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- the incorporation of mental health services within primary health care.

A fair portion of this strategy has been implemented. For example:

- by 1995, 100 general practitioners had received training (with notable success), as had 60 paramedical staff
- psychiatrists now cover 36 health centres in Amman, and this programme has been extended to four other *muhafazat* (governorates)
- psychological counselling centres, staffed by social workers and psychology graduates, have been established in all the main schools in Jordan.

Cultural issues

Social stigma is quite strong in relation to psychiatric patients and treatments. Consequently, resort is often

made to faith healers before or even after visiting a psychiatrist. There is great ignorance about psychiatry in all sectors of society: rich, poor, illiterate and educated. Stigma also affects the status of psychiatry among the other medical specialties. This has restricted progress in the delivery of psychiatric services.

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Website

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COUNTRY PROFILE

The mental health care system in Malta

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The Maltese Islands are located in the Mediterranean Sea and have a total area of 316 km². They consist of three inhabited islands – Malta (the largest of the group), Gozo and Comino – and two uninhabited islands – Filfla and Cominotto. Malta is a democratic republic. Since its independence in 1964, Malta has played a more significant part in international relations. It became a member of the Commonwealth, the United Nations, the World Health Organization and several other organisations. In May 2004, Malta also became a member of the European Union.

The organisation and delivery of mental health services, and access to them, are influenced by Malta's socio-cultural specifics. Most (98%) of the Maltese population is Catholic and the Church plays an influential role in Maltese society. It contributes to the Maltese perception of mental illness and its aetiology and consequences, as well as to the nature of presentation and the utilisation of services. It also affects the community support network and rehabilitation. The geographical proximity of the populace and the predominance of the extended family also play a significant role in the perception, nature and progression of mental illness.

Population

The population of the Maltese Islands in 2002 was recorded at 394 000. Since 1974, the population has grown linearly and in 2001 the natural population growth was estimated at 2.5 per 1000 population (World Health Organization, 2003). The total number of births in 2002 was 3805, giving a crude birth rate of 9.7 per 1000 population. In the same year, the total number of deaths was 3031, giving a crude death rate of 7.7 per 1000 population. The main causes of death among the Maltese population are non-communicable diseases, mainly circulatory disease and cancers. The life expectancy at birth in 2002 was 75.8 years for males and 80.5 years for females (National Statistics Office, 2003; Ministry of Health, 2004a).

The organisation of health care

The Maltese government provides a free national health service, for which the Minister of Health has overall responsibility. Residents receive comprehensive care, funded from general taxation (Ministry of Health, 2004b). The proportion of Malta's gross domestic product allocated to the health budget is 6.3%. Residents are not obliged to have health insurance in order to be entitled to health

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Residents are not obliged to have health insurance in order to be entitled to health services, and those determined by means-testing to have a 'low income' and those suffering from chronic conditions (e.g. schizophrenia) are entitled to free drug treatment.

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services, and those determined by means-testing to have a 'low income' and those suffering from chronic conditions (e.g. schizophrenia) are entitled to free drug treatment. Means-tested social assistance benefits are offered to some of those who have a mental health disorder, including those with severe learning disabilities, schizophrenia, certain neurological conditions (e.g. epilepsy) and substance misuse (World Health Organization, 2002).

Private health services run alongside the national health service. Private general practitioners as well as specialist practitioners offer community health services. There are three private hospitals on Malta.

Mental health resources

The provision of mental health care falls under the same organisational system as general health. Of the overall health care budget, 9% is allocated to mental health (World Health Organization, 2002). Most of the services are offered as part of the national health service, although private services also offer community specialist care. Two non-governmental organisations, the Friends of Attard Hospital Society and the Richmond Foundation, run alongside the public and private provision.

The Ministry of Health gives its mission statement as follows: 'to promote and provide for the health care needs of the Maltese people and to deliver appropriate services' (Ministry of Health, 2004c). The mental health policy aims to promote a healthy environment within Maltese society, and to empower individuals to cope better with mental health issues. The policy's objectives are to deliver a wide range of services, and to facilitate advocacy, promotion, prevention, treatment and rehabilitation (World Health Organization, 2002).

The public mental health service falls under eight consultant-led firms. In-patient facilities are offered at two sites: St Luke's Hospital, which has a short-stay psychiatric unit (with 11 beds); and Mount Carmel Hospital, which has beds for acute, rehabilitation and long-stay patients, as well as beds specifically for older people, children and adolescents and people with learning disabilities, and a forensic ward. Mount Carmel Hospital provides for 520 beds in total, accounting for 143.3 beds per 100 000 population (World Health Organization, 2003). When compared with other European countries, Malta has one of the highest numbers of psychiatric beds per 1000 population (World Health Organization, 2003). However, when considering the provision for acute admissions, each consultant firm is entitled to only four beds (two for men and two for women), which makes acute in-patient care difficult to access.

Mount Carmel Hospital also offers para-clinical services, electroconvulsive therapy and a consultation-liaison service to other government hospitals. Community care facilities are offered at other sites and include:

- psychiatric out-patient facilities at St Luke's Hospital and Gozo Psychiatric Hospital, as well as within community-based health centres
- a child guidance clinic
- a clinical psychology service

- electroconvulsive therapy at the St Luke's site
- occupational therapy day services.

Other community care facilities include day centres, sheltered homes, long-stay hostels, respite centres and independent living, offered by both the governmental and non-governmental organisations, including the church. Community care, principally in the form of out-patient follow-up, is also offered by the private sector, by a psychiatrist or a general physician. Mount Carmel Hospital coordinates the overall mental health provision. Non-governmental organisations' main roles are advocacy, promotion and rehabilitation for individuals with mental illness and their families.

The eight consultant-led firms operate within all the mental health facilities; some teams offer some specialist care, depending upon the relevant consultant's training and special interests. For example, the team led by the consultant author offers specialist provision for eating disorders and sexual disorders, as well as general psychiatric provision. Fifty psychiatric nurses, eight generic occupational therapists, six generic social workers and four psychologists work alongside the eight consultants, with the aim of implementing a multi-disciplinary approach. In-patient and community care facilities also aim to function through holistic approaches, according to individual needs, which may involve engaging the whole family in treatment. However, partly because of the limited human resources, in-patient care still operates in a largely custodial manner. Similarly, a multi-disciplinary approach within community care facilities is limited, with provision mainly consisting of follow-up by a physician.

Provision for substance misuse falls under the Ministry of Family and Social Solidarity. Most of the substance misuse services are provided by a government-funded autonomous agency, the National Agency against Drug and Alcohol Abuse (Sedqa). The objective of the Agency is:

'[to] plan and recommend developments and updates of the National Policy in the field of drug and alcohol abuse and to provide services in health promotion, prevention, treatment and rehabilitation to persons with drug and/or alcohol problems and to their families so as to help them live a stable life and to integrate better [into] society' (Sedqa, 1994).

The services principally employ a multi-disciplinary approach, and provide a range of treatment modalities, including out-patient and in-patient detoxification, community-based one-to-one as well as group psychosocial interventions, family therapy facilities and longer-term residential rehabilitation facilities. Other community-based provision includes prevention programmes and a parental skills programme (Bell, 1997; Bugeja, 2000). Acute provision for substance misuse, however, falls under the Department of Psychiatry within the main psychiatric hospital. A non-governmental organisation, Caritas, works alongside the National Agency; its main roles are prevention and community-based rehabilitation. The Department of Psychiatry also provides for psychiatric care within the criminal justice system.

Training

Basic undergraduate training in the field of psychiatry forms part of the MD curriculum. This is in the form of formal lectures as well as clinical placement within the various mental health facilities (University of Malta, 2003). Opportunities for postgraduate training in psychiatry include clinical placements at the levels of house officer (four posts) and senior house officer (seven posts), under the supervision of the consultant psychiatrists. Formal training in psychiatry leading on to full qualification as a psychiatrist is not provided in Malta and hence doctors must acquire formal training abroad.

The National Agency against Drug and Alcohol Abuse provides basic training in substance misuse for those involved in service provision. It also offers a 'Voluntary Action Training Programme' for leading figures in the community, to facilitate a preventive approach with youths (Bugeja, 2000).

Membership of the Association of Maltese Specialists in Psychiatry provides the specialist registration of psychiatrists. Following recent developments, all psychiatrists will have recognition and registration of their specialty only if they are approved by the Association. There is no specialist registration for the other disciplines.

Research activities

Mental health research activities are conducted by each consultant on some practical aspect of psychiatric care. The aim of such research is the improvement of psychiatric care and its delivery. Research projects are usually conducted over a 12-month period and are funded in part by the Merit Award Scheme. Other research activities are conducted by undergraduate and postgraduate students at the University of Malta.

Conclusion

Mental health services in Malta are tailored to the socio-cultural needs of the population. Provision of care tends

to be personalised and holistic, with specialist care being an integral part of general psychiatric care. The national health service and services provided by both non-governmental organisations and the private sector function together, which allows individuals to choose their preferred option of care, and it is easy to switch between each mode of provision. The number of beds available for acute admissions is insufficient for the population, despite the relatively high number of psychiatric beds per 100 000 population. This is likely to be a consequence of the custodial care approach employed and of ineffective community care. Although services have actively been trying to move away from institutionalisation to a more community-based setting, the limited number of fully qualified mental health professionals makes this move difficult. Investment in and upgrading of training and research among all disciplines would provide the basis for a more modern, community-based, multi-disciplinary approach to the delivery of mental health care.

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COUNTRY PROFILE

The mental health policies of Trinidad and Tobago

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The Republic of Trinidad and Tobago is the most southerly of the Caribbean island states. Trinidad is just 14 km from the coast of Venezuela. Trinidad covers an area of 4828 km²

while Tobago, the sister isle, has an area of 300 km². The total population is approximately 1.3 million; 40.3% of the population is of East Indian descent, 39.6% of African descent, 18.4% mixed