

## PSYCHIATRIC SERVICES IN GOZO - 1994

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Gozo has a population of 24,000 on an island one fourth the size of Malta. Composed of small towns and villages, the rural flavour remains strong and the island boasts a well-knit family and social network. Heavy emigration of youth in previous years has led to a high percentage of elderly. Now, returning migrants bring back parts of the cultures of other countries.

Although small it has its psychiatric needs. In 1934 Fort Chambrai was commissioned as a psychiatric hospital and served as such for forty-nine years. At its peak it had about two hundred patients amongst whom were Maltese without strong family ties and refugees. In 1983, Chambrai hospital was closed down and patients moved to the previous hospital for infectious disease in Xewkija or "Lazzarett" as it is still known locally.

This forty bed hospital now serves for both chronic institutionalised patients and people requiring short term admission. The out patient clinic is in Gozo General Hospital as is the Detoxification Unit. A new psychiatric complex has now been built next to Gozo General Hospital and will be commissioned within a few months. It will provide all services including in-patient wards, day hospital, day centre, out-patient clinic, occupational therapy/rehabilitation unit and detoxification unit. It will also serve as a base for community services.

A multidisciplinary team approach to patient management has been introduced. Personnel resources are limited but improving. These include a full-time Consultant Psychiatrist and Medical officer. A psychologist visits from Malta regularly and a full-time occupational therapist will join shortly. Nurses from a strong backbone of the service and six will soon qualify Diploma in Psychiatry. They are supplemented by health assistants. As yet there are no qualified social workers but one is in training at University and four casual social workers provide a valuable service.

In spite of resource limitations, the service is becoming increasingly comprehensive with most needs including ECT, provided in Gozo. Community services are being developed in order to provide personalised service to individuals and their families with the aim of support, early intervention and prevention of increased morbidity.

The detoxification unit serves as a walk-in centre where substance misusers are assessed and counselled. They are provided with education, harm reduction and relapse prevention strategies. Detoxification forms only part of a rehabilitation programme and a keyworker system has helped much in providing an effective service which includes community intervention and support to individuals and their families.

The importance of the voluntary/non-statutory sector is recognised and supported. Alcoholics Anonymous and Al-Anon groups have been set up in Gozo and the OASI foundation provides an intensive rehabilitation programme for substance abusers built on Minnesota model (AA/NA - 12 step) lines. There is also cooperation with Caritas in Malta, Cana Movement and youth groups,

Psychiatric services in Gozo are still developing. But they are a notable example of service provision in spite of limited resources, where quality of care depends not only on high tech medicine but individual motivation and team work.