Health policy 126 (2022) 744–748

Contents lists available at ScienceDirect

Health policy

journal homepage: www.elsevier.com/locate/healthpol

Health Reform Monitor

Developing the 2020-2030 mental health strategy for Malta: Addressing the needs of a small island state undergoing rapid socioeconomic transition☆

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ARTICLE INFO

Keywords:
Mental health
Health care reform
Policy development
Malta

ABSTRACT

Malta has embarked on a renewed national endeavour to reform the mental health sector, prioritising mental health in the context of the national health strategy post 2020. Past attempts at reforming this sector were stifled due to insufficient and unsustained political commitment, leaving it direly under-resourced. An interplay of factors over recent years has rekindled political and public interest in mental health. These include: the establishment of a mental health commissioner; indictment from a National Audit Office report; and coordinated public pressure from local media, non-governmental organisations and professionals. Government responded by publishing a mental health strategy to address both long-standing and new challenges arising from rapid socioeconomic changes which have put further strain on an already overstretched system, demanding urgent action. The concept of strengthening resilience is put forward as a central tenet in the strategy and a combination of initiatives were proposed for the prevention of mental illness, investment in physical and human resources and the creation of a new service framework. Successful implementation of this strategy is dependent on continued political commitment, visible leadership, ongoing investment commitment, and meaningful engagement by key stakeholders. Ongoing stakeholder advocacy appears to be crucial to ensure that mental health continues to be considered as a national priority.

1. Introduction

Plans for a radical mental health reform in Malta commenced in the early 1990s. The reform included in its scope the formulation of a strategy and the preparation of the necessary amendments to the mental health legislation available at the time [1]. The reform was intended to shift the focus of care from a primarily hospital-based, custodial type of care to a patient-centric, community-based approach, develop multidisciplinary teams, promote mental health and well-being along the life course and combat public stigma towards mental illness. The National Policy on Mental Health Service was launched in 1995 [2] and subsequently, a Community Mental Health Strategy was drafted in 2000 [3]. During these early years of the reform, the first developments in community-based mental health services were established [4].

However, political commitment waned over the years and mental health was deprioritised. Furthermore, the process of drafting the new Mental Health Act; a foundational element of a mental health care system, commenced in the late 1990s but was stalled for several years around the time of Malta's accession to the European Union (EU) due to competing legislative priorities [4,5]. The new Mental Health Act was eventually enacted in 2012 [6,7], repealing the old mental health law [8] which had been in force since the early 1980s. Consequently, almost

☆ This article has been made Open Access through funding by the European Observatory on Health Systems and Policies as part of its Health Systems and Policy Monitor (www.hspm.org), an innovative platform that provides a detailed description of health systems and provides up to date information on reforms and changes that are particularly policy relevant.

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https://doi.org/10.1016/j.healthpol.2022.06.001
Received 7 June 2020; Received in revised form 18 November 2021; Accepted 1 June 2022
Available online 3 June 2022

three decades later, investment in improving mental health facilities and services has lagged behind [9]. Staff shortages prevail across the mental health sector with a nation-wide limited supply of certain professionals, primarily nurses and social workers, being a major underlying factor [10]. Despite the number of practising nurses in Malta increasing by more than one third in the last decade, to reach 7.9 per 1000 population in 2018, slightly below the EU average of 8.5, shortages in the nursing profession persist [9], with other health care services being prioritised over mental health care services in the allocation of human resources [10]. Furthermore, despite an almost two-fold increase in the number of psychiatrists between 2011 and 2019 to 11 per 100,000 population, the number remains among the lowest in the EU [11].

Whilst some excellent community-based services have been developed, these remained inequitably distributed, generally understaffed and insufficient to cope with escalating needs [4,12]. The absence of a proper governance framework left the system fragmented and inefficient, disrupting communication channels between the various professions and different levels of care, and further accentuating workforce attrition [12]. With community services inconsistently developed, the provision of mental health care remained largely hospital-based, with Mount Carmel Hospital (MCH); the only psychiatric inpatient facility in Malta, as the hub for care delivery [4]. Indeed, over the past decade, the average length of stay for inpatients with mental and behavioural disorders and the number of psychiatric beds per 100,000 population for Malta have been among the highest in the EU. However, improvement has been achieved over the past few years with 89.7 beds per 100,000 population registered in 2019 (down from 144 in 2013), and an average length of stay of 40.5 days in 2018 (down from 57 in 2013) [13,14].

The challenges that the Maltese mental health care system is facing are not unique. Many European countries having comprehensive evidence-based mental health policies in place experience difficulties with implementation. Reasons include: lack of political will, lack of consensus amongst stakeholders, deficiencies in leadership, skilled workforce, infrastructure and allocated budgets [15–17].

A number of factors over recent years including the establishment of a mental health commissioner, indictment from a National Audit Office report and coordinated public pressure from local media, non-governmental organisations (NGOs) and professionals have rekindled political and public interest in mental health. Government published a new mental health strategy in July 2019 [12] to address both long-standing and new challenges arising from rapid demographic and socioeconomic transition which have put further strain on an already overstretched system. The strategy represents the overarching framework which will guide investment and reform in the sector within the next decade.

This paper seeks to analyse the policy development process, outline the content of the strategy, set out the challenges to be overcome and highlight the key lessons learnt which can be helpful to other countries facing similar challenges.

2. Challenges associated with rapid socioeconomic transition

Malta is a small island state that is rapidly changing from a conservative traditional society to a multi-ethnic, multicultural, and more liberal society with a booming economy. While this has brought several success stories, it has also created novel challenges for society and the health care system [12].

Over the past few years, a thriving economy has fuelled a net migration of young adults from both EU and non-EU countries in search of employment which resulted in a marked population growth [18]. Malta's estimated population was revised upwards to 493,559 residents at the end of 2018, an increase of almost 15% since 2013 [19]. The influx of economic migrants together with an ageing population have fuelled the demand for health care services [18]. Indeed, in 2017, 25% of acute involuntary admissions to MCH, were foreign residents in Malta [20]. A low level of acculturation, living alone or separated from family and lack of social support are some of the factors that are known to put migrants at increased risk of common mental disorders [21].

Rapid economic growth and liberal transformation also have a huge social impact. Social norms and practices are changing, and lifestyle and behavioural changes have overtaken all strata of society across the life course. Urbanisation has become rampant. Various aspects of these changes can influence the population's mental health, particularly in people who are at risk of developing or who already suffer from mental illness. Whilst the majority of people are able to take up opportunities generated by economic growth as well as a more open society and prosper, the most vulnerable tend to succumb to widening inequalities and are increasingly likely to fall behind [12].

For instance, Malta has traditionally valued the caring role of the family in situations of need, which role was and still is primarily taken up by women [22]. As the Maltese society becomes more egalitarian, women's participation in the labour market is increasing with female employment rate rising by 9.3% from 2012 to 2017 [23]. Consequently, caring roles are becoming less prevalent and more vulnerable people including those suffering from severe mental illness are becoming dependent on support from the state. This situation has been exacerbated by a marked rise in property prices, including rental prices [24], which is making it more difficult for the most vulnerable to live independently in the community. Indeed, MCH is partly serving as a place of last resort for individuals who do not require hospitalisation in a psychiatric facility but are in need of assistance and other targeted services [10]. This is putting further strain on already stretched resources, is demoralising staff and may detract attention from seriously ill patients to the detriment of their recovery.

The mental health sector is struggling to adapt to these new realities so as to be able to cope with the growing demand for mental health and social support services, meet the changing patient expectations and provide culturally sensitive services. This has been an important aspect that has triggered the need for sheer transformation in mental health.

3. Health policy processes

3.1. Getting mental health on the agenda

Over recent years, a number of factors have gradually rekindled political interest in mental health culminating in the Government committing to prioritise mental health in the context of the National Health Strategy development for the period 2020-2030.

A critical policy driver was the establishment of the Office of the Commissioner for Mental Health in 2012, whose role emanated from the new Mental Health Act. It acted as a major catalyst in helping to raise public mental health awareness and bringing mental health to the top of the national agenda through its annual reports, advocacy in Parliament and with the media. Another major policy driver was the performance review of MCH, published in 2018 by the National Audit Office which highlighted various shortcomings in the current mental health services. It strongly recommended the development of a national mental health strategy to mitigate current inadequacies in services, address the prevalent stigma and promote the shift to community-based care [10].

Calls for investment in and reform of the sector were also made by various NGOs representing different stakeholders. Their messages were consistent and collectively acted as a major policy driver that compelled Government to take action [25–27]. There has also been an increase in the general public awareness on mental health and more people have become vocal about their experience with a mental illness. Additionally, mental health has garnered considerable attention from local media and several reports have been published about the deficiencies in the sector, especially the dire state of MCH. This further piled pressure on the Government to take urgent action.

The 2017 Malta health system review identified the strengthening of the mental health sector as a priority for the coming years [28]. Furthermore, mental health was chosen as a strategic priority in the

Malta-WHO Regional Office for Europe Country Cooperation Strategy 2016-2021 [29] and featured as a priority in the WHO-Malta Biennial Collaborative Agreement 2018-2019. These factors have also contributed to placing mental health high on the political agenda.

3.2. Engaging all stakeholders

Drawing upon this window of opportunity for consensus-based change, and taking heed of the calls for action, in early 2018 Government appointed a working group to conduct a thorough needs assessment and draw up a strategy with technical support from WHO.

The strategy was launched for consultation in December 2018 and received strong endorsement from stakeholders. Various Ministries, entities, organisations, unions, professionals, patients and carers contributed to the consultation process. Feedback mostly centred around certain recurring themes which were already being addressed in the strategy: mainstreaming mental health care in the general health care setting; shifting the focus of care from institutions to community; addressing the inadequate and undignified care being provided at MCH; addressing staff shortages across the various professions; setting up a proper psychiatric emergency service; and developing appropriate child and adolescent services.

The main point of contention was that surrounding the future of MCH. The initial proposal to refurbish and repurpose it whilst retaining some of its psychiatric care functions was not well-received. Many stakeholders believed that this hospital should be phased out and cease to provide psychiatric services once the new psychiatric inpatient facility adjacent to the general hospital is fully set up and running, and the community mental health services are fully developed [30,31]. Reasons included: the stigma surrounding this old hospital that could undermine efforts to eradicate the stigma towards mental illness; it could create a two-tier system for patients and professionals; and could discourage investment of financial and human resources in community-based services [30]. The final stance taken regarding the future of MCH was that it would undergo a change of use guided by a needs assessment.

Greater recognition to the family's role in providing care and carrying the burden of the illness was given in the final strategy in response to extensive feedback from NGOs, service users and carers that the consultation document did not adequately address this issue.

It took 19 months for the new mental health strategy to be developed with the final strategy being launched in July 2019. Stakeholders were crucial to bring back mental health on the political agenda, hasten the strategy development process and shape the final strategy through participation in the consultation process. This illustrates the power of engagement and pressure from stakeholders in bringing about change.

4. Content of reform

The content of the Mental Health Strategy for Malta 2020-2030 [12] was informed by a thorough needs assessment, a literature review including strategies from other European countries and key WHO documents. The underlying framework is in alignment with the European Mental Health Action Plan 2013-2020 [32].

The vision is to promote mental health and well-being for everyone, prevent mental disorders especially among high risk individuals, and provide quality treatment, care and support for persons with mental illness and their families. The strategy upholds the values of dignity, autonomy, human rights, accessibility and equity. Key principles are outlined in Table 1.

The concept of resilience [33] has been put as a central tenet guiding the development of the strategy with several proposed measures focusing on building resilience at various levels (Fig. 1) namely:

- Individual: measures geared at prevention and provision of appropriate treatment and supportive rehabilitation.
- Family and Responsible carers: measures to enhance support offered to them.
- Community: measures addressing employment, environment, housing, social activities, poverty and security.
- Mental health system: measures to enable its evolution to a proactive forward-looking system that can adapt to changing needs and demands.
- Government: adoption of legislative and economic measures that foster mental health and well-being, and by encouraging and facilitating intersectoral collaboration.

A series of measures to be undertaken are clustered under four areas for strategic action:

- **Promoting mental health and well-being for all** including measures addressing the wider determinants of health, mental health at the workplace, in schools, and in the elderly population.
- **A reconfigured mental health service framework** comprising measures to integrate mental health in general health care and to develop a range of services including community-based, hospital-based, emergency and crisis intervention including prevention of self-harm and suicide, and specialised services.

Table 1
Key principles underpinning the strategic reform.

1. Life course approach
2. Focus on prevention wherever possible
3. Protection from stigma and discrimination
4. Evidence-based approach
5. Governance and delivery driven by reliable information
6. Person-centred care in partnership with families and responsible carers, including adequate involvement in the planning and development of services
7. Systems and intersectoral approach
8. Community-based services as the mainstay of care
9. Integration of mental health with physical health
10. Learning from experience of other countries but adapting to local context and stage of development
11. Flexible and responsive implementation approach
12. Focus on sustainable and incremental stepwise implementation
13. Adequate funding translating into efficiency and value for money

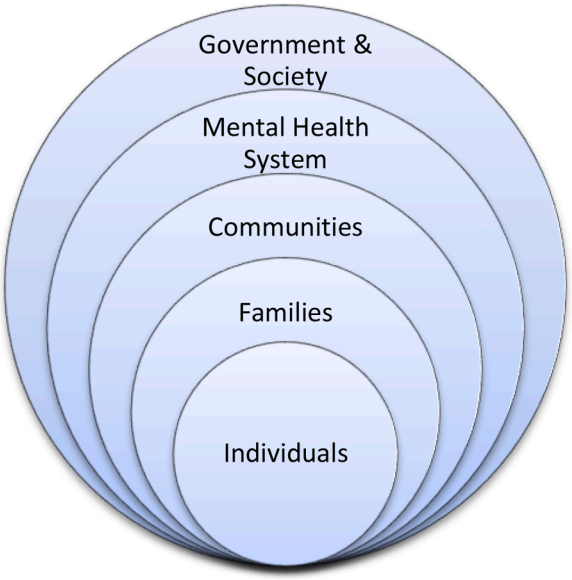

Fig. 1. Building resilience as a core concept underlying the future of mental health in Malta. From: *Building Resilience Transforming Services: A Mental Health Strategy for Malta 2020 - 2030*. 2019 [12]

The fulcrum of this framework is to shift the focus of care away from institutions towards community-based services as part of a sectorisation initiative. Strengthened community-based multidisciplinary teams are to deliver services from four regional health hubs, hence increasing accessibility and facilitating integration of mental health care within primary care. Efforts will be made to incentivise, train and support public and private general practitioners to follow-up persons experiencing mild to moderate mental health disorders within shared care programmes. General practitioners are well placed to offer a destigmatised first point of contact for persons who are unwilling to approach a mental health professional and to follow-up patients holistically, bridging the gap between chronic physical and mental health conditions. Several steps in the right direction have already been made in this respect and the process is ongoing. Building a strong foundation for community-based services will also enable further reductions in psychiatric beds for inpatient care. Furthermore, strengthening emergency and crisis intervention services will be prioritised as they are crucial to complement and support community-based services. The particular needs of migrants, including refugees will be addressed by training the workforce to become more culturally sensitive to their needs and facilitating access to interpreters whilst synergising efforts with those outlined in the Migrant Integration Strategy and Action Plan [34].

- **Enhanced support for persons with mental disorders, their families and carers** including measures to support patients through rehabilitation, social assistance and support at the workplace, as well as supportive measures for significant others.
- **Strengthening the mental health workforce and introducing innovative systems** comprising measures on developing and sustaining the workforce, the deployment of electronic patient records, research, measuring performance and ensuring standards.

5. Implementation of the strategic plan: initial steps and potential challenges

The first step to enable implementation is the formulation of a detailed implementation plan outlining the objectives, targets and timelines for each measure, who will be responsible to implement it and with what resources. Yearly plans and milestones will be agreed in line with approved budgets. Involvement of all stakeholders during the formulation of this plan is crucial to its successful implementation and to generate credibility and secure cooperation amongst stakeholders. Transparency in the monitoring and external evaluation is key to keep the process on track.

A number of challenges need to be taken into consideration:

- Strengthening and capacity building of the mental health workforce and the roll-out of electronic health records within the mental health sector are major challenges that need to be overcome since they both represent essential health system building blocks to support and enable the reform process.
- The shift from MCH, the old, psychiatric inpatient facility, to a new acute psychiatric hospital with a much smaller number of beds and located adjacent to the acute general hospital, is a coveted element of this reform amongst most stakeholders. However, it is also a source of apprehension for others, especially health care professionals who have grown used to the current system and for whom reallocation to community-based care signifies a change in attitudes, work practices and the need for new skills. The migration process to the new hospital needs to be gradual, well-planned and transparent whilst involved workers need to be supported at all stages.
- A significant challenge is that by the time hospital beds are drastically reduced, there needs to be a comprehensive range of community mental health services that are adequately staffed and have good links to primary care, as well as suitable alternative accommodation, to meet the wide-ranging needs of patients.
- Intersectoral collaboration is another challenging aspect of this reform. Support and commitment to mental health needs to go far beyond the health care sector.
- A successful reform will also entail a population-wide change in attitudes and behaviours amongst all those who possess some degree of stigma towards mental illness, and have grown accustomed to and tolerant of mental health not being treated at par with physical health.
- Finally, the Covid-19 pandemic's negative impact on mental health must be acknowledged as an unprecedented challenge. Deterioration in population mental health has been widely documented and many countries now must respond to the increasing demand for care [35]. Malta is no exception to these challenges [36–38] which should serve as a renewed impetus for implementing the strategy while keeping abreast with emerging local and international research on the Covid-19 crisis.

6. Key lessons learnt

The Maltese experience with mental health reform has shown how a country's contextual developments and advocacy by key stakeholders can shape policy and bring about change. Key lessons learnt are outlined below:

- Analysing and learning from past wrongdoings is an important first step to ensure the success of Malta's renewed attempt at reforming the mental health sector. The lack of sustained political commitment and investment greatly undermined mental health reform in the past, while strong advocacy from stakeholders was key to bring mental health back on the political agenda. Securing political commitment is challenging and mental health could once again be deprioritised if the political climate changes over the years and other emergent critical issues are given precedence. This is why there constantly needs to be groups of motivated individuals from the diverse spectrum of stakeholders who come together and advocate for mental health to be prioritised.
- Collaborative engagement of stakeholders and developing consensus were shown to be essential drivers for bringing about change during the formulation of the strategy. The same approach needs to be adopted during the implementation phase of the reform. Opportunities for patients and carers to be directly involved in the planning and provision of services need to be actively sought and created. Furthermore, meaningful stakeholder engagement needs to be enabled through a strong governance and management structure led by adequately skilled leaders to ensure coordination across the mental health sector.
- It is also acknowledged that international support from the EU, WHO and large international NGOs can greatly support the implementation of a reform [39]. Indeed, the fact that mental health is a strategic priority in the Malta-WHO Regional Office for Europe Country Cooperation Strategy 2016-2021 [29] and also featured as a priority in the WHO-Malta Biennial Collaborative Agreement 2018-2019, has been a significant enabler during the development of the strategy and will continue to be so during the implementation phase.
- Drawing upon Malta's experience with a rapid socioeconomic transition that brought several challenges to the health care system, which were further compounded by the Covid-19 pandemic, it is considered crucial for mental health services to be flexible to be able to adapt to the changing circumstances and population needs.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Declaration of Competing Interest

None.

References

[1] Saliba JR. Malta's mental health reform. Malta Med J 1994:9–11. V(I)Available from: https://www.um.edu.mt/library/oar//handle/123456789/647.

[2] Department of Health Policy and Planning in collaboration with Scientfic Board Mental Health Reform. National Policy on Mental Health Service. National policy on mental health service. Malta: Ministry for Home Affairs and Social Development; 1995.

[3] Amato Gauci A, O'Callaghan M. Strategy for community mental health services. Mount Carmel Hospital Management Team and National Commission for Mental Health; 2001.

[4] Camilleri M, Sammut A, Cachia JM. The development of public mental health in Malta. Public health in Malta 1999 - 2019: 20th anniversary edition. Malta Association of Public Health Medicine (MAPHM); 2019. p. 29–34. Available from: https://maphm.org/publications/.

[5] Azzopardi Muscat N. Europeanisation of Health Systems: A Small State Perspective. Europeanisation of health systems: a small state perspective. Maastricht University; 2016. Available from: https://www.researchgate.net/publication/304785831_Europeanisation_of_Health_Systems_A_Small_State_Perspective.

[6] Mental Health Act, CAP 525. Laws of Malta. 2012 [cited 2020 Apr 23]. Available from: http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=11962&l=1.

[7] Buttigieg GA. The Mental Health Act, 2012. J Malta Coll Fam Dr 2014;03(02):18–21. Available from: https://www.um.edu.mt/library/oar/handle/123456789/4473.

[8] Mental Health Act, CAP 262. Laws of Malta. 1976 [cited 2020 Apr 23]. Available from: http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=8755&l=1.

[9] OECD/European Observatory on Health Systems and Policies. Malta: Country Health Profile 2019, State of Health in the EU. OECD Publishing, Paris/European Observatory on Health Systems and Policies, Brussels; 2019. https://doi.org/10.1787/05db1284-en. Available from:.

[10] National Audit Office (NAO) - Malta. Performance audit: a strategic overview of Mount Carmel Hospital. 2018. Available from: https://nao.gov.mt/en/press-releases/4/198/performance-audit-a-strategic-overview-of-mt.

[11] Eurostat. Physicians by medical speciality. Online data code: hlth_rs_spec. Eurostat. 2021 [cited 2021 Oct 29]. Available from: https://ec.europa.eu/eurostat/databrowser/view/hlth_rs_spec/default/table?lang=en.

[12] Office of the Deputy Prime Minister, Ministry for Health Malta. Building resilience transforming services: a mental health strategy for Malta 2020 - 2030. 2019. Available from: https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/Mental_Health_Strategy_EN.pdf.

[13] Eurostat. Hospital beds by type of care. Online data code: hlth_rs_bds. Eurostat. 2021 [cited 2021 Oct 29]. Available from: https://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_rs_bds&lang=en.

[14] Eurostat. In-patient average length of stay (days). Online data code: hlth_co_inpst. Eurostat. 2021 [cited 2021 Oct 29]. Available from: https://ec.europa.eu/eurostat/databrowser/view/hlth_co_inpst/default/table?lang=en.

[15] World Health Organization. Regional office for Europe. Policies and practices for mental health in Europe: meeting the challenges. Copenhagen: World Health Organization, Regional Office for Europe; 2008. p. 192. Available from: https://apps.who.int/iris/handle/10665/107366.

[16] Thornicroft G, Alem A, Dos Santos RA, Barley E, Drake RE, Gregorio G, et al. WPA guidance on steps, obstacles and mistakes to avoid in the implementation of community mental health care. World Psychiatry 2010;9(2):67–77. https://doi.org/10.1002/j.2051-5545.2010.tb00276.x. Available from:.

[17] Caldas Almeida J, Mateus P, Tome G. Joint Action on Mental Health and Well-being: towards community-based and socially inclusive mental health care - situation analysis and recommendations for action. 2015. Available from: https://ec.europa.eu/health/sites/health/files/mental_health/docs/2017_towardsmhcare_en.pdf.

[18] England K, Buttigieg S. The impact of demographic changes in Malta on health and the health system over the past two decades. Public health in Malta 1999 - 2019: 20th anniversary edition. Malta Association of Public Health Medicine (MAPHM); 2019. p. 5–9. Available from: https://maphm.org/publications/.

[19] National Statistics Office (NSO). World Population Day: 2019, News Release 108/2019, 10 July 2019. [cited 2019 Sep 2]; Available from: https://nso.gov.mt/en/News_Releases/View_by_Unit/Unit_C5/Population_and_Migration_Statistics/Documents/2019/News2019_108.pdf.

[20] Office of the Commissioner for Mental Health. Breaking Silos, Building Bridges. Annual Report 2017. 2018. Available from: https://deputyprimeminister.gov.mt/en/CommMentalHealth/Pages/Annual-Reports.aspx.

[21] Jurado D, Alarcón RD, Martínez-Ortega JM, Mendieta-Marichal Y, Gutiérrez-Rojas L, Gurpegui M. Factors associated with psychological distress or common mental disorders in migrant populations across the world. Rev Psiquiatr Salud Ment 2017;10(1):45–58. PMID: 27291831.

[22] Abela A, Farrugia R, Vella AM, DeGiovanni K. Familialistic countries need a family-inclusive service when caring for people with mental health problems – the case of Malta. Fam Relationships Soc 2016 Jul 7;5(2):313–31. https://doi.org/10.1332/204674315X14365326675064. Available from:.

[23] National Statistics Office (NSO). International Women's Day: 2019. News Release 037/2019, 07 March 2019. [cited 2019 Sep 2]; Available from: https://nso.gov.mt/en/News_Releases/View_by_Unit/Unit_C1/Living_Conditions_and_Culture_Statistics/Documents/2019/News2019_037.pdf.

[24] National Statistics Office (NSO). Property Price Index: Q2/2018-Q1/2019. News Release 109/2019, 10 July 2019. [cited 2019 Sep 2]; Available from: https://nso.gov.mt/en/News_Releases/View_by_Unit/Unit_A5/Price_Statistics/Documents/2019/News2019_109.pdf.

[25] Alliance for Mental Health (A4MH). Mental Health Services in Malta: a position paper. 2016; Available from: https://www.mhamalta.com/article/a4mh-position-paper.

[26] The President's Foundation for the Wellbeing of Society in collaboration with the Office of the Commissioner for Mental Health. Mental Health in Malta: Wellbeing through a Shared Strategy. 2017. Available from: https://deputyprimeminister.gov.mt/en/CommMentalHealth/Documents/2017/Mental%20Health%20in%20Malta%20Publication.pdf.

[27] Maltese Association of Psychiatry (MAP). 2018 report on staffing levels in Malta's NHS and comparison with recommended standards. 2018. Available from: https://map.org.mt/2018/11/14/2018-report-on-staffing-levels-in-maltas-nhs-and-comparison-with-recommended-standards/.

[28] Azzopardi-Muscat N, Buttigieg S, Calleja N, Merkur S. Malta: health system review. Vol. 19. Malta: health system review. 19. Health systems in Transition; 2017. p. 1–137. PMID: 28485715.

[29] World Health Organization. Regional office for Europe. WHO country cooperation strategy 2016-2021: Malta. World Health Organization; 2016. p. 45. Available from: https://apps.who.int/iris/handle/10665/249576.

[30] Maltese Association of Psychiatry (MAP). Position paper: Mount Carmel hospital unfit for delivery of mental health care. 2019; Available from: https://map.org.mt/2019/06/08/press-release-mount-carmel-hospital-unfit-for-delivery-of-mental-health-care/.

[31] Farrugia C. Close down Mount Carmel for all psychiatric conditions - richmond foundation. Times of Malta; 2019 Jun 12. Available from: https://timesofmalta.com/articles/view/close-down-mount-carmel-for-all-psychiatric-conditions-richmond.712990.

[32] World Health Organisation. The European mental health action plan 2013–2020. WHO Regional Office for Europe; 2015. Available from: https://www.euro.who.int/_data/assets/pdf_file/0020/280604/WHO-Europe-Mental-Health-Acion-Plan-2013-2020.pdf.

[33] Ziglio E, Azzopardi-Muscat N, Briguglio L. Resilience and 21st century public health. Eur J Public Health 2017 Oct 1;27(5):789–90. https://doi.org/10.1093/eurpub/ckx116. Available from:.

[34] Human Rights and Integration Directorate - Ministry for European Affairs and Equality. Integration = belonging. migrant integration strategy and action plan, vision 2020. 2017; Available from: https://humanrights.gov.mt/en/Pages/Strategies.aspx.

[35] OECD. OECD policy responses to Coronavirus (COVID-19): tackling the mental health impact of the COVID-19 crisis: an integrated, whole-of-society response. 2021 [cited 2021 Oct 29]. Available from: https://www.oecd.org/coronavirus/policy-responses/tackling-the-mental-health-impact-of-the-covid-19-crisis-an-integrated-whole-of-society-response-0ccafa0b/.

[36] Grech P, Grech R. COVID-19 in Malta: the mental health impact. Psychol Trauma Theory Res Pract Policy 2020;12(5):534–5. https://doi.org/10.1037/tra0000925. Available from:.

[37] Bonello F, Zammit D, Grech A, Camilleri V, Cremona R. Effect of COVID-19 pandemic on mental health hospital admissions: comparative population-based study. BJPsych Open 2021 Sep 3;7(5):e141. https://doi.org/10.1192/bjo.2021.975. Available from:.

[38] Richmond Foundation. Covid-19 and mental health: a snapshot on the effects of the Covid-19 pandemic on mental wellbeing across Malta and Gozo. Published by Richmond Foundation, research carried out by Esprimi; 2021 [cited 2021 Oct 29]. Available from: https://www.richmond.org.mt/research_covid19/.

[39] Dlouhy M. Mental health policy in Eastern Europe: a comparative analysis of seven mental health systems. BMC Health Serv Res 2014 Dec 27;14(1):42. https://doi.org/10.1186/1472-6963-14-42. Available from:.