

## COMMUNITY PSYCHIATRY IN MALTA - 1994

Dr David Cassar, M.D., B.C.Psych. (Lond)  
Consultant Psychiatrist

Community services have been gradually insinuating themselves into psychiatry in industrialised countries for the past forty years. Although still backward, Malta has taken its first tentative steps and will hopefully catch up within the not too distant future.

Community psychiatry refers to a movement away from management and life in large psychiatric institutions to care in and integration with the community. It has been stimulated by a number of factors including the humanitarianism of workers in the field and a change in social attitudes. Also, it is now clearly recognised that although sufferers in their majority have to be treated medically, there are very important psychological and social aspects to their illness which need particular attention.

Services can be broadly divided into two: an acute, shorter term, assessment and treatment orientated facility and a supportive, longer term, management and maintenance orientated service. A proper infrastructure and adequate personnel are required with effective coordination and integration at all levels. A discussion of these with a description of the Maltese context and situation follows.

The infrastructural needs are various and include day centres, residential places, occupational facilities, in-or day-patient units, and long-stay hospital facilities. Day centres provide a space for constructive daily activity and avoidance of boredom. Regular attendance also relieves the family of stress allowing respite and further ability to cope. Day centres are as yet unavailable in the islands but one will be opening shortly in Gozo. Plans for day centres in Malta exist but as yet have not borne fruit.

For those without close family ties or in cases where the family cannot provide abode for personal, familial or clinical reasons, places of residence are paramount to prevent long term hospital stay. This could otherwise become a sentence of life. Needs for supervision vary. Social functioning may be good enough to ensure that basic needs are met in an autonomous way. In other cases supervision and support will be necessary to ensure personal care, domestic chores, shopping, cooking and budgeting. Thus a variety of facilities proving a continuum of different levels of residential support, rather than one particular type of unit, are necessary. Specialist facilities are also important for alcohol/drug dependents, elderly mentally infirm and those with physical illness together with their psychiatric problem. Hospital hostels are required for the most severely impaired, including those at risk of harm to self or others, poor insight, high liability to relapse, poor motivation and capacity for self management, or low public acceptability.

Hostels are available in Malta but are limited. A half-way house with thirty five beds and an eleven bed hostel are found just outside Mount Carmel Hospital. The half way houses provide rehabilitation with the aim of reintegration and settlement in the community. Here patients are provided with education, group techniques and behavioural techniques such as social skills training. They are trained by occupational therapists in activities of daily living, work skills and use of community amenities. Further residential and rehabilitation units will however be necessary as described above. Malta has recently seen the setting up of a non-statutory organisation, the Richmond Fellowship whose aim will be to form a therapeutic community. Here "efforts are made to reorientate the resident away from the self-image of patient and towards a realistic assessment of himself as a participating member of society".

Other infrastructural needs include the availability of sheltered workshops. Work provides the individual with dignity, a sense of achievement and fulfillment, constructive activity and financial independence. These aspects play an important role in rehabilitation and community integration. Sheltered workshops do not exist in Malta yet but a scheme is available where sufferers are registered as disabled with the Social Services Department and Employment and Training Corporation. These are then provided with suitable work in the state and private sector when places of work are available.

With the aim of movement away from mental hospital structures, out-patient clinics take place in the general hospital and also in peripheral health centres, all over Malta. Also a "community" oriented in-patient ward is available in St Luke's Hospital in the form of the Psychiatric Unit and it is planned that all acute admissions will be admitted to a specially developed psychiatric complex in St Luke's within a few years. In Gozo a new psychiatric complex next to Gozo General Hospital will open in a few months' time.

However a proper community service will depend finally and most importantly on its personnel. Psychiatric illnesses are characterised by a chronic waxing and waning or intermittent course which is markedly influenced by personal and environmental stress and by major life events. Also most patients live in their own homes and the burden on carers is considerable. In this field a keyworker is indispensable.

Usually a nurse or social worker, he or she develops a therapeutic relationship with patient and carers, earns their trust and provides a personalised service. Education about the illness is followed up by discussions of risk and vulnerability factors. Stress management and coping strategies in order to deal with and avoid precipitating and perpetuating situations are taught. Subjects are regularly assessed and monitored and if necessary helped in times of crisis. Default is followed up by active pursuit. Evidence of relapse requires prompt intervention to prevent further deterioration, jeopardy of relationships and occupation, as well as the revolving door scenario of repeated hospital discharge and admission.

Carers will decompensate and develop marked fatigue and tension in situations of prolonged stress and this in turn will have a further deleterious effect on the patient. Caring for the carers with professional support, guidance and if necessary, organisation of respite is another salient role of the community health worker. And because all resources should be utilised with an aim towards full support and holistic care, liaison between keyworker and the person's general practitioner is important.

Regretfully a well organised, coordinated and effective service as described above is as yet inexistent in Malta. However it will slowly be introduced as the service develops further and trained personnel become available.

Finally an excellent service is one which is well coordinated with other services of the state as well as with the sometimes ample, motivated and dynamic resources of the voluntary sector. Our psychiatric social work department works in close liaison with "Centru Hidma Socjali" and the occupational therapy department provides in-service training at "Dar tal-Providenza". In the field of substance abuse there is good cooperation with AA, Caritas and OASI in Gozo.

In the opening paragraph it was pointed out that community psychiatric services in Malta are still in their infancy but making their first tentative steps. It is expected and hoped that within the next decade the service would have overcome its 'teething' troubles and reached maturity.