MENTAL HEALTH BOARD

(GIBRALTAR)

Annual Report (2021)

INTRODUCTION

1. The Mental Health Act 2016 (MHA) requires the establishing of a Mental Health Board (MHB) under Part 9, Sect.113 (1) of the Act. Such a Board was established on 23rd April 2018, under Government Notice No. 674 (Appendix A). It currently consists of seven members, two of whom are registered medical practitioners, one a barrister, one a retired SRN, and three lay members with extensive community experience. One member resigned in March 2020 as the new job appointment conflicted with membership of MHB. Nevertheless, the MHB, has been informed that an individual had been identified and all members have unanimously approved the person's appointment. Furthermore, the MHB would welcome an increase in Board Members as with the current voluntary set-up the dual tasks of Board and Tribunal are becoming too onerous for the minimum number of members. The conclusion of MHB's 3-year appointment in April has also been noted.

2. Under Section 115 (1) of the MHA, the functions of the MHB are to satisfy itself as to the state of the Ocean Views Facility (OV) at Europa Road, and the Community Mental Health facility (CMHT) at Coaling Island, their administration, and the treatment of patients. It may make inquiry into any case where it appears there may be ill-treatment, deficiency in care and treatment, or improper detention or reception into guardianship. As often as it may think appropriate, the MHB may visit and interview, in private, patients who are liable to be detained under the Act. Further, the MHB shall bring to the attention of the Minister any matter concerning the welfare of patients which the MHB considers ought to be brought to the Minister's attention.

3. In furtherance to the exercise of its functions under subsection (1), the MHB may, under subsection (2) refer cases to the Mental Health Tribunal (MHT); interview and medically examine, in private, patients held under the Act; and may require the production of and inspect any records relating to the detention or treatment of any person who is or has been subject to the Act.

4. Under Section 116(1) of the MHA, the MHB is required to make an annual report to the Minister at the end of each year, concerning its activities, and such report shall be laid before the Parliament. The MHB has defined its year as concurrent with Government's financial year, ending on 31st March. MHB's 2020 Report has as yet not been published.

THE MENTAL HEALTH BOARD

5. The Mental Health Board (MHB) first met formally on the 6th June 2018. During the period under review it has met monthly on eleven occasions, as prescribed by the Mental Health Act 2016 (MHA), though most of the meetings have been organised via video conferencing due to the Covid 19 restrictions. Though grateful for the assistance given by the Administration of Ocean Views (OV), MHB has laboured uncomfortably with the temporary assignment of an officer with onerous other duties, and currently lost to the Service exigencies of the COVID-19 pandemic. However, this Officer deployed during the Covid Lockdown has now been recalled and currently has returned to work at OV. Also, during January 2021, an EO was additionally seconded temporarily to OV to co-ordinate all admin matters relating to OV including MHB matters. Thus this issue has been resolved.

6. Access to the Minister for matters appropriately requiring attention at that level has not proven possible during the period of the pandemic, and, at a more practical level, meetings with the Medical Director, have been seriously curtailed by the pandemic restrictions throughout the period under review, with MHB's advocacy, therefore, greatly diminished. An E.O has now been seconded to OV to establish the necessary protocols and co-ordinate these matters. Once the Covid restrictions have eased, the MHB has met with the new Minister for Health and the Staff at the Ministry for Health and a direct line of communication between the MHB and Ministry for Health has been established. Also, there is a need to mention that with the secondment of the EO at OV, a protocol has been established, if required, to fast-track any particular issue involving Mental Health.

7. The MHBs role is, in large part, to provide a platform and an independent channel which enables the community (patients, family, friends, and staff) to access, check, and question the service provided at OV and CMHT, in furtherance of their proper governance and development, in favour of a very vulnerable section of our society.

8. Throughout the Board's 3-year appointment, it has continued to function without a permanent location. During this past year, it has met remotely as is the case with most other organisations. The statutory duties and work of the MHB are seriously hampered by this lack of a suitable independent location, conveniently accessible to its Members and the community, enabling it to publicise its role and function, providing a public address, able to meet individuals confidentially and privately, and to keep, and access, sensitive and confidential records. It needs to be noted that a location has been identified within OV, however works need to be carried out and logistics put in place, in order to meet the needs of the MH Board. The Board is once more grateful for OV Management assisting where it can, to support the MHB's independence and efficacy of its role and eagerly waits for this to take effect as soon as practical.

9. The MHB had been functioning with no funding, requiring it to depend on the goodwill of actors within the GHA or of its own members. This matter has now been effectively addressed and resolved and the proper administrative protocols established via the OV administration.

10. Members of the MHB are acutely aware of their need of acquiring expertise for the proper and effective exercise of their duties under the Act and place training in all ramifications of the legislation as one of its priorities. Access to, and participation in, in-service initiatives has also been curtailed by the pandemic restrictions. As a result, individual(s) have been identified and assigned to carry out the MH Act Training and on commencement MH Board Members will be invited to attend these and all other relevant training sessions.

11. Although the MHB participated in the Mental Health Situational Analysis organised by the Public Health Department of the GHA, through an NHS (UK) team, in March 2019, it has only very recently been able to access its report, once published by the current Minister for Health, and absorb its recommendations, some of which the MHB contributed to.

12. The Code of Practice document, required under Section 106 of the MHA, is still undergoing an update which as yet has not been finalised, making the existing copy considerably less effective. The Code of Practice in use is based on the discarded England Mental Health Act 1983 version. This is a crucial document for all individuals, at all levels, acting under the requirements and legal obligations of the MHA. It should be readily and easily available to all staff as a matter of urgency. The Board has been informed that the Ministry for Health has instructed counsel to completely rewrite the Code of Practice as the previous Code was based on a UK version which did not take into account a major revision that subsequently took place. This work is at an advanced stage.

13. The S12 List of Approved Practitioners, as required by the Act for the purpose of applications for admissions of patients, has been published and MHB has been unable to ascertain the adequacy of the criteria adopted in approving such medical practitioners. It was suggested that the Minister might consider delegating this issue to the MHB and add to its function that of S12 Approval Panel. Consequently, all newly recruited Consultants now need to undertake an Induction Course during their first week in employment as per Section S12. Furthermore, regarding a query regarding the gazetting of appointments of the MHB, the Legal Team has confirmed that the latter is not required.

14. MHB's intervention in advocating for patients who lack capacity through the Court of Protection, though successful in the one case, highlighted the lack of an effective co-ordinated framework for the resolution of cases within a reasonable timescale. In MHB's case it had taken almost two years of persistent, consistent pleading. MHB is of the view that there is the need for dedicated legal support to be provided for the OV management. Such expertise exists within Government's Law Department. On raising this issue, it was confirmed that legal support is available to OV Management from the Advisory Section of the GLO or elsewhere if appropriate (e.g. in respect of litigation).

15. The work of the Mental Health Board and, especially, that of the Mental Health Review Tribunal are becoming increasingly onerous and amount to a significant commitment in time. These functions need to be adequately supported in the discharge of their statutory duties. It is not prudent to continue relying on volunteers for such onerous functions.

16. MHB welcomes the adoption of its recommendation to carry out an in-depth audit of the mental health service engaged by the current Minister for Health in the person of Ms. Karen Buckley, External Clinical Advisor in Mental Health and look forward to its outcome in formulating a strategy for mental health. MHB is of the view that such audits should be carried out by an external, independent body, at intervals to be determined, that would set the road-map for development of the mental health service for the GHA, and guide the work of the MHB.

17. The Board is grateful for the welcome, support, and assistance its Members have received from OV administration and staff throughout their 3-year appointment.

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GENERAL BACKGROUND

18. Horizon and Sky Ward

Total 19 beds. (changes made in order to accommodate / prepare for Covid).

- 13 beds in Horizon
- 3 beds in PICU
- 2 MFS beds currently being used as admission / isolation area for any admission pending negative swab result.
- Total staff currently:
- RMN – 13. (2 of whom are Charge nurses)
- EN – 7 (2 of whom are RGNs)
- NA – 10
- NB: Some of the NAs above have been brought in to cover Covid contingency.

19. Dawn Ward and Flats in Ocean Views

Total 20 beds.

- 13 beds on Dawn
- Rockside Flats totalling 7 beds
- Total staff currently;
- RMN – 9 (2 of who are Charge nurse / Sisters)
- EN – 5.5
- NA - 10
- NB: Some of the NAs have been brought in to cover Covid contingency.

20. Sunshine

Total Staff 14. (Again during MAJAX a number of environmental changes to ward environment.)

- Total staffing currently:
- RMN – 7 (1 of which is Sister)
- EN – 2
- NA - 11.5
- NB: 3 of the NAs are covering EN posts.

21. There are four Full-Time Consultants Psychiatrists posts who cover Adult Service and additionally, two part timers who cover Children Service and work with Dementia patients. Pharmacy cover is provided 4 hours per week. Administrative assistance is provided by a Manager and two clerical officers.

22. Community Mental Health Team (CMHT) – (Coaling Island) has 80 patients on active medication and 500 on its community care list. CMHT is staffed by 4+1 RMNs, one acting as Team Manager; 3 CPMs; 6 ENs; 1 NA.

OBSERVATIONS AND RECOMMENDATIONS:

Direction and communication

23. The growth in community interest in matters of mental health has been noted, an interest particularly underlined by the experience of the pandemic lockdowns. MHB is conscious that, while relevant activities and services are being developed under the GHA umbrella, there is a continuing, increasing and vital need to establish an overall cohesive strategy for mental health, encompassing all of these growing elements. MHB therefore is very supportive of the current analysis of the Service by Ms Karen Buckley - External Clinical Advisor in Mental Health, and looks forward to its findings and recommendations.

24. The need for structured, closer coordination, especially where roles and responsibilities overlap or are not always clear, has been recognised and needs developing and strengthening. Equally, ease of communication, especially where units are not physically near each other is especially important when patient care and supervision also involves other agencies, such as the Care Agency, Social Services, and RGP. The re-structuring of the Ministry to Health and Care offers an excellent opportunity for development and should not be missed.

Administrative and Clerical Support

25. The improvement in clerical support over the three-year period has provided an obvious benefit to servicing the needs of OV and CMHT.

26. Though eased to some extent by the employment of the extra clerical staff, however, it is clear that Consultants carry a larger administrative load than their counterparts in UK, as they lack any junior professional support to deal with the more routine matters. This has a detrimental effect on recruitment and retention of staff at this crucial level.

27. GHA should give serious consideration to the appointing of junior assistants, which, aside from supporting their more senior colleagues, would serve as a route for the identifying future prospects

28. There is an urgent need for an early review of adequate, practical support and assistance for the increasingly onerous, time-intensive requirements around the voluntary work undertaken by the MHB, and Tribunal. (vide 8 and 15)

Pharmaceutical Cover

29. Medication and its correct application is possibly one of the most basic provisions in a mental health facility. Previously, OV would get Pharmaceutical Cover for only four hours per week. MHB believed that more substantial cover was necessary to provide the regular detailed service needed and if required a permanent, physical pharmacist presence, servicing Hillside and Bella Vista, would offer a significant improvement. This issue was initially undertaken at Ministerial Level in 2018, and subsequently Pharmacy support is now being provided on site twice a week by the Senior Clinical Pharmacist/Dispensary Manager and additionally he participates in Ward rounds via Webbex.. The MHB welcomes this increase, but would like this cover to be reviewed at regular intervals to ensure that it is effectively providing the adequate protection to the patients at OV.

Development and Training

30. There are two basic, fundamental documents that should be provided to all employees of OV and CMHT as well as being accessible on each Ward and office. These are: the MENTAL HEALTH ACT 2016 and the CODE OF PRACTICE. An updated definitive Code of Practice needs to be made available urgently.

31. New entrants into this service used to receive their basic training, with their continued professional development taking place mostly in situ, through the hustle and bustle of daily routine. Knowledge of the MHA (2016) and its statutory requirements appeared thin despite the fact that all staff bear clear legal personal responsibility under the Act, each at his/her own level. However, protocols are now in place for the relevant training to be carried out.

32. Senior professional staff are expected to be equally familiar with the Act and ensure statutory requirements are known, understood, and adhered to, thus encouraging good practice.

33. It is accepted that the implementation of MHA 2016 is time consuming and allowance should have been made in Schedule of Duties for these additional duties.

34. The need for a structured in-service training programme has been recognised and MHB was advised it would be delivered. It is essential that this initiative is not lost due to the disturbance the pandemic has caused throughout the Service. The offer by Members of MHB, with the relevant expertise and knowledge, to assist with in-service training has been taken up by the Administration and once the Code of Practice has been finalised, training dates will be identified.

35. It was noted that MHA training needs be carried out by defined staff groups separately e.g. Scrutineers by themselves; Responsible Officers separately; Ward nursing staff on their own; AMHPs on their own, and so on. Consequently, a ‘Gap Analysis’ has been carried out which has resulted in an agreed protocol and pathway.

36. A structured training programme would provide a necessary and important pause, where new practices, policies, and structures may be promoted and absorbed. U.K. expertise should be accessed regularly for this purpose, especially in auditing and encouraging good practice.

37. Staff are committed to the Service and its patients, often acting beyond the scope of their role. This commitment has been put to the test by the lockdowns imposed by the pandemic. Staff are to be commended for coming through a very difficult and stressful period, mostly away from the view and support of the general population that other areas have received. The MHB raised this issue with OV Management and they have agreed to take an active role and have more communications with the public through Press Releases and other communications.

38. The unprecedented pressures brought about by the pandemic crisis has highlighted a need for a built-in pastoral structure and paths for members of staff, where they may have a voice and influence for change.

39. Though improvements in appointments have been noted, MHB continues to emphasise the essential and basic need for stability, routine, and regularity in the treatment of OV patients. It has been confirmed that additional staff members were deployed during the Covid Pandemic to provide stability, and now that the Covid pressure has somewhat eased, work will be done to stabilise posts.

Admission and Treatment of Patients

40. There is no routine admission physical medical examinations, which is a cause for concern. Psychiatric Consultants and nursing staff may well not be well versed, for example, in physical conditions such as asthma, diabetes, cardiovascular, which may influence the choice of treatments.

41. There is a need for junior or non-consultant medical staff to cater for in-patients' day to day medical problems. Patients should be able to raise issues other than mental issues through a designated nurse that can advocate on their behalf. A perceived lack of empathy is rarely helpful in an enclosed environment.

42. A lack of empathy was demonstrated, and some patients claimed this when wishing to raise basic issues such as food being tepid when it reaches them; a lack of assisted access to microwaves or a lack of warm drinks during late night or early morning. The MHB informed OV Management of this issue and matter was resolved; OV Matron was notified and thus further supervision was put in place to avoid future repetition. Furthermore, an audit regarding 'temperature control' is to be carried out.

43. There is a clear need for a junior hospital doctor on the premises to supplement existing arrangements of on call medical cover by consultant physicians, as and when required, which falls short of a minimum requirement for the physical health and safety of in-patients.

44. It is incumbent on all medical staff, each at their particular level of competence, to exercise due care in the completion and regular updating of all statutory forms, as required by the MHA. Incomplete and unrevised records present an unacceptable risk in the care of patients, as well as liability in law. Based on the feedback from the MH Tribunal these issues have improved during the reporting period. However, until the Code of Practice is finalised this matter will not be solved completely. In the interim period a Standard Operating Protocol has been implemented in order to ensure that all staff members are aware of their responsibilities under the MHA.

45. There is a need for continuous training of staff and scrutiny of record to ensure the correct completion of all the statutory forms. The incorrect completion of statutory forms creates a risk of liability for individuals and the Authority. Having raised this matter with OV Management they have confirmed that Risk Assessments and Discharge Plans are being undertaken. As per Point 43, this requirement will also be included in Staff Members SOPs.

46. The informal admission of patients deprives them of their full rights and protection under the MHA and should therefore be exercised sparingly and with clear objectives. The basis of admission of such patients currently at OV should be re-visited and reviewed as a priority.

Activity and Rehabilitation

47. Initially, the MH Board believed there was a need to provide a transport vehicle for organised outings for patients. However, it has now been agreed with OV Management that the use of external companies for the provision of transport for group outings would be the preferred option. However, the MH Board still feel that there is a need for a smaller vehicle that would serve a multiple of necessary roles and obviate the need for reliance on outside sources.

48. It was noted that the Activity and Rehabilitation programme, required a serious re-assessment and resourcing. It is an accepted fact that people who exercise regularly suffer less from mental health issues. The only organised activity appears to be smoking. Resources for activities other than a television set appear scarce. Access to the open area and garden is restricted essentially for lack of supervisory staff. As a result, and meeting with OV Management it has been agreed that the dynamics of the Activity and Rehabilitation Programme needs to improve. OV Management have undertaken to co-ordinate a 7-day Activity Programme which will be reviewed in September 2021.

49. Activities such as cooking and other activities have been tried and cut back because of problems with staffing. Occupational Therapy, an important area, is also a scarce resource. A consequence of this is long-stay Patients that appear generally uncommunicative, unresponsive and inactive.

50. With the many voluntary bodies active within the community, an attempt should be made to draw them into providing programmed support in activities of relevance and value to the development and treatment of patients.

51. It was noted that as part of a holistic approach each patient should have the equivalent of an individual plan that is known by all who deal with them, including the patient. In that plan there can be certain achievable targets that will enable, both carers and patients to monitor progress. This protocol is now in place and OV Management have confirmed that all patients discharged are seen within a period of no more than seven days and those that do not attend will be followed up.

52. The use of an increasing number of sheltered, protected flats is encouraging. These moves to re-integrate individuals into society are very welcome.

53. This re-integration requires a cohesive structured approach involving all relevant community bodies from Social Services, Health, to Police. The increase in cross-agency co-operation and support to vulnerable individuals is encouraging.

Maintenance

54. It was believed that routine normal upkeep and maintenance revolves round a single individual expected to be a jack-of-all- trades. Although individual is hard-working and creative, he is scarcely sufficient to meet all the maintenance needs of such a large, working building. GJBS are technically on-call for major job requirements, but, not always as readily available as may be necessary. However, it has been established that since the opening of OV, all maintenance work has been subcontracted and this has increased during the years in order to meet demands. Hence, this issue has been resolved.