



to protect and promote

THE MENTAL HEALTH ACT 2012 LAWS OF MALTA CAP 525 FROM LAW TO PRACTICE

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MENTAL HEALTH AWARENESS

www.facebook.com/TheLifeTherapyGroup

I encourage everybody to spend a few moments educating themselves and learning more about the signs and symptoms of mental illness, by doing so you could help save a life and it could even be your own.

~ Dr. Neal Houston, Sociologist
Mental Health & Life Wellness

EDUCATION & AWARENESS

Outline

- An overview of the Mental Health Act 2012
- Implications for patients and carers
- Patients' Rights
- Questions and discussion

The scope of the Mental Health Act 2012

Changing knowledge,
attitudes and perceptions
regarding disability and/or
persons with mental disorder

An increased focus on
universal upholding of
human rights

Protection of vulnerable
individuals

Main features 1

Far more extensive and far-reaching than the old law

Person Focus – lists the rights of persons suffering from mental disorders

Introduces concept of the responsible carer

Establishes a Commissioner to safeguard the given rights

Responsible Carer

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graph TD; A[Responsible Carer] --> B[goes beyond the old concept of "next of kin or nearest relative".]; B --> C[The Act gives the patient the right to choose a person of trust who will take a direct and active part together with the multidisciplinary team and the patient in care decisions whilst representing the patient's interest as and when required];
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goes beyond the old concept of "next of kin or nearest relative".

The Act gives the patient the **right** to choose a person of trust who will take a direct and active part together with the multidisciplinary team and the patient in care decisions whilst representing the patient's interest as and when required



Dr Denis Vella Baldacchino
Commissioner for the Rights of
Persons with Mental Disorders

Is established by this law which lists powers and responsibilities

Has the necessary powers to act in relation to individual cases in his own individual judgement

Is provided with the necessary autonomy to safeguard the rights of persons with mental disorder

Claims are to reach Commissioner as a last resort and not as first port of call

- **Role of Commissioner to:**
 - Approve, monitor & review involuntary care
 - Ensure patients are not kept in hospital longer than necessary
 - Investigate cases of alleged breach of human rights & take appropriate action as necessary
 - Investigates cases of alleged breach of rights as listed in the law
 - Assists individuals accordingly however 'the office of the commissioner' is not a customer care or complaints office such issues need to be addresses to the relevant entities
 - Ensure closure of care episodes.

Main features 2

Emphasis on multidisciplinary care with outcome-based multidisciplinary care plans



Established maximum lengths of stay of compulsory hospital stays and more importance to services in the community



Encourages more Rehabilitation, Community Treatment Order and Social Inclusion

Multidisciplinary team



- “multidisciplinary” –
- holistic care and rehabilitation
- delivered by a team/s of different professionals
- outcome driven care that can be monitored against targets, timeframes and assigned responsibilities (individual care plan)

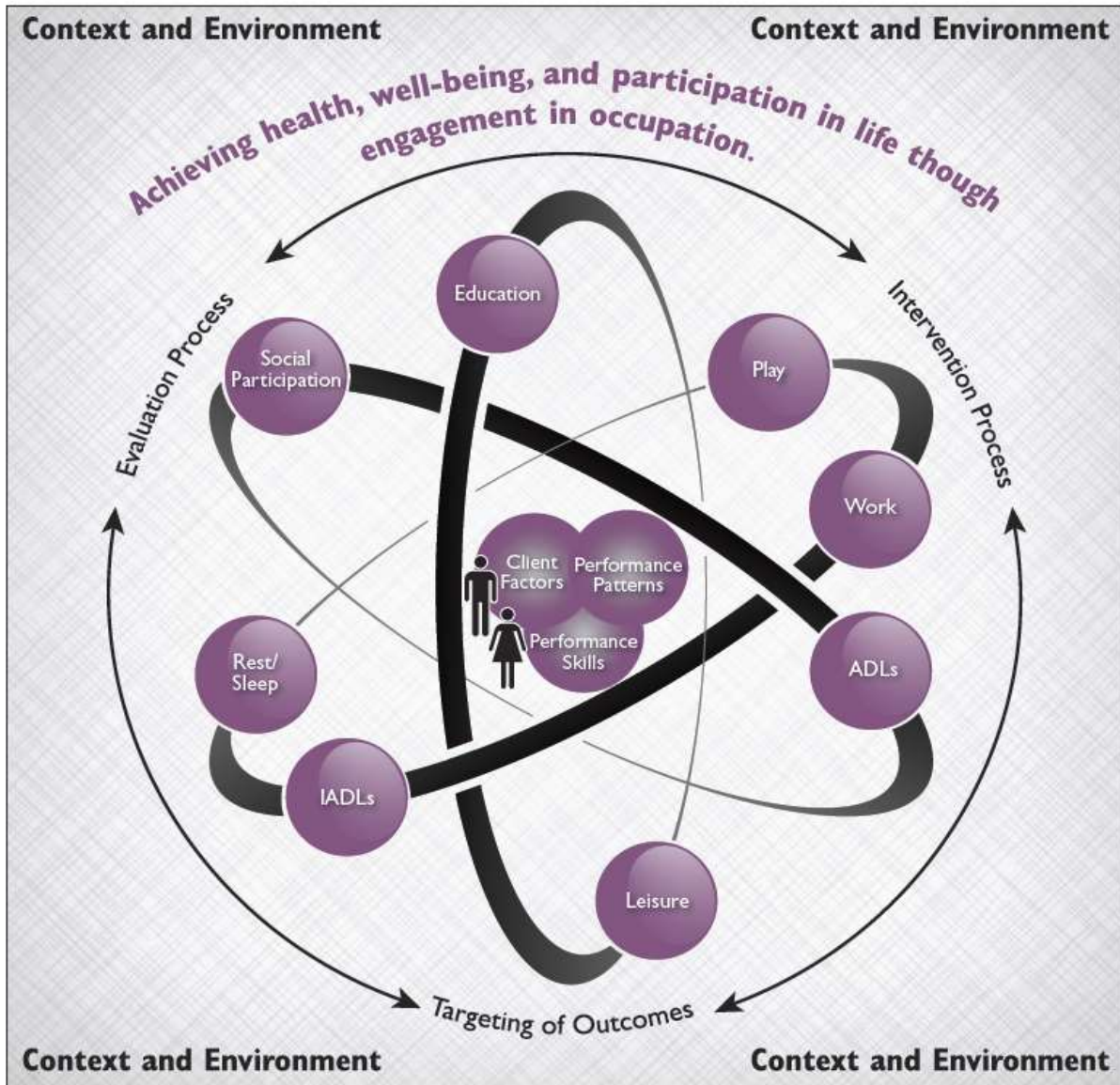


Figure 3. Occupational therapy domain and process.

Source: American Occupational Therapy Association 2014,
<https://pdfs.semanticscholar.org/f7bc/7b466c299301ede325ad8c938f950fd39a48.pdf>

Community Treatment Order (CTO)

- Involuntary care in the community
- Complements hospital treatment
- Provides opportunities for continuity of care
- Enables person to live & integrate in community whilst under intense follow-up by the key healthcare professional
- Requires a clear care plan
- Requires Commissioner approval
- Duration of 6 months renewable



Community Treatment Order (CTO 2)

- Introduction of Seventh Schedule
- The 7th Schedule is application for a person to be placed on a community treatment order this needs to be signed by both specialist and Medical Practitioner.
- Allows for up to 15 days of involuntary hospital admission if criteria are met
- Can be accompanied by an 8th Schedule where a doctor in the community is involved in the caring process

Community Treatment Order (CTO 3)

Introduction of Eighth Schedule

The 8th Schedule is the Notification of agreement to give medical care in the community

Admission to MCH under Psychiatric care



Patient moved to Out-Patient Care or community



Psychiatric specialist gives over the care of patient to GP who endorses care plan to be followed in the community

WHAT HAPPENS IN FAILURE TO ABIDE BY COMMUNITY TREATMENT ORDER?

WHERE A PATIENT WHO IS UNDER A COMPULSORY COMMUNITY TREATMENT ORDER FAILS TO ABIDE BY THE CONDITIONS AND OBLIGATIONS OF THE TREATMENT PLAN, THE KEY HEALTHCARE WORKER SHALL MAKE REASONABLE ATTEMPTS TO OBTAIN HIS CO-OPERATION WITH THE HELP OF THE RESPONSIBLE CARER.

IF EVERYTHING FAILS THE INTERVENTION OF POLICE IS SOUGHT THROUGH A **CONVEYANCE ORDER**

Criteria for Involuntary Admission to a Mental Health Facility

1. Severe mental disorder*, and
2. Serious risk of physical harm to self or others due to that disorder, and
3. Serious deterioration in condition or inability to give appropriate treatment if admission does not occur

**In an emergency, a reasonable suspicion of severe mental disorder is enough*

Involuntary admissions – Second Schedule

The **initial medical assessment** and filling out of the recommendation *on one form* (Part A)

Unless in an emergency, a **second assessment** & recommendation by a psychiatrist is required within 72 hours (Part A) [*A third assessment by another psychiatrist if there is disagreement (Part A)*]

Responsible carer or Mental Welfare Officer (MWO) fills in *same* application (Part B)

MWO may disagree & give reasons but will not hamper admission when there is medical agreement. MWO can fill application even when responsible carer explicitly refuses.

MAXIMUM DURATION OF INVOLUNTARY ADMISSIONS MINORS & ADULTS

Involuntary care	Minors	Adults
Involuntary Observation Order (IAO)	10 Days MAX	10 Days MAX
Involuntary Admission for a Treatment Order (IATO)	4 weeks MAX	10 weeks MAX
Extension of Involuntary Admission for a Treatment Order (EIATO)	4 weeks + 2 weeks (max 12 weeks from IAO)	5 weeks MAX
Continuous Detention Order (CDO)	3 months and can be renewed for 3 month periods	6 months and can be renewed for 6 month periods
Community Treatment Order (CTO)	Not determined by law –common practice 3 months	6 months and can be renewed for 6 month periods

Involuntary Admission Observation order (IAO) Involuntary admission under a Schedule 2- this is filled upon a medical examination and criteria for involuntary admission apply, has to be signed by specialist in mental health within 24hrs and signed by either responsible carer or Mental Welfare officer prior to admission.

Involuntary Admission for Treatment Order (IATO) If longer care is required than 10 days, a Schedule 3 application is submitted to the Commissioner accompanied by a Care Plan. This is of a max of 10 weeks

Extension of Involuntary Admission for Treatment Order (EIATO) may follow after the IATO – upon application & a new care plan. This is of max of 5 weeks.

Continued Detention Order (CDO) may follow after the EIATO expires – this is also upon application & care-plan. Requires by law assessment of independent specialist. Max 6 months and renewable every 6 months.

Other conditions

Police assistance requested only if an application for involuntary admission is made and the person refuses to cooperate

A medical recommendation cannot be made by a physician who is related by blood or affinity up to the third degree

No health care professional, social worker, or psychologist can be part of the professional caring team of a patient who is related by blood or affinity up to the third degree but can only take the role of responsible carer.

Main Features 3

Specific sections on mental capacity, minors, & special treatment, restrictive care and clinical trials

Includes 15 Schedules which are application forms and notifications related to specific sections of the Law

Lists 19 Rights for persons with mental disorders and their carers

Mental capacity

- Person able & competent to make decisions unless otherwise certified by a psychiatrist
- Introduces 3 levels of lack of mental capacity:

Transient	< 15 days	Note in clinical file
Transient	< 26 weeks	Approval by Commissioner
Long term (requiring guardianship, incapacitation or interdiction)	> 26 weeks	Through Courts*

**The Court shall notify the Commissioner of any decree of incapacitation or interdiction. The Commissioner shall monitor persons who have been incapacitated and or interdicted*

Rights for persons with mental disorder and their carers 1

- Receive treatment of same quality and standard as other individuals
- Be adequately informed about their disorder, treatment options and multidisciplinary services available
- Information in a meaningful and understandable form and language

Rights for persons with mental disorder and their carers 2

- Active participation in formulation of own treatment plan
- Right of confidentiality and privacy
- Right to free and informed consent
- Right to choose own responsible carer
- To receive care primarily in the community

Rights for persons with mental disorder and their carers 3

- For aftercare and rehabilitation when possible in the community
- Access to records
- Free and unrestricted communication with the outside world
- To receive treatment in the least restrictive environment

Challenges & opportunities

Legislative framework

Steer away from stereotypes

Focus on abilities and not disabilities – Psychosocial approach VS Biomedical model

Focus on achievable outcomes & timeframes

Focus on maximisation of potential with regular review and resetting of targets rather than focusing on impairments or condition

The patient & carer active participants in the care process

Believe in social inclusion and integration in the community

Achieve a truly meaningful multidisciplinary approach

Strengthen all community support and services

Practice fairness and just treatment especially with those most vulnerable

HELPLINES/ APPS/CHATS



112
112MT

You can call 112 from a mobile phone and a fixed telephone line to contact emergency services like an ambulance, the fire brigade or the police
download 112mt app for easy access

KELIMMI.COM

Service is online 24/7 through <https://kelimmi.com> or via Kelimmi.com app, online Chat, Email, Whatsapp, Messenger, Instagram and Telegram - so feel free to reach the professional team in any way you prefer for support during difficult and stressful times.



OLLI CHAT



Free online chat offered by Richmond Foundation chat through <https://olli.chat>. Support is given by mental wellbeing support team.

Monday to Saturday from 9am to 5pm

SAFESPACE / QMALKEMM

A free mobile phone App, intended for young people 18 yrs +, it provides a self-help tool to manage emotions and alerts to seek professional help when needed. Available in Maltese and English.



153
PRESS 5

DISABILITY HELPLINE

Assistance to persons with disability from Aġenzija Support. Freephone: 153 and press 5 to request information and/or services

OFFICE OF THE COMMISSIONER FOR THE RIGHTS OF PERSONS WITH MENTAL DISORDERS

For assistance call
2545 4304

Monday to Friday, 9:00am - 5:00pm



HELPLINES/ APPS/CHATS



1579

NATIONAL MENTAL HEALTH HELPLINE

This service by Mental Health Services offers immediate and free emotional support, advice and practical mental health guidance to anyone in need.

1770

RICHMOND HELPLINE

Free helpline offered by Richmond Foundation for anyone experiencing mental health difficulties.

Monday to Saturday from 9am to 5pm

1771

NATIONAL DEMENTIA HELPLINE

National Dementia Helpline 1771 offers confidential support and information for persons with dementia, caregivers, families and the public. The helpline is operated by specialised dementia nurses.

1772

LOVELINESS HELPLINE

Service by FSWB for all those who experience loneliness and social isolation. The phone serves as a relief to persons who need an empathic listening ear and someone to share their daily lives.

1777

GAMING SUPPORT LINE & CHAT

Free & anonymous support for matters related to problem gambling and/or gaming. Confidentiality is guaranteed. Chat through www.rgf.org.mt

179

SOCIAL WELFARE SUPPORT LINE

The national helpline, which offers support, information about local social welfare services and other agencies, and a referral service to callers who require assistance.

HELPLINES APPS CHATS



Questions and Discussion

**THANK
YOU**



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Office of the Commissioner for
**Mental Health
Malta**

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COMMISSIONER FOR THE RIGHTS OF
PERSONS WITH MENTAL DISORDERS**



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