

Mental Health in Malta

An issue of implementation
rather than legislation



elsa

The European Law Students' Association

MALTA

A Social Policy Paper
by **ELSA Malta**
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I would like to commend the dedicated team of the European Law Student Organisation of the University of Malta. Their work truly impresses me.

It was my pleasure to meet representatives from ELSA earlier this year, and to see how committed ELSA is to promote human dignity and social solidarity. I am pleased to see that ELSA has taken up the discussion on the mental health situation in Malta.

The formulation of this Social Policy Paper will help the development of a more holistic mental health policy in our country, and also it will reflect the much-needed fundamental respect for cultural diversity and social inclusion.

Respect is fundamental, to safeguard, and to nurture the inclusive democratic ideals, which we hold in such high regard. We must never forget that effective access to mental and emotional wellbeing is a fundamental human right.

Moreover, we should be proud that our country has embraced a more holistic and person-centred approach, to support and empower persons who are suffering from mental health issues. However, there is always more work that needs to be done.

It is important, for our institutions and service providers to keep up with new developments and knowledge in this constantly evolving sector.

Let me therefore commend ELSA Malta for undertaking this research. As a Human Rights student organisation, you are right to raise awareness about mental health, and to research how Malta's existing legislative framework can be further implemented and, if necessary, amended.

I am also pleased to note that this Policy Paper is highlighting the most important areas of our mental health legislation, including personal rights, education, employment, psycho-social support, and the particular challenges being faced by children and their families.

Another interesting approach which ELSA took, and I find intriguing, is a comparative study of legislation in other countries, such as Germany, the United Kingdom, Denmark, and Norway. These are amongst the countries which have the most comprehensive and effective mental health care in the world.

It is essential that we continue to encourage the sharing of good practices with stakeholders in other countries, about mental health.

Let me conclude by once again congratulating ELSA on the publication of this Social Policy Paper. I would like to encourage the members of ELSA, and all the students at the University of Malta, to continue to be activists for human rights, for peace, and for wellbeing, among your peers, in our Euro-Mediterranean Region, and throughout the world.

Introduction

Both locally and internationally, the topic of Mental Health has in recent years been given the prominence it deserves. This being said, while progress was welcome, as with the new legislation promulgated in 2012, one finds that more needs to be done. This paper aims to consider all facets of life which legislation on mental health would want to address. Such facets are; Education, Employment, Rights of Users and Carers, Integration and Wellbeing, Treatment and Financial Benefits. This paper also aimed to address all the relevant facets of mental health legislation when it comes to Minors, with a section focusing entirely on children.

Beyond the analysis of the current legislation and past public projects, the ELSA Malta Social Policy Committee also held interviews with various prominent NGOs which operate in Malta so as to get the perspective of those persons who are at the forefront in combatting the stigma and providing help for persons who have mental health related issues. Such interviews allowed for the paper to go beyond being only an analysis of the current legislation, but also provide commentary as to the implementation of such legislation. Such a combination of analysis and commentary should allow for the legislator to take from the paper the key points highlighted by the Committee as well as the interviewed NGOs when engaging in discussions on further legislation on mental health.

The paper is structured in such a way that each section primarily highlights the local legislation currently in place for the topic being tackled in said section. Any commentary by NGOs would also be included here. As with previous Social Policy Publications, ELSA Malta engaged in a comparative analysis; looking at countries which are considered to be at the forefront of mental health legislation and implementation. Such countries include the United Kingdom, Denmark and Norway; countries which placed at the top in the Mental Health and Integration Index by the Economist Intelligence Unit.

To conclude, the ELSA Malta Social Policy Committee feels that despite the strides made in the promulgation of comprehensive legislation on the subject, more is required to secure the proper implementation as well as improvement of established legislation. For this, consultation with NGOs, users and carers themselves is essential moving forward.

Education

Ignorance on a subject gives rise to various misconceptions and unfounded opinions. This remains true for mental health. It's imperative that children at schools are educated so as to understand that having good mental health is as important as having good physical health. Such education would in turn lead to the children becoming more aware as to the importance of mental health, as well as understand that someone isn't, to put it in layman terms often used by sensationalising media, crazy if they're suffering from mental health related issues. One must however note that while looking towards a better future by educating children is needed, we must not forget the thousands of adults in the general public who also have misconceptions which should be done away with through educative campaigns.

Educating the General Public

A relevant note on the how the general public, both in Malta and abroad, perceive mental health stems from the portrayal of persons with mental health conditions in the media.¹ This in turn can at times lead to a creation of unfounded stigma. Such portrayal may be created for a number of reasons and as Wahl points out, amongst the main reasons is that of financial gain. By presenting mental illness as a means of what the public already mistakingly perceives ensures that the general demographic buy into the portrayal and allows for safe profits for the media owners.² Another reason stems from the ignorance of the portrayal of a particular mental condition, and like the general public, most filmmakers are not mental health professionals. This would lead to a situation whereby the depiction of people with mental conditions relies on the stereotype of such people being different and dangerous, often unaware that such portrayals would be inaccurate.³ Thus, it is our job as citizens to make sure that we separate fact from fiction and if a particular form of media is one that aims to teach us, we should research that what is being said is factual and not merely looking at the various aspects of drama manufactured into these signification systems.⁴

On a purely local level, as established by Article 5 of the Mental Health Act, Malta has a Commissioner for Mental Health that *inter alia* aims to increase the awareness and knowledge of the general public about mental health.⁵ An example of such work is the #STOPSTIGMA campaign launched on 27 December 2017, which aimed to raise awareness on mental health issues and to counter popular misconceptions.⁶ Contacted by ELSA Malta, SOS Malta has praised the effort, but

¹ Gary Morris, *Mental Health Issues and the Media: An introduction for health professionals* (Routledge 2006).

² Otto F. Wahl, *Media Madness: Public Images of Mental Health* (Rutgers University Press 1997).

³ *Ibid* 113.

⁴ Michael Birch, *Mediating Mental Health: Contexts, Debates and Analysis* (Ashgate 2012).

⁵ 'Commissioner for Mental Health' (2017) <<http://deputyprimeminister.gov.mt/en/CommMentalHealth/Pages/Commissioner-For-Mental-Health.aspx>> accessed 6 April 2018.

⁶ MAPHM, "Launch of the #STOPSTIGMA Campaign for Mental Health Awareness" (MAPHM December 2, 2017) <<https://maphm.org/2017/12/02/launch-of-the-stopstigma-campaign-for-mental-health-awareness/>>

emphasised the need for more communication and networking between the Ministries concerned and the organisations tasked with outreach and executing such efforts.⁷ Additionally, *kellimni.com*, a free online 24/7 support platform available for all set up in 2011 by SOS Malta, the Salesians of Don Bosco and Aġenzija Appoġġ, is a critically important tool to reach a larger pool of people in need of emotional support. Any user can make contact with a professional in the field, through online chatting, email or through an app on one's phone.⁸ The accessibility of such a service is certified by the 200 weekly users.

Educating Children at Schools

A study conducted in Malta back in 2008 found out that about 10% of Maltese students have experienced some form of social, emotional and/or behavioural problems,⁹ highlighting that mental health is not something that only adults can suffer from, but even children at a very young age. An international comparative study by the WHO continues to emphasise such an idea, by showing that children as young as 11 have felt to be under undue pressure or stressed due to schoolwork and in Malta's case, it ranked to 43% for girls and 30% for boys.¹⁰ One should note that this data is unfortunately a decade old. This latter fact necessitates more such studies to be carried out again, as well as shows that educating children about mental health is imperative in modern society.

From a comparative standpoint, one can note how in 2014 government of the United Kingdom worked with the PSHE (Personal, Social, Health and Economic) Association to help schools teach pupils about mental health and eliminate the stigma which can leave young people with mental health issues feeling isolated.¹¹ More recently, in January 2017, Theresa May also announced initiatives that aimed to transform attitudes to mental health, with a focus on children and young people, which included mental health first aid training for every secondary schools and by 2021, no child will be sent away from their local area to receive treatment for mental health issues.¹² Such practices could be implemented on a local level, with state entities and NGOs engaging in tandem for such initiatives. Similarly, NGOs should be given greater priority and accessibility when it comes

⁷ "Kellimni.com's Perspective" (February 13, 2019) personal interview

⁸ "Home" (*Kellimni*) <<http://kellimni.com/>> accessed February 19, 2019

⁹ Carmel Cefai, Paul Cooper and Liberato Camilleri, *Engagement Time: A national study of students with social, emotional and behaviour difficulties in Maltese schools* (ECRES 2008).

¹⁰ Candace Currie and others, *Inequalities in young people's health. HBSC international report from the 2005/2006 survey* (WHO/Europe 2008)

¹¹ Department for Education and Sam Gyimah MP, *Fresh approach to school mental health support* (DFE 20 November 2014) <<https://www.gov.uk/government/news/fresh-approach-to-school-mental-health-support>> accessed 6 April 2018.

¹² BBC News, *Mental health reforms to focus on young people, says PM* *BBC* (Oxford 9 January 2017) <<http://www.bbc.com/news/uk-politics-38548567>> accessed 6 April 2018.

to school workshops for example, given the tight curriculum and schedule schools have to adhere to. The importance given to physical health through P.E. lessons should be replicated with mental health. This is being trialled in the UK through the introduction of mindfulness classes for students.¹³

Bullying of Children at Schools

The harsh reality of the unfortunate presence of bullying in schools would also have to be tackled by such campaigns. A 2011 study noted that increases in social, emotional and mental health difficulties were more likely to occur for pupils that attended schools “where bullying was prevalent.”¹⁴ Victims of bullying may also feel lonelier, seeing that these same victims report on having fewer good friends to talk to about their situations, making it even more difficult for them to come out of their shells and even talk about it to people that they trust, such as their parents and teachers.¹⁵ Both the government and schools should emphasise on wider anti-bullying campaigns, allowing children a platform to share their issues with other students that may be going under similar pressures. Our schools highlight the damages that bullying does to children, seeing that every single school in Malta and Gozo has a form of a bullying policy, to the point where even the University of Malta has one, that aims to stipulate the procedures that shall be adopted in cases of allegations of harassment at the University of Malta.¹⁶ Even the Education Act highlights the importance of the tackling of bullying, by establishing a Directorate for Educational Services, where one of his main aims, is to make sure that there is the provision of services required to deal effectively with issues of misbehaviour and discipline of bullying.¹⁷ The Maltese government has also implemented certain policies that aim to create some form of recognition regarding matter, as seen with the “Addressing Bullying Behaviour in Schools Policy”, implemented by the Ministry for Education and Employment in 2014, that aimed to improve student learning behaviour and well being and the conditions that support these.¹⁸ Contacted by ELSA Malta, the Association for Child and Adolescent Mental Health (ACAMH) praised the anti-bullying systems which are in place in schools. For the ACAMH, one of the ways in which we are failing children is that mental health is not mentioned in Personal and

¹³ “DfE Plans New Mindfulness and Wellbeing Trials” (*Schools Week* March 16, 2017) <<https://schoolsweek.co.uk/critics-attack-plans-for-school-mindfulness-trials/>> accessed February 19, 2019

¹⁴ Helen Askell-Williams and Carmel Cefai ‘Life at School and Mental Health from Students’ Point of View: A Study from Malta’ in Carmel Cefai and Paul Cooper (Eds.) *Mental Health Promotion in Schools: Cross-Cultural Narratives and Perspectives* (Sense Publishers 2017)

¹⁵ René Veenstra and others, *Bullying and victimisation in elementary schools: A comparison of bullies, victims, bully/victims, and uninvolved preadolescents* (2005) 41(4) DP 672.

¹⁶ Student Conduct- Regulation and Procedures, Harassment and Bullying Policy (UM 2016) <https://www.um.edu.mt/_data/assets/pdf_file/0020/280703/harassmentbullyingpolicy.pdf> accessed 6 April 2018

¹⁷ Article 11(2)(n) of the Education Act (MT)

¹⁸ Ministry for Education and Employment, ‘Addressing Bullying Behaviour in Schools Policy’ (MEE, October 2014) <<https://medecms.gov.mt/en/Documents/Addressing%20Bullying%20Behaviour%20in%20Schools.pdf>> accessed 6 April 2018.

Social Development (PSCD) lessons.¹⁹ PSCD deals with several topics ranging from drug use to sex, however mental health is never dealt with in such lessons.²⁰

Mental Illness and How it affects Employment

The majority of adults spend one third of their lives at their workplace.²¹ The necessity of having employment obviously also applies to persons suffering from mental health related issues. Problems may however arise if a workplace doesn't cater for the needs of employees who may suffer from mental health related issues, or worse, may induce such issues.

International Initiatives

Internationally, a number of laws and provisions have been implemented and are in place in order to safe guard mentally ill people at their work place and to help avoid situations in which these people are discriminated against due to their condition. In the United States, the U.S. Equal Employment Opportunity Commission set out a list of rights that people suffering from depression and other mental illnesses are entitled to. These state, *inter alia*, that it is illegal for employers to discriminate against people who have a mental illness, and this means that in cases in which such illness might affect one's performance at work, the employer might have the legal obligation to provide the person with reasonable accommodation that grants the person special working conditions in order to aid his illness.

Protection against the discrimination at the workplace due to mental illness is something taken seriously by the European Union and this importance could be seen and highlighted in its paper about "Promoting mental health in the workplace" which was published in November of 2014. In this paper existing and new proposed legislation was published in order to protect these people. These existing guidelines usually come from within the three relevant approaches to managing mental health issues at work, Health and Safety, Mental Health Promotion and Return to Work, with these guides vary in terms of origin, their status, their aims and their target groups. Transnational and national agencies have been active in the field of the protection of mentally ill people in the workforce especially in countries such as Denmark, Germany, the UK, Norway and Finland, countries in which this issue is of great concern. These guides tend to often carry considerable weight in terms of their implications for practice and are aimed at employers and are generally set

¹⁹ "ACAMH's Perspective" (February 15, 2019) personal interview

²⁰ *ibid*

²¹ 'WHO | Global Strategy On Occupational Health For All: The Way To Health At Work' (*Who.int*, 1994) <https://www.who.int/occupational_health/publications/globstrategy/en/index2.html> accessed 10 April 2018.

out in high level terms, often outlining responsibilities under the law and principles of approach.²² Apart from these guides that are listed down, a number of initiatives have been started by various groups such as “The European Network for Workplace Health Promotion (ENWHP)” which started an initiative in order to help promote mental health in the workplace.

International Jurisprudence

Despite the initiatives mentioned above, there have been a number of cases in which people have been unfairly dismissed on the basis of depression over the years, such as the case *Sadeghi v TJX UK*. Here, the Employment Tribunal held that Mr Sadeghi had been both wrongfully and unfairly dismissed and discriminated against on the grounds of his depression.²³ Out of the 300 million cases of reported depression, most of these cases also have symptoms of anxiety linked with them. Anxiety can be described as the feeling of worry, nervousness, or unease about something with an uncertain outcome, something which is very common among members of the work force, especially people of a higher position who have a large amount of stress put on them on a daily basis. This seems to be a great problem especially in Denmark where after a survey was carried out it was discovered that 14% of people who work take medication on a regular basis in order to cope with the stress and anxiety that work brings with it. The Danish stress consultant and advisor to businesses and individuals Katrine Marie Jensen said that if things do not change in Denmark it is predicted that stress and anxiety “will be the primary cause of sickness [causing absence from work, ed.] in 2020”, and this is incredibly alarming. Although some help is given to people suffering from anxiety, there have been a number of cases in which people have been dismissed from their jobs due to anxiety and stress resulting from work.²⁴

Local Situation

With regards to employment protection of persons with mental health issues, the Employment and Industrial Relations Act makes reference to such under the collective term of “personal injury”.²⁵ This is referenced again in Article 36 of the same Act whereby it prevents the termination of an employee, without their consent, due to a period of incapacity caused by such personal injury only if this arose out of and in the course of such employment.²⁶ Such afforded protection however can be

²² Promoting Mental Health In The Workplace: Guidance To Implementing A Comprehensive Approach (European Commission 2014) <<http://ec.europa.eu/social/BlobServlet?docId=13879&langId=en>> accessed 31 March 2018.

²³ *Sadeghi v TJX UK* (ET/2200211/2017) [2017] Employment Tribunal (Employment Tribunal).

²⁴ *Emra v. Impression Bridal Inc.*, 2014 HRTO 1736 [2014] Human Rights Tribunal of Ontario (Human Rights Tribunal of Ontario).

²⁵ Employment and Industrial Relations Act, Chapter 452 of the Laws of Malta.

²⁶ *ibid*, Article 36

easily noted as being very limited and in desperate need of expansion. There are also local initiatives that have been set up such as ‘The Lino Spiteri Foundation’ which is a partnership between Jobsplus and Empower which aims to get resources together in order to create opportunities for mentally ill people to find work. Contacted by ELSA Malta, the Richmond Foundation held that one of the main obstacles which persons suffering from mental health issues come across when trying to find and secure employment is misinformation. That is to say, how employers tend to be misinformed on the subject, often times believing falsehoods such as believing that any person suffering from a mental health issue is more prone to violence.²⁷ An unfortunate reality which the aforementioned NGO admitted to is that it only encourages patients to tell their employers that they suffer from a mental health related issue only if absolutely necessary. By law, such persons would be allowed to not share such information with the asking of a psychiatrist’s report being an illegal practice. From their experience, the practice of termination due to mental issues isn’t prevalent, however there have been cases in which termination occurred only after a person admitted to having mental health related issues.²⁸

²⁷ “Richmond Foundation’s Perspective” (February 11, 2019) personal interview

²⁸ *ibid*

Rights of those suffering with Mental Health Problems

Part II of Mental Health Act of Chapter 525 of the Laws of Malta establishes certain rights which are bestowed upon mental healthcare users; that is people who have a mental disorder, and carers; that is people who care for patients with mental health issues.

Article 3 regards the rights of mental health care users. Among these rights one can find that persons with a mental disorder should not be discriminated against on any grounds, that quality treatment should be provided in the least restrictive manner possible and the standard of which should be equal for each patient. There is an emphasis on keeping the user active within the community both whilst receiving care and whilst being rehabilitated. The user should also be well informed about the course of treatment that he will take and the right of autonomy with regards to their course of treatment should also be vested upon them. This also means that the patient's consent is required before receiving treatment. Other rights of note are confidentiality of information, and the granting of access to their clinical records, and the right to dignity which protects them from inhumane treatment.²⁹

Article 3 (2) states:

*"if and for as long as the patient lacks the mental capacity to understand any information regarding his rights, then such information shall be communicated within 24 hours to the responsible carer."*³⁰

A number of medical professionals believe that admission into a mental health care facility should always aim to be voluntary. In fact, Chapter 525 of the Laws of Malta establishes the possibility of voluntary admission into a licensed facility of a person who suffers from a mental disorder.³¹ In these circumstances, such a decision should be a manifestation of the patient's wishes and thus should not be impinged upon by third parties. Thus, this brings up the right to informed consent. Moreover, said patient shall also have the right to discharge him or herself at any point.³²

Involuntary admission on the other hand is disputed amongst many. Involuntary admission is satisfied by different criterion, that is having a severe mental disorder, and as a consequence of it causing serious physical harm to himself or to others.³³ In fact, the most pertinent right with regards to involuntary admission is that of the right to liberty, and how it is of the utmost importance that such patients are not deprived of this right.³⁴

²⁹ Mental Health Act 2012.

³⁰ Ibid

³¹ Stephanie Ellul, 'From Exclusion To Inclusion: The Way Forward Under The New Mental Health Act' (LLD, University of Malta 2015).

³² Ibid

³³ Ibid

³⁴ Ibid

Part 3, Article 5 of the Mental Health Act of Chapter 525 of the Laws of Malta creates a Commissioner for the Promotion of Rights of Persons with Mental Disorders:

- (1) *There shall be established a Commissioner for the Promotion of Rights of Persons with Mental Disorders, herein after referred to as "the Commissioner", to be appointed by the Prime Minister after consulting the Leader of the Opposition under such terms as he deems appropriate.*
- (2) *The Commissioner shall exercise his functions under this Act in relation to particular cases in his own individual judgement, but he shall nevertheless be accountable for his performance to the Minister.*
- (3) *In the performance of his functions, the Commissioner shall be assisted by and shall consult with –*
 - (a) *healthcare professionals; and*
 - (b) *any other person including users and carers.*³⁵

The above mentioned rights of persons suffering from a mental health disorder and their carers is safeguarded by the Commissioner for Mental Health, who is responsible for implementing the provisions of the new Mental Health Act established on the 10th October 2013.³⁶ Since 2012, the Commissioner for Mental Health is Dr. John M Cachia. In order to uphold these rights, the Commissioner must ensure that the legislation creating these rights is upheld and improved upon if necessary.³⁷ If these rights are breached or complaints are made, it is the commissioner's duty to carry out the necessary investigations. Another crucial role of the Commissioner is to foster public awareness of the prevalent issues regarding mental health.³⁸

Mental health rights are also safeguarded on an International and European level. The World Health Organisation's Regional Office for Europe works with member states to develop legislation and policy on a national level according to the European Mental Health Action Plan 2013-2020.³⁹ Several Objectives are outlined in this manifesto and 'Objective 4' regards people's entitlement to respectful, safe and effective treatment.⁴⁰ Objective 4 aims to achieve the following outcomes:

"a) all mental health treatments, whether medical, social or psychological are therapeutic, and respect the dignity and preferences of the service users and, where indicated, their families;

(b) effective treatments are made available on criteria of both efficiency and fairness;

³⁵ Mental Health Act 2012.

³⁶ 'Commissioner For Mental Health' (Deputyprimeminister.gov.mt, 2017) <<http://deputyprimeminister.gov.mt/en/CommMentalHealth/Pages/Commissioner-For-Mental-Health.aspx>> accessed 31 March 2018.

³⁷ Ibid

³⁸ Ibid

³⁹ 'Mental Health' (Euro.who.int, 2018) <<http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health>> accessed 31 March 2018.

⁴⁰ Ibid

(c) *the workforce is properly qualified and competent, able to maintain a high morale; and*

(d) *international cooperation is established between governments and professional stakeholders to benchmark training, competencies and standards of care.*⁴¹

The United Nations published a Convention on the Rights of Persons with Disabilities that was adopted on the 13th December 2006 and came into force on the 3rd May 2008. This Convention protects the human rights of persons with disabilities including those of a mental nature.⁴² The term 'disability' is used in its general sense, therefore the rights established in this convention are also of a general nature.⁴³ National legislation is not always consistent with this convention, for example the Mental Health Act of England and Wales violates Article 4, which protects persons with disabilities from discrimination.⁴⁴

There have been several instances where the European Court of Human Rights found a breach of Article 3 of the European Convention on Human Rights which prohibits inhumane or degrading treatment, when it comes to detaining a person who is ill.⁴⁵ Inappropriate medical care may result in treatment which violates this provision.⁴⁶ This is particularly true with regards to mentally ill persons who are unable to file a complaint when treated inappropriately.⁴⁷

A case of note which came before the European Court of Human Rights is *Aerts vs Belgium*, 30th July 1998. The applicant was arrested for assaulting his ex-wife with a hammer. He was thus placed in the psychiatric wing of a prison, pending trial.⁴⁸ During this time, the applicant complained about the conditions of detention.⁴⁹ The court however held that there was no violation of Article 3 of the European Convention of Human Rights because the living conditions of the psychiatric wing

⁴¹ 'The European Mental Health Action Plan 2013–2020' (Euro.who.int, 2018) <http://www.euro.who.int/__data/assets/pdf_file/0020/280604/WHO-Europe-Mental-Health-Acion-Plan-2013-2020.pdf> accessed 31 March 2018.

⁴² George Szmukler, Rowena Daw and Felicity Callard, 'Mental Health Law And The UN Convention On The Rights Of Persons With Disabilities' (2014) 37 International Journal of Law and Psychiatry <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4024199/#>> accessed 31 March 2018.

⁴³ Ibid

⁴⁴ Ibid

⁴⁵ 'Detention And Mental Health' (Echr.coe.int, 2017) <https://www.echr.coe.int/Documents/FSDetention_mental_health_ENG.pdf> accessed 31 March 2018.

⁴⁶ Ibid

⁴⁷ Ibid

⁴⁸ *Aerts v Belgium* [1998] European Court of Human Rights, ECHR 64; 5 (European Court of Human Rights).

⁴⁹ Ibid

did not seem to deteriorate the applicant's mental Health.⁵⁰ It could not be established that the applicant suffered inhumane or degrading treatment.⁵¹

On the other hand, in the case *Romanov v. Russia*, 20th October 2005, the applicant who suffered from dissociative psychopathy complained about both the conditions and length of detention in a psychiatric ward where he had been held for a year, three months and thirteen days.⁵² The court held that there had been a violation of Article 3 of the Convention of Human Rights because the overcrowding and the excess period of time that the applicant was detained for had a detrimental effect to his health.⁵³ Although there was no clear intention of degrading the applicant, the Court still held that the applicant's dignity was negatively impacted.⁵⁴

⁵⁰ Ibid

⁵¹ Ibid

⁵² *Romanov v Russia* [2005] European Court of Human Rights (European Court of Human Rights)

⁵³ Ibid

⁵⁴ Ibid

Level of Integration into Society and General Well-Being

For us as a society to be truly inclusive of persons who experience mental health related issues, we must assure them that they'll be treated as equals both during and possibly after such issues are treated. As such, it's imperative to make sure that we offer services for integration back into society after treatment, as well as assuring general well-being throughout such difficult times.

Malta

Social inclusion is an important aspect of the rehabilitation process of any mental health disorder sufferer. This is not only safeguarded through mental health services but also through the active promotion of public participation with regards to education, employment and also the acquisition of standard amenities.⁵⁵ In fact, the Maltese legislator felt it necessary to include a particular provision in the Mental Health Act Chapter 525 Article 43(1) of the Laws of Malta:

“Any person suffering from a mental disorder shall, as any other citizen, have access to or provision of any available health, educational or social service, including social housing and appropriate work training programmes, provided by the State and shall have the right to the same quality of treatment, and subject to the other provisions of this Act, to confidentiality and consent to treatment.”⁵⁶

Chapter 525 of the Laws of Malta also ensures that the rehabilitation services offered remain within the community. This is done so as to further promote the social inclusion of the patient. This provision is vital to the patient's effective reintegration into the society he is present in as a fully autonomous individual.⁵⁷

The healthcare area is known to provide a number of barriers and this is no different in the mental healthcare system. The distinction that physicians have to make between getting the patient stable rather than the recovery of the patient is not always adhered to, and thus creates a slow process of social inclusion. This is because a certain amount of sensitivity has to be implemented when re-introducing an individual with a serious mental illness back into society.⁵⁸

Studies have shown that creating an integrated mental health treatment within a primary care system can have fruitful results. It not only improves depression rates, but also aids in the detection of mental illness. Unfortunately, this is not common practice amongst many countries, as the previous

⁵⁵ Stephanie Ellul, 'From Exclusion To Inclusion: The Way Forward Under The New Mental Health Act' (LLD, University of Malta 2015).

⁵⁶ Mental Health Act 2012.

⁵⁷ Stephanie Ellul, 'From Exclusion To Inclusion: The Way Forward Under The New Mental Health Act' (LLD, University of Malta 2015).

⁵⁸ The Economist Intelligence Unit, 'MENTAL HEALTH AND INTEGRATION' (The Economist Intelligence Unit 2014) <http://mentalhealthintegration.com/media/whitepaper/EIU-Janssen_Mental_Health.pdf> accessed 31 March 2018.

report has shown, due to a number of restrictions such as a lack of workforce and the fact that mental healthcare systems are not cohesive around the world.⁵⁹

Apart from the aforementioned physical barriers of integration, there are also several psychological barriers which not only affect the patient's reintroduction into society but also affect mental health sufferers from receiving help. This is mainly due to the stigma that surrounds mental health disorders. YoungMinds, a charity in the United Kingdom dedicated to working towards children and adolescents' mental health, carried out a survey of 2,700 young persons in the UK who struggled with mental health problems. The poll of children established that 66% of the people surveyed found several barriers when trying to get help, despite many people's beliefs that the stigma around mental health is decreasing.⁶⁰ Young people and their parents reported the following barriers throughout each stage of getting help:

"51% of young people said that they hadn't understood what they were going through

23% of parents said that their child hadn't told them what they were going through

42% of parents reported problems getting help from school or college

29% reported having problems getting help from their GP."⁶¹

However, on a more positive note, in a survey of 2100 adults, 88% of respondents agreed that people are more willing to discuss the topic of mental health than before, and 94% of participants agreed that mental health is just as important as physical health. The topic of mental health is becoming more normalised across all platforms such as social media, schools and places of work.⁶²

The Mental Health Action Plan for Europe gives a certain amount of importance to promoting mental health and reducing stigma and discrimination. This is of the utmost importance with regards to the social inclusion of patients. This has proven to be effective in reducing the constant burden of mental disorders thus member states have given it priority at a national level. In fact, almost all countries that are participating in this action plan have organised schemes and activities to help raise public awareness about mental health and mental disorders in general. Of the 36 countries that indicated that they organised such activities, only 7 of them actually evaluated the impact it had on the general.⁶³

⁵⁹ Kara Zivin and others, 'Initiation Of Primary Care—Mental Health Integration Programs In The VA Health System' (2010) 48 Medical Care.

⁶⁰ YoungMinds, '#Fightingfor' (YoungMinds 2018) <<https://youngminds.org.uk/media/2258/youngminds-fightingfor-report.pdf>> accessed 31 March 2018.

⁶¹ Ibid

⁶² Ibid

⁶³ World Health Organisation Europe, 'Policies And Practices For Mental Health In Europe - Meeting The Challenges' (WHO Regional Office for Europe 2008) <http://www.euro.who.int/__data/assets/pdf_file/0006/96450/E91732.pdf> accessed 31 March 2018.

Anti-stigma campaigns have also been implemented in a number of countries, some of which include anti-stigma seminars for health professionals about human rights in Latvia and national campaigns such as 'Shift' in the United Kingdom. In fact, the general consensus towards people with mental disorders has improved and the social distance has almost been depleted. A number of the mental health promotion programmes centre around improving the parenting skills of children suffering with mental health since these parents require specific knowledge on how to cater for their children's needs. On the other hand, the needs of the older population have not been as extensively addressed.⁶⁴

Europe

The Economist Intelligence Unit (EIU), carried out a study of 28 European Union Countries along with Switzerland and Norway to analyse each country's efforts at integrating mentally ill patients back into society. This resulted in the Mental Health Integration Index which compares all these countries according to different criteria. These criteria were grouped into four categories which are:

1. "Environment for those with mental illness in leading a full life
2. Access for people with mental illness to medical help and services
3. Opportunities, specifically job-related, available to those with mental illness, and
4. Governance of the system, including human rights issues and efforts to combat stigma"⁶⁵

The country with the best overall Mental Health Care is Germany which ranks first in providing a stable home and family and access to Health services to mention a few examples. This is due to the country's excellent health care and social welfare system. The countries ranking closely after are the United Kingdom which ranks first in reducing stigma and increasing awareness, and the Scandinavian countries which are among the best countries for improving work and education opportunities, support in prison, and family and carer support.⁶⁶ Despite their good rankings, these countries still experience problems with regards to mental health care. On the other hand, the countries which ranked last are mostly from South-eastern Europe with Bulgaria and Romania ranking among the last in access to health services, improving work and education opportunities just to mention a few examples. This region unfortunately has a long history of abuse with regards to mental illness.⁶⁷

⁶⁴ Ibid

⁶⁵ The Economist Intelligence Unit, 'MENTAL HEALTH AND INTEGRATION' (The Economist Intelligence Unit 2014) <http://mentalhealthintegration.com/media/whitepaper/EIU-Janssen_Mental_Health.pdf> accessed 31 March 2018.

⁶⁶ Ibid

⁶⁷ Ibid

The results show that consistency and investment are key to good mental health care. The top five ranking countries in the Index have been working at improving conditions for mental health care since the late 20th Century. These high-ranking countries also invest the most GDP on mental health care such as on clinicians. This contrasts with countries who devise extensive mental health programs which are scarcely invested in and lack substance.⁶⁸

Despite all these efforts, deinstitutionalisation still needs to be developed further even in the top ranking countries. In 16 out of the 30 countries covered, patients remain institutionalised on a long-term basis rather than being integrated back into the community. One could argue that this possibility goes against the patient's fundamental right to liberty. Of these countries 13 countries are aiming to shift towards community-based treatment through policy implementations. A notable deficit in most countries is a lack of a holistic approach to treatment. For example, Germany ranks first for Access but then it only scores 25.4 out of 100 for the number of psychologists. On the contrary, Latvia ranks 25th in Access, but is one of only four states which provides a full range of psychiatric care in prisons.⁶⁹

There is a general lack of collaboration between the medical and social and employment aspect of treatment. Although unemployment and general social exclusion are proven causes and consequences of mental illness, only eight out of thirty countries have properly established cross-cutting policies as is the case in Germany, the United Kingdom and the Netherlands for example. This integration of services, currently exists in the form of mental health teams which assist the patient in navigating government services. This sort of assertive outreach is taking place in 21 out of 30 countries including Malta and Italy.⁷⁰

Employment is a pertinent field within this scope. This is because even though it is one of the more important categories, policies still differentiate from one country to another and thus creates a lack of concordance across Europe. The inability to regain employment is one of the most frustrating elements of the ailment to the rehabilitated patients. In fact, a small number of countries are highly ranked in this category, notably Finland and France. The latter countries have tried to employ a mechanism whereby direct assistance is offered in the form of sheltered employment.⁷¹ Malta has also founded a project which promotes and supports sheltered employment which motive is to create a more inclusive labour market. This is done through fiscal incentives whereby employers are encouraged to hire people with disabilities.⁷²

⁶⁸ Ibid

⁶⁹ Ibid

⁷⁰ Ibid

⁷¹ Ibid

⁷² Stephanie Ellul, 'From Exclusion To Inclusion: The Way Forward Under The New Mental Health Act' (LLD, University of Malta 2015).

Even though carers and families have proven to be crucial to the proper rehabilitation of the patient, these are a resource that are insufficiently supported. In fact, only 14 out of the 30 countries have a specific family and carer support scheme. Some of these countries include Belgium, Luxembourg, and Sweden.⁷³

Treatment

Mental health care and its awareness, is a necessity as much as any other field of healthcare, which throughout history has not been given much importance due to social conventions and stigmas. Therefore, having legislation implemented on all levels, global, national and also European would facilitate this group of vulnerable people into reconnecting better with society as is their fundamental human right.

The United Nations Convention has proposed ten important principles. The second of these ten principles is the 'Access to Basic Mental Health Care'⁷⁴ which includes suggestions, at national level, as to how to provide mental health care to all in need. These suggestions include, that access to such care should be affordable financially, should be geographically accessible, and respecting the dignity of the person. Moreover the quality of care, promotions of mental health care and the documentation of a person's record amongst others supplement the principle.

Laws which ensure mental patients are getting the accessible treatment are a basic human right. However, even in systems as almost perfect as Germany's as statistics show, such systems are facing issues of violation of human rights in cases where the patient refuses any provided mental health treatment. The EU Mental Health Laws, Social Inclusion and Fundamental Rights, shows that Germany has the highest amount of mentally ill involuntary places annually, followed by France and the UK.⁷⁵

It can be universally agreed that prevention is better than cure, therefore awareness and prevention must be part of the treatment. The European Pact for Mental Health and Well-Being ⁷⁶ gives 5 priority areas in which an action for prevention is seen as a crucial, especially when it comes to depression and suicide.

⁷³ Ibid

⁷⁴ Mental Health Care Law: Ten Basic Principles (Division of Mental Health and Prevention of Substance Abuse World Health Organisation Geneva 1996) <http://www.who.int/mental_health/media/en/75.pdf> accessed 7 April 2018.

⁷⁵ Promoting Mental Health In The Workplace: Guidance To Implementing A Comprehensive Approach (European Commission 2014) <<http://ec.europa.eu/social/BlobServlet?docId=13879&langId=en>> accessed 5 April 2018.

⁷⁶ European Pact For Mental Health And Well-Being (EU high-level conference 'Together for Mental Health and Well-Being' 2008) <https://ec.europa.eu/health/sites/health/files/mental_health/docs/mhpact_en.pdf> accessed 7 April 2018.

The 5 areas consist of improving the training of health professionals and key actors within the social sector on mental health; restricting access to potential means for suicide; taking measures to raise mental health awareness in the general public, among health professionals and other relevant sectors, taking measures to reduce risk factors for suicide such as excessive drinking, drug abuse and social exclusion, depression and stress; and providing support mechanisms after suicide attempts and for those bereaved by suicide, such as emotional support help-lines.

United Kingdom

According to the Fundamental Facts about Mental Health of 2015 by the Mental Health Foundation in the UK very few people voluntarily approach mental health care and services. Not every mentally disabled person gets access to health care and treatment since for example 35% of people who suffer from psychotic disorders do not receive treatment. Nonetheless, an increase in mental health patients admitted to a UK mental health hospital was recorded in 2013 and 2014.⁷⁷

At that time, with regards to secondary care, in England, more than 1.5 million were in contact with mental health services. The majority of the treatment and care provided reached 90% of the people in community care. On the other hand, in 2014, from all people who tried to get access to talking therapies, only 15% managed to get the full range of recommended therapies by National Institute for Health and Care Excellence (NICE). Treatment includes also informal care where relatives take care of their family member who has a long-term physical or mental health problem.⁷⁸

“The Mental Health Act is the law in England and Wales that allows people with a mental health problem to be admitted, detained and treated without their consent in order to be protected or for the protection of others.”⁷⁹

This Act of 1983, which was amended in 2007, includes medical treatment in Chapter 1 and highlights both voluntarily admitted mentally ill patients and also involuntarily admitted mentally ill patients. It gives great importance to the patient’s consent for admission of treatment as shown down below:

6. Appropriate treatment test in Part 4 of 1983 Act

‘ ... (a) Section 57(2)(b) (certification of second opinion where treatment requires consent and a second opinion)’

⁷⁷ Fundamental Facts About Mental Health (Mental Health Foundation 2015) <<https://www.mentalhealth.org.uk/sites/default/files/fundamental-facts-15.pdf>> accessed 7 April 2018.

⁷⁸ *ibid*

⁷⁹ *ibid*

'(3) ... it is appropriate for treatment to be given to a patient if the treatment is appropriate in his case, taking into account the nature and degree of the mental disorder from which he is suffering and all other circumstances of his case.'⁸⁰

Detained under this Mental Health Act, in England, there were more than 20,000 people getting treatment in hospitals and also in the community. Through this Act mentally ill patients can be detained for more than 72 hours. Such usage of this Act was seen to have increased in 2015.

In Scotland, during 2013 and 2014, the number of young people especially women detained under this act increased whilst the number of males detained remained the same as previous years. Another increase in female patients detained was noticed also in Scotland this time the age group being 85 years plus.

In Wales, thousands of inpatients were recorded being admitted under this act between 2012 and 2013. On the other hand in Northern Ireland there were a little less than 1000 admissions under the Northern Ireland Mental Health Order of 1986, between 2013 and 2014, with the ranges of ages and gender varying.

In the UK there is also the Mental Capacity Act (2005). Mentally ill people can find it difficult to make decisions alone, especially when consenting for treatment. This Act along with the Deprivation of Liberty Safeguards introduced in 2009 protect these people's rights. The Care Quality Commission (CQC) has established that in England and Wales alone around 2 million people who suffer some sort of mental illnesses, injury or disability, or those persons who lack the capacity to make decision for themselves. The Care Quality Commission has received an insignificant amount of applications to supervisory bodies whilst the Deprivation of Liberty Safeguards has also reported a low number of applications from 2009 to 2014.

Approaches for treatment and Care are widely accessible through the NHS choices website.⁸¹ There are also programmes set with the aim of improving the quality and accessibility of mental health services in England by focusing primarily on talking therapies namely, the Improving Access to Psychological Treatment. These include cognitive-behavioural therapy (CBT), counselling, and self-help support. The former has issued approximately 3 billion appointments which were attended within the IAPT programme. The CBT is the kind of talking therapy most common within the UK. The National Institute for Health and Clinical Excellence (NICE) is a set of recommendations issued which led to an increase in funding for psychological therapies through the IAPT programme.

Various studies like O'Neil et al. (2014) have shown other kinds of therapy that help with treatment. These include healthy eating, social inclusion, regular exercise, art therapy (music and dance) and participatory art. Thus, we see that in the UK such therapies, studies, and programmes, all play part

⁸⁰ Mental Health Act 2007 Chapter 12, Part 1, Chapter 1, Medical Treatment, Section 6

⁸¹ 'How To Access Mental Health Services' (nhs.uk, 2018) <<https://www.nhs.uk/using-the-nhs/nhs-services/mental-health-services/how-to-access-mental-health-services/>> accessed 7 April 2018.

in the implementation of the laws which protect mentally ill people and facilitate their reach for help and care.

Malta

A report issued by the 'Mental Health Atlas Country Profile 2014' provided that Mental Health laws and policies in the country are available but are partially implemented.⁸² It is also noted that the main funding for mental care is provided by the Government. Nonetheless apart from patients being admitted at the Mount Carmel Hospital, NGOs such as the Richmond Foundation and the St. Jean Antide Foundation, strive to help mentally ill patients and their families with services and support such as a mental health first aid programme. With the entry of the Mental Health Act of 2012, an application needs to be filled out to satisfy the requirements of care, by medical practitioners, varying from Primary Care Physicians, General Practitioners and Family Doctors to Specialists in Psychiatry.

Commissioner for Mental Health Report

In a report issued by the Office of the Commissioner for Mental Health in 2018, the need to act towards "mainstreaming mental health services, moving the focus of care from institutions to community, moving acute psychiatric care to the acute general hospital setting, supporting rehabilitation through specialised units preferably in the community and providing longterm care in dignified facilities" was recognised⁸³.

The Deputy Prime Minister and Minister for Health Hon. Dr. Chris Fearne has recognised the need to refurbish and invest in Mount Carmel Hospital, stating that the Ministry for Health 'has embarked on a programme of reorganisation and refurbishment at Mount Carmel; ... And then the drawing up of a long-term mental health strategy as part of the National Health Strategy for 2021 - 2030 which we have started working on'⁸⁴. It is interesting to note that whereas the Minister stated the refurbishment and reorganisation of Mount Carmel Hospital will cost the taxpayer €30 million, the Commissioner for Mental Health Dr. John M. Cachia stated the figure to be €20 million in the aforementioned report published in 2018. While this may seem a trifle issue to pick on, such a great discrepancy running in the millions is somewhat worrying, especially when it pertains to the sole

⁸² Mental Health Atlas Country Profile 2014, Malta (WHO 2014) <http://www.who.int/mental_health/evidence/atlas/profiles-2014/mlt.pdf?ua=1> accessed 7 April 2018.

⁸³ Office of the Commissioner for Mental Health, "Breaking Silos, Building Bridges" Annual Report 2017, rep

⁸⁴ Rachel Attard, 'Fearne'S Five-Year Plan To Refurbish Mount Carmel Hospital - The Malta Independent' (Independent.com.mt, 2018) <<http://www.independent.com.mt/articles/2018-03-04/local-news/Fearne-s-five-year-plan-to-refurbish-Mount-Carmel-Hospital-6736185630>> accessed 7 April 2018.

major hospital dedicated for mental health care; more so when taking the many complaints and reports of dire living conditions and dilapidated structural state into account⁸⁵.

⁸⁵Times of Malta, “Dire need” to solve physical shortcomings at Mount Carmel’ *Times of Malta* (Mriehel 26 January 2018) <<https://www.timesofmalta.com/articles/view/20180126/local/dire-need-to-solve-physical-shortcomings-at-mount-carmel.668931>> accessed 6 April 2018

Financial Benefits

Funding and Welfare of Mental Health

Mental Health Hampering the Country's Economy

Mental Health presents a hefty weight on a country's economy and GDP as substantial costs are associated with mental illness. In fact, according to studies carried out by The Economist re Mental Health and Integration, mental health illnesses in 2010 led to the direct and indirect costs of €461bn in Europe that was approximately between 3% to 4% of GDP.⁸⁶ Research unveiled that the leading welfare model; Germany allocated 11%⁸⁷ of its health budget towards mental health in 2011, while the UK allocated 13%.⁸⁸

Malta on the other hand, only allocated a 6% Mental health budget on expenditure as a proportion of the total health budget in 2008.⁸⁹ This shows the great disproportion this country faces between the funds in relation to health care and those of mental health care. Moreover, in 2011, from the 6.7% of the health care budget allocated to mental health, 96.82% was spent towards mental hospital expenditures. These expenditure figures amount solely to Malta and do not include Gozo as the latter does not have a budget dedicated to mental health.⁹⁰ Lamentably however, as Dr Beppe Micallef-Trigona stresses, Malta's mental health budget disproportionately focuses on inpatient care. This mirrors the conventional model that mental illness should be treated through institutional and inpatient care.⁹¹

Due to the fact that mental illness medicines are provided free of charge in Malta, The World Health Organisation estimated the total sum that is spent at country level each year, per 100,000 of the population. Psychotherapeutic medicines amount to about 274,594 euro, 57,926.81 euro is spent on

⁸⁶ 'Mental Health And Integration' (*Mentalhealthintegration.com*) <<http://mentalhealthintegration.com/#!/discover/>> accessed 3 April 2018.

⁸⁷ *Germany Country Report; Excellent Provision in need of Co-ordination*, (The Economist Intelligence Unit 2014) <<http://mentalhealthintegration.com/#!/countryreport/DE>> accessed 3 April 2018, page 1.

⁸⁸ *UK Country Report; The journey towards "parity of esteem"* (The Economist Intelligence Unit 2014) <<http://mentalhealthintegration.com/#!/countryreport/>> accessed 3 April 2018, page 1.

⁸⁹ *Policies And Practices For Mental Health In Europe - Meeting The Challenges* (World Health Organisation Europe 2008) <<http://www.euro.who.int>> accessed 3 April 2018, page 116.

⁹⁰ *Malta* (Mental Health Atlas - Department of Mental Health and Substance Abuse, World Health Organisation 2011) <http://www.who.int/mental_health/evidence/atlas/profiles/mlt_mh_profile.pdf> accessed 3 April 2018.

⁹¹ Beppe Micallef-Trigona, 'Mental Health Services In Malta' <<http://beppe-micallef-trigona.com/alliance-mental-health-position-paper/>> accessed 3 April 2018.

medicines to treat bipolar disorders, medicines for psychotic disorders total to about 91,765 euro, and 15,526 euro is allocated for the provision of medicines used to treat general anxiety.⁹²

In Malta, the government is the main contributor of funds towards mental health.⁹³ In fact, funds towards mental health are distributed from general taxation set by Parliament as well as from the Government's Consolidated Fund.⁹⁴

Expenditure includes direct costs and indirect costs. Direct costs encompass medical aid, pharmaceuticals and reimbursement of drugs and services such as outpatient services and mental care in nursing homes. On the other hand, indirect costs are the hidden costs from unrecognised effects related to mental health, which are currently on a rapid increase, including expenses on mental health promotion and prevention programmes.⁹⁵ Indirect costs are also associated with unemployability or rather a loss of productivity on the workplace.⁹⁶

Inevitably however, even though Mental Health funding might be expensive, investing in Mental Health results in a guaranteed economic saving, as funding and welfare services allocated specifically towards combating the stigma towards Mental Health, raising awareness and aiding patients, helps to prevent this economic weight by minimising indirect costs. Naturally, reforming mental health care involves the analysis of costs and spending on mental health services.⁹⁷

Lack of Funding

Lack of funding leads to various repercussions. For starters, the country is faced with a reduction of qualified medical professionals while facilities, such as beds, in Mental health institutions and hospitals are reduced. In fact, Martin Knapp, professor and director of the personal social services research unit of the UK's National Institute for Health Research, highlights that jobs and services related to mental health are the ones *"that go when the budget gets tight."*⁹⁸

⁹² *Malta* (Mental Health Atlas - Department of Mental Health and Substance Abuse, World Health Organisation 2011) <http://www.who.int/mental_health/evidence/atlas/profiles/mlt_mh_profile.pdf> accessed 3rd April 2018.

⁹³ *Mental Health Atlas Country Profile 2014 - Malta* (World Health Organisation Europe 2014) <http://www.who.int/mental_health/evidence/atlas/profiles-2014/mlt.pdf?ua=1> accessed 4 April 2018.

⁹⁴ Natasha Azzopardi-Muscat and others, 'Malta Health System Review' (2017) 19 *Health Systems in Transition* <<http://www.euro.who.int>> accessed 4 April 2018, Page 37.

⁹⁵ *Policies And Practices For Mental Health In Europe - Meeting The Challenges* (World Health Organisation Europe 2008) <<http://www.euro.who.int>> accessed 3 April 2018, page page 115.

⁹⁶ *European Framework For Action On Mental Health And Wellbeing* (Joint Action - Mental Health and Wellbeing 2016) <<https://www.mentalhealthandwellbeing.eu/assets/docs/publications/>> accessed 4 April 2018, page 4.

⁹⁷ *Ibid*, page 9.

⁹⁸ *UK Country Report UK: The Journey Towards "Parity Of Esteem"* (The Economist 2018) <<http://mentalhealthintegration.com>> accessed 30 March 2018, page 6.

In the World Health Organisation Report of 2008, Malta was excluded from the EU15 countries who invest a higher amount of capital towards mental health. In fact, this report notes that South-Eastern European countries offer fewer services and have less resources in relation to mental health as the former countries whose mental health systems seem to be complex and advanced. Thus implementing schemes and combating the stigma on a much lower and tighter budget is a challenge for the Maltese government.⁹⁹

The Funding Approach

As noted by Dr Micallef-Trigona above, countries in Europe allocated most of the mental health budget by following traditional spending rather than the needs at the particular time. This approach however transformed over recent years. From allocating a great amount to inpatient care *ie* the operating of mental hospitals, funds were shifted to community services. This means that less money is being spent by the government on beds and mental health care hospital, and more capital is spent on the promotion or diversity, integration and inclusion of patients. This need-based approach of funding thus focuses on raising awareness and combating the stigma on mental health.

Social Security Act

Article 2 of the Social Security Act, Chapter 318 of the Laws of Malta, defines benefit as a bonus or additional bonus, given to anyone who is eligible. The Maltese Government therefore, in terms of the Social Security Act, dispenses a range of benefits and pensions in order to facilitate the financial necessities of mental health patients.

Free Medical Aid

Article 23 of the Social Security Act holds that if the head of the household suffers from some form of mental impairment, he himself or any member of his household, is entitled to free medical aid including pharmaceutical aid.

Moreover, mental health care services in Malta are free of charge, provided in various health centres including Cospicua, Floriana, Gzira, Mosta, Mtarfa, Paola and Qormi.¹⁰⁰ Additionally, patients are provided with free medication which urges positive reviews in international reports.¹⁰¹ This is the norm in most European countries while payment may be required for specialised services in some countries. This was confirmed in the World Health Organisation Report in 2008, in which all countries, including Malta, outlined that the public sector pays at least 80% of the cost of

⁹⁹ *Policies And Practices For Mental Health In Europe - Meeting The Challenges* (World Health Organisation Europe 2008) <<http://www.euro.who.int>> accessed 3 April 2018, page 124.

¹⁰⁰ 'Mental Health Services' (*Deputyprimeminister.gov.mt*, 2017) <<http://deputyprimeminister.gov.mt/en/phc/Pages/Services/Mental-Health-Services/Mental-Health-Services.aspx>> accessed 4 April 2018.

¹⁰¹ Beppe Micallef-Trigona, 'Mental Health Services In Malta' <<http://beppemicalleftrigona.com/alliance-mental-health-position-paper/>> accessed 3 April 2018.

psychotropic medication in mental hospitals. However this raises supply and availability problems, according to the report, especially in less affluent countries.¹⁰²

In any case, funding arrangements should ensure that appropriate care is available for all the citizens, without obstacles for the most vulnerable. To this end, an obstacle which must be eliminated is the stigma around seeking such help.

Invalidity Pension

Anyone who is certified by the Medical Panel, appointed by the Ministry for the Family and Social Solidarity, as being inept for suitable employment due to a mental impairment is awarded an Invalidity Pension, subject to certain conditions. Such conditions are related to the individual's contribution years. On this account, it is also specified that the mental health degree should be severe, rather than a mild mental disorder or disturbance, for a person to qualify for an Invalidity Pension.¹⁰³

Disability Pension

Certain mental illnesses might be linked with disability as the latter can be defined in Article 1 of the Convention on the Rights of Persons with Disabilities, as “a long-term physical, mental, intellectual or sensory impairment which in interaction with various barriers may hinder one's full and effective participation in society on an equal basis with others.”¹⁰⁴ This is also reflected in Article 2 of the Equal Opportunities (Persons with Disability) Act, chapter 413 of the Laws of Malta. In fact a large percentage of individuals receiving social welfare in Malta due to their disability, are people with a mental condition.¹⁰⁵

As a result, an individual who is certified to be suffering from a mental severe subnormality¹⁰⁶ is granted a disability pension, in terms of Article 27 of the Social Security Act. The pension is provided given that the individual is a Maltese citizen residing in Malta and his weekly means do not exceed the minimum wage.¹⁰⁷

¹⁰² *Policies And Practices For Mental Health In Europe - Meeting The Challenges* (World Health Organisation Europe 2008) <<http://www.euro.who.int>> accessed 3 April 2018, page 120.

¹⁰³ Social Security Act, Chapter 318 of the Laws of Malta, Article 26.

¹⁰⁴ *Implementation Of The Convention On The Rights Of Persons With Disabilities* (United Nations 2014) <<https://www.gov.mt/en/Government/Press%20Releases/Documents/pr150271a.pdf>> accessed 4 April 2018, page 4.

¹⁰⁵ *The European Mental Health Action Plan 2013–2020* (World Health Organisation Europe 2015) <http://www.euro.who.int/__data/assets/pdf_file/0020/280604/WHO-Europe-Mental-Health-Acion-Plan-2013-2020.pdf> accessed 4 April 2018, page 13.

¹⁰⁶ Social Security Act, Chapter 318 of the Laws of Malta, Article 2; subnormality being defined as “*arrested or incomplete development of mind, resulting in a marked lack of intelligence which in turn renders the person affected incapable of living an independent life or of guarding himself against serious exploitation or will render him so incapable when of age to do so*”.

¹⁰⁷ Social Security Act, Chapter 318 of the Laws of Malta, Article 27.

however lessen the contact between the patient and the Department of Psychiatry. In fact such department examines their individual situation once a year.

Other than reimbursement, funding is directed towards the GPs' training for appropriate and advanced psychiatric treatment and communication.

Such a scheme, besides favouring mental health patients, also lessens the government's financial responsibility towards the phenomenon as funding it costs less than institutional care.¹⁰⁸

Subsidised Housing Scheme

The EU15 countries, and 8 of the 12 countries which joined the EU in 2004, including Malta, offer subsidised housing to individuals suffering from severe mental illnesses. The definition of subsidising housing varies across the WHO European Region. The majority of the European countries offer financial support to people with severe mental disorders to cover housing expenses.¹⁰⁹ In Malta, the Richmond Foundation offers a "supported housing scheme" in which individuals suffering from mental problems are provided with property run by the Richmond Foundation.

The Supported Housing Scheme, is in collaboration with the Housing Authority. Property is given to individuals who do not need hospitalisation, but suffer from severe mental disorders and need to be surrounded by a supportive environment. This scheme also helps such individuals settle in their new homes while they are assisted in its management.

This scheme is given to patients under 65 years, who suffer from chronic mental illness and who are in the process of rehabilitation. Additionally, individuals need to be able to support themselves financially, ie have a job, or receive assistance through pensions, grants or social assistance mentioned above. Substance abusers or violent individuals, even though reach the latter conditions, are not eligible for such scheme.¹¹⁰

European Union Funding and Projects

The European Social Fund (ESF)

The ESF is a European Commission fund which aims at providing better job opportunities and the promotion of a supportive working environment, particularly for those individuals who find a

¹⁰⁸ The Times of Malta, 'Government-Funded Scheme Will Enable GPs To See Mental Health Patients In The Community' (2016) <<https://www.timesofmalta.com/articles/view/20160518/local/government-funded-scheme-will-enable-gps-to-see-mental-health-patients.612438>> accessed 30 March 2018.

¹⁰⁹ *Policies And Practices For Mental Health In Europe - Meeting The Challenges* (World Health Organisation Europe 2008) <<http://www.euro.who.int>> accessed 3 April 2018, page 132-133.

¹¹⁰ 'Supported Housing Scheme' (*Richmond.org.mt*, 2018) <<http://www.richmond.org.mt/supported-housing-scheme/>> accessed 4 April 2018.

Injury Grant/ Pension

Article 29 deals with a disablement or rather, an injury Gratuity/Pension which notes that any person who suffers an injury at work as a result of the employment, leading to a permanent loss of their physical or mental faculty, rendering them incapable of work, is entitled to receive such pension, even though the person has not yet reached retirement age.

In order to achieve eligibility for this benefit, the individual is assessed by a medical practitioner and a medical panel appointed by the Department of Social Security, who will determine the percentage and degree of the disability. The individual is subject to certain tests such as being compared to a person whose mental condition is not impaired.

When the disability is calculated to less than 20% impairment, the individual is given an injury grant which is a lump sum gratuity in consensus with the degree of the disability. If the impairment reaches a degree between 20% and 89%, the individual is awarded a disablement/injury pension at a rate suitable to the degree of mental disability. When the mental impairment exceeds 90% the person is assigned an invalidity pension, even if he does not fully comply with its conditions.

Social Assistance

Article 30 of the Social Security Act notes that if the person complies with certain contribution conditions, and is unemployed due to an incapacity to work resulting from a mental impairment, he is entitled to the social assistance service. Additionally in subsection 8 of the same article, reference is made to a single, unemployed person who is taking care of a relative suffering from severe mental infirmity over the age of sixty. The single person in this situation is entitled to social assistance as a separate household, regardless if the said person is registered as unemployed or not. Nonetheless, such assistance shall not exceed the 75% of the full rate applicable to a household consisting of one person. The assistance is only given if the mental impairment of the relative renders them incapacitated.

The 2016 General Practitioners' Scheme

In 2016, a government funded scheme was set forth to enable General Practitioners (GP) to examine mental health patients and get reimbursed by the government. This project seeks better treatment for mental health patients as the GP; family doctor, would be more accustomed to the patient unlike other professionals while the patient would perhaps be more at ease with a familiar figure. More significantly, patients are treated during the early stages of the illness which would avoid their need to enter Mount Carmel Hospital, as noted by the Health Minister Chris Fearne; *"we want to cut down the number of people needing to enter institutions."*

However, the scheme particular focuses on psychosis, recurrent unipolar depression and bipolar disorder patients, who are examined by their family doctor three times a year. This scheme does not

¹¹⁰ 'Supported Housing Scheme' (*Richmond.org.mt*, 2018) <<http://www.richmond.org.mt/supported-housing-scheme/>> accessed 4 April 2018.

difficultly to work, such as people suffering from a mental disorder. Funds towards this initiative amount to 10 billion per year and are aimed to improve Europe's situation by 2020 under the Europe 2020 strategy.¹¹¹

Funds are geared towards vocational training and lifelong learning to enhance the individuals' social inclusion. It also sponsors various projects relating to mental health such as the Richmond Foundation's project "Healthy Mind for Healthy Business". It also funded the project on "Impact Assessment of Mental Health on Employment for Policy Development" which was aimed at the Richmond Foundation employees to understand further the obstacles mental health patients are faced with when seeking employment.¹¹²

PATHWAYS Project

The PATHWAYS project, is a three year project, referring to the work towards greater participation in workplaces and inclusive policies in the employment sector of people with chronic diseases and mental disorders. It helps individuals in their reintegration on a work place while identify the individuals specific needs. Funding is given to EU member states in order to implement initiatives and strategies in integration and inclusion policies.¹¹³ This project is therefore a step towards an inclusive labour market. The European Commission spent € 969 379,00 to fund this project.¹¹⁴

Joint Action on Dementia Project

This project, which commenced in 2016 and is still ongoing until 2019, is funded through the European Commission's contribution of € 1 498 710,30. It is aimed at seeking and providing effective action for the community to combat dementia, a mental disorder, which is considered by the World Health Organisation as a public health priority. The project focuses on the raising of awareness in the WHO counties and sets a range of initiatives which are dementia-friendly. Funding also sponsors research to help reach the aims of the project as well as to improve practice to reduce the risk of dementia.

Through this project, policymakers are guided into the setting and implementation of economical strategies which will improve the services and treatment of this mental illness. As explained above,

¹¹¹ 'European Social Fund' (*Ec.europa.eu*, 2014) <<http://ec.europa.eu/esf/home.jsp?langId=en>> accessed 4 April 2018.

¹¹² *Impact Assessment Of Mental Health On Employment For Policy Development* (Richmond Foundation 2014) <<http://www.richmond.org.mt/wp-content/uploads/2014/09/IAMHE-Booklet-ESF3.71.pdf>> accessed 4 April 2018, page 4.

¹¹³ 'Project Pathways' (*Path-ways.eu*, 2018) <<https://www.path-ways.eu/project/>> accessed 4 April 2018.

¹¹⁴ 'Participation To Healthy Workplaces And Inclusive Strategies In The Work Sector [PATHWAYS] Project' (*Webgate.ec.europa.eu*) <https://webgate.ec.europa.eu/chafea_pdb/health/projects/663474> accessed 4 April 2018.

this will reduce the financial burden the state carries as less patients are admitted into inpatient care.

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Mental Health Promotion Handbooks Project

Through a European Commission contribution of € 581 208,00, this three year project, initiated in 2010, was set up to equip certain environments such as schools and workplaces with resources needed to improve and aid the mental wellbeing of individuals suffering from a mental disorder. This project was geared to teach professionals in these fields of work, certain skills and knowledge to address these issues on a daily basis. Thus this project concentrates on the promotion of mental health to the most vulnerable groups in society; the adolescents and the elderly. As the title suggests, handbooks were drawn up for the training of the work professionals.

Better Schools through Health: the Third European Conference on Health Promoting Schools

The European Commission does not only fund projects but also contributes towards the organisation of conferences related to mental health. In fact in 2009 it funded a one year conference in which goals were set towards the investment of mental health promotion in schools around the EU. This conference also created the opportunity for states to examine different national and regional policies and stages for school health promotion. All in all, funds distributed towards the conferences were set to raise awareness and combat the stigma of mental health in schools.

Aspirations

The Commissioner of Mental Health in Malta, through an annual report in 2016 laid down various targets on his agenda to be reached by 2019. The Office prioritises the assurance of fund allocation towards mental health, while it aspires to integrate new funds beyond the current central government funding arrangements. With these funds, the office aims at better promotion and protection of the rights of people suffering from a mental illness. Different actions were listed in this regard including better links between the budget allocated and needs in the sector and greater autonomy from direct ministry funding. Suggestions for a direct relation with the Ministry of Finance in order to support mental health initiatives were also considered.¹¹⁶

¹¹⁵ 'Joint Action On Dementia 2015-2018' (*Webgate.ec.europa.eu*) <https://webgate.ec.europa.eu/chafea_pdb/health/projects/678481> accessed 4 April 2018.

¹¹⁶ 'To Protect And Promote - Office Of Commissioner For Mental Health - Annual Report 2016' (healthgovmt 2017) <<http://deputyprimeminister.gov.mt/en/CommMentalHealth/Documents/2018/AR%202016%20Full%20Report.pdf>> accessed 4 April 2018, page 12-13.

Minors

Minors are an often underrepresented demographic when addressing the topic of Mental Health despite the fact that they are in need of as much help as adults do.¹¹⁷ The needs of minors suffering from mental health problems differ from those of adults due to factors such as minors' ever changing chemical imbalances in the brain arising through puberty and the different environments children and adults spend most of their days in.¹¹⁸ It is these reasons along with a plethora of others that emphasise the need for comprehensive legislation which is dedicated solely on helping minors who are suffering from mental health related issues, one which is separate from the current Mental Health Act, Chapter 525 of the Laws of Malta.

Malta

The Mental Health Act

The current legislation in place in Malta providing for the needs of people suffering from mental health related issues is the Mental Health Act, Chapter 525 of the Laws of Malta. Part IV of this Act is dedicated towards minors, a meagre four articles attempting to provide a comprehensive tackling of the issue.¹¹⁹

The first article within Part IV, article 28, deals with parent child bonding in the event that a minor is admitted into a licensed facility. The law states that a parent must be, within reasonable limits, granted flexible visiting hours so as to minimise the possible effects of parent child separation. This holds true unless a specialist, upon consultation with a multidisciplinary team, believes that separation would be in the best interests of the minor.¹²⁰ In cases in which a parent isn't the responsible carer of the minor, such carer will be allowed the same flexibility provided it is in the best interests of the minor.¹²¹ On the other hand, if there is a potential or real conflict of interests between the minor and responsible carer, the Commissioner of Rights of Persons with Mental Disorders set up by article 5 of the same act may direct for the prevention of access of the minor by said carer. This will only hold if the Commissioner consults with the aforementioned multidisciplinary team and he may also refer such case to the competent authority so proceedings for

¹¹⁷ Sheryl H. Kataoka, Lily Zhang and Kenneth B. Wells, 'Unmet Need For Mental Health Care Among U.S. Children: Variation By Ethnicity And Insurance Status' (2002) 159 American Journal of Psychiatry <<https://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.159.9.1548>>.

¹¹⁸ 'Children And Young People' (*Mental Health Foundation*) <<https://www.mentalhealth.org.uk/a-to-z/c/children-and-young-people>> accessed 7 April 2018.

¹¹⁹ Mental Health Act, Chapter 525 of the Laws of Malta, Part IV

¹²⁰ *ibid* article 28

¹²¹ *ibid*

an interim care order begin and a tutor may be appointed.¹²² The contents of this article fall within the parameters of the UK's Mental Health Foundation, as it recommends for a relationship with parents or guardians.¹²³ This being said, the following article doesn't deal with minors suffering from mental health related issues, but rather that if adults with dependant minors are admitted into a licensed facility, said minors may be given flexible visiting hours if it is in their best interest.¹²⁴

A controversial topic falling within the ambit of the treatment of mental health related issues is that of involuntary admission. This holds true even more so when it comes to minors, with article 30 of the Mental Health Act providing for such cases. With regards to involuntary admission for reasons of observation, this article provides that without prejudice to any other article mentioned in the Act, a minor may only be involuntarily admitted for observation if a specialist certifies that community based alternatives are either unavailable, unlikely to work, have already failed or are considered unsafe.¹²⁵ Said specialist must be appointed by the Minister for Health and must have clinical experience working with minors with mental health problems.¹²⁶ This article also provides that if an involuntary admission is for reasons of a Treatment Order, said order shall be granted by the Commissioner and shall be for a maximum period of four weeks.¹²⁷ This order may then be extended to a maximum period of twelve weeks from the initial date of the admission.¹²⁸ In more serious cases, minors may also be subject to a Continuing Detention Order granted by the Commissioner for a maximum period of three months but which may be renewed for further periods of three months upon new applications by said Commissioner.¹²⁹

The final article within Part IV of the Mental Health Act deals with the treatment and care minors suffering from mental health related issues are given. As per our law, if a specialist determines that a minor has sufficient maturity and understanding to consent to treatment, no such treatment shall be given unless the minor consents to it.¹³⁰ This being said, in cases in which there is an involuntary admission, treatment can still be given so as to prevent harm to self or others or to prevent any further mental deterioration.¹³¹ However, if a specialist determines that a minor lacks the sufficient

¹²² *ibid*

¹²³ 'Children And Young People' (*Mental Health Foundation*) <<https://www.mentalhealth.org.uk/a-to-z/c/children-and-young-people>> accessed 7 April 2018.

¹²⁴ Mental Health Act, Chapter 525 of the Laws of Malta, article 29

¹²⁵ *ibid* article 30

¹²⁶ *ibid*

¹²⁷ *ibid*

¹²⁸ *ibid*

¹²⁹ *ibid*

¹³⁰ *ibid* article 31

¹³¹ *ibid*

maturity and understanding to consent to treatment, it is the consent of the responsible carer which is required.¹³² Here we also find an exception in cases of involuntary admission, as if the carer cannot be traced or refuses to give consent then the same measures can be taken as when a minor with the capacity to understand refuses to give consent during involuntary admission.¹³³ In this case however, measures can also be taken against the responsible carer for refusing to give consent. Article 31 also protects minors from any psychosurgery, sterilisation, implantation of hormonal or other invasive devices intended to modify sexual, behavioural or emotional changes arising from any mental illness.¹³⁴ Further protection is also afforded to minors in the form of the disallowance of any clinical trials or scientific research to be conducted on said minors suffering from a mental disorder. This holds true unless the Commissioner, after a review by two independent specialists, is satisfied that the expected benefits outweigh the potential harm to the minor.¹³⁵ If this is the case, then such trial or research must be subject to ethical safeguards along with an independent specialist being appointed by the Commissioner to monitor the minor during the proceedings.¹³⁶

Europe

The World Health Organisation Report

The most recent thorough report on the policies and practices for mental health in European countries is that issued by the World Health Organisation (WHO) in 2008. This report was co-funded by the European Commission and attempted at providing a report of the progress the 42 Member States in the WHO European Region made, along with any shortcomings they might have. It is important to keep in mind that since this report is now a decade old, the information within may not wholly reflect the situation as is today.¹³⁷

From what was gathered by the researchers as of the time of publication, 30 of the 42 countries offered specialised services for children and adolescents. The report also detailed the availability of community-based psychiatric inpatient units and units in district general hospitals which provide mental health services for children, with 28 of the 42 countries offering such services.¹³⁸ Almost all countries, 40 out of 42, offered specialist mental health services for children in specialised outpatient

¹³² *ibid*

¹³³ *ibid*

¹³⁴ *ibid*

¹³⁵ *ibid*

¹³⁶ *ibid*

¹³⁷ WHO Regional Office for Europe, 'Policies And Practices For Mental Health In Europe - Meeting The Challenges' (2008) <http://www.euro.who.int/__data/assets/pdf_file/0006/96450/E91732.pdf> accessed 8 April 2018.

¹³⁸ *ibid*

facilities, however this number went down to 32 out of 42 when it came to the number of countries which offered day treatment facilities for minors with mental health related issues.¹³⁹ Finally it was also found that 31 out of the 41 countries provide social institutions for children, however not each country providing the same quality. As the report notes, western European countries tended to provide foster homes or small residential facilities while south eastern Europe and ex Soviet countries tended to place such children in large, often underfunded social care homes.¹⁴⁰

The United Kingdom

Mental health problems which begin in childhood and adolescence can have a range of negative impacts on individuals and families, which can continue into adult life unless properly treated. The majority of adult mental health problems begin in childhood, with 50% of adult mental health problems starting before the age of 15, and 75% starting before the age of 18. Due to these high figures, the UK Government committed to improving mental health for children and young people, as part of its commitment to achieving “parity of esteem” between physical and mental health.¹⁴¹

The Department of Health and NHS England established a Children and Young People’s Mental Health and Wellbeing Taskforce which reported in March 2015 and set out ambitions for improving care over the next five years. As a recent joint report from the Health and Education Select Committee’s notes, schools have a front line role in children and young people’s mental health. There has been a drive to improve the provision of mental health support in schools, and to foster closer working between the health and education systems. In June 2014, the Department for Education published guidance for schools on identifying and supporting pupils who may have mental health problems. In March 2015, Department for Education provided schools with practical, evidence-based advice on how to deliver high-quality school based counselling, and guidance on teaching about mental health problems.¹⁴²

The Government has said that schools are encouraged to teach about mental health in Personal, Social and Health Education (PSHE) and that the PSHE Association, with Government funding, has produced a guide on preparing to teach about mental health and emotional wellbeing. Since then, the PSHE association has also published a programme of study, which includes mental health at key stages 4-5 and social media at key stages 2-5. The Government is considering making PSHE a statutory requirement. Following a January 2017 speech by the Prime Minister on transforming mental health support, a Green Paper on children and young people’s mental health was published in

¹³⁹ *ibid*

¹⁴⁰ *ibid*

¹⁴¹ House of Commons Library, 'Children And Young People’s Mental Health – Policy, Services, Funding And Education' (2017).

¹⁴² *ibid*

December 2017, which proposed improving mental health support in schools and colleges, and trialling a four week waiting time standard for access to mental health treatment.¹⁴³

¹⁴³ *ibid*

ELSA Malta proposes that:

1. The Government should look into diversifying the funds and attention given to mental health to encompass community based care. While it is evident that the €30 million voted to refurbish the existing facility at Mount Carmel Hospital are merited and will most certainly contribute to an improvement, it would be beneficial to have a separation between the different levels of care and treatment needed. Patients with milder symptoms or still in early stages should be administered and cared for as close to the patient as possible, on a family and community level, be it local or regional, first; examining the feasibility of adding mental health facilities to the physical care options given at regional health centres. Admission into Mount Carmel Hospital should only take place when every other possible alternative solution has been exhausted, and when the patient needs care on a long-term basis. Simultaneously, patients with acute psychiatric care needs should be moved to Mater Dei Hospital due to the level of support services required. The needs above were highlighted by the Commissioner for Mental Health Dr. John M. Cachia in his office's latest annual report titled 'Breaking Silos, Building Bridges' released on 19th June 2018.
2. The teaching and promotion of basic mental health first aid in work and industrial environments becomes the norm, by amending the General Provisions for Health and Safety at Work Places Regulations of 2003 to specifically include mental health with the same prominence and emphasis given to physical health, given that the two go hand in hand. Apart from the required enforcement, it would be interesting to explore the possibility of combining educative sessions and workshops on mental health for both employers and employees, with financial incentives for the company in question and its respective stakeholders.
3. The relevant amendments to Articles 36 and 37 of Chapter 525 of the Laws of Malta, 'Mental Health Act' are drafted and brought up in Parliament, so as to add a time limit to the court's order for a person undergoing criminal proceedings to be kept in a care facility; therefore a date to reassess the patient's condition and decide whether to extend or not. Such an amendments would add another safeguard to the rights of the patient, diminishing the possibility of having a patient stuck in a state of inertia, on an indefinite stay at Mount Carmel Hospital. The court in question, with the help of experts and professionals as appropriately required, should be able to review the patient's state and condition within a limited and binding time frame, and to determine whether to cease treatment on account of the patient's improved health or to extend treatment for a limited amount of time until the patient's health is reviewed once more.
4. The Personal, Social and Career Development guidelines and curriculum are extended to include mental health and mental health first aid from the earliest stages possible, throughout all levels of compulsory education. Apart from the warranted focus assigned to anti-drug, anti-smoking and

sexual health awareness campaigns in such a subject, it would be apt to specifically include and give significant emphasis to mental health to the young, to nip it in the bud. This is critical for a better-equipped mental health education and treatment system, in light of the fact that mental health disorders disproportionately effect the younger segments of society in today's of world, and looks to be the norm of the future.

5. Newly-minted teachers are given training and qualifications to bear proof of their knowledge of basic mental health first aid, irrespective of their subject or specialised field. With teachers playing such an important role in the social and psychological development of children and teenagers in their classrooms, as individuals and as part of a societal machine, their day-to-day interactions are crucial to forming well-rounded citizens, prepared for the world they will be released into once they exit school and enter the world of working and being part of a much larger whole. Such teacher training would aid teachers in understanding their pupils and doing their best to not only refrain from acting in such a way that worsens the student's condition or situation, but to be a source of guiding support and a first-responder to any mental health issues a child or teenager is bound to bear the weight of.
6. The Government formulates and implements a national Anti-Bullying strategy, jointly spearheaded by the Anti-Bullying Service within the Ministry of Education and the Ministry for Health. While keeping primary and secondary schools as the main priority given the pervasiveness and ubiquity of bullying among children and teens, such a strategy would aid students, parents, teachers and staff to identify and if possible prevent cases of bullying, while educating the public on their rights and duties on such an issue. This strategy would centralise the relevant information on pertinent laws, regulations, guidelines, support centres and points of contact on all types of bullying, including and highlighting cyberbullying.
7. The Government further incentivises the taking up of a career in mental health care through workshops and talks at secondary schools before students choose their final O Level subjects, increasing the scholarships and support provided to both students and mental health carers and professionals to further their knowledge and professional development both locally and abroad. Special attention should be given to child psychiatrists due to the current disproportionate ratio of patients they have to attend to, while keeping in mind that today's child mental health, problems will be even bigger and more detrimental to tomorrow's adults, and the society they form part of.
8. The Government addresses the issue of homelessness and properly funds solutions to it. Given that homeless shelters or half-way houses are going over and above in the current scenario, it is plausible and has been reported that some patients at Mount Carmel Hospital state to have a psychotic disorder or suicidal thoughts only because they have nowhere else to go and Mount

Carmel is their permanent residence; a Revolving Door Syndrome, caused by our society's inability to help the disadvantaged and provide basic affordable housing to our peers.

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