Public Health England

Protecting and improving the nation's health

Mental Health Situational Analysis Report

Gibraltar

April 2019

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Our international and global public health work aims to protect and improve health in England, contribute to improving health globally, reduce global health inequalities and help PHE become a stronger organisation. We achieve this by building on our strengths, sharing our excellence, expertise and assets, and working in partnership to learn from others and our own experiences.

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Introduction

At the request of the Director of Public Health, supported by the Medical Director of the Gibraltar Heath Authority (GHA) and the Minister for Health, Public Health England conducted a situational analysis of the mental health system in Gibraltar between January and March 2019. This information gathering exercise consisted of a desktop review of key documents and a field visit to Gibraltar. The field visit team from PHE undertook 3 focus groups (23 people) and 44 individual (or paired) interviews (this included 11 patients). This report provides the findings of this work, including key recommendations for the GHA and other orgnaisations to consider implementing, in order to improve the mental health and wellbeing of the people of Gibraltar.

Findings

Section 1: Mental Health Policy & Plan

Mental health has clearly been prioritised within the Gibraltar health and care system in recent years. This is reflected in the updated Mental Health Act (2016), as well as the funding for, and ongoing development of, a range of mental health services.

Currently, however, there is no overarching Government policy or action plan in place to guide the development of the mental health system in Gibraltar. Many stakeholders we spoke to noted a lack of integration across the mental health system – including between primary and secondary care, and between clinical, social and NGO services – in Gibraltar. This may in part reflect the lack of a coordinated national plan to improve and support mental health. There are good examples of strategic plans for promotion of mental helth in schools and in dementia.

A central challenge for any system change in mental health, is a lack of detailed data on mental health needs, the populations affected and the delivery of healthcare services. In the UK this is called a Joint Strategic Needs Assessment (JSNA) and is the cornerstone of health system development.

Suicide Prevention

There has been a series of high profile suicides in recent years, with unpublished data suggesting two to three suicides recorded per year although, for many reasons, this may be an underestimate. Although estimated suicide rates are not dissimilar to the overall suicide rate for the UK of 10.1 per 100,000, these have had a notable impact on this small and close-knit population. Currently there is no national policy for suicide prevention.

Mental health financing

While exact figures are not available, potentially substantial funds are being invested in mental health promotion and treatment in Gibraltar. In 2017 it was reported that 6% of the GHA budget was spent on mental health services; if accurate, this would suggest an overall mental health spend of at least £7m. However, no formal mental health budget could be identified.

Mental Health Legislation

The Gibraltar Mental Health Act 2016 was developed to align with current mental health legislation, and in particular reflects the UK Mental Health Capacity Act 2005. The Act came into force in April 2018. The Act established a Mental Health Board which is currently establishing

itself but requires additional resource to be effective (such as a confidential space to work in and independent administrative support).

Section 2: Health Services

Mental health treatment services in Gibraltar have much the same components as most other modern mental health systems with primary care, hospital inpatient care and community multi-disciplinary care. However, the system lacks coordination and patient pathways are not clear. There is a lack of coherent leadership across the mental health services supporting coordination.

Primary Care

Primary care is currently in a programme of improvement. Some stakeholders were concerned at the variable quality in primary care but there seems to be an upward trajectory. A common concern from primary care clinicians was the unclear referral pathways in mental health.

The use of primary care pharmacies is also difficult to evaluate as many stakeholders reported a substantial illicit use of prescribed medications such as benzodiazepines (particularly from across the border in Spain, where they can be bought over the counter).

Specialist Mental Health Services

Inpatient facilities improved drastically with the opening of Ocean Views in 2015, replacing a dicrepit King George V Hospital. This is a modern mental health facility that appears clean and comfortable with outdoor spaces. Former patients we spoke to in the community were generally positive about the care they received there. There seems to be enough beds for the demand on the hospital.

Admissions come most often via A+E (which seemed to have increased substantially over the past 4 years) and the CMHT. The proportion of admissions that are compulsory appears to be declining over the last 4 years.

Although discharge meetings are arranged on the ward to plan after-care arrangements, several stakeholders reported these are sparsely attended by CMHT staff. Organisations beyond the mental health services report they are rarely invited. Former patients reported disatisfaction with the discharge process.

Community mental health team

The Community Mental Health Team (CMHT) offers home visits, drop-in facilities, clinics and follow-up in the community. This team would mirror multi-disciplinary services in the UK by the addition of occupational therapists and social workers within the service. Several stakeholders expressed a wish that the CMHT would increase their engagement and collaboration across the mental health system in Gibraltar.

Acute mental health crises in the community

The service response to an acute crisis is not well coordinated. This pathway needs reviewing and services/resources coordinating as patients reported, on occasion, a lack of mental health professionals early in the acute crisis.

Psychological services

Clinical psychologists work alongside the CMHT and counsellors work in primary care. Pathways are unclear for psychological services. There is limited coordination between these services and other mental health services but further integration would potentially benefit patients' experience of care. Psychological services should be a more valued resource within the system. Local supervision structures are fragmented and under-utilised. More mental health workers (including

lay workers) could be trained and supervised in brief psychological approaches in line with UK and international models of service delivery.

Substance misuse

There is anecdotal and some limited data suggesting that levels of alcohol and benzodiazepine abuse may be relatively high. There has recently been a strengthened clinical provision through GPs with a special interest. The presence of Bruce's Farm rehabilitation centre is also a valued resource. The mental health needs assessment proposed by this report should include drugs and alcohol to identify the size of the burden and need in the population.

Child and adolescent service

The child and adolescent mental health service (Gibraltar Young Minds) is a newly established service to address the specialist mental health needs of children and adolescents. This is not equivalent to a CAMHS service in England as it is not multi-disciplinary. This service needs clarity of purpose and the appropriate staffing establishment to fulfil this.

Section 3: Community

Stigma is reported to be reducing for mental health in Gibraltar. There have been some community-wide campaigns, run jointly by the GHA and NGOs. Future work should seek to address the over-medicalisation of the population and modernise their views of mental health treatment. Self-care should be promoted where appropriate to improve the mental health literacy of the community. Social prescribing could also be used to promote non-medical interventions.

There is a maturing NGO sector in mental health that have a fairly strong voice with politicians. Operational integration between statutory services and local NGOs, however, is often limited, and there appears to be limited integration and collective action between the NGOs themselves, which if strengthened, might provide a stronger community advocacy voice.

The school system is making clear and impressive progress in integrating mental health and resilience into everyday practice. A strategy to promote mental health in schools was developed by the Ministry of Education, working with teachers, educational psychologists, and NGOs, in 2018 and published in 2019 and is already seeing a change in culture within the education sector. Greater involvement of the mental health services (particularly 'Gibraltar Young Minds') would strengthen links and could improve pathways of care for young people.

The Care Agency supports vulnerable children. This service includes the provision of therapists. This service would benefit from greater collaboration with mental health services (e.g. 'Gibraltar Young Minds').

There is a large social housing sector in Gibraltar, comprising approximately 5,000 flats. It is likely that a substantial number of adults with mental health needs, particularly common mental health conditions, may be living in social housing without their needs known to housing services. Joint working with mental health services is not established. This can pose significant challenges, particularly where tenants are very vulnerable. Some stakeholders also reported that there is very little sheltered accommodation available in Gibraltar.

Section 4: Information Systems

A significant barrier to the assessment, evaluation and delivery of the mental health system in Gibraltar is the inadequate data available on mental health disorders and care. According to the WHO, mental health information systems are a fundamental component in strengthening mental health systems. The absence of high quality and reliable data on population-level mental health needs precludes effective planning and improvement of services. The inability to determine the case mix and distribution of contacts of the mental health services makes it difficult to performance manage and monitor service delivery.

Conclusion

There are many positive aspects of the mental health system in Gibraltar. It has many of the necessary components of a thriving system. However, the key areas for improvement are a clear strategy and structure for the system that promotes integration and collaboration, along with improved information systems and reducing the over-medicalised behaviours of the community.

Recommendations

Key Recommendations (Public Health England can provide guidance and good practice examples to all 8 key recommendations listed below, if required)

1. *Develop a comprehensive mental health needs assessment that includes problematic substance use and suicide*
2. *Develop a national policy and plan for mental health that forges and underpins a joined-up system, that includes an indicator set of outputs and outcomes for monitoring;*
3. *Improve the data and information systems across the mental health system with a step-change in capabilities of collection, analysis and reporting that strengthens the whole system and improves transparency*
4. *Clarify the role of the CMHT as a central conduit of the wider system, how this can be best delivered and what resources (both human and financial) are needed, using an effective Care Programnme Approach*
5. *Perform a gap analysis of training needs across the mental health system (health and non-health) and co-develop with staff (regardless of contract type or employer - inc MEDDOC) a programme of regular Continuing Professional Development on mental health.*
6. *Deliver a mental health literacy campaign in the community, communicating what people can do to look after their own, and each other's, mental health*
7. *Drugs and alcohol treatment services seem to be distinct and orphaned from the rest of the mental health system, and needs specific attention to be linked back; experience from the UK may be helpful*
8. *Quality of service delivery needs to take account of the patient and carer voice; this is a key element for quality improvement, and needs to be brought into all future planning*

Other Recommendations

Policy and Plans

- *The Ministry of Health should undertake a suicide audit and, if appropriate, develop a suicide prevention strategy with a technical working group of relevant stakeholders*
- *The Ministry of Health should ensure there is a defined MH budget across prevention, treatment and care services and breakdown of where this is spent.*
- *The Ministry of Health / GHA should ensure sufficient, accessible information is available to patients and their families on their rights under the GMHA, including complaints processes and how and when to contact the mental health board and tribunal.*
- *Enable an independent Mental Health Board with true oversight over the mental health system, able to recommend effective changes and advocate on behalf of patients, having use of a dedicated, private space for their work and independent administrative support*
- *Develop data capture and management systems to monitor mental health needs, treatment access and service impact, initially through the undertaking of a comprehensive Mental Health Needs Assessment*
- *The professional title of Registered Counsellor become a protected title necessitating registration with, and regulation by, the Gibraltar Medical Registration Board*

Healthcare Services

- *Have a clear, published leadership structure for the mental health system with nominated leads for each element of the system with clear roles and responsibilities*
- *Data and monitoring systems to be put in place to monitor access, diagnosis, referrals and treatment of mental health issues in Gibraltar, including improving data capture and management.*
- *The Primary Care Centre should conduct a prospective audit of consultations to establish the true extent of mental health issues amongst their patients*
- *Undertake a clinical audit of prescribing and a review of pharmacy regulation to ensure pharmacological therapies are only used when indicated.*
- *Establish clear referral pathways from primary care with a central triage point (such as the CMHT) using transparent thresholds and criteria to ensure referrals reach the most appropriate part of the mental health service.*
- *Establish clear patient pathways that include assessment timescales, clinical thresholds and criteria for each mental health service (e.g for the CMHT when assessments will be undertaken for referrals, the types of patients and severity of presentation that will be accepted and the duration of support patients can expect)*
- *Improve inpatient data collection systems in order to monitor diagnosis, treatment, re-admission rates and length of stay over time.*
- *Explore the trend of inpatients increasingly being referred from A&E in a mental health needs assessment.*
- *Clarify pathway for dealing with mental health crises in the community, who should respond and how soon mental health input should be offered. Monitor the patient flow through this system and evaluate performance.*

- *Develop a fully functioning community crisis service, with appropriately qualified staff, who are proactive in offering a credible alternative to admission for those presenting at A&E through enhanced support at home and/or in the community.*
- *Consider smoke-free sites in all health care facilities of the Gibraltar Health Authority to help reduce smoking rates among people with mental health needs.*
- *Develop an evidence-based programme of occupational activities available for all in patients at Ocean Views.*
- *Strengthen the discharge process at Ocean Views with input from all relevant partner agencies from across the mental health system. Formalise timings and responsibilities to enable a clearer discharge process for patients, with appropriate follow-up in place in the community.*
- *Ensure recruitment and promotion of staff are consistently appropriate, in terms of qualifications and experience. For example, a process of advertising posts, together with publishing outcomes (successful/non-successful) might help encourage higher standards and transparency.*
- *Quantify the scale of the drug and alcohol problem in Gibraltar and explore how to increase resilience and decrease dependent or addictive behaviours in the population.*
- *Tighten regulation of prescribing and pharmacies to ensure pharmacological therapies are only used when indicated.*
- *Bruce's Farm seems to operate outside the GHA structure, and therefore accountability and responsibility are unclear. This ambiguity is not ideal for the efficient delivery of effective services and needs to be clarified*
- *Develop better data and monitoring of the clinical psychology service to increase accountability and inform an evaluation of resource levels, including the provision of administrative support*
- *Formalise the structure of the group of psychiatrists with a named head of service and topic leads, with regular CPD, training and support.*
- *Review the provision of administrative support and/or junior doctors in psychiatry to help with service provision.*
- *Review the new Gibraltar Young Minds service to determine exactly its role and place within the mental health system. Explore whether a multi-disciplinary team is needed to deliver the service.*

Community

- *Ensure the needs assessment includes MH awareness, understanding and stigma in different parts of the community as well as needs among different groups; consider targeting future campaigns in line with findings*
- *Explore options under a 'social prescribing' model in the Needs Assessment, as seen in parts of the UK and Europe*
- *Improve collaboration between statutory services and the NGO sector through joint planning meetings for patients and in strategic fora*
- *Improve collaboration between mental health NGOs in Gibraltar to provide a more powerful and coherent voice from people with lived experience and the community*

- *A comprehensive government-wide strategy is needed that: explicitly states the role of NGOs in government policy; a comprehensive review of current provision, with a gap analysis, and a future plan for matching investment with need, with a view to encouraging greater self-help amongst the community*
- *To deveop a brief strategy of school-based interventions to improve the mental health of children and young people*
- *Work with children, young people and families who have lived experience of mental health, and with Gibraltar Young Minds staff, in the planning, delivery and evaluation of school mental health provision*
- *Consider establishing baseline ACEs for all children entering secondary education and also leaving it, as a way of highlighting children with greater need, and hence support requirements*
- *Review the needs and provision for vulnerable young people to support social integration and mental health*
- *Review the current benefits assessment process to ensure that people with mental health needs receive the support they need in a timely way*
- *Explore data-sharing options between housing and social services, and/or utility companies at least for vulnerable populations. Public health traditionally supported housing decisions in most of England, and a link through PH may help make those links.*
- *Improve integration and communications between the CMHT and housing, including agreed protocols for example to support tenants in need of mental health support*
- *Assess the use of detention under the Mental Health Act, including by the RGPF, and any training or support needs relating to this*

Information systems

- *Invest in appropriate hardware and software and establish a user-friendly information system that provides robust mental health data to policy-makers and planners, and allows for monitoring, evaluating and improving patient outcomes.*

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The PHE team would like to extend their gratitude to all stakeholders who gave us their time and insightful comments. We thank in particular the two Government of Gibraltar ministers (The Hon. Neil Costa and The Hon. Dr John Cortes) who gave us their time and insights. Finally, we thank Dr Sohail Bhatti (Director of Public Health, GHA) for the invitation to conduct this work in Gibraltar.

We hope the mental health of everyone in Gibraltar will be improved through the work we suggest across society - as there is 'no health without mental health'.

Introduction

PHE's UK Overseas Territories Programme

Since 2016 Public Health England (PHE) has delivered a programme of public health technical assistance with the UK Overseas Territories (UKOTs), funded by the Foreign and Commonwealth Office in partnership with the Department of Health and Social Care. In April 2018 the PHE UKOTs programme expanded from an initial focus on tobacco control and international health regulations to include a mental health work stream. The objectives of the mental health work are:

- To enhance technical and public health skills and knowledge of health officials in each UKOT through PHE sharing expertise, instruction and skills training.
- To enhance policy and strategy in mental health in the UKOTs.
- To strengthen systems for reporting information and data for mental health in the UKOTs
- To develop or enhance existing population health programmes to improve mental health outcomes in the UKOTs
- To enhance mental health and psychosocial support post-disasters in the Caribbean UKOTs

Gibraltar

Gibraltar is a British Overseas Territory situated at the southern tip of the Iberian Peninsula, strategically positioned at the western end of the Mediterranean. Gibraltar shares a land border with Spain to the north. 14 kilometres (9 miles) to the south is Morocco, on the other side of the Strait of Gibraltar, one of the world's most important shipping lanes.

Gibraltar has a Westminster-style Parliament, currently led by a coalition Labour/Liberal government, and is responsible for its own internal affairs. Foreign affairs and defence remain the responsibility of the UK Government.

Gibraltar has a population of 34,571 with a roughly equal split of males and females[1]. It welcomes 10-15,000 people from across the Spanish border daily for work. English is the main language but Spanish is also widely spoken. The local vernacular is Llanito which is unique to Gibraltar and a mixture of mainly English and Spanish (and Maltese, Portugese and Italian). Over 80% of the population are Christian, with smaller populations that are Muslim (3.6%), Jewish (2.4%) and Hindu (2%). The main economic industries are finance, shipping and tourism. GDP per capita is $111,051.741 which ranks Gibraltar as 3rd highest globally[2].

[1] Gibraltar Census 2012 https://www.gibraltar.gov.gi/new/sites/default/files/HMGoG_Documents/Full%2 0Census%20Report %202012%20FINAL.pdf
[2] Gibraltar Chief Ministers Budget address 2018 https://www.gibraltar.gov.gi/new/sites/default/files/chief-ministers-budget-address.pdf

Life expectancy for Gibraltarians is fairly high at 79.7 years (males: 76.8; females: 82.8) with a fairly low infant mortality rate of 5.8 deaths/1000 live births. Smoking rates are some of the highest in Europe at 29% of the population[3], largely due to the low tax rates on cigarettes.[4]

Population Context

Gibraltar represents a small community, at the same time isolated due to political necessity, and yet linked through heritage and language with both the UK and Spain. The density of development, including new building suggests a dynamic economy. Research evidence indicates that people generally do well by building psychological resilience[5] and the 5 ways to mental wellbeing could be considered as the psychological equivalent of the 5 portions of fruit and veg that are beneficial to our wellbeing. However, the local context is people living in close proximity with deep interconnections through collective schooling, marriage or family ties. This creates the benefits of social support but the disbenefits of constant scrutiny and assessment which suggest that certain mental health problems (such as anxiety disorders) may be more common than other communities.

Project Brief

Between April and June 2018 PHE conducted a scoping exercise to identify priority areas for the mental health work stream for each UKOT and to define intended PHE activities and outputs. Key activities agreed with the Gibraltar Health Authority were for PHE to undertake a situational analysis of the mental health system. This report details the findings of the mental health situational analysis. Ultimately, it is up to the Gibraltar Health Authority to decide whether to implement the recommendations.

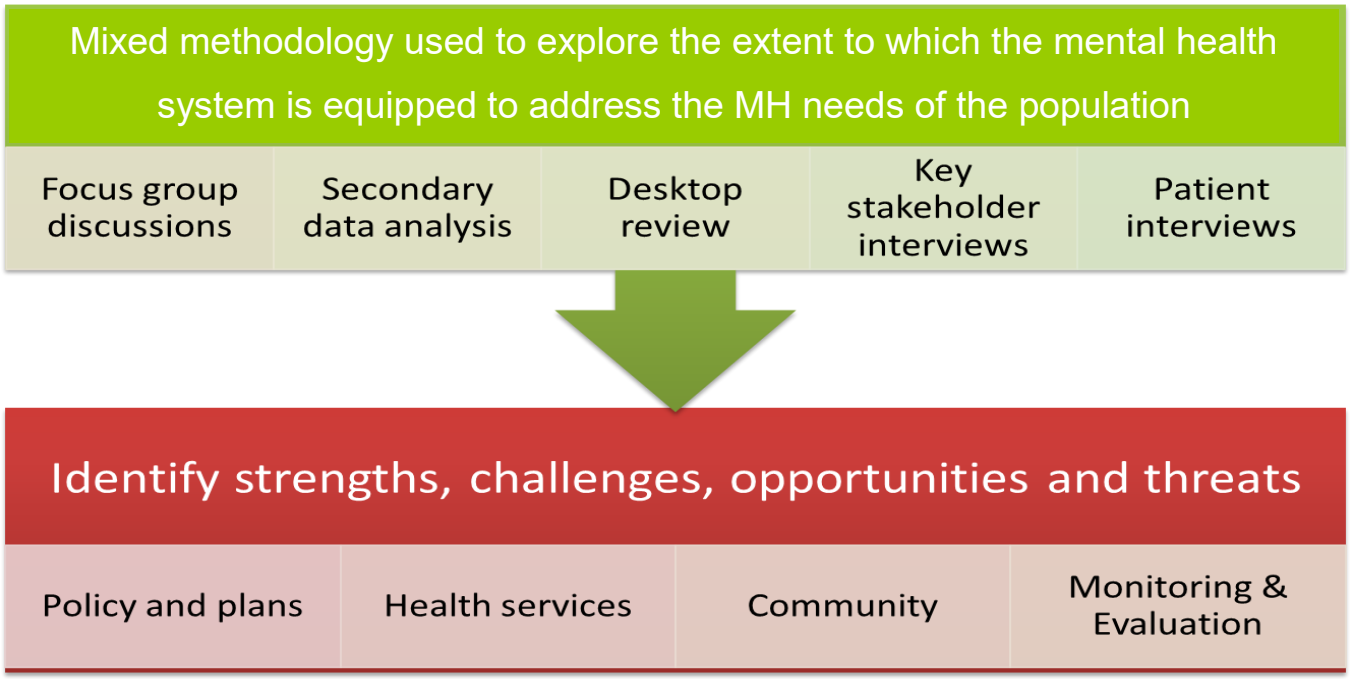
Methodology

What is a situational analysis?

In order to develop feasible and contextually appropriate mental health policies and plans, an in-depth understanding of current policy, legislation, mental health services, treatment coverage, prevention and promotion activities, non-health sector activities and socio-cultural factors is needed. This report details the findings of a situational analysis, comprising a desktop review and field visit, that was conducted to gather information on these domains. (see Figure 1).

Figure 1 Methodology of situational analysis

[3] Gibraltar Lifestyle Report 2015 https://www.gha.gi/wp-content/uploads/2016/12/GHA_Lifestyle_Report2015LR.pdf
[4] Gibraltar Chronicle, March 2019 http://chronicle.gi/2019/03/no-smoking-day-puts-tobacco-spotlight/
[5] Cabinet Office Forseight Report on Mental Capital 2008 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/292453/mental-capital-wellbeing-summary.pdf



Desktop review

To guide the desktop review, we adapted existing instruments[6,7,8] to design a bespoke data collection tool for mental health situational analyses. The tool was used to collate information from routine data sources, policy and strategy documents and local surveys.

Key documents reviewed at this stage were –

- Government of Gibraltar: Census 2012
- CIA World Factbook: Gibraltar
- Gibraltar Health Authority: Mental Health webpage
- Gibraltar Journal of Clinical Psychology and Psychiatry
- Gibraltar Chronicle article: GGCA to target stigma of mental health in the workplace
- Government of Gibraltar: Homeless Persons H.7 Number of cases of applications for housing from homeless persons currently being dealt with by the Housing Department
- Gibraltar Health Authority: About us (webpage)
- Gibraltar Health Authority: Clinical Psychology and Counselling (webpage)
- Gibraltar Health Authority: Gibraltar Lifestyle Report 2015
- Gibraltar Health Authority: Summary of Public Finances (webpage)

[6] WHO (2009) Assessment Instrument for Mental Health Systems (WHO-AIMS). Geneva: WHO. Available at https://www.who.int/mental_health/evidence/WHO-AIMS/en/

[7] WHO (2017) Mental Health Atlas. Geneva: WHO. Available at https://www.who.int/mental _health/evidence/atlasmnh/en/

[8] Hanlon C, Luitel NP, Kathree T, Murhar V, Shrivasta S, et al. (2014) Challenges and Opportunities for Implementing Integrated Mental Health Care: A District Level Situation Analysis from Five Low- and Middle-Income Countries. PLoS ONE 9(2): e88437. doi: 10.1371/journal.pone.0088437 (PRIME situational analysis tool available at http://www.prime.uct.ac.za/situational-analysis-tool)

- Gibraltar Broadcasting Corporation: Costa says 6% of GHA budget spent on mental health
- Your Gibraltar TV: GSD Launches Mental Health Survey
- Gibraltar Health Authority: Healthcare Entitlement (webpage)
- Government of Gibraltar: Mental Health Act 2016
- Gibraltar Health Authority: Medical Directorate (webpage)
- Gibraltar Health Authority: Physiotherapy Services (webpage)

Visit to Gibraltar

Three public health staff from PHE undertook a week long field trip to Gibraltar between 25th February and 1st March 2019, hosted by the Gibraltar Health Authority. The team undertook 3 focus groups (23 people) during the visit and 44 individual (or paired) interviews (this included 11 people with lived experience of mental health). The list of participants in the stakeholder groups and interviews can be found in the appendices of this report.

A small proportion of the mental healthcare service provision is in the private sector in Gibraltar, however, this situational analysis only covers the public sector healthcare services.

Findings

Section1: Policy and Plans

The World Health Organisation cites the presence of policies, plans and laws for mental health, and their alignment with established human rights instruments; the human and financial resources available; the type of facilities providing care; and mental health programmes for prevention and promotion as critical dimensions of an effective national-level response.[9] In exploring the policy environment in Gibraltar, we assessed existing available policy documentation and discussed the development process and impact with participants.

The GHA is currently without a permanent CEO. The Medical Director is temporarily acting CEO. The Minister of Health has increased his involvement in the running of the GHA which is an unusual development. This could blur the responsibilities of politicians and civil servants. We were told the intention is to recruit a permanent CEO and we would wholly recommend this to

[9] WHO MH Atlas 2017 – check details, just these 3?

meet best practice from the UK and ensure there is sufficint senior management capacity and does not divert senior clinical resources.

Mental Health Policy & Plan

Mental health has clearly been prioritised within the Gibraltar health and care system in recent years. This is reflected in the updated Mental Health Act (2016), as well as the funding for, and ongoing development of, a range of mental health services.

Currently, however, there is no overarching Government policy or action plan in place to guide the development of the mental health system in Gibraltar. By setting out the vision for the future mental health of the population, and a framework for action, a mental health policy can improve service integration and enable a holistic approach to the prevention of mental ill health, timely diagnosis and treatment and long-term care for those in need. This ensures provision is in line with local needs, and prevents fragmentation within the system.[10]

Many stakeholders we spoke to noted a lack of integration across the mental health system – including between primary and secondary care, and between clinical, social and NGO services – in Gibraltar. This may in part reflect the lack of a coordinated national plan to improve and support mental health. The overall structure of the system was also reported to operate in a relatively top-down model, with little opportunity for feedback from frontline staff to decision makers and limited input from people with lived experience in service design or evaluation. There are no formal assessment measures for the system as a whole, and no patient outcome measures collected by the GHA on mental health.

Recommendation: Develop a national policy & plan for mental health that articulates a joined-up system, that includes an indicator set of outputs and outcomes for monitoring

Strategies are in place, however, for the promotion of mental health in schools (as detailed in section 3, Community, below) and the National Vision and Strategy for Dementia 2015-18.[11] We note, however, that the professional role of counsellor is not regulated which means that potentially anyone could claim to be a counsellor, and have no practical experience.

Recommendation: that the professional title of Registered Counsellor become a protected title necessitating registration with, and regulation by, the Gibraltar Medical Registration Board

Taking the Dementia strategy as an example of recent mental health-related policy development in Gibraltar, this is a comprehensive document which has been developed in line with many of the WHO good practice principles.[12] It was developed and published by the national Ministry of

[10] WHO Mental Health Action Plan 2013-20
[11] https://www.gibraltar.gov.gi/new/sites/default/files/HMGoG_Documents/HMGoG%20National%20Dementia%20Vision%20and%20Strategy.pdf
[12] https://www.who.int/mental_health/policy/WHOPolicyChecklist_forwebsite.pdf?ua=1

Health, in consultation with NGOs but not directly with people with lived experience, and sets out a clear vision and set of commitments. It also takes an important focus on integration and management, particularly across health and social care. The strategy includes little detailed data on how common dementia is in Gibraltar, the number of people affected, their engagement with healthcare services or the delivery of healthcare services. The need for better data collection is noted, and addressed, within the strategy. It is not clear, however, how far the strategy has been implemented or what the monitoring and oversight arrangements for this are.

Suicide Prevention

There has been a series of high profile suicides in recent years and suicide was raised by many of the people we spoke to as a key concern.

According to a recent review of suicide attempts presenting to Accident and Emergency, there were 256 attendances for attempted suicides across a 30-month period from June 2015 to January 2018. This equates to an age-standardised rate of suicide attempts (per 10,000 population) of 53.4. Data on suicide attempts are not collected in the UK, with the rate of suicide completion being 10.1 per 100,000 in 2017.; The average rate of suicide completion globally according to the WHO is 10.5 per 100,000.[13]

It is unclear how many completed suicides there are in Gibraltar. There were 12 suicides recorded between 2013 and 2018, according to police figures, with a further 11 possible suicides identified through the review of suicide attempts. It is likely that the number of completed suicides are higher but may not be recorded as suicides. Suicides are frequently under-reported in many countries, for example as issues relating to stigma, social costs or the financial implications for life insurance for the family may deter a coroner from classifying a death as suicide. This possibility adds further uncertainty to the levels of suicide in Gibraltar.

While a rate of 2-3 suicides per year in a population of 35,000 is not dissimilar to the overall suicide rate for the UK of 10.1 per 100,000, these have had a notable impact on this small and close-knit population. Self-harm is also an area of concern among professionals working with children and young people, with concerns that this is rising although data here again is currently limited. A survey of the Health and Wellbeing of school children in Gibraltar is planned for 2019 which may provide further detail on this.

Currently there is no national policy or plan for suicide prevention, and no audit to systematically assess recent cases of suicide in Gibraltar has taken place; these may be beneficial in this context.[14]

Recommendation: The Ministry of Health should undertake a suicide audit and, if appropriate, develop a suicide prevention strategy with a technical working group of relevant stakeholders

[13] https://www.who.int/gho/mental_health/suicide_rates/en/

[14] Guidance on suicide prevention planning and suicide audit process can be found at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585411/PHE_local_suicide_prevention_planning_practice_resource.pdf

Mental health financing

Gibraltar currently has a strong economy, with GDP growth in excess of 10% per annum in recent years and among the highest levels of GDP per capita worldwide.[15] The budget for health and care in 2018/19 is £158.15m, 25% of the total £628m total government budget. Within this, £116.6m allocated to the Gibraltar Health Authority, £39.8m to social services and £0.9m to drug and alcohol awareness and rehabilitation services.[16]

While exact figures are not available, potentially substantial funds are being invested in mental health promotion and treatment in Gibraltar. In 2017 it was reported that 6% of the GHA budget was spent on mental health services; if accurate, this would suggest an overall mental health spend of at least £7m.[17] However, no formal mental health budget could be identified, and no breakdown could be identified to set out the provision of mental health financing separately for primary, secondary and specialist services. This may limit the sustainability of the current approach, creating challenges for long-term planning, and making it difficult to effectively map the balance of investment against need across different parts of the system, as well as the balance of funding between physical and mental health.

Recommendation: The Ministry of Health should ensure there is a defined MH budget across prevention, treatment and care services and breakdown of where this is spent.

Mental Health Legislation

The Gibraltar Mental Health Act 2016[18] was developed to align with current mental health legislation, and in particular reflects the UK Mental Health Capacity Act 2005. The Act came into force in April 2018. [19] The full content of the act has not been assessed as part of this analysis. We were told that despite Community Treatment Orders (CTO) being included in the Act they are currently not being implemented.

The Act established a Mental Health Board, the duties of which include provision to audit the state of the mental health hospital, its treatment of patients, and to look into any areas where there may be concern for patient welfare, especially concerning the detainment of patient under the Mental Health Act and appeals against this. Members are appointed, and may be dismissed, by the Minister for Health directly. This may limit the Board's operational independence. At the time of this review, a multi-disciplinary board had been convened, including specialists in psychiatry, law, and a voluntary sector representative. As the board becomes more established it may consider expanding to include representation from a wider breadth of professionals and lay people. The board has met on several occasions but was yet to execute any of the duties afforded to it. They were, however, scheduled to visit Ocean Views shortly after our review on 26th March 2019. They had also received 2 days' training on the legal aspects of the Mental

[15] https://www.cia.gov/library/publications/the-world-factbook/rankorder/2004rank.html
[16] https://www.gibraltar.gov.gi/new/sites/default/files/Budget-Presentation-2018-19.pdf
[17] https://www.gbc.gi/news/costa-says-6-health-authority-budget-spent-mental-health-2017
[18] https://www.gibraltarlaws.gov.gi/articles/2016-18o.pdf
[19] https://www.yourgibraltartv.com/politics/16748-apr-25-new-mental-health-act-and-new-lasting-powers-of-attorney-act-commenced

Health Act. They are volunteers and are currently supported administratively through a secretary for the Health Minister.

The Act also maintained a Mental Health Tribunal, established in a previous Act. The Tribunal chair also sits on the Mental Health Board. This Tribunal enables legal challenge to detention under the Mental Health Act and may order a patient's discharge where they deem appropriate. We were told that in practice, however, compulsory detention was rarely, if ever rescinded. We were also told that social circumstances reports were rarely submitted to the Tribunal. This limits the ability of the tribunal to assess the home situation and decide if discharge would be feasible, making it less likely that patients appeals are upheld. Concerns were also raised by some stakeholders relating to the accessibility and cost of legal representation for patients to access the Tribunal. In the UK, the Care Quality Commission monitors the implementation of the Mental Health Act, including access and outcomes of Tribunal hearings, and produces an annual report.[20] A similar process may be beneficial to Gibraltar, although no similar body to the CQC exists so this may need to be externally sourced.[21] It was not clear how far patients were aware of their rights and the support these mechanisms could offer. Nurses we spoke to at Ocean Views did confirm they provided complaints information to all detained patients but we could not verify this claim and ex-patients we spoke to disputed this.

The Mental Health Board (as described in the Act) should provide feed back to the medical director and have the power to enable changes in the mental health system. A few stakeholders were concerned about the impartiality of the Mental Health Board and how they were appointed, questioning whether they were truly in a position to exercise the power afforded to them via the Act. In addition, the mental health board has no confidential space in which to store sensitive information and conduct interviews with patients. Furthermore, their management/administrative support appeared to be embedded within the health system which it was intended to scrutinise, raising further challenges to independent operation. Enabling an independent, active Mental Health Board could provide invaluable oversight to Gibraltar's mental health system. The GHA could consider appointing non-Gibraltarians to some members of the Board in order to promote its independence in the eyes of its citizens. The social dynamics within Gibraltar of a small population where everyone is widely known, makes the issue of independence and handling conflicts of interest particularly challenging. For those with mental health problems who often have low power in society and face stigma at a personal and societal level, the protection of their rights is fundamentally important to ensure. These challenges compound each other in Gibraltar to make this an issue of primary importance.

Recommendation: The Ministry of Health / GHA should ensure sufficient, accessible information is available to patients and their families on their rights under the GMHA, including complaints processes and how and when to contact the mental health board and tribunal.

[20] https://www.cqc.org.uk/publications/major-report/monitoring-mental-health-act-report

[21] A recent study highlighted that "the percentage of patients who are successful in obtaining discharge at MHRT hearings is relatively low across the UK and abroad. In the UK, the Care Quality Commission (CQC) reported that only 9% of all hearings in 2013/14 resulted in discharge". See https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5240431/

Recommendation: Enable an independent Mental Health Board with true oversight over the mental health system, able to recommend effective changes and advocate on behalf of patients, having use of a dedicated, private space for their work and independent administrative support.

Mental health needs and treatment access

It is well recognised that mental health services tend not to reach everyone who needs them; this 'treatment gap' is common to countries across Europe and worldwide and this is likely to also be the case in Gibraltar. However, data on mental health needs and treatment access is not consistently collected in Gibraltar, and it is therefore not possible to estimate the size of this gap or who is most affected.

The lack of available health information and data on all aspects of mental health needs and services was highlighted by both health system staff and partner organisations as limiting their ability to plan, target and evaluate their work effectively.

A Health Needs Assessments process is frequently used in the UK as part of health system planning. This generates new, and brings together existing, data on the health needs of a population. It then examines how far existing services meet that need. It takes a systematic approach, with the aim of developing agreed priorities for the system to improve future care and increase efficiency.[22]

In Gibraltar, a Mental Health Needs Assessment would enable a much clearer picture of how the population is affected by different mental health conditions, the prevention, treatment and care services (including from NGOs and wider social services) needed to address these and what information will need to be collected regularly to evaluate the impact of those services. It would also provide understanding around issues identified in this report, such as the high use of some prescribed medications and how mental health and substance misuse needs co-exist within the population of Gibraltar. Public Health England has guidance and examples of good practice in mental health needs assessment which could inform this process. Ministerial sponsorship will also be crucial in ensuring relevant data is shared across sectors/departments.

Recommendation: Develop data capture and management systems to monitor mental health needs, treatment access and service impact, initially through the undertaking of a comprehensive Mental Health Needs Assessment

[22] https://www.gov.uk/government/publications/joint-strategic-needs-assessment-and-joint-health-and-wellbeing-strategies-explained

Section 2: Health Services

Organisation of mental health services

Mental health services in Gibraltar have much the same components as most other modern mental health systems. The portal of entry for patients is generally through primary care although Accident and Emergency and the Crisis team are other routes of entry into the system. Once a referral is made, this is triaged and passed to one of the mental health services, such as the Community Mental Health team. Upon review from the mental health service, patients could be followed up by that service, or referred back to primary care and potentially given pharmacological treatment, social care help and/or NGO help. Below, we shall explore the various elements of the mental health system and assess their performance based on the qualitative interviews that were conducted and any available quantitative data.

Figure 2: The elements of Gibraltar's mental health services (does not include allied services)

In terms of governance, the reporting structure and leadership of each of the elements of the mental health treatment and care system is unclear. Some elements reported that they have their own leads or that they report to a named person from another branch of the mental health system. There did not appear to be an organogram to demonstrate exactly what the management structure within the mental health system was and there was a lack of clarity over who was responsible for what. This also affects coordination between the various elements of the mental health system with a lack of communication in terms of follow-up and referral directly affecting patients. Additionally, the line management leading up to the service manager appeared to be opaque and fragmented. Ultimately the various parts of the mental health system appear to report to the Medical Director, with input from various other people including the Health Minister at various levels. There has also been the addition of the Mental Health Board who were originally set up to be patient advocates for the new Mental Health Act and have powers of oversight over the mental health system.

Recommendation: Have a clear, published leadership structure for the mental health system with nominated leads for each element of the system with clear roles and responsibilities.

Primary Healthcare Services

Primary Care access

Gibraltar's primary care service is based in one central hub location (the Primary Care Centre) containing all the primary care services available in Gibraltar. This is located in the main shopping area with bus services to the location from across the peninsula. As Gibraltar is a small territory, this central hub location can provide primary care for the entire peninsula without any reported difficulty of access in terms of geography. The PCC is due to relocate to the same site as St Bernard's Hospital in September, 2019. Whilst the accommodation will be larger and more modern, some people we spoke to were concerned the relocation may make access less easy.

All Gibraltar nationals are entitled to a free service at the point of care in the Primary Care Centre, with a nominal fee for prescriptions (£2.50 per item on the prescription subject to a maximum charge of £7.50). In addition to this, all people who work in Gibraltar and British immigrants to Spain are also entitled to free primary care. The population of Gibraltar is approximately 32,000, a further 10,000-15,000 people work in Gibraltar but live in Spain and there are an estimated 10,000 further British citizens living nearby in Spain. As a result, the Primary Care Centre has to cater for approximately 50,000 individuals per year. There are 27 General Practitioners at the Primary Care Centre (not all full time), 3 nurse practitioners and approximately 200 different employees of the primary care services.

A&E services in Gibraltar are available at St. Bernard's Hospital and may be the first point of call for mental health in some cases, for example, suicide attempts. The crisis line may also be the first point of contact for mental health issues. This is made up of Approved Mental Health Professionals who should be available 24/7 via a hotline. There is also a crisis team that sits within the Community Mental Health Team but is not available 24/7 and is composed of enrolled nurses.

Primary Care utilisation

Since the introduction of the EMIS patient records system in April 2015, there have been 18,266 visits to the Primary Care Centre that have been coded as being due to mental health. It is estimated that the Primary Care Centre receives 70,000 visits per year which would mean approximately 6% of visits to General Practitioners are coded as being for mental health reasons. For comparison, the mental health charity Mind estimates that approximately 40% of all GP appointments in the UK are about mental health,[23] hinting that the actual figure is likely to be higher, as not all visits related to mental health will necessarily have been coded as such. Mind determined this using a survey which is difficult to compare to data purely based on GP coding as the GP may not have included codes relating to mental health on every occasion a mental

[23] https://www.mind.org.uk/news-campaigns/news/40-per-cent-of-all-gp-appointments-about-mental-health/

health issue was raised. The director of primary care is aware of such coding issues and is working on improving coding amongst GPs.

Recommendation: The PCC should conduct a prospective audit of consultations to establish the true extent of mental health issues amongst patients

Common mental health problems

Of these 18,266 visits, 3,850 visits (21.1%) were coded as mental health disorders but related to speech and language problems and 593 visits (3.2%) were for erectile problems which are physical health issues in the majority of cases. 9,174 visits were related to anxiety or depressive symptoms which equates to 66.4% of mental health visits to primary care when excluding the above problems.

There were only 5 people with identified alcohol dependence according to the EMIS system. From anecdotal evidence, it is very likely that this number is a gross underestimate; patients from Bruce's Farm (the alcohol/drug withdrawal unit) may not be included in the above figures for example. In the UK, alcohol dependence is recorded at 8.3 per 10,000 men and 3.7 per 10,000 women.[24]

Recommendation: Data and monitoring systems to be put in place to monitor access, diagnosis, referrals and treatment of mental health issues in Gibraltar, including improving data capture and management.

Help-seeking behaviours

An issue in many mental health systems is the lack of help-seeking behaviour, resulting in difficulties identifying those requiring mental health support. Although some individuals with mental health problems may not be presenting to services in Gibraltar, the consensus seems to be that much of the Gibraltar population is overly reliant on clinical mental health support. From individuals throughout the mental health system we heard that Gibraltar is a highly-medicalised population with high levels of help-seeking behaviour, which may be resulting in some unnecessary use of clinical services and a higher demand than would be seen in comparable populations. This has a knock-on effect of increasing cost pressures on the health system as a result of this overmedicalisation. Increasing resilience and promoting self-management may be better for the health of a substantial proportion of the population than relying on prescription medications. This is beginning to be addressed in schools. Many stakeholders felt that additional mental health education would also be beneficial to the adult population, to support more informed treatment-seeking and better self-care.

See recommendation for mental health literacy campaign in 'Community' section.

[24] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5376077/

Pharmacy

In Gibraltar, there is a nominal fee payable for prescriptions and there are a number of community pharmacies which Gibraltarians can obtain medications from. Gibraltarians also may be able to buy over the counter medications across the border in Spain. A few different people advised us that there is also an illicit trade in pharmaceuticals. As a result, capturing the true picture of mental health medication usage in Gibraltar is difficult.

We were able to obtain prescribing data from the EMIS system in primary care. This was limited in its usefulness as we were not able to map prescriptions to diagnoses or any form of clinical history in order to illuminate prescribing practices in Gibraltar. Below is the available data of the number of different people prescribed a medication for various mental health conditions more than 5 times in 2018. Having been issued the medication more than 5 times was used as a proxy for chronic use, given that repeat prescriptions were issued monthly or bimonthly for the users so over a year, at least five prescriptions are likely to have been issued. Medications were categorised based on their most common use, although it is possible that these medications were used for something other than their listed primary indication.

Table 1: Number of prescriptions for psychiatric medication (2018 calendar year)

Medication type	Females	Males	Total
Anti-psychotics	321	272	593
Anti-depressants	278	147	425
Benzodiazepines	1,324	816	2,140
Total	1,923	1,235	3,158

More females are prescribed medications for mental health indications than males in Gibraltar. In England, women are more likely than men to have a common mental health problem and are almost twice as likely to be diagnosed with anxiety disorders.[25] A similar picture is seen in Gibraltar, with nearly twice as many women on anti-depressants than males. There appears to be high rates of benzodiazepine use but this needs formal comparison with other jurisdictions.

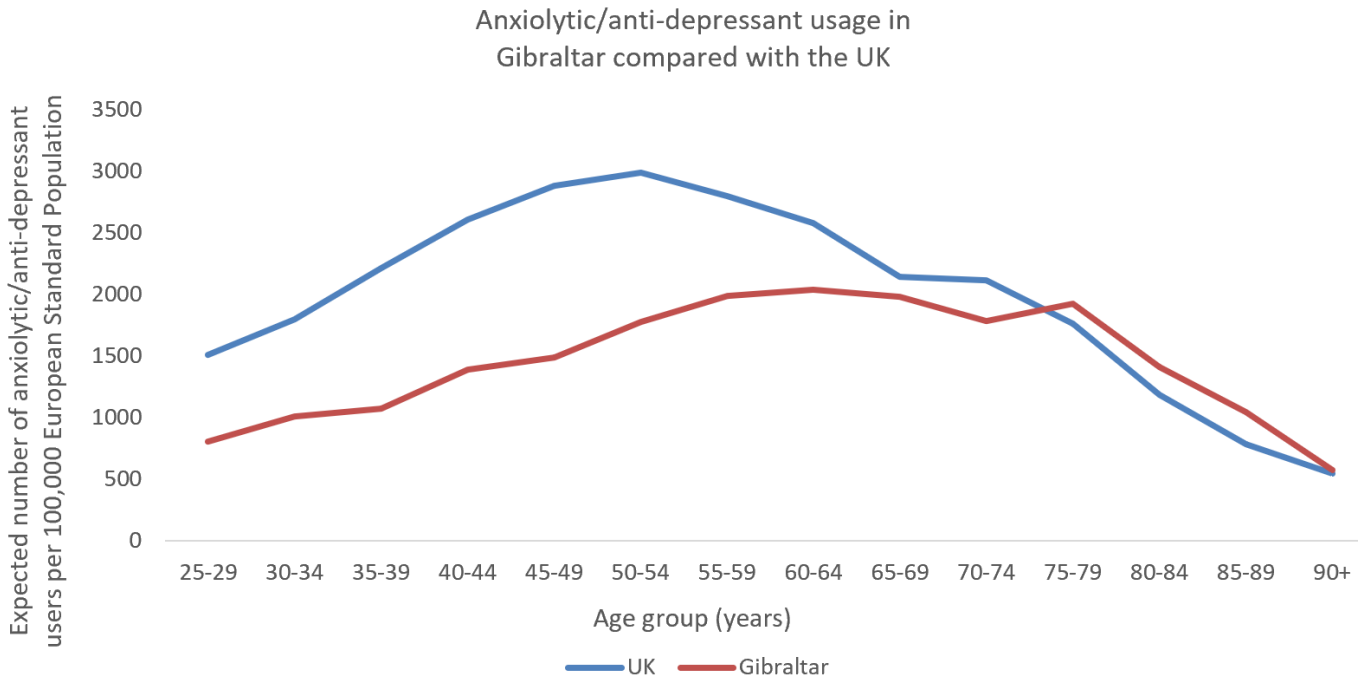
We found a few examples of multiple different psychiatric prescriptions within days of each other and a few examples of polypharmacy with patients taking 3 or 4 different psychiatric medications at one time. We are unable to comment on the clinical appropriateness of this, but it is worth considering undertaking a clinical audit.

Nearly three quarters of all those listed as being on anti-depressants were on amitriptyline which can have a number of uses such as for neuropathic pain and migraine as well as depression.

[25] Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014. https://webarchive.nationalarchives.gov.uk/20180328140249/http://digital.nhs.uk/catalogue/PUB21748

Using the data available on anxiolytic/anti-depressant prescriptions we compared age-specific rates of anxiolytic/anti-depressant usage in Gibraltar with UK rates.

Figure 3: Anxiolytic/anti-depressant usage in Gibraltar compared with the UK



The age-standardised rate of anxiolytic/antidepressant usage (per 1,000 population) is 105.8. Rates for men were lower at 75.6 per 1,000 population than for women at 136.5 per 1,000 population. Rates of anxiolytic/anti-depressant usage in Gibraltar are just over half those in the UK, until the age of 65, after which rates of usage become comparable. It must also be noted that Gibraltarians may have access to illicit medications in Gibraltar and over the counter medications in Spain (including benzodiazepines) and therefore actual rates may be higher.

Recommendation: Undertake a clinical audit of prescribing and a review of pharmacy regulation to ensure pharmacological therapies are only used when indicated.

Mental health care pathway in primary health care

It is likely that the Primary Care Centre receives the majority of initial mental health presentations, with A&E presentations and calls to the new crisis team making up the rest. Based on the initial consultation, primary care may have successfully dealt with the issue or alternatively may need to refer to specialist services. A breakdown of referrals by category can be seen below.

Table 2: Referrals made from primary care to mental health services in the 2018 calendar year:

Referral Type	Female	Male	Total
Psychiatric referral	54	46	100

Refer to mental health worker	5	5	10
Referral to psychologist	274	158	432
Referral to child and adolescent psychiatry service	1	0	1
Referral to child psychiatrist	1	1	2
Referral to Community Mental Health Team	64	68	132
Referral to mental health team	10	6	16
Referral to psychiatrist	28	20	48
Referral to Clinical Psychology Service	7	8	15
Urgent referral to psychiatrist	2	1	3
Total	446	313	759

The referral information above is based on EMIS coding within the primary care. As a result, there may be a few referrals to overlapping causes e.g. 'referral to mental health team' may be analogous to 'referral to community mental health team'. Likewise, a child psychiatry team has only recently been set up, so the referral may not have reached its intended recipient. From the available data we can see that over half of all referrals are sent to psychology. Unfortunately, we do not have diagnoses available to link to this data to understand the case mix for each referral path.

Recommendation: Establish clear referral pathways from primary care with a central triage point (such as the CMHT) using transparent thresholds and criteria to ensure referrals reach the most appropriate part of the mental health service.

Specialist Mental Health Services

Ocean Views Mental Health Facility

Inpatient mental health services are provided through Ocean Views Mental Health Facility, a 52 bed facility opened in 2015 which replaced the old King George V Hospital. Patients are cared for across different wards including:

- Sky Ward – nominally the psychiatric intensive care unit, this ward has 5 beds
- Horizon Ward – the acute admissions ward with 13 beds, 4 of which are double rooms
- Dawn Ward – the rehabilitation ward with 13 beds, 4 of which are double rooms
- Rockside Flats – 2 rehabilitation flats with 7 total beds
- Sunshine Ward – the elderly mentally ill (EMI) ward with 14 beds, all double rooms

The wards also have communal areas and some patients have access to a communal garden with exercise facilities. There are no en-suites, inpatients use shared bathrooms. Smoking is allowed in external areas. We spoke to several inpatients who reported being treated well by the

staff and satisfied with their treatment. We also discussed the inpatient service in a focus group with former patients of Ocean Views and heard that it was thought to be a much better facility than the old King George V Hospital with good feedback received regarding the staff and the inpatient treatment.

Admissions to Ocean Views

Admissions to Ocean Views happen via referrals from the Community Mental Health Team (CMHT), primary care and A&E. Primary care referrals tend to be either written or verbal. Admissions from A&E can be received through a psychiatry liaison though this position is not 24 hours, 7 days a week. Admissions are reviewed and assessed by the psychiatrists to establish a management plan. Admissions can vary from psychosis to depression.

Table 3: Summary data of admissions to Ocean Views Mental Health Facility (percentage of all patients in that category per year):

	Year	2015	2016	2017	2018	Total
By gender:	Male	78 (58%)	77 (62%)	68 (61%)	69 (58%)	**292 (59%)**
	Female	48 (42%)	49 (38%)	44 (39%)	53 (42%)	**194 (41%)**
By referral source:	A&E	30 (22%)	40 (32%)	61 (54%)	46 (38%)	**177 (36%)**
	CMHT	35 (26%)	32 (26%)	21 (19%)	34 (28%)	**122 (25%)**
	Police	16 (12%)	17 (14%)	17 (15%)	15 (13%)	**65 (13%)**
	Other	36 (27%)	30 (24%)	13 (12%)	27 (23%)	**106 (22%)**
	Unknown	17	-4	0	-2	**11**
By admission type:	Sectioned	83 (62%)	76 (61%)	69 (62%)	46 (38%)	**274 (56%)**
	Informal	51 (38%)	49 (39%)	43 (38%)	74 (62%)	**217 (44%)**
By diagnosis:	Mood disorder	45 (34%)	50 (40%)	51 (46%)	53 (44%)	**199 (41%)**
	Dementia	5 (4%)	9 (7%)	7 (6%)	16 (13%)	**37 (8%)**
	Psychosis	48 (36%)	43 (34%)	31 (28%)	32 (27%)	**154 (31%)**
	Detox	17 (13%)	20 (16%)	16 (14%)	14 (12%)	**67 (14%)**

Other	13 (10%)	2 (2%)	7 (6%)	6 (5%)	**28 (6%)**
Unknown	6	1	0	-1	**6**
Total	134	125	112	120	**491**

As we can see from the admissions data, males make up 59% of admissions to Ocean Views, which is in line with other mental health systems.[26] This has remained relatively constant across the past 4 years. There has been an increase in admissions to Ocean Views from Accident and Emergency with nearly double the proportion of admissions coming from A&E when comparing 2018 with 2015. This could be an indication of a lack of ongoing support in the community. Improved identification and support to those at risk of admission could reduce acute presentations to A&E. Exploring this trend further could be part of a mental health needs assessment. A community crisis team could offer an alternative to acute presentations at A&E through enhanced support at home. Different models exist for this.[27] In Gibraltar, a rota of one or two CMHT staff delivering crisis work (including on-call out of hours) could be incorporated into the CMHT model to provide this function. Partnerships with NGO's, crisis houses and day activities could also be considered.

By comparison, referrals from the other sources have stayed relatively stable. There has been an increase in informal patients in Ocean Views with a corresponding decrease in patients detained under the Mental Health Act.

We must also mention the accuracy of the inpatient data. Though the gender breakdown and sectioning of patients appears to have been accurately recorded, there were some inconsistencies with the source of referral and diagnosis data, as can be seen through the 'Unknown' row in each of those sections. This could be due to incomplete recording of the diagnosis or referral source or incomplete / innacurate transcription into the spreadsheet.

Mood disorders overtook psychosis as the leading cause of inpatient admissions in 2016 and have continued to rise as a percentage of admissions. Likewise, dementia-related admissions have increased over time. Other causes for admission, including detox, have stayed relatively stable, with a slight decrease in the number of admissions for psychosis. Reasons for this are not clear, but this could potentially indicate that the mental health system is becoming better at dealing with psychosis in the community whereas either the prevalence of mood disorders in the population is increasing or the capacity of the mental health system to deal with mood disorders in the community is worsening.

Recommendation: Improve inpatient data collection systems in order to monitor diagnosis, treatment, re-admission rates and length of stay over time.

Recommendation: Explore the trend of inpatients increasingly being referred from A&E in a mental health needs assessment.

[26] Meuleners et al (2009). https://academic.oup.com/jpubhealth/article/31/1/162/1585032
[27] MIND (2012) https://www.mind.org.uk/media/42903/the_mind_guide_to_crisis_services_2012.pdf

Recommendation: Develop a fully functioning community crisis service, with appropriately qualified staff, who are proactive in offering a credible alternative to admission for those presenting at A&E through enhanced support at home and/or in the community.

Nursing care

Nursing care on the wards is provided by a mixture of registered mental health nurses, enrolled nurses and nursing assistants. There are normally at least 2 registered mental health nurses during the day in the hospital. They are supported by enrolled nurses and nursing assistants. Nurses report receiving training on topics such as violence every 2 years. Former patients reported some issues with the level of training provided to staff and ensuring staff are sufficiently qualified enough to deal with patients with mental health issues. We were not able to establish the reality of this independently but review of training needs would help to identify this.

It was rported that there is a high proportion of agency nursing staff across Gibraltar. If this is the case in the mental health services, this could compromise training, professional development and limit continuity of care which is important to patients.

Day activities

Inpatients at Ocean Views have access to a communal garden area, a balcony and a recreation space in the ward. Access to these may be dependent on the patient's condition and safety. The communal garden area has exercise facilities available and conversely is a smoking area for inpatients. It is likely (as in the UK and most other counties) that people with severe mental disorders have much higher rates of premature mortality, much of this caused by higher rates of smoking. Along with the provision of smoking cessation services, the hospital could consider going smoke-free. Occupational therapists are available to provide input and activites at Ocean Views. Former patients reported to us that although the new facilities were much better the amenities and entertainment available was limited and referrals were needed to access certain facilities like computers.

Recommendation: Consider smoke-free sites in all health care facilities of the Gibraltar Health Authority to discourage smoking.

Recommendation: Develop an evidence-based programme of occupational activities available for all in patients.

Discharge from the unit

Once a patient is deemed to be medically fit for discharge, a care plan meeting is set up where mental health services can coordinate a patient's care. We heard from Ocean Views staff that this meeting is sparsely attended from people external to Ocean Views which could be a lack of engagement, lack of awareness or a combination of both. We also heard from social care, housing and NGO staff that they were rarely informed of, or invited to, these meetings as that greater involvement in care planning would be welcomed. All parties therefore appear aware of, and keen for, a more holistic approach to the discharge planning meeting. This should be psychiatry-led as they are ultimately responsible for discharge, with support from allied healthcare professionals.

Participants further reported that there are a number of patients who may be fit for discharge, awaiting rehab facilities or placement, but there may be a lack of availability of social services such as housing and support in the community. It appears that each patient is allocated a social worker, however the lack of facilities and mental health support in the community may lead to a delayed discharge.

Upon discharge, there may be input from the Community Mental Health Team or follow up in primary care. Primary care reported that they receive discharge summaries from Ocean Views which they then try to act upon. Patients reported that upon discharge it may be up to a few weeks before they are followed up by either the Community Mental Health Team or primary care. Patients reported dissatisfaction with the discharge process and the support and follow-up offered in the community. Mental health NGOs also reported they were often named on discharge plans but were rarely involved in developing these or explicitly requested to provide this support.

Recommendation: Strengthen the discharge process at Ocean Views with input from all relevant partner agencies from across the mental health system. Formalise timings and responsibilities to enable a clearer discharge process for patients, with appropriate follow-up in place in the community.

Service activity and caseload

Ocean Views is reportedly near capacity throughout the year. There were 3 spare beds when we visited Ocean Views although it appears that there were a number of people medically fit for discharge but without a care plan in place to enable that discharge. As previously shown in Table 2 the total number of admissions over time has remained relatively stable, with the case mix changing to include more inpatients with mood disorders and dementia. Unfortunately, length of stay data was not available which could elucidate the inpatient burden on Ocean Views. The AMHPs report that they always manage to admit someone who needs admitting to an available bed at Ocean's View. It appears, therefore, that the bed capacity is sufficient for the population.

Access to care

Access to the mental health services in Gibraltar is through the primary care system as previously outlined. We heard that there are increasing demands placed upon the mental health system to see referrals from primary care and the community mental health team, psychology and child psychology team could benefit from increased capacity to deal with this. There were also suggestions that efficiency could be increased throughout the mental health system. Finally, several instances of queue jumping were reported, with some patients using their contacts to ensure that they are seen sooner.

Recommendation: Establish clear patient pathways that include assessment timescales, clinical thresholds and criteria for each mental health service (e.g for the CMHT when assessments will be undertaken for referrals, the types of patients and severity of presentation that will be accepted and the duration of support patients can expect)

Responding to acute mental health crises in the community

Should a patient become acutely unwell, they are able to obtain help from the crisis line. Two approved mental health professionals (AMHP) form the crisis line and should be available 24 hours a day, 7 days a week. There is also a crisis team that is made up of enrolled nurses that are part of the Community Mental Health Team, however they are not available 24/7 and do not appear to function as a true crisis team. The AMHPs suggested that if the crisis team was established as a robust 24/7 service the crisis helpline could be held by that service. We heard reports from some patients that they were either unaware of the existence of the helpline or if they were aware, they were often unable to get through to anyone via the helpline. The involvement of the police was also perceived to be often unnecessary by some patients. We heard that the police would often be the first respondents to a mental health crisis rather than the AMPs and one patient reported being kept in a holding cell overnight without any mental health input until the next day. To be clear, we heard no criticism of the police themselves or how they treated mentally ill patients, rather the lack of mental health input early on in the acute crisis was seen to be an issue.

Recommendation: Clarify pathway for dealing with mental health crises in the community, who should respond and how soon mental health input should be offered. Monitor the patient flow through this system and evaluate performance.

Training

Training in mental health in Gibraltar is variable across the different mental health services. Some nurses may only receive a 3-day course in mental health prior to working in mental health services. Some staff members may have extensive experience in mental health systems in the UK or Spain prior to working in Gibraltar. The creation of a new mental health nursing course at the University of Gibraltar in 2018 is a welcome start to ensuring the mental health workforce in Gibraltar is appropriately skilled.

Training of health professionals based in primary care on how to diagnose and manage mental health problems seems to occur on a mostly ad hoc basis. Primary care clinicians told us about a recent session on mental health delivered to general practitioners which seemed to be warmly received. A broader understanding of the new Mental Health Act across all mental health professionals was also identified as a need.

Some stakeholders told us that on occasion, those appointed to posts or given promotions were not the best qualified person for that role or did not have the relevant experience. Many people told us about nepotism and its prominent role in staffing heathcare services.

Recommendation: Perform a gap analysis of training needs across the mental health system (health and non-health) and co-develop with staff (regardless of contract type or employer - inc MEDDOC) a programme of regular Continuing Professional Development on mental health.

Recommendation: Ensure recruitment and promotion of staff are consistently appropriate, in terms of qualifications and experience. For example, a process of advertising posts, together with publishing outcomes (successful/non-successful) might help encourage higher standards and transparency.

Drug and alcohol services

Addiction services in Gibraltar are provided initially through the Primary Care Centre, where there is a GP with a specialist interest in addictions. Patients with addictions in Gibraltar are managed in coordination with a psychiatrist with an interest in addictions (although these are both fairly new additions to the clinical service). Inpatient detox facilities are offered at Bruce's Farm, a 14-bed rehabilitation centre for adults. There is no drug and alcohol service for young people under the age of 18, despite many stakeholders anecdotally reporting increasing problematic use amongst young people. We heard that there were increasing referrals being made to Bruce's Farm and addictive behaviour amongst the Gibraltarian population generally, although we do not have any data to back this up.

According to a recent audit of benzodiazepine prescriptions, undertaken after Pfizer expressed concerns regarding the amount of benzodiazepines they were supplying to Gibraltar, an estimated 930 people are on regularly prescribed benzodiazepines and 100 are on multiple different types of benzodiazepines. This suggests that prescribing practices and medicines management could contribute to the increasing burden on addictions. We heard that people may also self-medicate, buying over the counter drugs or self-medicating with alcohol, suggesting that there is a role for increasing population resilience and awareness of the health issues around long-term drug and alcohol use. The regulation of pharmacies also seems to be weak, or non-existant, and there appears to be no cohesive process of review and learning (such as clinical governance) amongst this professional group,

Recommendationr: Quantify the scale of the drug and alcohol problem in Gibraltar and explore how to increase resilience and decrease dependent or addictive behaviours in the population.

Recommendation: Tighter regulation of prescribing and pharmacies to ensure pharmacological therapies are only used when indicated and a clinical governance system involving all pharmactists needs to be introduced.

Recommendation: Bruce's Farm seems to operate outside the GHA structure, and therefore accountability and responsibility are unclear. This ambinguity is not ideal for the efficient delivery of effective services and needs to be clarified

Community Mental Health Team

The CMHT offers home visits, drop-in facilities, clinics and follow-up in the community. They report having 496 active patients on their list and run 24 clinics per week. This service is provided by psychiatrists, 2 qualified Registered Mental Health Nurses and supported by other nursing staff who do not have formal mental health accreditation. Within the CMHT there is a 'crisis team' composed of enrolled nurses that are supposed to deal with acute situations in the community. Referrals are managed through an allocation meeting on Monday mornings for these staff alongside the clinical psychologists. They have a link to social services whereby a key worker can be allocated if needed. This crisis model is not a recognisable one according to international examples and (as mentioned previously) needs reviewing.

There was a desire for increased CMHT engagement across the mental health system (both health and non-health sectors) in Gibraltar. Ensuring inpatients are appropriately and quickly

followed-up in the community was one of the issues highlighted to us. Likewise, patients complained that they would often lose contact with the system when referred to CMHT and not be followed up. Non-health sector stakeholders were keen to have strengthened partnership working with the CMHT. A deeper investigation of CMHT is required to establish why this is not currently the case. Possibilities include: a high caseload burden for the number of staff, records management and administration gaps, a need for greater accountability of individual staff members, a need for increased staff training, an unclear leadership structure in the CMHT, or a lack of communication and coordination with other aspects of the mental health system.
The Care Programme Approach (CPA) is used nominally. A full use of this therapeutic approach is in line with best practice from the UK and would promote a recovery-based modality within the service.
Recommendation: Clarify the role of the CMHT as a central conduit of the wider system, how this can be best delivered and what resources (both human and financial) are needed, using an effective Care Programme Approach

Clinical Psychology
The clinical psychology team are mostly based at a single site at Coaling Island. One of the clinical psychologists is based at Ocean Views where they deal with any inpatient psychology issues that may arise. Referrals to the service are triaged through the Community Mental Health Team. The case mix is reportedly mostly anxiety and depression. The psychologists tend to perform their own administrative tasks which may take up time that could be otherwise spent seeing patients. The team are led by a lead clinical psychologist who then reports to a manager at Ocean Views Mental Health facility. A spreadsheet of referrals and patients seen is maintained monthly by the lead psychologist.

The clinical psychology team report difficulty in delivering group therapy sessions which lack engagement when trialled, perhaps due to perceived stigma attached to attending one of these sessions and low levels of anonymity within small communities making confidentiality difficult. There are suggestions that the number of psychology referrals seen are higher than expected for the size of the population however we were unable to verify this through data.
Recommendation: Better data and monitoring of the clinical psychology service would increase accountability and inform an evaluation of resource levels, including the provision of administrative support

Psychiatry
There is provision for 4.5 psychiatrists in Gibraltar. This was increased over the past few years following acknowledgement from senior medical staff of the clinical burden, resulting in burn out and high sickness absence rates. Medical recruitment is a challenge for all specialties in Gibraltar. The psychiatry positions have been filled mostly by locum consultants which has reportedly resulted in turnover and retention issues.

Psychiatrists provide input in both inpatient and outpatient settings with one psychiatrist available for on call duties on a rota. Psychiatrists will often have their own specialist area of interest e.g. addiction, but tend to cover general psychiatric provision as well. The recent

appointment of a clinical lead for psychiatry may help bring clarity and structure to the role of the psychiatrists.

The on-call system at present requires that a psychiatrist has to perform their regular duties and be on call at the same time for entire weeks at a time. We were told that a new on call system is likely to be implemented shortly and this may improve this issue. There also does not appear to be any formal provision of support for psychiatrists. Discussing cases, perhaps in the form of a Balint group (a small group educational activity in which healthcare professionals discuss cases from their practice), can help psychiatrists voice their opinions and difficulties in a safe space and help ease stress.[28] We have heard that regular consultant meetings have started and staff welcome this. Consultant psychiatrists are also often having to deal with issues that more junior staff members would deal with in other mental health systems. Decreasing the burden of administration and tasks that junior members of the team could deal with, could increase time for psychiatrists to enhance service provision.

Recommendation: Formalise the structure of the group of psychiatrists with a named head of service and topic leads, with regular CPD, training and support.

Recommendation: Review the provision of administrative support and/or junior doctors in psychiatry to help with service provision.

Child and adolescent mental health service

The child and adolescent mental health service (Gibraltar Young Minds) is a newly set up service to address the specialist mental health needs of children and adolescents. In the past, children and adolescents with mental health issues would either be seen by a general adult services or be seen privately. Two new child psychologists have been appointed within the past year, who are setting up the child psychology service out of the Primary Care Centre. Referrals are received from primary care and paediatrics with a centralised email and standardised referral form being created to help streamline the service.

The case mix is mostly behavioural issues, separation/family issues and learning difficulties. Currently, the team reports that they have over 100 outstanding referrals to deal with, with an additional 2 or 3 referrals received per day. The child psychologists are coordinating with the educational psychologists in schools to deliver psychoeducation in schools. The child psychologists report that there still appears to be stigma around children's mental health and broader education around learning disabilities and dealing with behavioural issues at home is needed.

There are however a few difficulties with child psychology service. Child and adolescent mental health services are usually multi-disciplinary teams with psychiatry and nursing provision as well as input from child psychologists. It is also difficult to establish the prevalence of learning disabilities and behavioural issues in the population making it hard to understand the level of service provision required and whether a more preventative approach is needed. There are no

[28] Roberts et al (2012) - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3303639/

child-specific inpatient facilities available for mental health, which can become difficult when dealing with issues such as eating disorders where nasogastric tubes may be required, requiring both mental and physical health nursing.

Recommendation: Review the new Gibraltar Young Minds service to determine exactly its role and place within the mental health system. Explore whether a multi-disciplinary team is needed to deliver the service.

Section 3: Community

Mental health promotion and education

NGOs and mental health service staff report that levels of stigma around mental health are reducing in Gibraltar, although stigma is still present and may be more common in particular sub-groups of the population. We were told that many more people are willing to openly discuss and seek help to address mental health needs than they would have been five or ten years ago, although given the close community relationships we were told a lack of confidentiality is a concern for Gibraltarians.

Community campaigns have been jointly run by the NGO sector working with GHA health promotion staff, to encourage people to talk about mental health, build knowledge and understanding and address stigma around mental illness. These have involved media and social media campaigns and community events, and were linked to events including World Mental Health Day and Suicide Prevention Month.

We were told that the population is highly medicalised with visits to GPs for any minor ailment, a common occurrence. In addition, GP's told us they believed there is likely to be high prevalence of sub-threshold mental health issues such as low-mood, in the population. Self-care and non-medical interventions (such as physical exercise, socialising and volunteering) could be promoted in Gibraltar.

Recommendation: Ensure the needs assessment includes MH awareness, understanding and stigma in different parts of the community as well as needs among different groups; consider targeting future campaigns in line with findings

Non-clinical mental health support

As detailed above (section 2), the mental health system and culture in Gibraltar currently operates around a highly medical model. In line with this, there are few wider services such as art therapy, benefits/debt advice, supported employment or gardening programmes integrated into the care model that might support better recovery, self-care and improved mental wellbeing, particularly for people with lower level mental health needs. Approaches such as 'Social prescribing' that formally integrate non-clinical, often NGO-provided support with health and care

service pathways are increasingly being adopted in the UK and Europe, often with a focus on mental health. There are some existing services in Gibraltar, such as drama therapy (though privately provided) and the Citizen's Advice Bureau, which might support the development of this type of provision.[29]

Interviewees also suggested greater provision of literature and information for mental health service users to enable them to better self-manage their health independently, as well as provision of general community support for low-level mental health needs and psycho-education for existing patients would be of benefit. This is beginning to occur in schools, under the recent reviews but would benefit from being undertaken in the adult population as well.

Recommendation: Deliver a mental health literacy campaign in the community, communicating what people can do to look after their own, and each other's mental health

Recommendation: Explore options under a 'social prescribing' model in the Needs Assessment, as seen in parts of the UK and Europe. [30]

Non-Governmental Organisations

There is a strong mental health NGO sector in Gibraltar, which includes organisations providing direct advice and support to the local population (GibSams, Club house, Childline, Narcotics Anonymous, Alcoholics Anonymous) and an advocacy NGO (Gibraltar Mental Welfare Society). Awareness of mental health is also strong within statutory community and social services, including Gibraltar police, housing department, children's services (Gibraltar care agency), local schools, and among religious leaders.

The NGOs have strong political links and feel able to influence the political agenda. Operational integration between statutory services and local NGOs, however, is often limited, and there appears to be limited integration and collective action across the NGOs themselves which might provide a stronger community voice. NGOs report that they rely on anecdotal data on mental health needs in Gibraltar; this makes it difficult to target their message, plan services and understand their impact effectively. As detailed elsewhere in this report, stronger data on the mental health needs of the population, increased integration and formalised pathways between services/care providers would likely strengthen the impact of all agencies.

Recommendation: Improve collaboration between statutory services and the NGO sector through joint planning meetings for patients and in strategic fora

Recommendation: Improve collaboration between mental health NGOs in Gibraltar to provide a more powerful and coherent voice from people with lived experience and the community

Recommendation: A comprehensive government-wide strategy is needed that: explicitly states the role of NGOs in government policy; a comprehensive review of current provision, with a gap

[29] https://www.kingsfund.org.uk/publications/social-prescribing
[30] Social Prescribing - https://www.kingsfund.org.uk/publications/social-prescribing

analysis, and a future plan for matching investment with need, with a view to encouraging greater self-help amongst the community

Schools

The school system is making clear progress in integrating mental health and resilience into everyday practice. This has been developed in response to a number of challenges faced by young people in Gibraltar and common to many young Europeans, including high levels of anxiety and self-harm, pressure for academic achievement, and the impact of social media. With a relatively small undergraduate university offer in Gibraltar, young people also tend to attend university in the UK which can be very challenging for some.

The second phase of a review of mental health, social and emotional wellbeing in primary and secondary schools was developed by the Ministry of Education, working with teachers, educational psychologists, and NGOs, in 2018-2019.[31] Following on from these detailed and comprehensive reviews, a clear articulation of the new overall strategic approach to mental health in schools would be beneficial. Actions undertaken by the time this review was carried out included the provision of training for teachers which has covered collaborative working, the identification of mental health needs, and supporting children with mental health problems using a Mental Health First Aid approach. A working group has been formed to explore the scope to integrate mental health within the Personal, Social and Health Education (PSHE) curriculum.

Four new counsellors are also being recruited to work with young people in schools, which should further strengthen young people's access to good mental health provision. The design both of this provision and of the reviews has involved local NGOs. However, participants also noted that involvement from mental health service staff was limited, particularly the new Gibraltar Young Minds service staff, as well as that of affected children and families. Such steps would likely strengthen the design of future provision.

Adverse Childhood Experience awareness is high amongst the schools, as is the need for building resilience in children. There is likely to be a direct relationship between the number of ACEs and the likelihood of developing chronic illnesses (including mental illness) later in life.

Recommendation: To deveop a brief strategy of school-based interventions to improve the mental health of children and young people

Recommendation: Work with children, young people and families who have lived experience of mental health, and with Gibraltar Young Minds staff, in the planning, delivery and evaluation of school mental health provision

[31] HMG Gibraltar, Department of Education. Supporting Mental Health, Social & Emotional Wellbeing In Primary Schools In Gibraltar (Phase 2): A Review Of Current Practices. 2019; HMG Gibraltar, Department of Education. Supporting Mental Health, Social & Emotional Wellbeing In Secondary Schools In Gibraltar (Phase 2): A Review Of Current Practices. 2019;

Recommendation: Consider establishing baseline ACEs for all children entering secondary education and also leaving it, as a way of highlighting children with greater need, and hence support requirements

Vulnerable young people

Provision for vulnerable young people is reportedly more varied, and often minimal for those most at risk. There are a small number of children home schooled who are outwith the school system. There is currently no specific provision of education for children who are excluded, sick, or otherwise unable to attend a mainstream school (such as a Pupil Referral Unit or Alternative Provision) neither is there substance use support for under-16s, or a Youth Offending Service to support young people in touch with the criminal justice system. Young people sentenced to prison are accommodated in a separate wing of the main adult prison in Gibraltar.

The Care Agency of Gibraltar supports children who are looked after and those on child protection plans, with a caseload of 74 at the time of this review. Referrals are received mostly from schools and the police, partly through a recently-established Early Help service. Young people are supported by social workers, as well as 3 therapists (1 full time and 2 part time), and there is dedicated housing available for older young people. Mental health needs were seen as common among parents of the families working with the Care Agency, particularly depression and substance misuse, as was depression among the children and young people themselves. Physical self-harm was seen as relatively uncommon among this group, with instead young people taking significant risks, particularly in relation to drug use and putting themselves in high risk situations. Work with mental health services to date has been relatively limited; this in large part reflects the lack of children and young people's mental health provision in Gibraltar until quite recently. High turnover of staff within both the Care Agency and Mental Health services was also suggested as a possible driver for this.

Recommendation: Review the needs and provision for vulnerable young people to support social integration and mental health

Social services

Social services in Gibraltar provide subsidised housing and welfare support dependent on circumstance. Disability living allowance reportedly stands at £314 per month. The highest rate of DLA in the UK is £85.60 per week which is roughly comparable. However, the cost of living needs to be factored in. Users expressed some dissatisfaction with the social services process, often requiring help from relatives or non-governmental organisations to get the appropriate level of care and support. Health, social services and NGO staff further noted that this was not always accessible to those who needed it, and that the DLA assessment requires completion of a 14-page form and is largely focused on physical health. Wihtin this, mental health eligibility criteria are not always clear, and reasons for applications being rejected are not always provided.

Participants also reported high reliance of family care for people with mental health needs, and limited support for family members themselves.

Recommendation: Review the current benefits assessment process to ensure that people with mental health needs receive the support they need in a timely way

Housing

There is a large social housing sector in Gibraltar, comprising approximately 5,000 flats. A portion of these are leased directly to GHA and social services, but the majority are available to the local population for subsidised rent.

A separate priority housing list is retained for people with additional needs, including people with a diagnosed mental disorder. Tenants on this list need not await the monthly housing allocations committee and will receive available housing as soon as it becomes available. This is managed by a doctor-led, multi-disciplinary Medical Committee, which receives referrals mainly from social workers and GPs. People accessing social services through this route are eligible for significant rent relief, and unlike other social housing tenants will remain eligible for repairs and housing maintenance even if they accrue rent arrears. However, data sharing with other social services is challenging, particularly since the introduction of the General Data Protection Regulations (GDPR) in 2017. It is thought to be likely that some adults with mental health needs, particularly common mental health conditions, may be living in social housing without their needs known to housing services. This may be a significant number of people. Equally, data sharing limitations between housing services and utility companies mean that housing will not necessarily be aware when a tenant falls behind with utility payments and has services discontinued.

Housing services are involved in multi-disciplinary meetings with Gibraltar prison, and have strong links to the Clubhouse NGO, Bruce's Farm drug and alcohol service and the Citizen's Advice bureau, for example, but as seen elsewhere data sharing is a major challenge. Joint working with mental health services is less established, and housing staff often struggle to gain access to a tenant or potential tenant's care plan. This can pose significant challenges, particularly where tenants are very vulnerable. We were told that there is very little sheltered accommodation available in Gibraltar and that which exists is for short term needs. Neither is there a support service that can visit tenants in their own home to help them live independently.

Recommendation: Explore data-sharing options between housing and social services, and/or utility companies at least for vulnerable populations. Public health traditionally supported housing decisions in most of England, and a link through PH may help make those links.

Housing staff frequently encounter tenants with mental health needs and receive training on mental health up to once a year. As with wider social services, more integration and increased, more in-depth training was thought likely to be beneficial to housing staff. There are established protocols in place, for example where a tenant is identified in crisis, housing staff contact the police, mental health services and/or social services. However, there is no clearly defined pathway or process for this.

Recommendation: Improve integration and communications between the CMHT and housing, including agreed protocols for example to support tenants in need of mental health support

Police

As with many other services, the Royal Gibraltar Police Force reported good general awareness of potential mental health needs both for staff and among local communitities. The RGPF have access to a Forensic Medical Examiner where there are concerns relating to the health or mental health of a police detainee, who will refer on to the GHA or mental health services if needed. Self-harm and depression are reportedly the most common mental health needs identified among detainees.

The RGPF are also often involved with community members in crisis, or with acute needs, including detaining people under the Mental Health Act. In 2017/18, the RGPF detained 63 people under the mental health act. Of these, 26 people were escorted by RGPF staff to St Bernard's Hospital A&E and 17 to Ocean Views. The remaining 20 were released; many of these latter cases are reportedly linked to drug and alcohol use. This was a large increase on the 41 people detailened under the mental health act by the police in 2016/17. During the first 6 months of 2018/19, 26 people were detained under the MHA, 11 of whom were conveyed to St Bernard's A&E and 6 to Ocean Views. Where people require A&E assessment the officer will remain with them, often for several hours until they are seen.

As with other government departments, the RGPF engages a Welfare Officer to support staff with mental health needs, including where they have been exposed to potential trauma as part of their work. Use of this service is actively promoted to staff who have been involved with difficult events, or where difficulties outside of work are known about.

Recommendation: Assess the use of detention under the Mental Health Act, including by the RGPF, and any training or support needs relating to this

Training

Most of the non-health services that we spoke to, including housing, police and social care, have a strong awareness of mental health and protocols and processes for staff working with people with mental health needs. Government departments also employ welfare officers to support staff working in challenging contexts or exposed to potential trauma. Training is also widely undertaken across Government departments, although these tend to be ad-hoc and may not cover the range of mental health needs and systems that staff encounter through their work. All participants suggested increased, structured training would be beneficial to their staff. The gap in provision for those working on temporary or Agency contracts needs to be recognised and systems of support put in place so that all workers, regardless of contract, have the same level of knowledge and awareness

Recommendation: Plan & implement mental health training programmes for (non-health) public sector staff, developed by people with lived experience, mental health NGOs and the mental healthcare services

Section 4: Information Systems

A significant barrier to the assessment, evaluation and delivery of mental health care in Gibraltar is the inadequate data available on mental health disorders and care. Without data on the requirements of the population, the service becomes supply-led rather than needs-led and thereby may not be delivering healthcare where it is most needed.

Currently, little data or estimates exist on the extent of mental health needs in the population of Gibraltar as a whole, or on issues associated with mental health needs such as physical health problems, disabilities, and caring requirements. Understanding the extent of different mental health needs, and changing rates at which these are occurring, as well as their causes and consequences is central to allocating provision and assessing the impact of healthcare support.

Despite the existence of primary health and specialised mental health services, only limited prescribing data is easily available from Gibraltar. In April 2015, the EMIS system was implemented across primary care and is a good first step in increasing the availability of data so that progress can be monitored. Unfortunately, this system is not linked with A&E and mental health services so has limited usability in getting a picture of the burden of mental health conditions in Gibraltar.

Ocean Views Hospital keep records on their inpatients, however these are paper-based and not linked to any other information systems. Likewise, the clinical psychology service maintains a spreadsheet on their contacts, however this must be manually updated and is not linked to any other data system.

According to the WHO, mental health information systems are a fundamental component in strengthening health systems, and critical for developing equitable and appropriate care based on mental health needs of the population (WHO, 2005). The absence of high quality and reliable data on population-level mental health needs precludes effective planning, management and improvement of mental health services in Gibraltar. The inability to determine the case mix and distribution of contacts within the mental health system makes it difficult to performance monitor.

A strategic approach to mental health in Gibraltar should incorporate a means of monitoring performance and the progress made over time of the mental health system. Once clear objectives are identified, a key set of information collection in the form of indicators can be developed to support the monitoring of these objectives. Existing health service data that is collected (by the specialist mental health services and primary care services) could be used to contribute to the reporting of these indicators.

Recommendation: Invest in appropriate hardware and software and establish a user-friendly information system that provides robust mental health data to policy-makers and planners, and allows for monitoring, evaluating and improving patient outcomes.

Gaps in this report

Given the necessary short period of exposure to the issues, there are many aspects of mental health not covered here:

- Clinical Governance incl quality and clinical effectiveness
- Social & societal aspects predisposing to mental illness such as family size, composition and make-up; self-reported satisfaction, social values and behaviours
- Deprivation & disadvantage; impacts on mental health
- The role and function of private sector provision
- The different needs and services across the lifecycle eg community care for older adults

Conclusion

There are many positive apsects of the mental health system in Gibraltar. For a small community it has done very well. It has many of the necessary components of a thriving system, recognised in WHO's framework for mental health interventions (see figure 4). For instance, Gibraltar has some specialist services and residential facilities. It has a functioning hospital and CMHT and primary care delivers a reasonable level of mental health service. The challenge for these components of the system is the lack of strategy, coordination and integration.

Figure 4: Optimal mix of mental health services

Source: WHO (2003)[32]

However, the areas to strengthen are in the bottom tiers of the framework related to informal community care and self-care. Although there is some informal service delivery through NGOs such as Clubhouse, this is more limited in capacity compared with the statutary services. In addition there is little evidence of the population's ability to manage their own low-level mental health issues.

Therefore, the key areas for improvement are a clear strategy and structure for the top tiers of the system that promotes integration and collaboration, along with improved information systems. The lower tiers require their capacity being strengthened and a reduction of the over-medicalised behaviours of the community.

[32] WHO (2003) Organization of services for mental health. Geneva: World Health Organization

Appendices

Appendix 1: Information of stakeholder meetings and partipicants

Stakeholder group meetings

Monday 25th February 2019 PM – School leaders		
Name	**Role/Job title**	**Organisation**
Gizelle Montegriffo	Headteacher	St Josephs 1st School
Gaynor Lester	Deputy Head	Bayside comprehensive
Monique Bacarese-Hamilton	Educational Psychologist	Govt. of Gibraltar
Aline Duran Pincho	SENCo	Notre Dame first school
Vanessa Saccone	Student services coordinator	Govt. of Gibraltar
Jackie Linares	Advisor for Welfare	Govt. of Gibraltar
M Barabich	n/a	West Side School
Lianne Parral	n/a	Govt. of Gibraltar

Tuesday 26th February 2019 AM – Health promotion and public health		
Name	**Role/Job title**	**Organisation**
Emily Lopez	Health promotion	GHA
Daya Dewfall	Health promotion	GHA
Sohail Bhatti	Director of Public Health	GHA

Wednesday 27th February 2019 AM – Department of Education	
Name	**Organisation**
The Hon. Dr John Cortes	Minister for Education, Heritage, the Environment, Energy and Climate Change
Jackie Linares	Advisor for Welfare, Department of Education
Wayne Barton	Advisor, Department of Education

Wednesday 27th February 2019 PM – Clubhouse Gibraltar		
Name	**Role/Job title**	**Organisation**
Emily Adamberry Olivero	Chair	Clubhouse Gibraltar
Kevin Fowler	Programme Coordinator	Clubhouse Gibraltar
Plus 10 users of Clubhouse with lived experience of mental health problems		

Thursday 28th February 2019 AM	
Name	**Organisation**
Julio Alcantara	Mental Health Board (Chair)
George Parody	Mental Health Board
Emily Adamberry Olivero	Mental Health Board
Rene Beguelin	Mental Health Board
Ken	Mental Health Board

Key informant interviews

Key Informant	**Role/Job title**	**Organisation**	**When interviewed**
Alison Jensen	Primary Care Counsellor	GHA	25th Feb 9.30am
Jennifer Wiley	Clinical Psychologist	GHA	25th Feb 9.30am
David Pariente	Retired Consultant	Independent	25th Feb 11.00am
Alan Lillywhite	Retired Consultant	Independent	25th Feb 11.00am
Antonio Segovia	Consultant Psychiatrist	GHA	25th Feb 11.00am

Marielou Guerrero	Chairman	GibSams	25th Feb 12.30pm
Brenda Cuby		GibSams	25th Feb 12.30pm
Sally Morrison	GP	GHA	25th Feb 12.30pm
Kay Raj Kumar	Clinical Nurse Manager	GHA	25th Feb 2.00pm
Rehab Khalifa	Consultant Psychiatrist	GHA	25th Feb 2.00pm
Louise Barber	Clinical Psychologist	GHA	26th Feb 9.30am
Annie Green	Manager	Child line	26th Feb 11.00am
Abdusamad El Mokhalfi and his wife Khaola El Andaloussi	Mosque Imam plus wife		26th Feb 11.00am
Kevin Fowler	Programme Coordinator	Clubhouse	26th Feb 12.30pm
Liz Dewsbury	Reviewing Officer for Children's Services	Care Agency	26th Feb 2.00pm
Alyson Jack	Clinical Psychologist	GHA	27th Feb 9.30am
Gustavo Camino	Clinical Psychologist	GHA	27th Feb 9.30am
Clare Jolly	Child Psychologist	GHA	27th Feb 9.30am
Sukh Khaira	Nurse - Community Mental Health Team	GHA	27th Feb 11.00am
Jason Desoisa	Nurse - Community Mental Health Team	GHA	27th Feb 11.00am
Rachelle Asquez	Public Health Information Analyst	GHA	27th Feb 12.30pm
Paul Llambias	Approved Mental Health Practitioner	GHA	27th Feb 11.30pm
Daniel Sene	Approved Mental Health Practitioner	GHA	27th Feb 11.30pm
The Hon Neil Costa	Minister for Health, Care and Justice	GHA	27th Feb 12.30pm
Kevin Ryder	Locum CPN	British Army	27th Feb 2.00pm
Chief Inspector John Field	Chief Inspector	Royal Gibraltar Police Force	27th Feb 3.30pm
Dr Daniel Cassaglia	Medical Director and Acting CEO	GHA	27th Feb 4.30pm

Paul Dobinson	Manager	Housing Department	28th Feb 9.30am
Dr Krishna Rawal	Deputy Medical Director	GHA	28th Feb 9.30am
Dr Chimene Taylor	GP	GHA	28th Feb 9.30am
Nyree Robinson	Drama Therapist	Gibdrama	28th Feb 12.30pm
Karen Truman	Practice Director	Elderly Care Agency	28th Feb 12.30pm
Dolores Moreno	Nursing team leader	Elderly Care Agency	28th Feb 12.30pm
Mark Montovio	Director	Gibraltar Mental Welfare Society	28th Feb 3.30pm
Vikki Ward	Matron	Ocean Views, GHA	28th Feb 3.00pm
Mia	Ward Manager	Ocean Views, GHA	28th Feb 4.00pm
Niall	Ward Manager	Ocean Views, GHA	28th Feb 4.30pm
	Ward Manager	Ocean Views, GHA	28th Feb 5.00pm