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EPIDEMIOLOGY OF SERIOUS MENTAL ILLNESS IN MALTA – CONSEQUENCES FOR DEVELOPING A NEW PSYCHIATRIC HOSPITAL AND COMMUNITY PSYCHIATRY

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SUMMARY

Mental Health Services in Malta are presently at crossroads, because they are in the stage of increasing and strengthening the community services and considering closing the main psychiatric inpatient facility and replacing it with a new hospital. For proper planning of such changes, and ideal approach is that of basing these plans on results of population based epidemiological findings on rate of mental illness and required care. Such studies are strongly recommended, and this approach has already been used in Malta a couple of years ago prior to establishing inpatient care for Eating Disorders. In absence of such studies, this paper proposes ways how to use findings from available research and data to use as basis for such proper service plans.

Key words: *epidemiology - serious mental illness - community psychiatry*

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INTRODUCTION

Malta is in the process of modernizing and improving its Mental Health Services. A new Mental Health Act came into force in 2013, and has as its main aims to regulate the provision of mental health services, care and rehabilitation and to actively promote and uphold the rights of people suffering from mental disorder. The implementation of this Act is resulting into a major overhaul of approaches and services in mental health.

INPATIENT PSYCHIATRIC CARE

Inpatient psychiatric care has been provided in Malta since the late 1500's. Over the centuries, such care had its approach similar to that provided elsewhere in Europe. It was in the early 19th century that a dedicated facility, Villa Franconi, was first introduced. The 'Asylum for Imbeciles' opened in 186 and it was designed to provide around 200 beds, but over the following thirty years the hospital population grew to over 650 patients. The hospital was renamed Mount Carmel Hospital (MCH) in 1967. It retains this title and many of the original buildings and features until the present day.

Despite the fact that the structure of the main psychiatric hospital in Malta remained the same, service needs and provision remained dynamic. By 1994 the government acknowledged the burden that mental ill health was placing on society and recognised that the mental health sector required radical reform (Department of Health Policy & Planning 1995). In the strategic priority setting document, Health Vision 2000, mental health was deemed as a growing problem and was designated as a priority area for attention. Some 15 years later in 2010, the government published the Strategy for Non-Communicable Diseases in which it outlined developments that had occurred since the 1995 strategy document (Department for the Prevention and Control of Noncommunicable Disease in Malta 2010). This document was a shift in policy. More recently, a the health system review, (Health Systems in Transition [HiT] 2014), has identified that the major policy driver in the coming years will be the new Mental Health Act which came into force in 2013 (Azzopardi Muscat et al. 2014).

COMMUNITY-BASED CARE

Over the last years Psychiatric services in developed countries have been shifting care from hospital-based to community-based systems; and Malta is not different. Between 2004 and 2009 there was a 20% reduction in psychiatric beds and the strategic plan was firmly focussed on the development of community services.

Within this context the Maltese Mental Health Services have two main challenges to address:

- Is the present inpatient mental health facility the best possible set up for effective and as short as possible in patient care?
- Do the community mental helath services offer the spread and width of care required to prevent admissions, and offer support to decrease the length of such admissions as much as possible when they do happen?

DATA AVAILABLE

To answer these questions in an effective way one needs to have good data on the rate and diversities of mental illness in the Maltese Islands, and on service use and need.Unfortunately, in Malta such population based

studies focusing on a wide diversity of mental conditions were never performed. An example in Malta of when services within mental health were built around the data obtained from a population based studies on a single mental condition is the setup of Eating Disorders inpatient care a couple of years ago (Grech, 2013, Aquilina et al 2015). In such absence, one can attempt to use result of studies that although they do not give the whole picture, they give some indicators. Such examples for Malta are the following:

- The Health Interview Survey (Malta), reported in 2008, showed that 15% of the population reported that they had a mental disorder at some time in their life. Lifetime prevalence of chronic anxiety was 7.8%, and for chronic depression was 6.6% (Directorate for Health Information and Research 2008);
- The incidence of psychosis in Malta within the general population is 26 per 100,000 (Camilleri et al. 2010);
- The incidence of psychosis in Malta within asylum seekers is 400 per 100,000 (Camilleri et al. 2010);
- The prevalence of eating disorders in Malta is 2% (Grech 2013).
- An overall conclusion that one can take from these studies is that they indicate strongly that the rate of mental illness in Malta is similar to that ofother developed countries. Thus, in planning of such services, it is considerably safe to follow actions adopted in such countries.

But, alongside with extrapolating from international guidelines, it is better that one puts into the equation the present state of affairs within the Maltese services. I will use the calculation of the number patients' beds required if a new mental hospital were to be built, as an example of how this could be done. This is not purely a rhetorical question because in Malta at present there is serious debate on whether the present mental hospital should be closed, and a new one built instead of it.

Two such possible ways of calculating the number of beds required for such a new inpatient mental helath facility are.

EXTRAPOLATING DATA FROM THE GOZO INPATIENT FACILITY

Near Malta there is a smaller island with a population of 30,000 inhabitants who has an inpatient psychiatric facility within the general hospital. Although there are no formal widespread community psychiatric services within the island, the families there still provide extensive support to ill relatives within the community. Average beds occupied within this unit is around 8. Since population in Malta is around 12 times that of Gozo, one could extrapolate that a new similar in patient facility in Malta with 96 beds would be sufficient. A very important caveat here is that in such calculation one is assuming that the level of care in the community in Malta should be equal to that of Gozo, whatever its source, being families, Non Government Organizations or Government Health Services.

Calculating the number of beds required taking into consideration different sources

The sources that one can use for such a calculation could be:

- Admission/discharge data from the present mental psychiatric hospital;
- Data from hospital census and bed statistics;
- Benchmarking with a similar study/studies conducted abroad.

This approach has been adopted recently for a report on a proposal for a new Mental Health Facility in Malta as part of the country's main general hospital, and it resulted into proposing a 129 bedded unit (Grech 2014).

A quasi similar approach of using data of present services to plan for future services, together with planning for in patient care is to be used for planning community services. Basic data for this is already available. For example, in 20015, at the hospital based psychiatric out patients 6,841 sessions were held, and the 5 community clinics and the one roaming team, between them had 3738 patients registered. These are national figures, but community services need to address unique local needs, that both international and local research shows that are different, depending on various local factors, including for example population density (Camilleri et al. 2010). A proxy measure of such localized needs could be the rate of admissions to inpatient psychiatric care according to locality.

CONCLUSION

Using data from population based epidemiological studies for planning of services is highly recommended. When such studies are not available, ideally they should be carried out before such planning. This is not always feasible, because of various constraints, including those of time available and resources. But when this does not happen, it does not mean that services should be planned haphazardly. I proposed ways of how this can still be done from data already available, and to illustrate this I used examples from the situation in Malta.

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References

1. *Aquilina FF, Grech A, Zerafa D, Agius M, Voon V: Dar Kenn Ghal Sahhtek - An Eating Disorder and Obesity Service in Malta. Psychiatr Danub 2014; 27(Suppl. 1):526-529.*

2. *Camilleri N, Gech A, Taylor East S: Socio-economic status and population density risk factors for psychosis: prospective incidence study in Maltese Islands. International Psychiatry 2010; 7:69-71.*
3. *Department for the Prevention and Control of Noncommunicable Disease in Malta: A Strategy for the Prevention and Control of Noncommunicable Diseases in Malta. Valletta, Ministry for Health, Elderly and Community Care, 2010.*
4. *Department of Health Policy and Planning: Health vision 2000. Valletta, Department of Health Policy and Planning, 1995.*
5. *Directorate for Health Information and Research: European Health Interview Survey: Malta. Valletta. Ministry of Health, 2008.*
6. *Grech A: Eating Disorders in Malta. Psychiatr Danub 2013; 25(Suppl. 2):256-257.*
7. *Grech A: Acute Mental Health Facility Medical Brief, Department of Health, Malta, 2014.*
8. *Muscat Azzopardi N, Calleja N, Calleja A, Cylus J: Malta, Health Systems Review, Health Systems in Transition, 2014; Vol 16, No 1. European Observatory on Health Health Systems and Policies (WHO).*

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