

NEW FRONTIERS

Leading the way in Psychiatric Nursing
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The Domino Effect by Kevin Gafa'

As the effects of the current financial crisis spreads to all the corners of the world the Domino Theory is becoming increasingly more popular. This theory describes the domino effect which is said to occur when a small change starts a chain reaction which makes a huge impact in the long run. How does this link to the MAPN? It is evident that psychiatric nursing in Malta experienced a similar phenomenon. It is hard to pinpoint the exact moment when this change started taking place and I feel it would be presumptuous to suggest that it occurred solely when the MAPN was conceived. What is certain is that, while the association might have been a result of that initial process it proved pivotal in creating this incredible momentum which we are experiencing at present.

Hosting the European HORATIO festival was a great boost for us and I am sure the event will have positive repercussions for many years to come. Meeting the gurus of Psychiatric Nursing was an amazing experience for all of us. Having the association acknowledged and congratulated by the likes of Prof. Phil Barker, Profs. Shirley Smoyack, Prof. John Cutcliff and Prof. Richard Gray is not something we take lightly. These fond memories keep me going when the going gets tough.

The Horatio festival was not the only positive episode which occurred during the last months. The second group of degree level psychiatric nursing graduated last December. Moreover the third group will be graduating this November. Every time new psychiatric nurses graduate it is a cause for celebration for all those who have this profession at heart. I would like to take the opportunity to wish them all the best in their new role and encourage them to cherish their profession. I also feel compelled to congratulate everyone involved for the tangible achievements we are lately experiencing in community mental health care. This can be principally attributed to the dedication shown by Mount Carmel Hospital management to expand and improve the service. Although evolution of such services is ongoing and there is certainly much left to be done, we are finally reaching high-quality standards of care for those suffering from mental health related conditions.

As part of my role as president of MAPN and board member

within HORATIO I participated in a board meeting in Berlin in March. I believe that the future of European Psychiatric Nursing is very much related to the political positions which HORATIO will be taking in the coming years. General secretary Roland Van De Sande wrote a contribution for this newsletter in which he explains the future of HORATIO. This has significant implications for our profession locally as well, as we will soon be entering a phase of standardisation of services. The next HORATIO board meeting is scheduled this October in Cyprus, concurrently with the celebrations of the Mental Health week.

The upcoming event for the MAPN will be a national conference on Elderly Mental Health which will be organised on Monday 26th and Tuesday 27th October at the Corinthia Palace Hotel and Spa in Attard. Elderly mental health is in great need of attention from authorities and the aim of this conference is to generate discussion and increase awareness. Special guests for this two day conference will be Prof. Brendan McCormack and Dr. Assumpta Ryan from the University of Ulster, Northern Ireland, and Dr. Carmelo Aquilina from New South Wales, Australia. I am sure that as usual the response for MAPN's events will be extremely positive and, while we will try to give everyone an opportunity to attend, I urge you to start making arrangements early to avoid being disappointed.

Over the last months we focused mainly on the warrant issue, As General Secretary, Stephen Demicoli will explain in his address, it took most of our energies. Many might ask why it took us so long to publish the 5th issue of NewFrontiers. The problem was simply related to the difficulty in finding a sponsor. As you may have noticed this issue of NewFrontiers is not sponsored. As a result the challenge was greater than usual since finance is always a major barrier for voluntary organisations like ours. The lack of sponsorship is always an issue for the MAPN. Can it be that major companies are deterred to put some money in the pot for mental health related associations?

On a final note I would like to wish the best of success to the recently elected MAPN council and to thank all those who preceded them for their service. ■

Personal Reflections: The Horatio Festival



I think by the time it eventually got here the word 'festival' was the most commonly used noun used by Maltese psychiatric nurses. Indeed it seemed that every time I opened my mouth it popped out without any prompting – I was in danger of becoming very boring. But, when it started, 'boring' was the word furthest from my mind. Two years in the planning, those five days of excitement were well worth the wait and prompted many of my international friends and long time colleagues to say – "this is the best psychiatric nursing event I have ever been to"

For those who love statistics (and there are some), we had 416 delegates, from 34 countries and 69 from Malta. There were 33 no-shows, mostly from countries that were hit by the looming recession; four nurses came all expenses paid from Eastern Europe on bursaries we had managed to attract, 16 were free and seven received student registration. Despite several no-shows amongst the speakers in all there were 10 plenary/keynotes, 98 concurrent papers, 16 workshops, 13 symposiums with 33 papers, and 33 posters, a total of 190 presenters. We had decided quite some time ago as part of Horatio policy that we would not seek sponsorship for the event from pharmaceutical companies and as a result we had only a small group of exhibitors. However, they were a very diverse group and attracted a great deal of interest and support from the delegates. The on-line CBT training was particularly popular.

The mix of papers was extraordinary; clinical, professional, cultural, always different, engaging and stimulating. I have been to countless psychiatric nursing conferences around the world but this was the first time I saw so many people attending sessions – even the speakers remarked on the numbers. Even the cinema was fully booked with Kevin Gafa, in his newly found role as the resident film critique, enjoying the success of his idea.

The idea to mix as much culture (read, fun) with the serious side of mental health care was originally mine but everyone seemed to be happy with it. The get-together on the first evening went well with many staying and chatting into the night, despite some horrendously long journeys from around the

world to get here. The music night turned into one to remember with, first Pierre Galea (a psychiatric DJ, so to speak) and then Gianni's Band providing a memorable nights 'exercise'. The gala dinner at the Corinthia Palace was wonderful, not least for the production of the Festival Anthem, written and performed by the legions of Dutch delegates who insisted we join in, complete with printed song sheets! However, the big hit was the opening ceremony – trumpets, knights, Grand Master, Dancers, singers (and the Horatio Festival Choir magnificently led by Josanne Drago Bason who drove me crazy with talk of pianos and missing singers for the six months leading up to the event). Even the Prime Minister's wife said she shed a tear of pride during the spectacle. During the festival we saw monologues of dead painters, parents and children linked by 20 feet umbilical cords and musicians who just did not want to stop!

But, if you ask me my highlights they have to include interviewing Prof. Shirley Smoyak, a long time friend, and listening to her talking about her early working life with Hilda Peplau – a well deserved standing ovation; seeing Prof Phil Barker finally get to tell Maltese nurses what the Tidal Model was all about; the look on the Maltese delegation faces as they spoke to some of their professional heroes and realized that they were all psychiatric nurses together, a true brother and sisterhood, and working with MAP-N and their total commitment to the whole event. It was always my dream to bring the festival here to Malta, not just for the international delegates but so that Maltese nurses could at last realize that they belonged to a worldwide family of professionals who readily accepted them and admired and respected the work they were trying to do. In 2012 the festival moves to Stockholm in Sweden – I look forward to it and wish them well but I cannot help thinking that they are going to find it hard to live up to the standard set here in Malta. ■

Martin Ward
Coordinator, Mental Health Nursing, IHC
Chair, European Expert Panel of Psychiatric Nursing and
Horatio Board member

Images on front page turning clockwise: May Caruana during the closing ceremony Horatio Festival; AGM, MAPN, Mary Azzopardi, Kevin Gafa, Antoine Magro; New Council members elected on 7 November 2008; Panel invites on opening ceremony; Des Kavanagh HORATIO president; Mrs. Kate Gonzi honorary guest on HORATIO festival; Delegates on night out; Martin Ward chair expert panel HORATIO; Kevin Gafa president of MAPN during opening speech; Actors giving enactment on opening day.



Elderly Mental Health - 26th/27th October 2009 by Angelo Abela



The ageing of the population today is unlike anything else in the history of humanity. Increases in the proportions of older persons (60+) are being accompanied by declines in the proportions of the young (15-). By 2050 it is estimated that the number of older persons in the world will exceed the number of young for the first time in the history of mankind. One of the major reasons for this shift is that the world has experienced dramatic improvements in longevity. Life expectancy has increased by approximately 20 years since 1950. Moreover families tend to have fewer children than they used to in the past.

It is estimated that almost 25% of the elderly population suffers from some kind of mental health problem. These range from dementia and delirium to depression and psychosis. Mental health care in the ageing population is more relevant today than it has ever been before.

The Maltese Association of Psychiatric Nurses will be holding an Elderly Mental Health Conference on the 26th and the 27th of October at the Corinthia Palace Hotel and Spa. Various speakers, both local and foreign, will be tackling diverse topics which are relevant to mental health care in the elderly.

Amongst these are Prof. Brendan McCormack and Dr. Assumpta Ryan who will be coming from Ireland as a guest speaker. Brendan is Professor of Nursing Research and Practice Development and Postgraduate Tutor in the Institute of Nursing Research, University of Ulster. He leads a number of practice development and research projects in Ireland, the UK, Europe and Australia that focus on the development of person-centred practice. Dr Ryan is a Lecturer at the School of Nursing and a member of the Institute of Nursing Research at the University of Ulster. She has done much work in the field of gerontological nursing and has over 50 publications in a range of journals, most of which are in high ranking peer reviewed academic journals.

Professionals, carers, students and individuals interested in the care of the elderly are invited to attend this unique event. More information including pricing and a full programme can be found at www.map-n.com. For further enquiries send an e-mail to mapsychnurses@gmail.com or call Kevin on 99825731. ■

Dr Assumpta Ryan PhD, MEd, BSc (Hons) PGCTHE, RMN, RGN, RNT

Brendan McCormack, D.Phil (Oxon.), BSc (Hons.), PGCEA, RNT, RMN, RGN: Professor of Nursing Research and Postgraduate Tutor, Institute of Nursing Research/School of Nursing, University of Ulster, Northern Ireland; Adjunct Professor of Nursing, University of Technology, Sydney; Adjunct Professor of Nursing, Faculty of Medicine, Nursing and Health Care, Monash University, Melbourne.

Roland van de Sande

(General Secretary, Horatio, European Psychiatric Nurses)



Implications of economic recession for psychiatric nurses;

Several alarming reports from nongovernmental organizations crossed our pathways over the last months. The economic downturn has struck several mental health services across Europe. A number of countries have to face cuts in salary and several nurses have to fear for their job, even in regions with a severe shortage of nurses. However in some other countries these consequences will less dramatically affect the present level of health services.

Innovations in professional education

Over the past period Horatio have been involved in many projects to enhance the quality of training for psychiatric nurses. Patterns of Inequalities in specialist training across Europe have been revealed by several researchers. A number of international stakeholders are in the process of

working on funding proposals to enhance the international exchange of good practices in psychiatric training. The implications of the EU Bologna Education Pact will affect many curriculums of nurse education at all levels. Several international working groups are attempting to harmonize the requirements for advance nursing practice course in mental health domains. There a strong need for professionals with specific clinical expertise, research and leadership competences. Horatio is partner in several education initiatives and would welcome specific suggestions from their members (info@horatio-web.eu).

EU Mental Health Pact

Horatio contributes regularly in meetings organized by the DG SANCO regarding to the implementation process. From this perspective fine tuning with other mental health care nongovernmental organizations is hugely important. More specific information will be provided in this summer. ■



Interview

Sally Zammit & Marcia Gafa'

Last year during the Horatio Festival, Sally Zammit and I were fortunate enough to meet and chat with two of the most prominent figures within the field of psychiatric nursing. Renowned for their work and contributions in amongst other things, philosophy and research it was our immense pleasure to spend a short time with both Professor Phil Barker and Professor John Cutcliffe.

On first meeting Phil Barker one is struck by his magnetic personality, his broad Scottish accent and his distinctive appearance. After only a few minutes of speaking to him, his humility is evident. Rejecting his infamous status amongst psychiatric nurses, he told us that everything he has achieved was almost accidental, stemming from purely an interest in people. His fascination with just listening to patients fuelled his interest in learning more and more about them. Today, Profs Barker and his fascinating wife are pioneers in raising the standards of nursing care, for informing and educating nurses worldwide and for provoking change in the field of psychiatric nursing.

Sally and I were captivated as Profs Barker raised a question that each psychiatric nurse should consider. What is psychiatric nursing? In the context of discussing professionalism he said that in his experience, if one says to a psychiatric nurse *what is psychiatric nursing and how do you do it ...* the answer is generally *I'll need time to think about that*. This is in stark contrast to other 'professions' who can answer quite succinctly what their job is and how they do it. Profs Barker calls this an identity crisis. The inability to say who we are and what we do has a very negative impact on the professionalism of psychiatric nurses. Expanding on his point he said that it is quite disturbing to ask someone who joined a profession or discipline a number of years ago what is it you do and how do you do it, only to find that they need time to answer!

Having travelled all over the world, Profs Barker talks with great experience when he says that generally when the media are researching or reporting stories about mental health they routinely approach psychiatrists, or social workers or psycho therapists and yet rarely if ever, are psychiatric nurses represented. This situation is exacerbated by the inability of psychiatric nurses to state clearly what it is they do and the value or importance it has. He went on to say that there is a kind of "neurotic ambition" amongst psychiatric nurses to reinforce or validate themselves by borrowing from other professions as opposed to doing psychiatric nursing with a style and grace and a quality that makes us be able to say that what we do, we do better than anyone. Now against concepts such as nursing diagnosing and nurse prescribing, Profs Barker states that if we are to do these things we have to internalise them, by doing them within nursing and not trying to replicate the

work of other professionals. Using the analogy of a football team, Profs Barker said that he too can play football, but the difference between him and a premier league player is that they can do it a thousand times better. Psychiatric nurses he says need to be more assertive, engaging more in dialogue and debate. The ultimate evaluation of our work is that the patient can say to us – yes you have been able to do things for me that nobody else has, or at the very least, that you have done it better. Food for thought indeed, especially here in Malta where psychiatric nursing is still seen as something of a poor relation in nursing circles. We encourage every psychiatric nurse to ask themselves these questions and be able to formulate an answer that shows that we know who we are and what we do.

Our next interview was equally informative and interesting. Prof John Cutcliffe entered the nursing profession in the 1980's. In that era males who entered general nursing were few in number and generally assumed to be gay. There was a much more equal split between the genders in psychiatric nursing and it had something of a macho image, for example many nurses were ex-soldiers. Profs Cutcliffe entered nursing within days of encountering his first person with a mental health problem and at first he had some reservations but these were quickly dispelled and he realised he was exactly where he wanted to be. A great academic, he was headhunted worldwide and moved from the Britain to Ireland to Canada and then to the United States. When we asked Profs Cutcliffe about his experiences and which of them may particularly stand out in his mind he told us he had many. However he recounted an occasion very early in his career when he was personally challenged to face his own perceptions and beliefs. Around the time of the emergence of HIV and AIDS as a health challenge he was caring for a gentleman with terminal HIV and certain mental health problems. Due to his physical condition the patient needed a certain amount of physical interventions even in intimate areas such as using the toilet. It was at this point that Prof Cutcliffe had to deal with his beliefs and "phobias" about homosexuals, but at the same time he was able to witness the love and intimacy that occurred between this patient and his partner. This experience was very humbling for Profs Cutcliffe as he had the opportunity to see passed the labels that we give to people and see first hand the effect of all that human suffering. The significance of this event remained with him and he feels that something all nurses should remember is the notion that mental health can affect any one of us or our families – that it could be them that are hidden behind the labels that as professionals we apply. He feels that by remembering this, many of the unhelpful practices we engage in would disappear. Profs Cutcliffe also raised an interesting supposition, which is that many psychiatric nurses come into nursing with a desire to do the 'right thing' and to be useful to other human beings. Yet somehow along

the way, these motives are either eroded or lost or beaten out of some of us. This leaves us with the challenge to reflect on why we chose psychiatric nursing as a career and if we are still working with the same motives that first attracted us to the profession.

Speaking for both Sally and myself I can say that even though we spent such a short time with these illustrious cornerstones of psychiatric nursing, we were both challenged to ask ourselves the questions they posed. And we encourage you all to do the same. Horatio was a remarkable event,

made even more memorable for us, having the chance to meet and talk with people whose work we have read and studied and from whom we have learned so much. We look forward to future opportunities such as these and advise all psychiatric nurses to take every opportunity to attend such events and to support MAPN as it leads the way in meeting its three core criteria for psychiatric nurses in Malta, which are awareness, education and recognition. ■

The Administrative changes in the Lunatic Asylum during the 19th Century.

Mount Carmel Hospital is today's excellent institution for the care of mentally ill patients in the Maltese Islands. This Government institution knows its beginning to a much older and paternalistic institution. The aims and goals of the old institution were different, conforming to the medical and the general public view of mentally ill patients. It was not before the second half of the 19th century that the humanistic views about such patients got to be widely accepted. This gave an impetus for new changes, even within the old governmental institution. Such physical changes were then complimented by the rigorous regulations binding both medical staff and patients to conform for the benefit of the general good of this institution housed in a brand new building. The paternalistic view towards governmental institutions in Malta always ensured a steady flow of patients into the Lunatic Asylum. The real situation was sometimes far from the theoretical views expounded in the official regulations. Evidence of abuse by staff and also patients was found in archival registers. Apart from showing a humane side to this institution, it also shows how in reality the institution was dealing with the daily influx of visitors.

The origins of the Lunatic Asylum

The Lunatic Asylum, as was then dubbed, was always just one of the various Government institutions directed at helping the destitute and very sick people. During the Order of St. John's rule, the mentally-ill patients were kept in the Holy Infirmary in Valletta. When found incurable, or the Infirmary could not cope with the numbers, they were sent to the *Ospizio* in Floriana and kept there. The treatment remained the same under French rule with the exception that the 'lunatics' were then transferred from the Infirmary to the Civil Hospital in Valletta while the women were accommodated in the *Casetta* in Valletta. In 1816, Governor Maitland consolidated all different charitable institutions under one department and named it Charitable Institutions Department. In 1816, 'lunatics' of both sexes were all transferred to the *Ospizio* where they were kept in confined spaces, with the meager human necessities and in even more misery than before¹. The accounts of the Comptroller of Charitable Institutions of how these patients were treated are very graphic². In 1836 these patients were finally transferred together into a slightly better accommodation. The *Villa Franconi* and its adjoining premises provided limited accommodation for the increasing number of mental patients until the new Lunatic Asylum was built at *Wied Incita*. Inglott's brief description of the conditions in which these patients were found in January 1859 highlighted the need for better accommodation³.

The move for a new building of the lunatic asylum came after much criticism including a report which emerged by the first half of 1848. This had suggestions for a better rule of the Charitable Institutions Department. On 17th July 1848, Dr. Preziosi examined what was to be found in these establishments and how to improve them. These reports were

read in a public sitting of the *Societa' Medica*. The location of the Lunatic Asylum, the Poor House and the House of Industry were all put under scrutiny as Dr. Preziosi urged for better accommodation⁴. Ideas for a new lunatic asylum were brought forward by Governor More O'Ferrall in 1853 but plans did not go any further until his successor, Governor Reid accepted designs which were submitted by an Italian refugee. These plans in due time were decreed as simply a copy of the old and already obsolete plans in contemporary architectural designs of lunatic asylums. Governor le Marchant continued with the building and tried to bring about the necessary changes. On July 16th 1861, the asylum was finished and the patients were accommodated immediately⁵. Medical treatments were changed according to contemporary views, and a more humane treatment for mental patients was introduced.

The need for departmental reforms.

Reforms in the departmental regulations were also needed. By 1864, the Comptroller Ferdinand V. Inglott issued a report on the situation of his department and although only part of it survives today, he was very critical of what he saw there. Inglott was the driving force behind the projects for the building of a new Lunatic Asylum and for better accommodation and better treatment for the patients⁶.

Following these numerous reforms, problems often rose between the medical sections and the lay administrative staff of the Charitable Institutions Department. Police Physicians posted around Malta and Gozo as District Medical Officers often complained of overwork and underpayment. The same feelings were expressed by the Comptroller F. V. Inglott in 1869, when the Visiting Physician of Lunatic Asylum asked for remuneration to cover his traveling expenses. His request was refused and in a correspondence in April 1869, Inglott answered back angrily that the Government had "the uncommon luck of being well served at very cheap terms!"⁷.

Introducing the Sister of Charity

Towards the latter half of the 19th century, the need was felt for more dedicated nursing staff. Therefore, long correspondence started between the Sisters of Charity in Italy and the Comptroller of Charitable Institutions in Malta on behalf of the British Government⁸. In 1868 the first five Sisters of Charity arrived in Malta. These Sisters were of good influence in the institutions they served. However, meanwhile instances of breach of discipline continued in many institutions. A call for improvement in the nursing profession came from medical quarters. In 1869, the Medical Superintendent of the Lunatic Asylum and the Commissioners of Charity requested the Governor's approval for employment of the Sisters in the female wards of the Lunatic Asylum. This was met with approval both by the Comptroller and the Governor. By 1878 ➔

law cannot be enforced before a suitable place is available for that class of patients. The further enlargement of the Lunatic Asylum is another measure requiring serious and early attention. The building in its present state can hardly accommodate 400 patients; and yet its population at the end of 1898 was 653. The inevitable consequence is that the classification of patients becomes a matter of great difficulty, and is but imperfectly carried out, and that the state of the Institution, in so far as the comfort of its inmates and the observance of the rules of hygiene are concerned, leaves much to be desired. I must not omit finally to mention another matter...

21.1.94.
Laid before the Board.
The Commissioners are of opinion that, in consideration of the critical circumstances of the applicant, he should be exempted from paying the fees above-mentioned.
16.2.94

"The stigma alone was never bigger than the need for cure and shelter."

the Sisters of Charity were rendering their services in the Central Civil Hospital, Lunatic Asylum, Orphan Asylum, *Ospizio*, Hospital of Incurables and *Santo Spirito* Hospital.

Lunatic Asylum Board

Other administrative changes took place when various boards were set up including the Lunatic Asylum Board. The Board met once a week in the Lunatic Asylum at *Wied Inċita* to admit or discharge inmates according to certification from the hospital authorities. The Comptroller of Charitable Institutions, the Visiting Medical Officer and the Resident Medical Officer of Lunatic Asylum together with other Medical Officers, as appointed by Governor, formed the Lunatic Asylum Board⁹. There was also another Board which regulated admissions into the Lunatic Asylum. In 1867 it was decided that all cases requesting admission into the Lunatic Asylum were first to be submitted to Government for consideration. A medical board met every Wednesday in the Lunatic Asylum to decide the fate of numerous applications¹⁰. Compared to the other government-controlled institutions, the selection process of mental patients was much more complex. The procedure of admitting a patient into the Lunatic Asylum normally started with the District Medical Officer or any other Government Medical Officer filling up an Order according to a printed format. This Order had to be furnished with the sanction of the local Syndic and by the Inspector of Police of the district in which the patient resided. Sometimes the sanction of the Superintendent of the Ports, the Superintendent of Corradino Prison, two Medical Officers of the main hospitals of Malta or Gozo, or the Physician of the *Ospizio*, was required if the patient came from abroad, or was in prison, or in any one of the hospitals or asylums in Malta and Gozo¹¹. Before 1867, patients possessing the admission form signed by the Syndic, the dispensary doctor and inspector of police went to the Lunatic Asylum on Wednesday from 0800 to 1200 and were admitted for observation¹². On the following Monday a Special Board met and decided whether or not each case was fit to be retained in the Lunatic Asylum¹³. This practice was abolished in 1867. From then onwards, patients had to go first to the Central Civil Hospital to be examined by the Medical Board and then if the case was a 'fit object' the patient was transferred to the Lunatic Asylum at *Wied Inċita* in Attard.

Applications for admission

This was how admissions procedure worked on paper. In reality restrictions on admissions were much greater. Apart from being declared of 'unsound' mind and 'insane', the patients in Lunatic Asylum had to be financially weak to receive treatment in a public institution. Each patient had to hand in the order of admission before entering a Civil Charitable Institution, thus making available all relevant information on one's illness, and together with the patient's financial gains, information regarding whether family, friends or neighbors could take care of the patient, and confirmation of whether or not there were any lands or money in the

Savings' Bank in the name of the applicant. If the patient was a pauper, treatment was free and the patient would be cured at Government's expense¹⁴.

Applications for admission into the Lunatic Asylum came also from abroad. British Consuls abroad had the authority to send Distressed Maltese to any Charitable Institution in Malta provided they had the necessary forms and sureties. However, these requisite papers were not always filled in properly. In April 1888, Baron Ugo Testaferrata Abela tried to secure an admission in Lunatic Asylum for Mrs. Mirzam coming from Alexandria. Her admission was refused on grounds of lack of a medical certificate and a letter from the Consul¹⁵.

For many patients, admission into a Charitable Institution was against a fee. This procedure often caught the criticism of the press and the public in general. In May 1866 two articles appeared in two different newspapers – *L'Ordine* and *Il Portafoglio Maltese*. On 25th May, a small article entitled *Irregolarita' nell'Ammissioni degl'Invalidi, degl'Incurabili e degli Orfani*, in *L'Ordine*, accused the Government of imposing too many restrictions and superfluous judgment on who was to be admitted. *L'Ordine* continues that investigations on the family of the patient should be anti-constitutional and that if the patient is worthy of charity, then it should be given¹⁶. A day later, on 26th May 1866, *Il Portafoglio Maltese* accused the Government of becoming mercenary. They claimed the maintenance rates of hospitals were high for patients who possessed a small amount of money¹⁷. Although the patients could not escape this payment if they had the means, in some cases the Government exempted them from payment. In 1884 Felice Formosa petitioned the Government stating that he was 78 years old and due to old age and frail health he had to retire from work which he had with a contractor cleaning up the streets. His son was a patient in the Lunatic Asylum and he had to pay 4d per day for his maintenance. He asked for the exemption of payment as he could not afford it. His request was accepted by the Commissioner¹⁸. This and other cases show how the population tried all means to get admission into the Charitable Institutions without paying or paying the least possible amount.

Lack of finances and space

On the other hand the Government was always facing financial problems and was striving to keep charities open. It seemed that around the world, one of the principal characteristic of charity, was a 'permanent disproportion between resources and demand'¹⁹.

However, apart from lack of finances, the Maltese Charitable Institutions suffered from lack of space and lack of resources. In 1898 a small report was published on the sorry state of the Charitable Institutions. It was reported that the Lunatic Asylum had all the passages in the centre of the wards blocked by beds²⁰. All this shows that despite

sorry conditions in hospitals, the Maltese population applied for admission into hospitals and asylums and did their best to get cure for shelter free of charge or at a minimal expense.

The Charitable Institutions Department was greatly modified under British rule during the 19th century. The Lunatic Asylum specifically was one of the only two civil hospitals which were rebuilt during the 19th century. This hospital was built with the intention of serving as a mental hospital and was not adapted for that use as had been other asylums in Valletta, Floriana, Rabat or Mdina. This building provided a much nicer and decent place for rehabilitation of mental sickness. Although social stigma was very strong then, the amount of mental patients at *Wied Inċita* was always steady while at times very high. Therefore, it is very interesting to notice that patients, their relatives or friends often acknowledged the need for cure to illnesses and asked for admission in the hope of getting good cure. The stigma alone was never bigger than the need for cure and shelter. The same hospital, though with modern approaches, is still serving today that same purpose for which it was originally built. Its past and history simply consolidate its everyday mission and dedication towards its patients.

Josette Duncan MA History (University of Malta)

Abbreviations used

NAR.M.	National Archives Rabat, Malta
NLV.M.	National Library Valletta, Malta
C.I. Reg. Of Ref.	Charitable Institutions, Register of Reference
CSG	Chief Secretary to Governor
GOV	Governor Correspondence
GMR	General Miscellaneous Reports

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Message from MAPN secretary

Steve Demicoli

Dear Colleagues,

In this issue of our Newsletter 'New Frontiers' - the first issue (Special Mental Health Day edition) since I took office as MAPN General secretary - I thought I would take some time to reflect on some of MAPN's achievements so far and also give some information on other important changes MAPN is going through.

First let me start with a self-introduction, for those who don't know me that well. I started my nursing career about 13 years ago and qualified as a registered psychiatric nurse in 2002. During my studies I was elected to represent students on the (IHC) faculty board and following my qualification I was elected council member in the MUMN, serving as a Vice Chair of the Industrial Relations committee. At the time I also founded HORATIO, together with Ber Oomen from the Dutch Association NU91. I worked at the Secure Unit until 2005, when I proceeded to study CBT in the UK until 2008. In the meantime, I was serving as international advisor for MAPN and shop steward for the UK union UNISON. On my return to Malta I joined the Community Mental Health Services as a team leader at Bormla Psychiatric Clinic at Bormla Health Centre and re-joined the Diploma – BSc Psychiatric Nursing course. During the last MAPN election I was elected on the council and am now serving MAPN as general secretary.

May I start the account of MAPN happenings with one of the most major events marking a new era for the European Psychiatric Nursing scene – yes, I'm referring to the First European HORATIO festival which MAPN has had the great honour of hosting and co-organizing. I'm sure I won't be overestimating the importance of this event, even by European standard, in quoting the HORATIO president Mr. Des Kavanagh saying the precise words "We've set ourselves a very high standard here (during the festival) . . ." during a HORATIO board meeting, while making plans for the second such festival. But Mr.Kavanagh wasn't alone in expressing such positive

comments about the festival since MAPN received positive comments from practically every delegation in attendance. This shows that as a rather young association, MAPN is not only capable of meeting the standards of other European associations but also setting these same standards. During the same festival, MAPN took the opportunity to organize its council elections and annual general meeting (AGM reported in a separate article within New Frontiers). Congratulations to all the newly elected colleagues on the council.

Following the elections and AGM, it was time for the new council to roll up its sleeves and start working. The MAPN statute was revised to incorporate the changes decided by members present for the AGM. During the first meeting the council also decided to start work on a number of important fronts, including the membership direct payment system, MAPN registration as an organization, application for an exchange programme for MAPN members, FKNK research programme, educational events etc etc. The membership fee direct payment system is now up and running, allowing a convenient deduction of €1 from each salary payment. This was one of the projects the MAPN council had been working on and now its in place I wish to encourage all of those who have not yet updated their membership to use the scheme as a convenient, hassle-free payment system.

For a number of months, MAPN has been aware of nurses and other professional groups from different EU countries getting funds for training and experiences abroad and wondering when the time will come for MAPN members to have their own slice from the EU cake. Following months of trying, MAPN officials were involved in a number of meetings during late 2008 and early 2009, culminating in an application for an exchange programme being presented to the EU Programmes Unit (EUPU) on the

6th of February. If approved, this application will make it possible for 15 members to broaden their nursing knowledge and experience while working in Spain, Italy, and Turkey respectively for a total of 4 weeks with all expenses paid by the EU. Upon their return to Malta the members on the exchange programme will also allow other members to benefit by sharing their experience during a seminar organized for this purpose. The application has been acknowledged by the EUPU and MAPN is keeping its fingers crossed for a positive reply during the summer months!

During the application for EU funding, it was noted that it would have simplified matters if MAPN was registered as a legally acknowledged organization, so the council set about identifying ways for MAPN to register. The two options identified were 1) to register as a Voluntary Organization (VO, formerly known as NGO) or 2) to register as a trade union. MAPN satisfies the criteria for both but since the primary scope of MAPN is as a nursing association and also, in view that MAPN is already affiliated with MUMN, the council chose the option to register as a VO. The council is presently working on this complex process, which involves some changes to the MAPN statute among others. Since its inception, MAPN was characterized by a steep growth curve, not only in the number of members but also in the number of services it offers members. It is the role of the elected council to seek the provision of an increasing number of services to members, while ensuring the smooth running of the organization. In line with MAPN's growth, the council sought to provide for the necessary structures to facilitate the expansion of services. This topic was discussed during the council meeting on 24 Feb 2009 and the council agreed in principle to set up sub-committees to work on specific areas as needed.

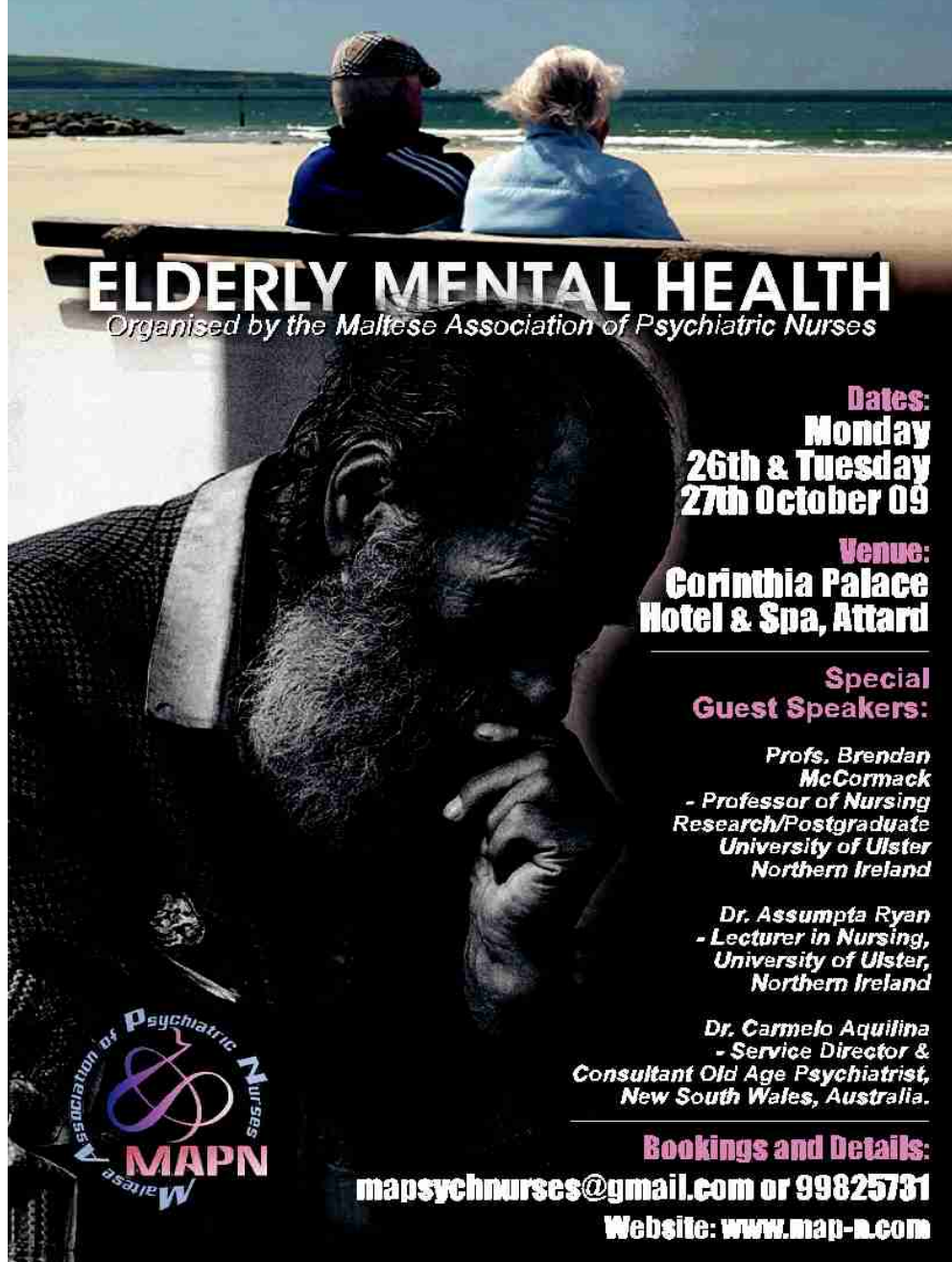
About a year ago, MAPN has been commissioned by a local organization to run a research programme on its behalf, in order to investigate any changes in the mental wellbeing of its' members. The findings will be published very soon. Any MAPN members who are interested to participate in any future similar projects is more than welcome to contact the MAPN council. As most members are aware, MAPN has been involved in talks with MUMN and the Director General (Health) regarding warrants for psychiatric nurses. This seemed to be due to an oversight by the Department and during a meeting with MAPN representatives they agreed to make the necessary changes to legislative instruments in order to allow warrants to be awarded to all MAPN members.

May I take this opportunity to encourage all MAPN members to participate in MAPN activities through 'ad hoc' committees that MAPN sets up from time to time in order to deal with specific issues.

Kind regards to all,

Steve Demicoli

MAPN secretary



ELDERLY MENTAL HEALTH
Organised by the Maltese Association of Psychiatric Nurses

Dates:
Monday
26th & Tuesday
27th October 09

Venue:
Corinthia Palace
Hotel & Spa, Attard

Special
Guest Speakers:

Prof. Brendan McCormack
- Professor of Nursing
Research/Postgraduate
University of Ulster
Northern Ireland

Dr. Assumpta Ryan
- Lecturer in Nursing,
University of Ulster,
Northern Ireland

Dr. Carmelo Aquilina
- Service Director &
Consultant Old Age Psychiatrist,
New South Wales, Australia.

Bookings and Details:
mapsychnurses@gmail.com or 99825731
Website: www.map-n.com

Aims and Objectives of MAPN

Promotes & Facilitates information about Psychiatric Nursing and Mental Health within the Maltese Islands. • To represent the special interests of Psychiatric Nurses in Malta and team up with the stake holding Nursing Organisations/ Associations. • To improve & recognize the roles & standards of Psychiatric Nurses in Malta. Effectively co-operate between the Multidisciplinary team, institutions, agencies and associations involved in the care of mentally ill patients. • To reinforce nurse leadership in Mental Health. • To organize conferences, congresses & continuing education opportunities for nurses who have interest in Mental Health or other related professionals.

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