection, spend less

leisure time, and spend less time in open spaces. Furthermore, focus on work and financial prosperity leads to fewer children, smaller families, and fewer moments spent with loved ones. These factors can be conducive to loneliness.

The link between loneliness and poor mental and physical health has been well-established in the literature. Various mental health and cognitive conditions, including depression, alcohol abuse, child maltreatment, sleep problems, personality disorders, hypertension, and Alzheimer's disease, may be caused or exacerbated by loneliness (Mushtaq et al., 2014). Additionally, loneliness contributes to several physical conditions like diabetes and cardiovascular conditions (e.g., coronary heart disease and hypertension), as well as to impaired functional ability (Hawkley, 2022).

O'Sullivan et al. (2021) explored the prevalence of loneliness during the COVID-19 and concluded increased levels of loneliness. Their cross-sectional survey with 20,398 participants from 101 countries concluded that the prevalence of severe loneliness was 21% during the pandemic, with 6% of the participants retrospectively declaring that they had experienced severe loneliness even before the pandemic (O'Sullivan et al., 2021).

Many existing studies on this topic are constrained by measurement difficulties, such as the use of solitary scales or items, single-country limitations, and small sample numbers (O'Sullivan et al., 2021). In this view, further national and transnational research on the prevalence of loneliness in the post-COVID-19 period, using validated loneliness and social isolation measures, is merited.

Anger

Gallup (2021) informed that one in four people in Malta reported feelings of anger the day before they completed the survey. Given these findings, local mental health and wellbeing experts have engaged in an exploration of this phenomenon in order to establish causality. A media article by Zammit (2022), postulated that in Malta, environmental factors may act as anger triggers. This refers to excessive noise, overpopulation, multiple construction projects, traffic condensation, limited space in public places, and a lack of hygiene due to rubbish strewn all over the Maltese Islands.

They also described that, following childhood, an individual's mental stability becomes more dependent on their environment. Thus, if there is the inherent belief that the ecology is unpleasant and unappealing and that society itself lacks

structure and values, it increases the incidence of anger. In non-threatening situations, it would be a person's frontal lobe which is activated to solve problems and make rational decisions. However, in threatening situations, the amygdala reacts and gears the individual for fight or flight. Since local triggers are constant and present throughout the person's daily life, the person remains permanently in a hyper-alert mode. Thus, the amygdala is in overdrive, leading to reactions like anger (Zammit, 2022).

Zammit (2022) noteworthy concluded that the experts' explanations highlight that many individuals seem to be living a life in which a lion is constantly chasing after them. In this view, lifestyle may be an additional anger culprit since there seems to be a local widespread, quasi-obsessional desire for self-appeal through social media (the pressuring need to constantly use personal attractiveness to influence or appeal to others, such as through witty comments or use of physical appearance), a higher income, and a constant strive for attaining higher general achievement than others. These traits seem to set the local markers for success and accomplishment and can often take out the fun from activities which would otherwise be conducive to mental wellbeing (Zammit, 2022).

The consequences of experiencing persistent anger on mental wellbeing have been well explored in the literature (Martin, 2020; Staicu & Cutov, 2010; Suh et al., 2021). One such study explored the link between anger and psychological health among working people in Uttarakhand, India (Dhasmana et al., 2018). According to this research, there is a negative correlation between unrestrained rage and psychological health. Anger increases the likelihood of physical problems, depression, and anxiety. Serious issues at work and in personal relationships may also arise as a result of persistent anger.

The repercussions of persistent anger also extend to physical health. Numerous bodily systems, including the cardiovascular, immunological, digestive, and central neurological, may be impacted if anger is not resolved. This may result in delayed wound healing and a potential rise in the risk of malignancies, as well as higher risks of hypertension, stroke, heart disease, stomach ulcers, and bowel illnesses (American Psychological Association, 2022).

Dyslin (2022) highlighted higher levels of frustration and agitation during COVID-19 and its aftermath, leading to the conception of the term "pandemic anger" or "panger" (para. 4). In a qualitative study to explore this concept, Kubacka

et al. (2023) described as an emotional response to feelings of rage, frustration, and helplessness brought on by the conviction that fundamental social and personal rules and boundaries have been violated during a pandemic. In most cases, this seems to be directly related to the stress induced by the situation itself and its consequences, such as lockdowns, curfews, and other restrictions on individual freedom (Braun-Lewensohn et al., 2021). Notably, those who reported having greater hopes, a more resilient community, and more trust also reported having fewer mental health symptoms and less anger (Fancourt et al., 2020; Marinthe et al., 2020; South et al., 2020).

Leyba (2020) raised awareness about the possibility of displacement anger, which may describe post-COVID 19 persistent levels of anger and frustration. This refers to a subconscious defence mechanism which involves the transfer of unresolved anger induced during the COVID-19 (the original source) to another person or situation. In this view, and upon considering the other local anger triggers described previously, an effort to understand and manage national anger merits consideration.

Social Media Access

Post-pandemic data show that 85% of Maltese people with internet access (87.5% of the population) log on to online social networks at least once daily (Misco, 2022). Further analysis also revealed that social media users in Malta increased by 6.4% between 2021 and 2022 (Kemp, 2022). The high use of social media during the pandemic may be explained by the need to access information on the COVID-19 situation in Malta, coupled with a safe means of connecting to others during a quasi-lockdown and physical distancing measures. In this manner, social media and other online platforms served as invaluable tools to alleviate loneliness and provide support. Invariably, this may have led to further local attachment to social media.

Prior to the pandemic, it had already been reported that Malta has one of the highest rates of social media use in Europe, with 94% of young internet users and 71% of older users actively participating in some kind social platform (Farrugia, 2018). A possible rationale for these figures may be related to the fact that the inhabitants reside on a highly populated small island. Thus, their lives intersect with those of many others, instilling curiosity in what others are doing. In the past, villages were often closer-knit than now, with a slower pace of life, fewer people working outside the house, and more time spent at

home (Grech, 2019). Then social media emerged, creating a parallel version of reality. Among other benefits, it is indisputable that social media provide the ideal setting for social connectivity despite the privacy and relative obscurity of one's home. All kinds of social media stimulate the development of a tremendous quantity of data, which enables the users to keep informed about family, friends, and co-workers.

This may seem to be a completely benign and rational recreational activity. However, in the local context, the possible hazards to mental health associated with the use of social media are not adequately highlighted. Notably, issues like cyberbullying and internet addiction have gained national attention over the years through campaigns like the #StopHate initiative against online bullying, studies on problematic internet use by the President's Foundation for the Wellbeing of Society, and the Hate Crime and Speech Unit.

However, there may be other, less obvious negative impacts on mental health that merit further investigation and which may result from regular and/or passive use of social media rather than necessarily from excessive and/or active usage. This refers to the effects that particular social media postings, especially images, can have on a person's subjective mental wellbeing. If one were to judge happiness based on pictures uploaded on social media, it would appear that many users live in a paradise-like bliss where people look perfect, couples are consistently in love, and children behave perfectly (Grech, 2019). Many individuals are aware that these images are sometimes far from realistic snapshots and that what is really being shown online is a selected, doctored, and curated version of reality.

Nevertheless, it is no secret that the temptation to negatively compare one's life to others' social media photographs or postings is often relatively strong (Grech, 2019). The Fear of Missing Out (FOMO), often linked to millennial discontent, may also be made worse by the continual peering into social media platforms. In its simplest form, FOMO is wishing one could have done something or gone there but missed the opportunity (Gupta & Sharma, 2021). Such upward social comparisons are of concern and may not always occur in conscious thought. As a result, one can be left with a strong sense of dread and unhappiness without fully understanding what initially caused it.

Some may be able to quickly and automatically recover from these mental states by having the ability to reason that such comparisons are unjust and pointless. Others find it more challenging to do

so and when this happens, can cause persistent emotions of despair, worry, and demotivation. Since even the most resilient have moments when mental health is not at its best, one's reaction to social media postings does not necessarily rely on emotional fortitude. This implies that everyone is susceptible to accepting such flawless online representations of reality and, as a result, slipping into a more pessimistic frame of mind. The idea that social media may be linked to negative mental health states is a heavily debated one that appeared in international literature prior to the COVID-19 pandemic. In one such study conducted on 1,700 persons between the ages of 19 and 32, Primack et al. (2017) discovered a link between social media usage, anxiety, depression, and perceived social isolation.

While other research emerging from similar studies corroborated these findings, it should be emphasised that others, like the one by Heffer et al. (2019), provided contrasting conclusions. A counterargument to this is that persons with mental illnesses may want to utilise social media more and, as a result, the link between these platforms and unpleasant mental states may be explained by an already existing underlying lack of wellbeing.

During COVID-19, widespread lockdowns and social restrictions resulted in many experiencing the effects of social disconnection and loneliness (Tull et al., 2020). Consequently, many resorted to increased social media use as a source of information and support (Cellini et al., 2020) and to preserve routines and relationships (Drouin et al., 2020). As a result, it has been reported that the use of social media has significantly increased (by around 20%) globally since the pandemic (Dixon, 2022). Given the existing pre-pandemic research on the link between social media use and wellbeing, various studies have explored how social media use has affected people's mental health and ability to interact with others (Cho et al., 2023; Lee et al., 2022).

Research by Ahmad and Murad (2020), Drouin et al. (2020), and Saud et al. (2020), amongst others, has been dedicated to exploring the social and psychological effects of social media use during COVID-19, with inconsistent results. For instance, Ahmad and Murad (2020) and Drouin et al. (2020) have respectively shown that social media may be both a source of anxiety and social support, and can induce fear. Several studies have provided evidence that social media use during the pandemic was positively associated with subjective wellbeing (Cho et al., 2023). Such benefits included improved happiness and mental wellbeing (Khodabakhsh & Ahmadi, 2021; Lee &

Jang, 2022). Other researchers, such as Ngien and Jiang (2021), reported a stress reduction effect. Contrastingly, social media use during the pandemic was also linked to depression and anxiety (Ahmad & Murad, 2020; Alrasheed et al., 2022).

It seems as if during COVID-19, social media usage had a mixed impact on people's subjective wellbeing (Pennington, 2021; Yang et al., 2020). Overall, the findings conclude that, depending on the many underlying mechanisms involved, the influence of social media on users' psychological wellness might vary. Thus, it remains unclear if, when, or why greater reliance on social media may affect wellbeing (Cho et al., 2023).

Therefore, it is crucial to continue exploring the effect of social media use on mental wellbeing in the post-pandemic period. This is especially applicable to the local setting in view of the level of social media use, which had already been high prior to the pandemic, and which has now continued to rise.

Mental Health at the Workplace

Misco's (2022) online survey reported that 79% of respondents had experienced mental health issues as a result of their work. This is a 16% point increase from the year before (Arena, 2022). Participants cited many reasons: More than half (52%) reported working more than 40 hours per week, whilst 43% noted that they face a demanding and/or high workload (43%) and tight deadlines (41%). Half claimed that their employer takes mental health seriously. However, two-thirds (72%) stated they had never revealed stress or mental health issues to a superior (Arena, 2022).

Whilst these findings may be partly attributed to pandemic fatigue, it has to be noted that the prevalence of remote and hybrid work arrangements has inevitably led to employees being permanently on call and on site, sometimes at the price of employee satisfaction and mental wellbeing. Additionally, with employees absent from the workplace, it may be more difficult for managers to recognise early warning signs of an employee's difficulties, and may be unable to take prompt action to safeguard their wellbeing (Attard & Grech, 2022).

Thus, although some workers may benefit from the flexibility of working from home and saving travel time, others may experience stress, worry, and mental health problems owing to their isolation and lack of social support. While a job may benefit a person's mental health, it also carries the risk of exacerbating pre-existing issues or leading to the emergence of new mental health conditions

(Azzopardi et al., 2023; Soman & Shroff, 2021).

In the post-pandemic world, mental health at the seems to be capturing research interest. Mitravinda et al. (2023) explored the state of mental health in the IT sector. They concluded that, in line with the social, psychological, and occupational consequences discussed in the literature, there seems to be enhanced awareness of mental health problems at work. Business enterprises are striving to help workers in the post-pandemic era, and there are choices for working remotely after the pandemic. However, it may be that these efforts do not have the intended effect, and this needs further exploration (Mitravinda et al., 2023).

Soman and Shroff (2021) reported that various mental health considerations and actions for employers were postulated because of the changing mental health needs of employees as a result of the pandemic. These include four-day working weeks, sick leave policies as sick and mental health leave, daily doses of mindfulness tips and exercises for employees, and fitness sessions. The implementation and assessment of the effectiveness of such interventions may be considered in a local setting.

Implications and Recommendations

These four mental health-related areas yield several recommendations, highlighting the urgent need for a post-pandemic call-to-action in relation to mental wellbeing. The recommendations featured hereunder are not meant to be exhaustive. Instead, the intention is to outline a range of primary pragmatic mental health considerations that may enhance the nation's mental wellbeing during the aftermath of the pandemic.

Anger

- **Inclusion of positive mental health training:** This is ideally incorporated within the national academic curriculum, starting from the early years. Examples of positive mental health training: relaxation and stress management, mindfulness, visualisation, building resilience, and problem solving.
- **Ambient noise regulation:** Long-term exposure to ambient noise may have detrimental effects on the cardiovascular system, metabolism, and children's cognitive development, as well as triggering extreme annoyance and sleep disruption (WHO, 2018).
- **Architectural considerations that respect mental health:** This refers to the risks related to over development, uglification of the country, and limited availability of green areas.

- **A strategy to address road rage:** Such a strategy needs to be based on an exploration of the social, environmental, and structural conditions that trigger this concerning state.
- **An effort to address bureaucracy across services:** There is a need for more one-stop hubs and nationwide efforts to ensure that services in Malta are user-friendly and easily accessible, especially to those experiencing mental wellbeing challenges (e.g., avoiding prolonged on-hold periods whilst trying to reach services by phone and ensuring good-quality customer care).

Loneliness

- **Public health initiatives to address loneliness (Azzopardi et al., 2021):** e.g., more government funding for regional mental health services could be required to support the rising demand for psychological support.
- **The necessity for experts, such as healthcare professionals, to set up assessment tools and social prescribing measures and the need to adopt specialised treatments that cater to the individual needs of various at-risk groups (Azzopardi et al., 2021):** This would make it possible to identify those who are significantly lonely and provide them suggestions and help on how to ameliorate their situation.
- **Further research is required to evaluate the long-term repercussions for those who had elevated degrees of loneliness during the pandemic and to examine the effectiveness of any treatments made to lessen loneliness (Azzopardi et al., 2021).**

Social Media Use

- **The need for more awareness regarding the link between social media and mental wellbeing:** The need for pragmatic education across ages on healthy use of social media:
- **Awareness and training initiatives need to target, amongst other areas:**
 - (i). the potential detrimental mental wellbeing effects of social media ping-ponging (i.e., the compulsive and repetitive act of logging in and out of platforms to check on other people);
 - (ii). the high incidence of making upward comparisons when accessing social media posts that feature seemingly perfect lives;
 - (iii). the link between excessive social media use and anxiety, depression, loneliness, and sleep problems;
 - (iv). FOMO, which is linked to negative mental health states;
 - (v). intrusion of social media in daily life and the effect on relationships;

- (vi) the risk of social media addiction; and
- (vii) self-help techniques and professional support pathways.

Mental Health at the Workplace

- **Regular assessment of the employees' mental wellbeing (Attard & Grech, 2022):** This refers to the use of formal evidence-based tools and employers informally monitoring employees for any warning signs of mental health deterioration.
- **Setting clearer work-rest boundaries:** This is especially true in light of remote working (right to disconnect) (Miernicka, 2024; Müller, 2020; Zlatanović & Škobo, 2024).
- **Ensuring that the physical environment at the work setting support mental wellbeing:** This refers to the architectural design, interior design planning, maintenance of the workplace and ensuring that the setting caters to the basic needs of the employees (Engelen, 2020; Veitch et al., 2024; Wilkins et al., 1989).
- **Promoting leadership types conducive to positive mental health, e.g., transformational leadership style; generation of psychological safety at the workplace:** Blame cultures, over-competitiveness, a lack of empathy, and some leadership styles are detrimental to mental wellbeing at the workplace. The aim is to generate a space where employees feel safe, respected, and motivated (Kacamokovic et al., 2024; Lee, 2022).
- **Adaptation of flexible working arrangements:** Autonomy and freedom are considered to be conducive to positive mental health states and can help increase an employee's quality of life.
- **Facilitation of access to mental health support services:** Employers should have a clear mental health pathway in place to ensure smooth and timely access to support services and an overall structure that facilitates help-seeking

Conclusion

This paper has focused on the urgent need to address the nation's mental wellbeing further during the COVID-19 recovery period. At this point, it is essential to acknowledge that whilst four mental health-priority areas have been separately explored and discussed, complexities abound. This is primarily due to the fact that many of these mental health-related issues intersect with each other and with other challenges that may not be perceived as directly falling under the mental wellbeing umbrella term. In this view, an intersectional approach to mental wellbeing is

crucial, referring to the acknowledgement that every individual has multiple identities made up of various of identification markers. Gender, sexual orientation, religion, age, class, ability/disability, and ethnicity are all examples of identity markers that cross over to form an intersection that establishes how lives are shaped, defined, and experienced (Turan et al., 2019).

The act of pigeonholing mental health as a standalone phenomenon in society, a preference to work in silos, and the neglect of the needs of population sub-types may lead to a dangerous situation of allowing inter-sectorial gaps to form. This may result in those in need falling deeply into these unreachable spaces and being unable to be captured by our social welfare systems, especially during this vulnerable COVID-19 recovery period.

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Authors' Bios

Paulann Grech is an associate professor with the Department of Mental Health, University of Malta. Prior to focusing on lecturing, Prof. Grech used to work as a practitioner within the state community mental health services in Malta. In addition to lecturing, she is involved in research projects related to community engagement, mental health advocacy, critical psychiatry, narrative work, service user involvement, and approaches to understanding and managing mental distress. Prof. Grech is the chairperson of the NGO Hearing Voices Malta, the Maltese branch of the Hearing Voices Network. She is a mental health activist and a co-organiser of ongoing campaigns. In this role, she regularly co-organises awareness events and participates in others as an invited speaker, focusing on different mental health aspects. As a writer, Dr Grech is particularly interested in

observing and writing about life from a mental health perspective.

Alexei Sammut is a senior lecturer and the Head of the Department of Mental Health within the Faculty of Health Sciences at the University of Malta. He trained and had a career in the public sector as a Deputy Charge Nurse in the Mental Health services and is registered both as a General nurse as well as a Mental Health Nurse. Dr Sammut has worked in various mental health settings including Acute Psychiatry, Old Age Psychiatry and Learning Disabilities. Dr Sammut currently heads the Department of Mental Health, University of Malta. He is a published author, elected board member of Horatio, European Psychiatric and Mental Health Nurses and the President of the Maltese Association of Psychiatric Nurses (MAPN)

Andrew Azzopardi is an Associate Professor, - Dean of the Faculty for Social Wellbeing, and former Head of the Department of Youth and Community Studies. His lecturing and research focus on social inclusion, social wellbeing, sociology, critical pedagogy, disability politics, youth and community studies. He has published extensively in these areas. He is a member of the Editorial Panel of the highly acclaimed 'International Journal of Inclusive Education', and co-editor of 'Inclusive communities: A Critical Reader' (2012). Azzopardi has also edited Youth: Responding to Lives – An International Reader (2013), co-edited Perspectives on wellbeing – A Reader (2019) and also co-edited *societas.expert*, the research magazine. He also anchors a current affairs programme on one of the main radio stations and online news portals.