MCP Mental Health Strategy Feedback

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Preamble

Since its inception, MCP has been working on promoting and safeguarding the psychology profession whilst advocating for the service users that we meet in our daily working lives. Hence, on becoming aware that the Mental Health Strategy 2020-2030 was being created, we immediately made contact, to be involved, as much as possible in this process.

We therefore emailed our members to see who would be interested, on a voluntary basis, to help contribute in co-creating this document. It was the above authors who showed interest, and after several meetings we eventually drew up this document.

First of all we would like to acknowledge the work being put towards the creation of the public consultation document. In the feedback provided below it is our intention to build on the proposals in this document, by pointing out areas which appear to lack sufficient attention.

Pre-requisites of the SuccessfulImplementation of the National Mental Health Strategy

A Common Framework: Ensuring a Systematic Approach

Whilst the Public Consultation document makes many important suggestions towards improvements and attempts to outline the principles which will help to organize the approach, it still appears to be missing a framework that serves as the backbone that is needed to ensure a solid, well-coordinated provision of services that avoids coming across as a patchwork of artificially connected, but mostly separate services. One example of such a framework is the THRIVE framework in use with some Child and Adolescent Mental Health Service (CAMHS) providers within the National Health Services (NHS) in the UK. This framework organizes the different services according to the level of risk present in the different groups that they target (see Appendix A). At the lowest level are initiatives provided to children and adolescents who are seen as “thriving”, including mostly of low level support. The subsequent levels are “getting advice”, “getting help”, “getting more help” and “getting risk support”. This framework is based on the collaborative needs assessment of service users, their families and surrounding systems, together with professionals. Consequently, services are designed on needs, rather than trying to fit in service users to the services that are available. In fact, the current situation in Malta leaves many lacunas, where in some complex cases, service users’ needs cannot be catered for fully in any service, e.g. managing young people with a forensic presentation.

Suggested actions

- Adopt a framework to create continuity and cohesion within service-provision

Retention of staff – what measures will be taken?

As has been mentioned in the Mental Health Strategy 2020-2030, vide 4.6.2, retention of staff is extremely important. Research highlights that staff turnover in publicly funded mental health settings is usually high (Beidas et al., 2016). This turnover can have a negative impact on the continuity of care, on the quality of service as well as disrupt the particular agencies. Turnover can also negatively impact the organisations' efforts in providing evidence-based practices, being that though the organisations would have invested heavily in training and supporting mental health workers, these skilled workers are then lost.

Factors Impacting the Turnover of Psychologists

Research (Sciberras, 2016) amongst psychologists in Malta's MHS shows that burnout and turnover were more linked to problems in the system than to the type of work or service user population. A predominantly medical model was seen to still prevail within these services which is in contrast to the value system practised in psychology. A Mental Health Strategy that is more acknowledging of a true biopsychosocial model would definitely assist in the retention of such staff as it would improve job satisfaction. We acknowledge that a culture change needs to happen for the medical model not to be the most dominant way of understanding mental illness. This requires intensive input to bring about change in the service users, the professionals involved, as well as society in general.

Meanwhile, other organizational factors, such as organizational climate, which could be about the '*shared employee perceptions around the psychological impact of their work environment on their own well-being'* (Glisson et al., 2008; Williams & Glisson, 2014) can also impinge on the rate of turnover in public service sectors. Obviously, organizations with a healthy climate tend to have lower turnover (Glisson et al., 2008). It seems that this will be seen to as proposed in the Mental Health Strategy 2020-2030, vide 4.6.2, '*to review the professional management structures to render them more conducive to team-working'*.

Involvement in Decision-Making

Ideally, as being suggested in the strategy, involving the mental health professionals in being '*decision-makers at all levels in the mental sector'* needs to be implemented at this crucial stage, especially with regards to the psychology profession. At this point we feel that certain decisions or a particular direction, already seem to be in place, without any proper consultation or involvement from the psychology profession. It is especially worrying to realise that neither MCP nor the managing psychologists from the Health Department have been consulted regarding the blueprints of the new acute hospital being planned. This is a clear example of how the medical model predominates, whilst other professions are side-lined.

Importance of Psychosocial Supervision

We suggest that psychologists would provide supervision to diverse professionals within the Mental Health System, so as to provide containment and support, whilst also fostering team-work and collaboration amongst the different professions, as stated in 4.6.2 within the Mental Health Strategy. Considering that the nursing profession makes up the biggest percentage of the mental health workforce, it is worrying to hear that they do not receive organised supervision, amongst other professions who also complain of lack of proper supervision. It is also important to have Standard of Procedures in place to include post-incident debriefing, amongst other things.

In layman's terms, supervision is the formal place whereby, support, reflection and the space for the further development of the professional practice is encouraged. Research shows that organizational actions that invest in their employees, such as having positive employee attitudes towards the job and organization, as well as positive perceptions of work group and supervisor relationships, were associated with lower turnover.

Suggested actions

- Consult psychologists during the planning stage of all facilities they are expected to work in, in order to ensure that the new facilities will meet their needs
- Create structures which allow the possibility to all professionals working within the mental health field to receive guidance from trained professionals in relation to the challenges they face in their day-to-day service-user work (i.e. clinical supervision)

Promoting Mental Wellbeing

Acknowledging the Complexity

In this section we wish to highlight the need for this document to acknowledge the complexity of wellbeing: its promotion; prevention and treatment of ill mental health. In order to reflect this complexity, the **promotion** of mental health at all levels of society and throughout an individual's lifetime should consider allof the following:

- Happy intimate relationship with partner
- A network of close friends
- An enjoyable and fulfilling career
- Having enough money
- Taking regular exercise
- Maintaining a nutritious diet
- Having sufficient sleep
- Having spiritual or religious beliefs
- Enjoying hobbies and leisure pursuits
- A healthy self-esteem

- Having an optimistic outlook
- Having realistic and achievable goals
- Having a sense of purpose and meaning
- Having a sense of belonging
- Having the ability to adapt to change
- Living in a fair and democratic society

Acknowledging the Importance of Families

Furthermore, we believe that the National Mental Health Strategy needs to go further in acknowledging the importance of families. Although the public consultation document mentions families in several sections, there seem to be no proposed actions which actually address the needs of families rather than individuals. Especially due to the recent and rapid changes in social norms and values, migration and mobility, there is a need to consolidate the family and the community by bringing in structures that support and protect them. Policy-makers need to conduct ongoing research to base their policies on in order to facilitate social, cultural and economic support for family life (e.g. family-friendly measures at work, maternity leave, safe play areas for children). Furthermore, interventions targeting the family system need to be included in the treatment plan for many mental health difficulties (Stratton, 2016). Moreover, to reflect the importance of family, we also suggest that the diagram in Figure 1 in the public consultation document should also include the family system between the individual and communities.

Suggested Actions

- Promote mental wellbeing from a young age by providing curricula with a focus on building resilience in the student population, such as teaching and practicing mindfulness, and fostering prosocial behaviour, like kindness and compassion
- Develop measures to foster a school-life balance for all children and young people
- Support research on the needs of families to put in place relevant policies to meet their needs.
- Acknowledge the importance of interventions on a family level by engaging the necessary human resource.

Prevention of Mental Ill Health

As the public consultation document acknowledges, resilience is of paramount importance to promote mental well-being, to prevent mental ill health and to decrease recovery time. The document further defines resilience as “the process of adapting well in the face of adversity, trauma, tragedy and threats”, and acknowledges that violence and insecurity contribute to mental ill health. These issues are further acknowledged in the section 4.3.1.

Investing in the Services Working with the Most Vulnerable in the Maltese Society

It seems that there is little in terms of concrete proposals on how to improve the existing services provided to people who are at a high risk of developing mental health issues due to the dire social circumstances they encounter. The parastatal and government agencies which currently provide for these arguably most vulnerable members of the Maltese society currently work from facilities which are mostly unsuitable for their needs. Working with traumatized people is emotionally taxing, but it is also suggested that high burnout rates among professionals doing such work also stems from the low levels of recognition for the work that they do (Pross, 2006), which Katsounari (2015) further elaborates on: "Such recognition, expressed in such practical things as job positions, titles and salaries, nevertheless plays a major role in the psychological health of the helper.", as has already been mentioned previously.

When such work is done from crammed offices literally falling apart, it leads to a demotivated or burned-out workforce, which is eventually more likely to seek other employment. As a result, as already mentioned previously, these services struggle to maintain experienced workers who are needed to provide and coordinate high-standard services to these individuals and families with the most complex difficulties on the island.

Obviously, this unfortunate state of affairs, that is, the state of the buildings, does not only affect the staff but also service-users. In health-care settings it is recognized that physical environments impact patients' recovery and symptoms, and that investing in the aesthetics of the facilities is investing in the care provided to the patients (Alfonso, Capolongo & Buffoli, 2014). Therefore a mental health strategy which truly means to address building resilience, needs to consider investing in its social services to meet both the needs of the service-users and the staff treating them.

Suggested Actions:

- Seek to relieve space constraints in the national agency "focusing on children, families and adults in vulnerable situations and/or at risk of social exclusion, and communities" (https://fsws.gov.mt/en/appogg/Pages/overview-appogg.aspx),possibly by relocating the psychological services to spaces which are better suited for the needs of these services, allowing the other services to expand to take the spaces so far occupied by the psychological services.
- Invest in improving the outlook of the existing facilities allocated to the abovementioned services

Preventing Substance Misuse

Reducing the Visibility of Alcohol

Whilst the introduction of a National Alcohol Policy in 2016 was a positive step towards having a systematic plan to address the harm of alcohol, this policy seems to intentionally steer away from some crucial areas which are included in alcohol legislations in several other countries (such as Finland https://www.finlex.fi/fi/laki/alkup/2017/20171102). Such areas most obviously include limitation on places where alcohol can be served and displayed.

At present, life is very difficult for a recovering alcoholic in Malta. In many shops, alcohol is displayed over the cash, and not in a separate area of the store which can be avoided. Furthermore, because many social events have absolutely no limits on where alcohol can be consumed, many recovering alcoholics end up feeling very marginalized in the society, as they cannot go to crowds where everyone around them will be drinking, spilling drinks, and some even throwing them on the crowd. Because of the nature of addiction, such exposure to alcohol is very likely to trigger intense cravings for alcohol which make relapse more likely. Exposure to high level of alcohol consumption also normalizes alcohol use and thus contributes to the initiation of problematic alcohol use in young people.

Other countries have acknowledged these issues and introduced legislation which outlaws consumption and sale of alcoholic beverages in the main audience of any sports or music-related event (Finland and Norway). The problems that this raises are perhaps more prevalent than before, as many people from the Nordic countries, who are not used to being exposed to relatively unrestricted alcohol consumption are making Malta their home at the most vulnerable age to develop alcohol addiction. It is also worth to note that "Research shows that the risk of men committing suicide rises in proportion to an increasing consumption of alcohol, especially in the Nordic countries", making this issue important to suicide prevention, mentioned as a proposed action in 4.3.1. ((http://sciencenordic.com/%E2%80%9Calcohol-campaigns-have-wrong-focus%E2%80%9D).

Suggested Actions:

- Amend the National Alcohol policy to a) limit the display of alcohol in retail outlets to areas (such as at the back of the store), which service-users do not need to pass. b) ensure that the main areas of public social events for the general public remain alcohol-free by having separate areas away from stages for the sale and consumption of alcohol.

Ensuring Standards of Care

All the above have been suggestions towards the further development of the services being provided. At the same time, there also needs to be emphasis on national pathways of care, which will ensure the upkeep of standards across services, similar to the U.K. NICE Guidelines. Such pathways need to be evidence-based and relevant to the local context. Additionally, they will highlight areas which need further development, e.g. areas in which the mental health workforce needs further training.

Through Service User Involvement

We believe that by having a formal way in gaining service user feedback, we would gain strong insight into the actual needs of our service users, and highlight areas of growth, as well as performance indicators that need to be implemented in the systems, as is suggested in 4.6.4

Research highlights that when mental health services involve service users in helping to develop treatment recommendations, these aid in improving the relevance and acceptability of the guidelines created, for both service users. By taking into account the *'implementation of guidance at the point it is used, by developing decision aids and considering both parties' involvement in the process of determining treatment goals and interventions is consistent with recovery values currently permeating mental health services internationally'* (Harding, Pettinari, Brown, Hayward & Taylor 2011).

It is important to pay particular attention to how studies on service users' experience are conducted. A recent independent study on participant recruitment and retention in mental health clinical trials, concluded that:

> The recruitment studies included showed substantial variation in strategies, clinical settings, mental health conditions and study design. It is difficult to assess the overall efficacy of any particular recruitment strategy as some strategies that worked well for a particular population may not work as well for others. Paying attention to the accessibility of information and consent materials (optimisation) may help improve recruitment. Recruitment by clinical staff and non-web-based adverts showed some efficiency and success in certain circumstances. Pre-notification, abridged questionnaires and financial incentives have small positive effects on retention rates in postal surveys. The limited number of eligible studies identified suggests that more research in this area is needed given its important implications (Liu, Pencheon, Hunter, Moncrieff & Freemantle, 2018).

Suggested Actions:

- To conduct various studies to understand how best to encourage, engage and empower our service users

Through the Development of Mental Health Services Guidelines

Ultimately, in this area, we also believe that the Mental Health Strategy 2020-2030 needs to focus on the development of mental health guidelines, which are context sensitive and evidence based such as in the NICE guidelines. In 4.6.3, this is alluded to, as part of the plan for much needed planned research; however, prior to all this, the Standard of Procedures and Protocols need to be created, across all the different stakeholders, to streamline the services, and allow for protocols and procedures to be in place to guide not only the professionals providing the services, but ensure that the end service users are given the best-practice care available.

This can be done by again involving the professionals and service users, as well as the researchers working both internally and externally. For this to be possible, of course, the Public Sector needs to provide much needed resources both of a human nature, as well as digital equipment and the environmental space.

One such example is the recent study by Thornicroft, Deb and Henderson, (2016), who suggested that community mental health care focuses on several fundamental issues. They identified community mental health care as encompassing:

- A population-approach
- The socio-economic context of service-users
- Individual as well as population-based prevention
- A systemic view of service provision
- Open access to services
- Team-based services
- A long-term, longitudinal, life-course perspective
- Cost-effectiveness in population terms

They also highlighted the need to commitment to social justice, by addressing the needs of the minorities, such as ethnic minorities, the homeless, migrants, other communities that might be considered a minority, as well as the child and adolescent population. They also emphasised the need that these services need to be provided in acceptable and accessible locations.

The researchers added that second, community mental health care needs to focus not only upon people's deficits and disabilities, through an illness perspective, but rather, on their **strengths, capacities and aspirations,** as **a recovery perspective.** Hence, as is suggested by the Mental Health Strategy 2020 – 2030, a resiliency model would be implemented. Therefore, our services need to focus on enhancing the individual's ability to '*develop a positive identity, to frame the illness experience, to self-manage the illness, and to pursue personally valued social roles'* (Thorncroft et al., 2016).

It is further suggested that community mental health care should also be focusing on the reduction or management of environmental adversity, in conjunction with strengths of the same community, such as families, social networks and organizations that surround people who experience mental illnesses.

Finally, community mental health care also needs to take on a scientific approach, which would make use of the best available data on the effectiveness of interventions. At the same time empowerment of the service user and patient would be encouraged, thus allowing for professionals to fully explain, in a manner that is easy to understand, the available options for interventions and whatever information is available on their effectiveness and side effects, and to have their preferences included in a process of shared decision making.

Thus, we define community mental health care as comprising the principles and practices needed to promote mental health for a local population by:

a) Addressing population needs in ways that are accessible and acceptable;

b) Building on the goals and strengths of people who experience mental illnesses;

c) Promoting a wide network of supports, services and resources of adequate capacity;

d) Emphasizing services that are both evidence-based and recovery-oriented(Thorncroft et al., 2016).

Through a Holding Environment

Further to what has been suggested in 4.4.2, and to the environmental issues mentioned in various sections throughout the document, we would like to emphasise the importance of the appropriate therapeutic milieu in the delivery of mental health services.

Besides the basic aesthetics necessary to provide the holding environment for the service users, there is also lack of basic needs, such as comfortable chairs for the service users and therapists, which are appropriate to use during therapy. This is detrimental both to the employees who work within such an environment, as well as to all service users. Meanwhile, there is concern over the lack of occupational safety measures across all sectors. There are also a number of services which lack accessibility both for users and employees, as well as inadequate sanitary resources.

Defragmentation of services

Signposting

At present date, the general public lacks easy access to information on the availability of evidence-based services (4.3.7). This could be amended by ensuring that information on all services is available online, in easily-accessible, user-friendly formats, ideally created in collaboration with service-users and professionals.

Integration of Services Across the Board

The public consultation document gives importance to the seamless integration of physical health and mental health services (4.4.1.). If looking at mental health from a biopsychosocial perspective, it would be equally important to also have this integration across ministries, i.e. outside of the health sector and reaching the social, educational and correctional sectors to enhance a holistic approach to service-user wellbeing. Inter-agency electronic database, on a needs-to-know basis, and case sensitive, as has been suggested in the document, vide 3.4.4, needs to be available and used by all professionals and not just as has been suggested in 4.4.1. This would facilitate the sharing of information between the different professionals addressing the psychosocial needs of the service-users.

On a similar note, it is also important to address shortcomings in the system when it comes to continuity of care when moving from child-centred, to adolescent-centred (not fully acknowledged as a separate area yet) to adult-centred services. We would like to propose that movement between these services will not involve strict cut-off points such as age 18 for adolescents, but transition periods during which the change takes place gradually, extending access to adolescent services until age 25.

Involving Multiple Areas of Expertise across all Services

There are many benefits for the service users in having a holistic complement of professionals working together. Hence, as already discussed during the initial meeting held at the launch of this strategy, when one of the undersigned MCP representatives was present, we propose that different therapeutic modalities (e.g. psychologists, psychotherapists, play therapists, family therapists, applied behavioural analysts) need to be working professionally together. FSWS are already implementing such a work environment and it is a clear example of how such a setup could work. To facilitate the transition, small pilot studies could be conducted, in practice, to find the best fit for the different setups.

Acknowledging the Mental Health needs in the Forensic population

The public consultation document does not appear to acknowledge the mental health needs of the forensic system service users or the support required by the staff involved in this department. As with other sectors, there is a lack of staff that caters for the mental health of these service users; as well as inadequate premises to accommodate such services.

Another major concern in this area is the lack of acknowledgment of the mental health needs of the police force itself. A large number of police officers encounter stressful and traumatic experiences which can affect their lives negatively. Unfortunately, there is no proposal or existing structure of services that supports these individuals. Psychologists are well equipped to provide such support and we suggest that this be part of the services offered within the Forensic/Home affairs Department.

Suggested Actions:

- National provision of therapeutic services to ensure that anyone can access therapy, and not only through FSWS, RF, or MCH service users or Voluntary Organisations. Studies show that when therapeutic services are provided in a timely manner, recovery is faster, thus saving money for the government in the process.
- Creating a user-friendly website/mobile application to signpost service users to the relevant services.
- Creating teams that consist of a multitude of psychological and psychotherapeutic expertise, apart from other allied health professionals.
- A common platform/database across services, where professionals can have access to reports and treatment plans.
- Ensure that all services are well resourced to provide for a dignified service.
- Provide psychotherapeutic sessions to individuals who work in highly stressful environments.
- Support to the current services while this strategy is being implemented.

Concluding Comments

Whilst acknowledging the work that was done to put together the original document, we would like our feedback to contribute towards the final strategy going further in recognizing the complexity of mental wellbeing. We believe that for this to be achieved, it is important for the strategy to take a step away from the medical model and towards the biopsychosocial model of service-provision. Finally, we would like to emphasize that for the goals in this strategy to be realized, the strategy needs to go further in taking care of the human resource which it depends on for its success.

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