

## **De-institutionalization in the 21<sup>st</sup> century**

The terms institutionalization and de-institutionalization are more synonymous with the 1960's and the 1970's, when Dr Russel Burton identified the effect of long term hospitalization on patients with mental illness. This was one of the triggers which pushed the development of community care in mental health, where a number of large psychiatric hospitals (in the U.K. and U.S.A.) were literally closed down, with hundreds of patients being discharged and followed up in the community.

This was not a straight forward affair. The U.S. and the U.K. made the mistake of suddenly closing down large psychiatric hospitals, without offering an alternative and much required community services, which resulted in an excessive number of people becoming homeless, and worse, succumbing to the elements, illness, crime and suicide. "Any fool can close a psychiatric hospital" a renowned psychiatrist commented at the time. He was quick to add that community care is not about closing a hospital, but about providing more robust services in the community.

In Malta, the de-institutionalization process could be said to have started 30 years ago. There was the initial attempt of following patients in out-patients clinics, which at the time were amalgamated with the poly-clinics. Doctors, nurses and social workers would see the patients in the local clinic, review and administer medication and offer home visits for social support and assessment when needed. This had eventually developed into the so called "pilot project", which had the first feel of a community mental health team, with psychiatrists, nurses, social workers and occupational therapists working together as a multi-disciplinary team, and patients would be provided with a sort of one-stop shop of different professionals. Eventually, there were further similar teams which developed in other parts of Malta, and also the formation of the Outreach Team, who would follow more long term patients with more chronic conditions, and offer a more hands on support at the patients' home in the form of a care-coordinator and case management approach. In tandem, a multi-disciplinary crisis service started operating from Mater Dei Hospital. This team provided assessment and follow up of patients who would require immediate care due to mental health difficulties. Unfortunately, this service had eventually dissolved. There was a momentum in Malta where the community was being developed, following the path of other EU countries, with less reliance on hospitalization, encouraging early discharge, home treatment and recovery in the patients' communities.

There are now 5 mental health clinics across Malta, from where community mental health professionals operate and provide an array of interventions to individuals experiencing mental health difficulties. These teams vary in terms of number of professionals, different qualifications, psychiatrists attending, number of sessions, waiting lists and interventions provided. Unfortunately, and alarmingly, there is a huge shortage of social workers who work within these teams. The social worker is a much necessary role in the management of mental illness. Most psychiatric difficulties stem and cause major disruptions to the social situation of the patients and their families. There is a strong link between one's mental health and the social conditions of the individual. An improvement in one function, will most probably contribute to an improvement in the other, and vice versa. A person with

schizophrenia might find it difficult to manage his or her social situation (work, finances, leisure) and assistance in dealing with these will definitely have a significant effect on his or her recovery. The shortage of social workers in the mental health sector is a lacuna which needs to be addressed urgently. In most teams, nurses and occupational therapists will most often end up attending to these needs themselves in the absence of a team based social worker, but there are obviously limitations to the social interventions provided. There are also limits as to what the current community mental health services can attain. Most community mental health teams are under resourced, staff shortage remains an issue, and office space and clinic structures are limited. The demand is over exceeding the supply. Serious investment is required both at community level and at in-patient level.

Malta's main psychiatric hospital, was built in 1861. Patients were transferred from what was known as Villa Frankoni and the Ospizio in Floriana during the night of the 16<sup>th</sup> July, 1861. When it opened, the hospital was considered as one of the best at the time, in terms of structure and management towards the patients. A commission organized by the USA congress gave the hospital a medal and certificate of merit for "structural and sanitary improvements and evidence of general comfort and welfare of inmates". This was in 1893. Almost 70 years before the publication of the book 'Institutionalized Neurosis', by Russel Burton. The needs and knowledge of the time were obviously different from today. At the time, mental health care was about containment and segregation, nowadays is about treatment, engagement and integration. Psychiatric hospitals remain a necessity. When patients are posing a certain level of risk, when the symptoms become a burden and too severe that the person cannot continue to function and the family cannot cope, the hospital serves as a merciful haven. However, we cannot now award a hospital for its "structure, sanitary improvements and general comfort". Even if ironically, these are the main focus of criticism nowadays. But awards should be about the care being provided, the qualifications and training necessary to work in such a place, but not just that. Its about being dedicated, sensible and compassionate. About the latest evidence based interventions being provided, professional pride and development, and about making sure that as Florence Nightingale wisely said, that the hospital should do the patient no harm.

The government published a Mental Health Strategy on the 17<sup>th</sup> July 2019 (interestingly, that's almost the same date the patients were transferred from Villa Frankoni to the Asylum in Attard in 1861). The mental health strategy is very promising, there is a focus on investment in both in-patient and community level. It talks about seamless integration, community and crisis service, and early intervention and takes into account not just the patient, but the carers, the professionals and society. This is a significant step for mental health care in Malta and it's an ongoing process, representing Deinstitutionalisation in the 21<sup>st</sup> Century.

Pierre Galea – President

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The MAPN will be organizing a conference about Deinstitutionalisation in the 21<sup>st</sup> Century on the 31<sup>st</sup> October 2019 at Dolmen Hotel, Qawra.

For further info and for registrations please log on to:

[www.mapnmalta.net](http://www.mapnmalta.net)