



**RICHMOND FOUNDATION CONFERENCE**

**9<sup>th</sup> October 2009**

**Conference in Commemoration of the  
2009 World's Mental Health Day**

**Mental Health:  
European Challenge: Local Challenge**

**Excelsior Hotel  
Floriana, Malta**

Conference Proceedings

March 2010

# Table of Content

<b>Introduction</b>	<b>Pg. 3-4</b>
<b>Sessions</b>	<b>Pg. 5-9</b>
1) Implementation of the European Pact	Pg. 6
2) Mental Health and the Workplace	Pg. 6-7
3) The European Pact	Pg. 7
4) Mental Health and the Elderly	Pg. 7-8
5) Mental Health - Children, Youth, and Education	Pg. 8
6) The Prevention of Depression and Suicide	Pg. 9
<b>Workshops</b>	<b>Pg. 10-15</b>
1) Children and Youth and Mental Health	Pg. 11-12
2) Mental Health and the Elderly	Pg. 13-14
3) Employment and Mental Illness	Pg. 14
4) Prevention of Depression and Suicide	Pg. 15
<b>Way Forward</b>	<b>Pg. 16-17</b>
<b>Appendices</b>	<b>Pg. 18-35</b>

## Introduction

On 13 June 2008, a High Level Conference “Together for Mental Health and Well-Being” in Brussels launched the European Pact for Mental Health and Well-being. It symbolises the will of those involved to exchange and work together on mental health opportunities and challenges. Richmond Foundation held a one-day conference in commemoration of the World’s Mental Health Day with the theme of “*Is-Sahha Mentali: Sfida Ewropea: Sfida Lokali.*” (Mental Health: European Challenge: Local Challenge). This took place at the Excelsior Hotel, Floriana on Friday 9<sup>th</sup> October 2009.

The main issues addressed in the conference were: Mental Health in Youth and Education, Prevention of Depression and Suicide, Mental Health in Older people, Mental Health in Workplace Settings, Combating Stigma and Social Exclusion. These issues were further evaluated and discussed during the afternoon four workshops.

Various speakers gave their valuable contributions during this event. These included: Hon John Dalli - Minister for Social Policy, Hon Mario Galea - Parliamentary Secretary, Ms. Hana Horka – a representative from the European Commission, Dr. Ray Xerri - Director at the Health Division, Ms. Carmen Zammit - Commissioner for Children, Dr. Stephanie Xuereb - Director for the Care of the elderly, Ms. Antoinette Caruana- a human resource manager and Mr. Joseph Abela - occupational therapist. Over a 120 participants attended this event.

Richmond Foundation believes that the above themes are intertwined and interdependent and thus it needs a holistic and an integrated approach in addressing these issues. Thus the local stakeholder including service users, families, professionals, policy makers and government need to join forces to address these issues effectively. There is no health without mental health therefore mental health issues need to be mainstreamed in all sectors.

The objectives of this conference were to:

1. Get a thorough knowledge of the Mental Health Pact;
2. See what the European Union is doing in relation to Mental Health;
3. Reflect on the Pact in the local context;
4. Determine the way forward and influence health and social policy/policy makers.

Mental disorders are on the rise in the European Union. Today, almost 50 million citizens (about 11% of the population) are estimated to experience a mental health problems. Mental illnesses and suicide cause immense suffering for individuals, families and communities. They put pressure on health, education, economic, labour market and social welfare systems across the EU. Therefore, there is a need for mental health to be taken seriously and to ensure that promotion of mental health is actualised across Europe, that preventive measures are put in place and that treatments and support services are provided.

The event was supported by the Mediterranean Trading Shipping Co Ltd, Foster Clark, Kinetix, Farsons, Eagle K Wear, David, and Carini.

# **SESSIONS**

## **Implementation of the European Pact**

Speaker: *Ms. Hana Horka*

Ms. Hana Horka, a member of the European Commission, discussed the Implementation of the European Pact for Mental Health and Well-being. Ms. Horka stated that social and economic changes in the EU causes rising levels of stress and mental illness in the population. Demographic changes will also increase the levels of mental illness (due to an ageing European population) as in turn it would lead to more age related neurodegenerative disorders. It has been estimated that within the next 10 years more people will be affected by depression than any other health problem. Today mental illness has become a leading reason for work absenteeism and early retirement.

Ms. Horka gave an overview of the initiatives taken over the last years that acknowledge the importance of mental health. The WHO European Ministerial Conference on Mental Health that was held in Helsinki 12-15 January 2005 with particular reference to the implementation of call for support; the Green Paper launched by Commissioner Kyprianou in November 2005 was meant to follow up the World Health Organisation (WHO) European Ministerial Conference on Mental Health. Ms. Horka stated that The European Pact was launched in June 2008 at a high-level conference "Together for Mental Health and Well-Being". The launch of the Pact led to the organization of a number of thematic conferences the first being the Stockholm conference "Promotion of Mental health and Well-being of Children and Young People - Making it Happen" which was organized by DG Health and Consumers under the Swedish Presidency.

## **Mental Health and the Workplace**

Speaker: *Ms. Antoinette Caruana*

Ms. Antoinette Caruana spoke about Mental Health and the Workplace. Ms. Caruana stated that work is good for ones health and well-being. Inactivity and isolation which usually accompany long-term absence from work have a negative impact on a person's

physical, psychological and social health and well-being. One must also bear in mind that employment may bring with it a lot of stress that can eventually develop into a mental health problem. So the prevention of mental health problems in relation to employment is the best way to combat possible mental health problems in general. Preventive measures include creating a health working environment, good absence management practices that support a healthy workplace and access to an Employee Assistance Program (EAP). Ms. Caruana highlighted that mental illness brings with it stigma and therefore people who experience mental health problems find it difficult to find employment. However, as pointed out by Ms. Caruana, successful employment may be achieved through: sheltered employment, training and education and supported employment.

### **The European Pact**

Speaker: *Dr. Ray Xerri*

Dr. Ray Xerri spoke about the European Pact, where it was highlighted that Mental Health is to be a national priority as it brings with it Disease Burden, Economic Burden and Sustainable Development. Mental Health is considered to be a disease burden because it is the most common illness where 11% of EU citizens experience some kind of mental health problems. Mental Health is considered to be an economic burden because it accounts to 2% - 3% loss in GDP. There is no wealth without mental well-being therefore there should be a sustainable development in the sector of mental health as investing in mental health will result in investing in wealth. The Pact focused on the following priorities: Youth and Education, Depression and Suicide, Workplace Settings, Older People, and Stigma and Social Exclusion.

### **Mental Health and the Elderly**

Speaker: *Dr. Stephanie Xuereb*

Dr. Stephanie Xuereb discussed the theme of Mental Health and The Elderly. Dr Xuereb highlighted the fact that presently, Europe has an aging population having 14% of the total population as older adults. This involves challenges that must be addressed, such as

increased demand in health care services, more need of specialised health professionals and so on. According to Dr Xuereb, depression affects 10% - 15% of the old aged population. Dementia is a mental illness that affects older adults, in fact 5 million people in EU suffer from dementia and this is subject to increase in the future. Dr Xuereb believes that the promotion of health and active aging is a way to prevent mental disorders. There must be a collective responsibility to ensure the wellbeing, respect and nurturing of our elderly population.

### **Mental Health - Children, Youth, and Education**

Speaker: *Ms. Carmen Zammit*

Ms. Carmen Zammit highlighted the issue of mental health with particular reference to Children, Youth, and Education. Ms. Zammit reported that stigma can affect one's mental health mostly when one fails to disclose one's mental condition which would lead to the worsening of the condition. Awareness about mental illness is a way to combat stigma at the same time one has to provide accurate information about the protection and support for children and youth who experience mental health problems in order to help them achieve one's potential. Ms. Zammit spoke about "The United Nations Convention on the Rights of the Child" identifying that good health is every child's right and that this is to be provided in order to safeguard their well-being. Ms. Zammit highlighted the need of various services to be provided to reflect the needs of the children and their families. These services must be efficient as well as accessible. Ms. Zammit noted that good mental health in children and youth will eventually transmit into good mental health when they reach adulthood. The European Pact identified that 10 - 20% of youth suffer from mental health problems, with an increased percentage rate of youth who fall into vulnerable and disadvantaged group settings. This shows the importance to address such issues and to continue to invest in one's mental health at an early age as a preventive service. Ms. Zammit also recognises the importance of education in relation to mental health and that it will bring about positive changes in the mental health sector.

## **The Prevention of Depression and Suicide**

Speaker: *Mr. Joseph Abela*

Mr. Joseph Abela spoke about the Prevention of Depression and Suicide and he also shared his personal experience as a relative. He says that Stigma and the lack of knowledge about mental illness and not being aware of the services provided may bring about an increased level of mental illness and suicides. Mr. Abela listed out the five pillars of the European Pact. The first point deals with a continual investment in mental health professionals that help people who experience mental health problems including NGOs. In Malta there have been advancements in mental health services as today such services are not only provided by Mount Carmel Hospital. One must consider that the service provided by mental health professionals are too expensive and that not all people can afford to pay for such a service irrespective of they really need the service. Even though Mount Carmel Hospital has improved its services it still carries with it great stigma. The Pact deals with limiting access to suicidal means. The media has to be extra sensitive when reporting issues like suicide. The third point of the Pact deals with providing more knowledgeable information to the public and professionals about mental health. Mr. Abela spoke about the difficulties that people suffering from mental illness face when applying for employment. An updated legislation would help these people to integrate more. The fourth point is about the reduction of possible factors that may cause suicide. The last point of the Pact outlines the importance of authorities to provide support to those individuals who have attempted suicide attempts and to their families.

# **WORKSHOPS**

# Workshop 1

## Children and Youth Mental Health

**Moderator:** *Ms. Carmen Zammit*

*Commissioner for Children*

**Rapporteur:** *Ms. Anthia Zammit*

**Back up Rapporteur:** *Joe Galea*

*KIDs co-ordinator, Richmond Foundation*

In Malta there was a recent set-up of day care centres where their opening hours ought to be extended as the current operating hours of 8.30am – 1.30pm are inadequate for mothers/parents working on a full-time basis, this will enable parents or guardians to take their children at day care centres without the need to miss out from work. The Maltese government invests in family friendly measures such as parental leave and family support service. This is because good pre-natal care is essentially the starting point for good mental health throughout a person's life. In Malta there are school services for children with special physical and mental needs in special schools showing that every person has a right to education and to lead a normal life outside one's disabilities and barriers. There has been an increased community service that offers continuous support by mental health professionals in four Day Centres (Cospicua, Qormi, Zejtun and Paola) and two Health Centres (Qormi and Cospicua) on a daily basis, including a Home Visit service. However, in Gozo there are no mental health community services available and mental health services are severely limited.

The Young People Unit in Mount Carmel Hospital is often criticised. However, it must be acknowledged that Mount Carmel Hospital plays a major role in helping families experiencing dire, intolerable situations, and has prevented countless suicides. This indicates that the YPU should be viewed as a stepping stone leading

towards greater progress. However, the situation at the admissions ward in Mount Carmel Hospital is highly disconcerting. This can be remedied through an increase in funding and human resources, and with the help of local NGOs such as Richmond Foundation that constantly promote good mental health and offer mental health services to prevent mental disorders and aid people who experience such disorders.

Although there have been improvements in safeguarding the well-being of children and youngsters who experience mental health problems there are yet many things that are not addressed. Some of these are the absence of a single comprehensive Children's Act, limited educational psychologists and lack of family therapists which as highlighted by Appogg lead to long referral times. This is detrimental to the clients who have to wait for months to be seen to by a professional Family Therapist. It is crucial that children who have experienced a psychological trauma are to be treated professionally without delay and this will ensure that children's rights are observed. Good health is every child's right and is to be provided in order to safeguard their well-being. The systematic mental health reform is urgently needed as children are being denied treatment because of archaic laws.

## Workshop 2

### Mental Health and the Elderly

**Moderator:** *Dr. Stephanie Xuereb*

*Director Elderly Care*

**Rapporteur:** *Ms. Adele-Marie Bonello*

*Floriana Hostel co-ordinator, Richmond Foundation*

**Back up Rapporteur:** *Mr. Chris Bezzina*

*Villa Chelsea co-ordinator, Richmond Foundation*

In Malta there are strong family ties where relatives' take care of their elderly with great commitment. However, when this is not possible care for the elderly is provided by the state. It is worth mentioning that relatives are encountering great pressure to take care of their elderly because of inadequate services, for instance the community services like MMDNA are restricted by certain time schedules and some services are limited by age. This means that if persons are older than the established age they are not entitled for the service.

There are various day care centres in various localities and respite services are provided at St.Vincent de Paul and Zammit Clapp Hospitals. However, there is a lack of specialised services for the elderly with mental health difficulties. There should be better co-ordination of various specialised personnel and better collaboration between different sectors working in the field.

The Outreach Service is set to target the elderly that have been discharged from hospital institutions like Zammit Clapp and Karen Grech in order to give them the necessary support in their own home and community. Since Malta is facing an aging population, great awareness and expertise regarding dementia is needed, this will ensure the safeguarding and well-being of those elderly who suffer from dementia.

Unfortunately, the elderly are enduring more stigma because of their age and their mental condition.

## **Workshop 3**

### **Employment and Mental Illness**

**Moderator:** *Ms. Antoinette Caruana*

*Human Resource Manager*

**Rapporteur:** *Ms. Stelmart Khalil*

*Employment Services co-ordinator, Richmond Foundation*

**Back up Rapporteur:** *Mariella Mendez Cutajar*

*Support Housing co-ordinator, Richmond Foundation*

Work is good for one's health and well-being as long as it managed safely and effectively. The ETC scheme facilitates more employment for those individuals who are willing to be part of the labour force. However, people who experience mental health problems find it hard to find regular employment as many employers fail to employ them. This shows that there are flaws in our present work scheme for persons who suffer or experience mental health difficulties as there is more emphasis on the illness rather than the abilities of the individual. This can be addressed by employer education – assisting employers to develop a culture of knowledge and understanding related to mental health in the workplace by encouraging them to provide for the mental well-being of their employees. Employers are encouraged to adopt employee assistance programs in order to support their employees. EU funding for projects related such as sheltered and supported employment are necessary to enlarge the range of employment opportunities to those individuals who suffer from mental health problems, as well as, the need to deliver better public services.

## Workshop 4

### Prevention of Depression and Suicide

**Moderator:** *Mr. Joseph Abela*

*Occupational Therapist*

**Rapporteur:** *Ms. Carmen Grech*

*Self-help group facilitator, Richmond Foundation*

**Back up Rapporteur:** *Mariella Mamo*

*Home Support worker, Richmond Foundation*

Community Mental Health Service and Support Groups are provided by many organisations including Richmond Foundation, Caritas and others. Better policies and investment should be set towards mental health in the community, as individuals who suffer from mental health problems living with their parents are not entitled to any benefits. This situation gives rise to financial burdens if one considers the costs of the prescribed drugs and private psychiatrists fees. It is worth mentioning that not all individuals are entitled to free medicines. In fact only individuals who are diagnosed with schizophrenia are entitled to free medication.

There has been a shift in the media reportage regarding mental health. Its emphasis is to promote good mental health and to educate the public about people who experience mental health difficulties and to inform the public about the services available. Stigma, with particular reference to patients of Mt. Carmel Hospital, hinders those individuals who wish to seek professional help. Even though stigma is not easily eradicated from society, the treatment of the mental health problems at the community level can decrease stigma. Community mental health services can help and empower people to live a good quality of life in the community. More awareness about mental health in general in schools and at the workplace as well as responsible reportage of mental health issues by the media will help eliminate stigma.

## Way Forward

The theme of this conference focused on the European and Local Challenges of Mental Health. Mental Health in Youth and Education, the Prevention of Depression and Suicide, Mental Health in Older People, in Workplace Settings, and finally finding ways to Combat Stigma and Social Exclusion were highlighted as the main issues associated with Mental Health. There were a good number of participants who attended the conference and feedback was given which imply that the promotion of positive mental health should be kept high on the agenda as mental health is an essential feature for a nation.

The reason for this conference was to underline the demands and challenges of the country related to mental health and how it will be possible to cater for the needs required to aid people who suffer from any kind of mental illnesses. Involvement and support from third parties is essential in order to combat and prevent such illnesses. It has been estimated that in 10 years time more people would be affected by depression than any other health problems. Therefore, there will be an increased demand of health services which will in turn have a financial impact and cause greater pressure on social welfare services. It is important to note that since Europe has experienced a demographic change (ageing population) more age related neurodegenerative disorders will be present. Complementary action and a combined effort at EU level can help tackle these challenges by promoting good mental health and well-being in the population, strengthening preventive action and self-help, and providing support to people who experience mental health problems and their families, further to the measures which individual Member States undertake through health and social services and medical care.

There has been an extraordinary rise in number of both the mental health consumer and family members thereof; there has been tremendous improvement in the mental health services. Yet, much remains to be done. People with mental illnesses still face great stigma and discrimination, even though mental health problems affect a good proportion of the EU population.

During this conference various key points were highlighted.

- Stigma needs to be challenged and eradicated through a robust anti-stigma campaign.
- There should be promotion of good mental health and well-being. Such campaigns should strengthen preventive action and self-help.
- Legislative framework through the Mental Health Act and Children's Act are essential.
- There should be better coordination between involved agencies.
- Empowering community mental health services in addressing crisis and providing a holistic approach to care across all ages is important.
- Users need to be involved in the drafting, approval, implementation, monitoring and evaluation of policies and services.
- The involvement and support of family members (as carers if this is requested by the person affected by mental health problems) should be encouraged.

## **APPENDICES**

# Conference Programme



**Jum Dinji dwar is-Sahha Mentali 2009**  
**Is-Sahha Mentali: Sfida Ewropea: Sfida Lokali**  
**Il-Ġimgħa, 9 t'Ottubru 2009**  
**Excelsior, Floriana**

08:30 Registrazzjoni

09:00 Indirizz *tac-Chairperson* tal-Konferenza

**Ms. Dolores Gauci**

Kap Eżekuttiv – Richmond Foundation

09:15 Diskors tal-ftuh

**Hon Mario Galea**

Segretarju Parlamentari għall-Anzjani u l-Kura fil-Komunita'

09:30 L-Unjoni Ewropea u s-Sahha Mentali

**Ms. Hana Horka**

Kummissjoni Ewropea

10:00 Preżentazzjoni dwar il-Patt Ewropew

**Dr. Ray Xerri**

Direttur fid-diviżjoni tas-saħħa

10:30 Brejk għall-kafe'

11:00 Is-Sahha Mentali – It-tfal, iż-żgħażaġh u l-Edukazzjoni

**Ms. Carmen Zammit**

Kummissarju għat-Tfal

11:20 Is-Sahha Mentali u l-Anzjani

**Dr. Stephanie Xuereb**

Direttur għall-Kura ta' l-Anzjani

11:40 Is-Sahha Mentali u l-Post tax-Xogħol

**Ms. Antoinette Caruana**

*Human Resource Manager*

12:00 Il-Prevenzjoni tad-Dipressjoni u s-Suiċidju

**Mr. Joseph Abela**

*Occupational Therapist*

12:30 *Standing up lunch*

13:15 *Workshops*

15:30 Diskussjoni u Konkluzjoni

16:00 Diskors ta' l-Għeluq

**Hon John Dalli**

Ministru tal-Politika Soġjali

*Lingwa tal-konferenza: Malti*

## **Biographical Notes of Speakers**

### **Ms. Hana Horka**

Works for the European Commission. She became Policy Officer for mental health in Health Determinants Unit in Directorate General Health and Consumers contributing to the development and implementation of the EU policies and related follow up actions. Her portfolio covers mental health and well-being and more generally health aspects of young people. She has studies in philosophy, political science and international relations at Charles University in Prague.

### **Dr. Ray Xerri**

The Director at the Dept of Health and lecturer at the University of Malta on health economics. Member of the working group on mental health EC, and focal point for mental health for WHO. Member of the International Advisory Board on Mental Health to WHO Geneva.

### **Ms. Carmen Zammit**

Ms. Carmen Zammit worked as a social worker for 25 years and as a director of the department of social welfare for 3 years. Served as a secretary to the Children and Youth Person Advisory Board for a period of 12 years and as vice-chairperson within the same board for another 10 years. As from 2007 Ms. Zammit is a commissioner for children.

### **Dr. Stephanie Xuereb**

Director of the Elderly and Community Care. A Public Health Specialist and has also specialised in Management and Business Administration. Her experience for the last ten

years relates mainly to health care services management, service regulation and policy development.

**Ms. Antoinette Caruana**

Antoinette is a trustee of the Richmond Foundation and currently Group HR Manager of the Farsons Group. She has previously held senior management posts in HR with large manufacturing and service organizations in Malta and was CEO of Heritage Malta in its early years. Antoinette also serves as a director of the Central Bank of Malta, the Foundation for Human Resources Development and as employers' representative on the Industrial Tribunal. She has consulted with various organizations locally, presented at conferences both nationally and abroad and lectured at the management faculty of the University of Malta for a number of years.

**Mr. Joseph Abela**

Mr. Joseph Abela is an assistant principal occupational therapist in the outpatients' clinic at the department of occupational therapy at Mater Dei Hospital. He served as a member of parliament where his main interest was in the mental health sector. Mr. Abela was also a member of the commission of mental health. Currently Mr. Abela is a member of the board of directors at Mount Carmel Hospital and does voluntary work (Laboratorju tal-Paci)

# **SWOT analysis of each workshop**

## **Workshop 1**

### **Children and Youth Mental Health**

#### **Strengths:**

- a) Recent set-up of day care centres. Opening hours ought to be extended as the current operating hours of 8.30am – 1.30pm are inadequate for mothers/parents working full-time
- b) Family friendly measures such as Parental leave and Family Support Services. Good pre-natal care is essentially the starting point for good mental health throughout a person's life.
- c) Training counsellors and child care centre services recently introduced at MCAST.
- d) School services for children with special physical and mental needs in Special Schools.
- e) 10 trainee psychologists (one for each College) have recently been recruited.
- f) Increased community services offer continuous support by mental health professionals at four Day Centres (Cospicua, Qormi, Zejtun and Paola) and two Health Centres (Qormi, Cospicua) on a daily basis, including a Home Visit service.
- g) Foster care allows the child to grow in a healthy home environment and allows for individual attention and support to be given to the child. This is often not possible in an institutionalised setting.
- h) Young Persons Unit in Mount Carmel Hospital is often criticised. However it must be acknowledged that Mount Carmel Hospital has played a major role in helping families experiencing dire, intolerable situations, and has prevented countless suicides. YPU should be viewed as a stepping stone leading towards greater progress.
- i) Developing resilience of many young people in Malta considered at risk of developing a mental disorder despite their disadvantageous background and turbulent upbringing.

- j) Active contribution of NGOs such as the Richmond Foundation and the Equal Partners Foundation in promoting mental health, offering mental health services, and preventing mental health disorders in Malta.

**Weaknesses:**

- a) Absence of a single comprehensive Children Act. No single documented compilation of Child Laws. Malta instead has several legislative Acts pertaining to children.
- b) Two Educational psychologists (one for Malta and one for Gozo) are grossly insufficient. Educational psychologists previously employed resigned collectively after a change to the work package extended working hours for psychologists working in schools.
- c) Lack of family therapists. Long referral time as highlighted by Appogg is detrimental to the clients which must wait for months to be seen to by a professional Family Therapist. It is crucial that children who have experienced psychological trauma are treated professionally without delay.
- d) Primary Health Care Reform: Community services in Mental Health ought to be substantially increased in all areas of Malta, especially the Northern part of the island and in Gozo where they are currently lacking.
- e) No Mental Health community services available in Gozo. Mental Health Services are severely limited in the Island of Gozo. This requires urgent attention.
- f) The Financial assistance given to foster carers (45 Euro per week) is not sufficient and ought to be increased. Furthermore financial assistance ought to be given in the form of vouchers for medicines, clothes vouchers etc. and not as cash payment. The UN Convention on Children's Rights stipulates that the state is duty-bound to provide for children who can not be properly cared for by their biological parents.
- g) The great emphasis placed on academic learning is detrimental to a child's mental well-being. Presently, Malta's educational system lacks focus on life-skills, personal development and emotional well-being. The Right to Play as outlined in the UN Convention on Children's Rights is often not respected due to ever-increasing academic pressure. Stress and anxiety are closely linked to clinical depression.
- h) The World Health Organization's recommendation that children participate in sport or physical exercise for at least one hour a day is not being implemented.

- i) Systematic Mental Health Reform is urgently needed as children are being denied treatment because of archaic laws. A minor can only be given required mental treatment if the father gives his consent. The mother can only give her consent if the couple are separated. This also reflects the fact that a child's access to justice is sorely limited.
- j) Lack of coordination and disparity in opinions of different mental health professionals and stakeholders is leading to confusion and lowers the quality of treatment and service.
- k) The situation at the Admissions ward in Mount Carmel Hospital is highly disconcerting. This can be remedied through an increase in funding and human resources.
- l) The high level of stress experienced by school-children is escalating the problem of mental disorders and acute anxiety. The current academic syllabus is too demanding. Malta has registered the highest rate of school-age child depression in the EU.
- m) Extracurricular activities such as drama, art, music can cause even more stress because they are targeted as a competitive endeavour. Such activities should be promoted and organized in schools as a healthy activity that children can enjoy.

**Proposal:**

- a) Holistic person-centred approach. Child rights ought to be respected.
- b) Increased inclusion of mental health users through the update of criteria targeting the needs of students.
- c) Mental Health Screening by child psychologist or psychiatric nurse should be provided for all children in schools in order to take preventive actions regarding possible mental health problems.
- d) Multi-disciplinary team at the post-secondary level and at the workplace should be established.
- e) School assessment by teachers of pre-school teachers.
- f) Teacher training, especially PSD teachers
- g) Reform criteria for treatment and institutionalization.
- h) Mental well-being ought to be integrated into Physical education with coaches being trained to provide life-skills and emotional support to children.

- i) Stronger collaboration between Ministries: Education, Sport, Health, Finance.
- j) Address stigma through an increase in public awareness and health promotion campaigns.
- k) Funding is needed to cater for a better service to the community.

## **Workshop 2**

### **Mental Health and the Elderly**

A group of 15 participants discussed the theme of mental health and the elderly and all gave their perspective regarding the issues that were highlighted. The following are the main points related to the questions that were asked during the workshop:

#### **Strengths**

- a) Day centres in various localities
- b) Respite services at St.Vincent de Paul and Zammit Clapp hospital
- c) Night Shelter Service: This is a relatively new service, with eight beds at Zejtun, targeted for the elderly who do not wish to stay at their home during the night.
- d) Strong family ties were relatives take care of their elderly with great commitment.
- e) Good awareness and expertise regarding dementia.
- f) Mentoring system were an elderly helps another
- g) Technological Advances: New security systems are being available were a person suffering from dementia can for instance be refrained from going out unless one inputs the code into the system.
- h) Lifelong learning Program

#### **Weaknesses**

- a) In the past, awareness related to mental health was very limited and persons who showed symptoms of mental disorders may have not been diagnosed earlier on. Therefore today's elderly may have not taken and are still not taking the necessary medication.
- b) People with dementia may have a cold shoulder turned on them by society due to stigma.
- c) People suffering from dementia may be discriminated against due to their condition.
- d) Work related pressure experienced by staff in the elderly sector may result in inferior services.

- e) Lack of specialised services for the elderly with mental health difficulties.
- f) Community services like MMDNA are restricted by certain time schedules. The time when the elderly are given their pills is not always adequate, for example, evening pills are given earlier.
- g) Some services are limited by age. If persons are older than the established age they are not entitled for the service.
- h) Relatives are encountering great pressure to take care of their elderly relatives because of inadequate services for reasons, including those mentioned in (f) and (g). This results in more applications for elderly homes even though services in the community could be satisfactory.
- i) Many people are unaware of the services available or others that for some reason or another do not make use of the services.
- j) Some residences were not intended to house elderly people so infrastructural mobility restraints are encountered.
- k) Lack of awareness concerning certain conditions that particularly affect the elderly.
- l) Financial difficulties experienced by the elderly are not given the necessary importance.
- m) Presently emergency accommodation services for the elderly are unavailable.
- n) Services to cater for persons who are recovering from a medical intervention are limited.

### **Opportunities**

- a) The present Night Shelter service or another program should cater for larger numbers in different localities.
- b) A token or reward system was mentioned as a sign of recognition towards the contribution of the elderly towards society and to the elderly residences.
- c) Introduction of the Elderly of the Year Award in residential homes.
- d) Better use of technology, for instance, a tracking system for dementia patients. A bracelet or another object can be used to locate missing persons.
- e) Better use of the Support line 179
- f) Gerontology services should be more accessible. Also the gerontologist should be the professional responsible for the overall care of the elderly.

- g) The local council and the parishes should be more involved in enhancing the relationship within the local community. Volunteers should be given the necessary training to work with the elderly.
- h) More research in this area

### **Threats**

- a) Financial limitations
- b) Abuse and overuse of medication as tranquilisers that is unnecessary.
- c) The elderly have potential and other resources that are not being recognised as they should.
- d) A widespread of abuse is still present. It was highlighted that relatives tend to put the elderly in residential home in order to take their assets.
- e) Increasing the number of beds in an institution, will not solve the problem. Community Care services should be improved so that the elderly are given the possibility to live in the community rather than in an institution.
- f) When compared to the past fewer women are taking care of their parents at an advanced age due to the fact that they are part of the workforce.
- g) Unqualified personnel are being employed even though specialised personnel are available.

### **Proposal**

- a) The Outreach Service is set to target the elderly that have been discharged from hospital institutions like Zammit Clapp and Karen Grech in order to give them the necessary support in their own home and community
- b) The compiling of a registry of professionals that can or may work in this particular sector, including care workers.
- c) A more detailed investigation targeting abusive users of the service
- d) Better co-ordination of various specialised personnel and better collaboration between different sectors working in the field, like for example the relation between correct nutrition and mental well being.
- e) Better inclusion of the elderly within the community with particular reference to the provision of services and care, tailor made for them. It is encouraged to foster a sense of empowerment amongst the elderly community.

### **Stigma and Discrimination**

Language used even by professionals to address the elderly reflects a negative stereotype that will hinder those who wish to continue to develop their life. The elderly are enduring even more stigma because of their age and their mental condition.

# Workshop 3

## Employment and Mental Illness

### Strengths

- a) More initiative
- b) Increased awareness
- c) Dedicated staff
- d) More family friendly measures
- e) More social conscience
- f) Families that offer support
- g) Employers who are willing to employ persons with mental health difficulties – although in the minority
- h) ETC schemes to facilitate more employment
- i) People are feeling more comfortable in disclosing mental health difficulties
- j) Networking opportunities

### Weaknesses

- a) Duplication of work in the area of supported employment – overlap of work – need of a unified/strategic plan
- b) Weaknesses of present work scheme for persons who suffer or experience mental health difficulties
- c) Lack of work assessment centres where people are referred to assess their skills and abilities for job matching
- d) Social benefits system
- e) Lack of matching of skills with appropriate jobs
- f) More emphasis on the illness rather than on well-being and the abilities of the individual
- g) Lack of mental health policies at the workplace

### Opportunities

- a) Employer education – increased awareness for employers regarding mental health and how to deal with employees exhibiting mental health problems
- b) Employee Assistance Program(EAP) – prevention from difficulties becoming serious mental health issues
- c) EU funds for projects related to employment and inclusion of persons with mental health difficulties at the place of work
- d) Appropriate use of the media

### **Threats**

- a) Demands of the economy
- b) High case loads
- c) Employee burnout
- d) Medical approach still dominant
- e) Possibility of bullying when disclosing mental illness

### **Proposal**

- a) Employer Education - assisting employers develop a culture of knowledge and understanding related to Mental Health in the workplace by encouraging employers to provide for the mental wellbeing of their employees. This can be done by providing education and training for employers regarding issue of employing persons with Mental Health difficulties.
- b) EU funding for projects related to the needs required to enlarge the range of employment opportunities to those individuals who suffer from mental health problems, as well as, the need to deliver better public services.
- c) Encouraging employers to adopt employee assistance programs in order to support their employees.

## **Workshop 4**

### **Prevention of Depression and Suicide**

#### **Strengths**

- a) Support Line 179
- b) Community Mental Health Services such as offered by Richmond Foundation, Outreach by Mount Carmel, Caritas, Sedqa, Oasi etc
- c) Support Groups / Self Help Groups for users and their families organised by Richmond Foundation, Mental Health Association, Caritas etc
- d) Day Care Centres
- e) More media awareness – More radio and television programmes being held on mental health supported by professionals and individuals who suffer from mental health conditions.
- f) Domestic Violence Unit
- g) Activities organised within the community – such as by local councils, church etc.
- h) Support and Training being offered to the Police Force with regards to mental health issues and on the job support relating to same.

#### **Weaknesses**

- a) Difficulty in finding and maintaining a job
- b) Stigma – especially with regards to Mt Carmel Hospital patients
- c) Labelling
- d) Long waiting lists
- e) Individuals who suffer from mental health problems living with their parents are not entitled to benefits.
- f) Lack of co-ordination and / or duplication of work between the different entities
- g) Prescription of medication for depression has to be listed under ‘Schizophrenia’ so that user can get same for free from hospital

- h) Over promotion on Media of Mental Health services being offered in the community usually heighten the limitations of resources. One has to be careful that when these services are being promoted on the media they can be substantiated in facts.
- i) Lack of beds in the psychiatry section of Mater Dei Hospital
- j) Gozo is very limited when it comes to community mental health services. Not enough NGO's and services in this field.

### **Opportunities**

- a) Gozo has one point of referral for users who need hospitalization – Gozo General Hospital - so the stigma associated with Mt Carmel hospital in Malta is non-existent in this respect.
- b) EU funded projects
- c) The new proposed Law on Mental Health
- d) More investment by Government and NGO's in community care
- e) More beds in the psychiatric section of Mater Dei
- f) Better monitoring of abuse – be it – domestic violence, drugs, alcohol, bullying etc
- g) More training at all levels of educators, employers, Police etc.

### **Threats**

- a) Domestic Violence
- b) Alcohol abuse
- c) Drug abuse
- d) Present educational system is very stressful
- e) Stigma and labelling
- f) Non existence of communication between social workers and General practitioners
- g) Mixed up priorities in individuals – not enough balance between work and family
- h) Lack of flexible working hours
- i) Long waiting lists
- j) Social workers and professionals have huge case loads thus preventing them from giving quality time to their clients

- k) Not enough resources for children of parents with mental health problems
- l) Present economic situation
- m) Non existent legal aid
- n) Separations
- o) Support and after care for prisoners and their families not sufficient
- p) Housing applications – long processing procedure

### **Proposal**

- a) Dispersing of institutionalisations – more community care needed to decrease stigma
- b) More information on mental health – especially in schools from an early age, workplace, media
- c) More sports integration within the present school educational system
- d) Crisis intervention centre – very much needed
- e) Fostering a sense of empowerment to clients in order to help them live within the community
- f) More training at all levels of educators, employers, Police etc.
- g) Better policies – i.e. investment should be increased towards mental health in the community