

DEPARTMENT OF PSYCHIATRY

UNIVERSITY OF MALTA

HANDBOOK IN PSYCHIATRY

PART II

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It could be said of me that in this book I have only made up a bunch of other men's flowers, providing of my own only the string that ties them together.

Montaigne 1533 - 1592

Acknowledgement

I would like to thank all the local contributors for their articles which should help you understand the current state of the art in Malta. They have all trained and worked abroad, bringing their experience and expertise from across the globe, America, England, France, Italy, Jordan and Russia.

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INDEX

	<u>Page</u>
Historical Perspective of Psychiatry in Malta Dr P. Cassar	1
Mental Health Services in Malta 1994 Dr J. Saliba	11
Psychiatric Services in Gozo 1994 Dr D. Cassar	14
Community Psychiatry in Malta 1994 Dr D. Cassar	16
Child Psychiatric Services 1994 Dr J. Saliba	19
Psychogeriatric Services Dr P. Muscat	20
Drug Dependence Treatment Services Dr M. Sciberras	23
Alcohol Treatment Service Mr P. Sciberras	25
The Mental Health Act - 1976 Professor A. Galea	29
Prison Psychiatry Dr J. Mifsud	38
Seclusion Mr J. Incorvaja Mr C. Vella	42
The Role of the Clinical Psychologist in the Management of Psychiatric patients in Malta Sr. M. Agius	49
The Role of the Social Worker Mr C. Mulvaney	51
Occupational Therapy in Mental Health OT at Mount Carmel Hospital Mr J. Busuttil	52

	<u>Page</u>
Therapeutic measures used in Occupational Therapy Ms. Doriette Bonello Ms. Joanna Zammit Briffa	54
The Importance of self-awareness in Psychiatric Nursing Mr J. Borg	60
Rehabilitation of the Psychiatric Patient Dr J. Vella-Baldacchino	64
Psychiatric Emergencies in the Casualty Department Dr P. Muscat	68
Voluntary Organizations	74

HISTORICAL PERSPECTIVE OF PSYCHIATRY IN MALTA

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It is not possible to trace the history of psychiatric services in Malta beyond the 16th century as no records relating to preceeding centuries have so far come to light. The earliest documents that we possess testifying to provisions for the care of the mentally ill concern the Holy Infirmary of Valletta which was built in 1575 by the Knights of the Order of St John of Jerusalem.

HOLY INFIRMARY

The Holy Infirmary was a general hospital for men and the accommodation provided for the mentally ill consisted of a room for the manageable patients and a basement ward for the violent ones. The windows in these basement wards were near the ceiling on a level with the adjacent Wells Street into which they opened. This structural arrangement allowed passers-by to look through these apertures into the basement and to tease the patients and excite them to fury. From these occurrences the street earned the name of "the street of lunatics" (It-trieq ta' l-Imgienen).

In these underground wards the patients were restrained by pinioning while the more dangerous ones were chained to the walls in order to prevent them from causing harm to themselves and to others.

Such was the complacent attitude with which the condition of the insane was regarded in the past, that, in spite of this kind of treatment, it has been said that the Knights were in advance of their times in their methods of dealing with mental cases. It must however, be said in fairness to them that the Knights of St John were the only Order of Hospitallers that received mental patients in their infirmary and that made it the duty of the Chaplains attached to the hospital to ensure that the mentally sick were not deprived of their food and that they actually ate it. The caution was justified for the attendants on the sick were not very trustworthy. In fact they have been described as having been "dirty, ragged, unfeeling and inhuman". On one occasion eight or nine of them were seen by a visitor to be "highly entertained by the sight of a delirious dying patient".

WOMEN'S HOSPITAL

A hospital for women suffering from chronic and incurable diseases was set up by 1625 at the southern end of Merchants Street very near the Holy Infirmary by a woman from Siena, Caterina Scappi. In 1727 two adjoining houses were taken over for the reception of mentally sick women where they continued to be looked after till 1816.

CIVIL HOSPITAL

When the French under Napoleon occupied Malta in 1798, the Holy Infirmary was turned into a military hospital for their troops and the Maltese civilian patients were transferred to the nearby Monastery of St Mary Magdalene in Merchants Street, renamed the Civil Hospital, after the nuns were evacuated from the place. The mental patients were kept in the basement of the right wing of the building under the same conditions of care that prevailed during the time of the Knights of St John. Here they remained until 1816 when a decision was taken by the British Administration in Malta to remove the male and female mental patients to the Ospizio at Floriana.

OSPIZIO

The Ospizio or Casa di Carita' or Casa degli Invalidi had been founded by Grand Master Antonio Manoel de Vilhena in 1732 for providing care for the aged and infirm but some time later a part of it was set apart for the reception of incurable mental cases that could not be accommodated at the Holy Infirmary. These patients were confined in casemated rooms and secured to the walls by means of chains. They were badly fed and too often unmercifully beaten in the belief that they were possessed by the devil. To this institution the forty-six mentally sick men and women of the Civil Hospital and of the Women's Hospital were transferred on the 1st March 1816.

By 1826 the number of patients had reached sixty-seven with consequent overcrowding so that no separate wards were available for the separation of aggressive patients from the less disturbed ones. The hospital authorities pleaded for better accommodation stating that they were obliged to refuse admission to many patients and to limit admission only to those cases who were considered dangerous to society. Some structural improvements were finally carried out in 1829 but it was not until 1835 that steps were taken to transfer the patients to more suitable premises.

VILLA FRANCONI

The new asylum was the so-called Villa Franconi at Floriana named after the Bali' Fra Fabrizio Franconi, Knight of the Order of St John, who had erected the building in 1739 as his private residence. After some structural alterations were carried out, eighty mentally sick men and women were transferred to their new home but the more disturbed ones, thirty-six of them, remained at the Ospizio until 1838 when following the erection of more single-rooms of cells, as they were then called, these patients too were removed to Villa Franconi. This is the origin of the appellation "Ta Frankuni" which popular tradition has quite irrationally passed on to the present mental hospital at Attard.

The choice of Villa Franconi was an unhappy one. It was situated in an inhabited area where curious and idle neighbours made it their habit to amuse themselves with the antics of the patients and where children threw stones into the yards of the asylum

By 1848 it was realised that the building was unsuitable as an asylum. There was overcrowding with its 170 patients so that there were times when owing to lack of proper accommodation patients had to be shut up at night in water closets, bathrooms, under the staircase and even in the mortuary.

Furniture was practically non-existent. There were no beds, the patients being made to sleep on palliases stretched on boards supported on iron trestled. Chairs and benches were not provided so that patients had to sit on the bare floor. Tables, too, were not available and the inmates, having received their meal in a tin, dish, were left to eat their food sitting or squatting on the floor. Cleanliness was defective and bugs and "great number of vermin" had lodged in beams and under the plaster of the walls.

The medical staff consisted of a Visiting Physician and an Assistant Physician who attended at the asylum only in the morning. The attendants were referred to as keepers, guardians, wardens and wardresses. They were inefficient, neglected the patients and even beat them to overcome the aggression of excited ones. They were such a bad lot that they terrified not only the sick entrusted to their care but the officials of the asylum as well.

ASYLUM FOR THE INSANE, ATTARD

The erection of an ad hoc hospital for the reception and care of the mentally sick was first proposed in 1847 but it was not until 1853 that plans were prepared and the building commenced. The site chosen was the one now occupied by Mount Carmel Hospital and the plans were drawn up by a Mr Francesco Cianciolo who was an Italian refugee and whose professional qualifications as an architect and engineer are very much in doubt. What is certain is that some years after the hospital had been under construction it was discovered that Cianciolo's plan was an exact copy of Wakefield Asylum in England but what was worse was the fact that no provision was made for bathrooms, water closets, stores for provisions, a chapel, a mortuary room, a kitchen and a laundry! Eventually all these structures were added to the original plans and the patients - 253 in number - were transferred from Villa Franconi on the 16th July 1861 during the term of office of the British Governor, Sir John Gaspard le Marchant. The latter's coat of arms, with those of his predecessor, Sir William Reid, during whose governorship the building was commenced, can be seen sculptured in low relief on each side of the hospital main gate.

The old problem of overcrowding soon became apparent and the hospital authorities pleaded with government to construct additional wards to enable a better classification of the inmates and to separate the disturbed ones from the manageable patients and from the convalescent ones. Admission had to be restricted to those with dangerous tendencies. A few harmless patients were transferred to the Poor House, now St Vincent de Paule Hospital, but these measures did not substantially alter the situation. Year after year the hospital superintendent repeated his pleadings with government and made various proposals for extensions and additions among which the erection of workshops for the patients engaged in occupational activities, of Observation Wards for newly admitted patients, of Visitors Rooms for the convenience of relatives and of a building outside the hospital for the thirty patients engaged in agricultural pursuits. The situation was so bad that the Medical Superintendent described the asylum as being "no longer a hospital for the care and treatment of patients suffering from mental disorder but a store for lunatics".

Matters were brought to a head in 1887 when cholera broke out in the island and eventually reached the asylum in August. With an overcrowded building there was no adequate place for the isolation of the cholera stricken and the infected patients were nursed in three camp tents set up in the grounds near the Main Gate. This sad event shook government to the extent that it made financial provisions for structural additions to the hospital.

The Agricultural Colony was completed in 1892; an Infirmary was built in the Female Division in 1894; an Observation Ward in the Male Division in 1899. An Infirmary on the same side was under construction in the same year. The block for male "criminal patients" - today designated as Court Cases - was completed in 1909; and Toledo Ward in the Female Division in 1932.

NURSING

Another hurdle which the Medical Superintendents of the hospital had to overcome during the last century, and for the best part of the present one, was the provision of an adequate number of nurses to look efficiently after the mentally sick and the promotion of their professional education and training. In 1861 there was an average of one attendant to care for 33 to 60 patients; fifteen years later it was one attendant for an average of twenty inmates; it was only towards the end of the last century that additional employees joined the staff though their number was still below that required to cope with the ever increasing number of patients.

Male attendants had been provided with a uniform since the opening of the asylum but women attendants were not given uniforms until 1882.

The qualities that were considered to be necessary to make a good attendant were physical strength, tallness, courage and intelligence. These attendants were mainly recruited from rural areas and it is not, therefore, surprising to learn that many of them were illiterate and "ignorant of the most elementary rules of nursing". To remedy this state of affairs the Superintendent, Dr Frederick Xuereb, gave a series of lectures to the attendants in 1890 but he was warned by the Comptroller of Charitable Institutions not to give frequent lectures so as not to "tire the attendants". No further efforts were made to teach the nursing staff, at least, the elements of psychiatric nursing and management until 1947 when the present writer held a series of lectures for the attendants at the mental hospital on the clinical aspects of mental illness and on the role of the nurse in the therapeutic team.

Meanwhile, in 1871, a number of Sisters of Charity joined the staff of the asylum and they were given not only nursing but also administrative duties including supervision of nursing staff and of work in the kitchen and laundry.

To ensure that attendants on night shifts did not sleep while on duty, Dr F. Xuereb introduced the usage of surprise visits at night by the medical officers.

MEDICAL REFORM

While the slow grinding wheels of bureaucracy were responsible for the dreary picture so far depicted concerning the provision of adequate and comfortable accommodation for the mentally sick, it is refreshing to touch now on the areas of brightness emanating from the untiring efforts and ideas of our past Medical Superintendents and psychiatrists who were entrusted with the treatment of the patients.

One of the earliest redeeming features in an otherwise gloomy situation was the appointment, on the 1st January 1838, of Dr Thomas Chetcuti (1797-1863) as physician to the Villa Franconi Asylum. He appears to have been the only physician of his generation who had shown an interest in psychiatry. Following his appointment he went abroad to visit mental hospitals in Italy, France and Great Britain. On his return to Malta Dr Chetcuti instituted more humane methods of treatment at Villa Franconi. He liberated the patients from their chains and abolished the use of the stick to control unmanageable patients.

It is of interest to know that chaining to walls was not peculiar to Malta. In 1835, for instance, in a mental hospital of 300 patients in Rome, chains fixed to iron rings in the walls served to restrain excited and turbulent patients who were fastened to the chains by their necks and feet (Prichard, J.C. Treatise on Insanity, London, 1835, p. 347).

He also succeeded in obtaining a more abundant and more varied diet for the patients some of whom were suffering from "chronic skin diseases".

Very probably these were cases of pellagra due to malnutrition - a condition which was common in asylums in Italy during the first half of the century.

The therapeutic value of recreational activities was recognised officially in 1860 when a musical entertainment was held for the first time in the asylum. The Inspector of Charitable Institutions - the counterpart of the Chief Government Medical Officer of our time - wrote thus about the success of the new venture: - "The unequivocal expression of contentment which was evident on every countenance and the magic influence of music within the gloomy precincts of the establishment are circumstances I shall ever call to mind.... It is my firm determination to make amusements a prominent feature in the routine of the establishment".

He also expressed the hope that he would be able to remove "from the mind of the public the ridiculous notions that they entertained on lunatics and to induce them to regard the asylum as they ought to do - a hospital of mental disorders where profound psychological knowledge may be acquired". It is worth noting that these words came from a layman - Sir Ferdinand V. Inglott - and that it was the first time that the asylum was referred to as a centre of learning where the phenomena of mental life may be studied and unravelled.

This argument was used in 1874 by the medical authorities of the hospital when they declared that the asylum was not merely a "place of confinement for dangerous patients but also a hospital for the cure of mental illness". By 1886 Dr F. Xuereb observed that the sooner the mentally sick were sent to hospital, the shorter was their stay there and the better the prognosis, so much so that patients with an illness of a recent onset were discharged from hospital within three months of their admission. Dr F. Xuereb therefore instructed certifying medical officers to refer to hospital without delay all cases of mental disorder of recent onset.

Every effort was made to manage the patients in accordance with the principles of the non-restraint system as was happening abroad but this ideal was not always possible to achieve mainly because of the inadequate number of attendants but measures were taken to prevent abuses and refrain from resorting to the use of mechanical restraint, in the form of handcuffs and tying to the beds, as much as possible. To avoid using these means of control, a number of Single Rooms and a Padded Room were erected in 1872 for excited and dangerous patients.

Chemical sedation in the form of Chloral Hydrate was introduced by Professor G.O. Galea in March 1870, Potassium Bromide in 1878 and Sulphonal (Bayer) in 1889.

The giving of a hot bath to sedate excited patients had been in use since 1864 but a special hydrotherapy unit was built in 1892.

We hear of the earliest mention of the recognition of the value of occupational activities as a form of treatment for mental patients in 1851. Such crafts as cotton spinning, weaving, sewing and rush work were introduced. The profits realised from the sale of the finished articles were devoted to the acquisition of extra comforts for the patients and to provide small sums of money for the most needy ones on their discharge from hospital. Progress, however, was slow the greatest obstacle being the apathy and diffidence of the patients themselves. Dr F. Xuereb, however, succeeded in reviving occupational activities by 1885 and three years later he claimed that forty-eight per cent of the patients were usefully occupied. Farming operations were so promising that he proposed the foundation of an Agricultural Colony.

Goats were being reared with such success that there was a surplus of milk while the vegetable crops collected from the grounds of the hospital surpassed the needs of the patients and were made over to other institutions. In his enthusiasm Dr F. Xuereb was led to explore quite unusual channels in his search for work so much so that he even managed to convince his patients to manufacture the coffins to meet the needs of the asylum. These successes, however, never made Dr F. Xuereb lose sight of the fact that when work is prescribed as treatment for mental patients, its economic value is only of secondary importance and that in the selection of an occupation the patient should be allowed to follow his own inclinations, abilities and preferences.

SOCIALIZATION OF PATIENTS

Dr P.P. Agius was the first Medical Superintendent to realise the need of keeping the patients in touch with the outside world and it was he who started the excursions for patients in 1874. Ever since, these trips to various places have become a regular feature in the life of the hospital. Dr F. Xuereb continued and improved upon this socializing work of his predecessor. Patients were allowed to go home on trial before final discharge while chronic stabilised patients were permitted to spend an occasional day at home with their relatives and friends by 1885.

THERAPY

Hydrotherapy, occupation and humane management remained the sheet anchor of therapy for many years in the Western World well into the present century when the introduction of physical methods of treatment began to change the previously nihilistic outlook in psychiatry. Malta shared in these important advances from 1932 onwards. Malaria therapy for neuro-syphilis; prolonged narcosis and pyrotherapy for manic-depressive psychosis and schizophrenia were introduced between 1932 and 1935 to be replaced in due course by more effective methods such as cardiazol convulsive therapy in 1938, electro-convulsive treatment and insulin hypoglycaemic shock in 1943 and pre-frontal leucotomy in 1947.

Psychotropic drugs were introduced as soon as they appeared in the international market. Reserpine for schizophrenia changed the atmosphere of the hospital overnight as many chronic deteriorated patients became manageable, ceased to be noisy, hostile and neglectful of their personal hygiene and appearance, and became communicative and easy to deal with. This change of face of the hospital occurred in 1955 following the use of this drug. Reserpine was replaced by the more reliable Largactil in 1958 and this in turn by the even better and less dangerous phenothiazine Trifluoperazine in 1963. Haloperidol, and injectable phenothiazines (Modicate) were first used in 1972 and 1973 respectively. The antidepressants were added to our armamentarium at the same period.

OVERCOMING THE PREJUDICE AGAINST MENTAL ILLNESS

In order to combat the stigma attached in the popular mind to mental illness and, particularly, to the mental hospital, several innovations have been introduced by past and present psychiatrists to dispel the wrong ideas held by the public and to encourage the sick to avail themselves of our hospital services as early as possible after the appearance of a psychiatric disorder.

The first step was to change the name of ASYLUM FOR THE INSANE of 1861 to HOSPITAL FOR MENTAL DISEASES on the 2nd March 1928. This name was again changed to OUR LADY OF MOUNT CARMEL HOSPITAL on the 16th July 1967. It is to be noted that it was on the feast day of Our Lady of Mount Carmel on the 16th July 1861 that the mentally sick were transferred to the Attard Hospital from Villa Franconi.

The second move was to set up an out-patient clinic. This was initiated on a small scale in 1938, the patients being seen at the Attard Hospital. After my return from post-graduate studies in England in 1945, the clinic was re-organised and in 1952 transferred to St Luke's Hospital, Guardamangia, to encourage more people to seek its services. This change met with a favourable response and the clinic has been expanding and flourishing ever since.

The third measure, meant to foster the early hospital treatment of mental illness, was the reception of patients into hospital on a VOLUNTARY basis in 1952. This arrangement did away with the need of formal certification of patients for those who wished to come to hospital on their own accord. This practice later gave place to the INFORMAL admission of the sick which is based on the assumption that mentally disordered individuals are willing to enter hospital unless they or their relatives positively object to their doing so. This measure came into effect in 1972.

The fourth step was to introduce a Mental Treatment Act. The first suggestions were mooted in 1909 but it was not until 1935 that a draft was drawn up by the Medical Superintendent, Professor Victor Vassallo, and submitted to Government. Further attempts were made in 1954 and again in 1968 but it was only in 1975 that a Mental Health Act, based on the Mental Health Act of 1959 of Great Britain, was passed by the House of Representatives. This Act came into force on the 14th September 1981.

Legislative measures, however, though necessary, will not by themselves improve and control human behaviour. It still remains the supreme task and responsibility of all of us, who are entrusted with the care of the mentally sick, to continue to strive incessantly to help men and women to secure equanimity out of perplexity; confidence out of doubt and reason out of folly.

The fifth step is still in the future. This is the establishment of a Psychiatric Department in our general hospital for the treatment of the mentally ill on a par with other patients suffering from physical diseases. The author has been advocating such an advance since 1945, his last public appeal to the Parliamentary Secretary for Health being made in August of this year (1993).

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