

MALTA'S MENTAL HEALTH REFORM

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In Malta as in many other countries, psychiatry has for years been the Cinderella of the Health Services with a tradition of not only being under-resourced but also of being an unpopular career choice amongst health care professionals.

However unjustified this may have been, things are changing with young promising candidates opting for careers in the Mental Health Services as an early and even first choice. There have over the years, been repeated pleas to upgrade Mount Carmel Hospital, scale it down in size and provide community and general hospital facilities. Nevertheless, local mental health services still remain under-resourced and neglected. Many doctors who have ventured into the field and proceeded abroad, have not yet returned, whilst related mental health care professionals remain in short supply.

Recently, Mental Health Services have received their long overdue attention with the Government announcing plans for a radical Mental Health Reform assisted by the Belgian Government under the bilateral health agreement. For this the Government has utilized pre-existing links with the Belgian Government harnessing financial aid including a European Community Med-Campus grant. Professor Franz Baro from the Catholic University of Leuven heads the Med-Campus Mental Health Action Project Malta.

Such support is very necessary and although Maltese professionals would have preferred to have been involved from the very beginning, the established links offer excellent possibilities for training, research and service planning and it is intended that the foreign experts will facilitate local initiative by providing a framework of international expertise and support which can be adapted and utilized by local experts for local application.

The proposed Mental Health Reform is ambitious in scope including amongst its targets, the formulation of a National Mental Health Strategy and Policy for Malta to co-ordinate public, private and voluntary sectors. The aim is to promote multi-disciplinary community mental

health services, emphasising prevention and early intervention whilst introducing effective hospital management structures within Mount Carmel Hospital. Finally, the Reform is required to prepare the necessary amendments to the present Mental Health Legislation.

The Government intends to achieve its objective through a number of committees comprising the Scientific Board and the National Commission for Mental Health Care Reform co-ordinated by a Bureau of which the former two have already been set up.

The Scientific Board with its smaller membership, has the roles of Policy and Strategy formulation, monitoring and evaluation of Reform Action Programmes and responsibility for a number of training and research programmes including the recently held Family Doctor Training Seminar and proposed Psychiatric Morbidity Research. Community Services are being targeted at the pilot area of Qormi, Zebbug and Siggiewi. Another important objective is the carrying out of a Mount Carmel Hospital census to provide an informed patient data base for programmed re-organisation and upgrading of hospital services.

The National Mental Health Commission has a larger multi-disciplinary membership including several psychiatrists and has, as one of its main roles, collaboration with the Scientific Board to contribute towards the formulation, implementation and monitoring of National Mental Health Policy and Strategy.

So much impetus in what has previously been such a neglected sector of health care has surely to be welcomed, but is there a note of caution? Some who have experience in local mental health

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services fear that the pace at which plans are proceeding does not allow sufficient time to take stock of real obstacles. Others, whilst supporting the development of the multi-disciplinary team, fear that the important central role of the Psychiatrist could be eroded through the Reform process. Certainly, success will be limited if financial investment and human resources do not materialise. Contrary to the impression that may have been created, Mental Health Services would today already be far better if they had been adequately resourced.

Radical change calls for radical measures but change can only be implemented with the support of those it depends upon for implementation and it is crucial that without losing the necessary

momentum, there is sufficient time and opportunity for proper consultation and reflection on the proposed changes.

The current momentum provides a unique opportunity which must not be missed, since the Government's political commitment and the goodwill amongst several different professionals provide the right ingredients for a successful outcome to the Mental Health Reform. Times of change, naturally, create anxiety and anxiety can cause resistance but it is only through change that improvement will take place.

The Government is providing the structure for a successful Mental Health Reform and it is crucial that full advantage is taken of this opportunity.

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