



PROCEEDINGS OF THE GIBRALTAR PARLIAMENT

AFTERNOON SESSION: 4.00 p.m. – 8.05 p.m.

Gibraltar, Tuesday, 28th May 2024

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The House adjourned at 8.05 p.m. 49

The Gibraltar Parliament

The Parliament met at 4 p.m.

[MADAM SPEAKER: Hon. Judge K Ramagge GMH *in the Chair*]

[CLERK TO THE PARLIAMENT: J B Reyes Esq *in attendance*]

Order of the Day

GOVERNMENT MOTION

Mental Health Board Gibraltar Annual Inspection Report 2023 – Motion carried

Clerk: Meeting of Parliament, Tuesday, 28th May 2024.

5 (ix) Order of the Day – Government motion. The Hon. the Minister for Health, Care and Business.

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I beg to move the motion standing in my name, which reads as follows:

THIS HOUSE:

WELCOMES the tabling of the Mental Health Board Gibraltar Annual Inspection Report 2023 by the Minister for Health and Care, the Hon Gemma Arias-Vasquez MP.

NOTES the contents and recommendations of the report, as set out therein.

THANKS the Mental Health Board for their work in producing such a detailed report.

BELIEVES the general overarching view of the report when read in full demonstrates a clear and significant improvement of Mental Health Facilities in Gibraltar.

FURTHER BELIEVES that His Majesty's Government of Gibraltar will continue to work tirelessly, to ensure that Mental Health continues to (i) improve and (ii) remain a priority on His Majesty's Government of Gibraltar's agenda.

AND CALLS on His Majesty's Government of Gibraltar to consider implementing any recommendations contained in the report which remain outstanding and are in the interest of mental health service users in Gibraltar.

10 Madam Speaker, this is my maiden speech to this House. I am really pleased to be able to bring this motion, for two reasons: (1) it shows a seriousness which this Government gives the issue of mental health: and (2) I am pleased to be able to move a motion in this House which presents a subject matter, warts and-all, in an attempt to improve the service. It is an attempt to show that this is a matter which, to my mind, transcends party politics. It is an attempt to get into the guts
15 of the issue and determine how to improve mental health services in Gibraltar. I will endeavour, as far as possible, to steer clear of party politics in this motion. I believe that this is the manner in which many issues need to be addressed in this Chamber, particularly when it comes to the larger of my portfolios, Health, ERS and the Care Agency.

Unfortunately, this did not get off to a very good start last week, but I hope that the Hon. Leader of the Opposition will be able to confirm that the Report was laid in this House exactly as I said it was. I hope he will confirm that they have had ample opportunity to review it in detail and that I am certainly not trying to self-congratulate or bring a motion prematurely. As I have previously stated, the motion and the Report were filed simultaneously. The order in which this was received by hon. Members opposite was simply procedural. I am hoping, at least, for an acknowledgement from the Leader of the Opposition that this is the case. I will go further: I have a legal obligation, pursuant to the Mental Health Act, to file the Report in Parliament. I do not have an obligation to file a motion in Parliament. I have done so in order to properly ventilate the issues, to highlight what is outstanding and to highlight what we intend to do, not to congratulate myself. I try not to brush things under any carpet, as I have been accused of doing. I address them; it is the only way I know of bettering the system.

The Report by the Independent Mental Health Board contains many positives and negatives. I acknowledge that going through issues of mental health with your children is difficult. I want parents to know that we are committed to try to improve the proposition for their children. I want people to understand that we are fully committed to providing a Community Mental Health service in the centre of town that not only does everything that Coaling Island currently does but goes further with the efficient use of resources. Let me be clear: this is not an attempt at trying to score political points or to throw digs at the Opposition. It is an attempt to show commitment to these issues. It is an attempt to use this motion and the recent Mental Health Awareness Week to raise awareness of mental health issues and, in particular, to highlight where we are with the mental health service provision locally. This is the fifth Annual Report address to Parliament since 2019. This is the opportunity to be publicly held to account on all matters relating to mental health. For the sake of transparency, there is an obligation on me, as the Minister for Health, to publish the Report, which I, of course, am committed to doing, as set out in law. I have done this at the earliest opportunity after meeting the Board to discuss.

I now turn to the Report. The Board states that it is neither a critique of the current mental health system nor a celebration of it; it simply tries to give a snapshot in time of where we are and where we should be heading. It is on this basis, as I have already set out, that I intend to address the House today.

In 2021, the GHA published its Mental Health Strategy, which is in place until 2026. For this, I thank my predecessor, the Hon. Samantha Sacramento, for the work done and the foresight that she had in producing such a strategy. This strategy, in my view, whilst not perfect, has been fundamental in revamping our mental health service provision in Gibraltar. I am pleased that the Board has recognised this, saying that the strategy has given a new impetus, which it says was badly needed. We now have a direction of travel. It is our intention to continue the plan set out in the strategy and to continue to review it beyond 2026, such as is recommended in the strategy.

Mental health, and indeed all health matters, are matters which do not stand still. They need continuous review. I think a matter which cannot, in my view, be of dispute between us and Members opposite is that our Mental Health Service has improved in recent years. Whilst I stand here today and fully accept that there is more that needs to be done and that must be done in this area, I think we must also pause to reflect on how far we have come, and that is a view which I think is clearly set out by the Board in this Report. Again, whilst this may appear party political, I am echoing the Board's view on the subject and taking an opportunity to applaud the work of the professionals in this area who, oftentimes, work in very difficult circumstances.

I am pleased to report that admissions to Ocean Views are at a record low. This, I believe, must be to a very great extent thanks to the brilliant work being done in the community. I would like to take this opportunity to thank the frontline Mental Health Liaison Team who, as recognised by the Board, have built stronger and closer links with other stakeholders such as the Housing Department Outreach Team and the Care Agency, in particular. In this we must go further and, indeed, we will.

70 The new Community Mental Health facility will build on the fantastic multi-disciplinary service currently offered and strengthen the links which currently exist in the community between all departments. I will go into this in greater detail later.

The first ever registered mental health nurse training is due to commence in September 2024, running for three consecutive years. The BSc programme has been developed to meet Gibraltar's
75 local needs and is in line with the Mental Health Strategy, where we emphasise care in the community over in-hospital admissions. This, again, is something highlighted by the Board as a positive development which we must welcome.

Crucially, in my view, the GHA has reorganised its psychological services and I am pleased to report that there is now a full complement of psychologists and psychiatrists in post. This has
80 meant the historical waiting times are now starting to be reduced and every effort will be made going forward to reduce this even further. To quote the report, this in no way underestimates the historical issues of waiting times; however, it does point to the awareness that there is a need for action and everything possible is being done to alleviate the situation, while at the same time deal with the new referrals. We acknowledge the waiting list issue and we are trying to deal with it.
85 The Board calls for the GHA and Government to develop a local succession plan so that many of our future psychiatrists, psychologists and counsellors can be locally sourced. I could not agree more and I am pleased to tell the House that I have asked the GHA Director General to work together with his team on developing a local succession plan, looping in the Department of Education, if necessary, and to report back to me before the end of the year. We are indeed
90 already looking to use locally trained counsellors to fill positions.

The Board consistently addresses smoking amongst patients as a significant issue, especially concerning mental health patients where rates are disproportionately high. Smoking exacerbates health conditions and can alter medication's effectiveness, which in turn may mean patients need higher doses. Whilst this is not an easy issue to tackle, as recognised by the Board itself, I think we
95 can do more to explore ways of trying to reduce the smoking culture that presently exists. Public Health, alongside the Mental Health Team, has set up a coalition of the willing to assist those who wish to quit smoking. There is a specific nurse who has set up a smoking cessation support group in Clubhouse and offers nicotine replacement therapy.

Again, I take this opportunity to recognise the fantastic support which is offered by mental health charities in Gibraltar. Clubhouse, Gibsams, Childline and the Mental Welfare Society, to
100 name but a few, all provide valuable support to our services and this support needs to grow and be encouraged, as it will with the new Community Mental Health facility. Again, we achieve better outcomes when we work collaboratively – the GHA, Public Health and all of our charities.

Moving on, I am absolutely delighted that the Report reflects the incredible work being done
105 by the Ocean Views Activities Co-ordinator. I know this has been an outstanding issue and I am pleased that we have now been able to resolve it, as recognised by the Board. Indeed, they say the new impetus given to the importance of activities to improve self-worth and physical health is now embedded in the system. We will look to the recommendations made by the Board here in terms of job description of the relevant nurse, which is an issue which I was not aware of. I am
110 absolutely committed to ensuring the activities of the kind currently being organised at Ocean Views are continued and that we look into ways of enhancing this provision even further, centrally, at a new Community Mental Health facility. We are of the view that it is through social prescribing that we will keep people out of Ocean Views and ensure that matters are properly dealt with in the community. We will be starting programmes in September under a covenant for health which
115 encourages people to stay healthy. This is similar to the self-care elements of the Mental Health Strategy where the aim, again, is to keep people healthy and in the community. It is all interlinked. I am also very pleased to be able to confirm that one of the issues raised by the Board relating to blinds on the balconies and shading in the garden at Ocean Views has now been addressed and the works are ongoing at Ocean Views.

120 I now turn to the Board's comments regarding dementia patients at Ocean Views. The
Government recognises the vulnerability of all its patients at Ocean Views and, in particular, those
with dementia. Due to the complex needs of patients living with dementia – for example, their
predisposition to become confused, scared or frightened of their surroundings when they are not
125 familiar with them – the Government agrees with the Board that dementia patients are best
placed at ERS facilities, where their needs can be better dealt with. However, due to the large and
growing number of dementia patients in Gibraltar, our capacity at ERS is at a maximum and this
has meant that, at times, there has been an overspill into Ocean Views. We acknowledge that this
is not ideal and the Government does not want to continue this practice for a moment longer than
is necessary. I am pleased to report to this House that the Government is currently exploring ways
130 to significantly enhance its capacity for dementia provision in Gibraltar. Whilst I would love to
make an announcement on this today, we are not there yet, but I am committed, as set out in our
manifesto, to work closely with GADS and our National Dementia Co-ordinator on this and all
dementia-related issues. The Government will, of course, make an announcement as soon as it is
ready to do so, but I ask for a while longer on this front.

135 Moving to the very important comment made by the Board about the lack of second opinion
appointed doctor, I am very pleased to be able to tell this House that the issues set out by the
Board in their Report have now been resolved. A second opinion appointed doctor has now been
appointed to undertake these functions, something I am sure that Members opposite and, indeed,
the whole House will welcome.

140 Similarly, the Code of Practice is now at a very advanced stage. We are waiting for input from
third party stakeholders – the Care Agency, the Police and the Department of Education – prior to
publishing the same. I look forward to this being published in the very near future.

Digitalisation of all records is taking place and progressing, admittedly not at the speed that
any of us want; however, I am pleased to be able to report to this House that the digitalisation of
145 all records at Ocean Views is now occurring.

I now turn to Community Mental Health. The Board found that changes resulting from the
Mental Health Strategy and the managerial restructuring continue to benefit both patients and
staff at the Community Mental Health facility. Compared to 2021 there are fewer cancellations,
clearer objectives and, according to the Board, a greater sense of purpose. A new appointment
150 reminder system has been implemented recently, meaning that the number of patients not
attending their appointments has significantly decreased.

It is clear from the Report that its main concern in this area is the need to relocate the CMHT
from its current premises at Coaling Island. I have already informed this House that we have
already commenced discussions on the relocation of the Community Mental Health Team. A new
155 site has been identified and I was pleased to announce, last week, that the new Community
Mental Health facility will be based in the heart of town. I am hopeful that I will be able to make
an announcement at the Budget on the location and the manner of funding of this new facility.
Discussions on this are progressing and a project board has already been set up to take everyone's
view into account.

160 The Mental Health Team has also decided to assess the current model of care in order to
develop and improve a modern approach on how we can help its service users better integrate
back into our community. The new model of care will encompass mental, physical and social
health in its programme, where the service users will have a wrap-around service which will help
to meet their holistic needs. Programmes to include education and housing will also be facilitated
165 within the same building. Again, the aim is to keep people out of hospital and properly supported
in the community.

I would very much like to take this opportunity to thank the staff at the CMHT for their work in
what, I know, is not the best of working environments. For the reasons I have just explained, we
are absolutely committed to relocating the CMHT as soon as possible.

170 Turning now to Gibraltar Young Minds, the Gibraltar Young Minds Team has undergone a
significant transformation. They now have one registered mental health nurse, two enrolled
nurses, two counsellors, one child psychologist, two psychiatrists and one part-time external child
psychiatrist. I am pleased to inform the House that this restructure has greatly reduced the waiting
list for children to be seen with the service. This year, on average, from time of referral to first
175 contact with the team was two weeks. The Gibraltar Young Minds Team conduct allocation
meetings every week, attended by all professionals within the team together with the Head of
Child Social Services and a representative from the Department of Education. This process
reinforces accountability and governance to all referrals made to the service. I would like to take
this opportunity to thank all the staff of Gibraltar Young Minds for their efforts and dedication to
180 improving our children's mental health services in Gibraltar.

As I have stated on numerous occasions in Parliament, it is very difficult for a population of our
size to have a full-time child psychiatrist, unfortunately. For this reason, we have opted to have
virtual consultations with a child psychiatrist in the UK. We are, however, committed to
improvements in this area. If, once a neurodevelopmental pathway – which I am happy to say I
185 am meeting the hon. Members opposite on tomorrow – is established, there is still a need for a
child psychiatrist, we will review the complement or the composition of the complement to try to
address that need.

The Report deals squarely with the ASD and ADHD pathway. This will be published in the next
fortnight as the neurodevelopmental pathway. A multi-disciplinary team has now agreed the
190 approach which they are able to take for diagnosis and follow-up of children with
neurodevelopmental issues. Prior to publishing this pathway, we agreed to share this with the
Opposition. I am aware that the hon. Member opposite will have knowledge of the subject which
only a parent can have, as she has spoken publicly about this. The Hon. Shadow Minister for Health
has also written publicly about her personal interest in this subject. As such, we have agreed to
195 depoliticise this issue and work together, united on a matter of such interest to our people.
Madam Speaker, throughout this speech I want to make abundantly clear that in all these issues
there is more that unites us than that which divides us, in the infamous words of the late
Jo Cox MP. In these issues, as a mother, I can only (1) apologise to any parent whose child has not
been diagnosed quickly enough, and (2) assure those parents that the pathway will be published,
200 certainly before the public, with, I am optimistic, the approval of the hon. Members opposite, as
well as all the psychiatrists, paediatricians, occupational therapists, educational psychologists,
physiotherapists and speech therapists. This has not been an easy task, but with that pathway we
hope to ensure (1) quicker diagnosis and (2) better follow-up once that diagnosis has been made.

Moving on, the Mental Health Liaison Team started in 2020 with two registered mental health
205 nurses providing a day service. This was later expanded to a 24/7 service with five RMNs. Their
efforts must be acknowledged by the House as, in my view and indeed that of the Board, this
significantly impacted mental health services locally by reducing admissions to Ocean View. As we
have discussed in this House during Question Time recently, the Mental Health Liaison Team
operates near A&E to respond promptly to crisis, both supporting hospital patients and those in
210 crisis situations. Over the next financial year, we will look at ways to further expand this service
which is already proving to be extremely successful.

There is a lot of content in the Mental Health Board Report and it is just not practicable for me
to go through everything. I am, however, in the interest of time, willing to deal with any such
issues that Members opposite wish to raise which I may not have raised in my speech during the
215 course of my right of reply. In closing, therefore, the Government I am proud to form a part of
feels a deep sense of responsibility and commitment to the cause of mental health awareness and
to enhance service provision in our community. Today, I have outlined the progress we have
made, the challenges we face and the path forward. Whilst we acknowledge the huge strides
taken, the work done as part of our Mental Health Strategy which has never previously existed
220 and the dedication of our Mental Health Service workers, we acknowledge that there is a way to

go. We cannot afford complacency, as it is clear that there is still much ground to cover, which this Government fully accepts. We must redouble our efforts to enhance our mental health services, ensuring accessibility, quality and inclusivity for all those who need it. As we move forward, let us all pause a moment to reflect on that fact, that mental health knows no boundaries. It does not recognise politics or partisanship. It is a shared responsibility, a collective endeavour that should, in my view, transcend party lines. In the words of the Mental Health Board, let's continue to aim for a future where our mental health services reflect the compassion, dignity and respect that every individual deserves. Let us aim to destigmatise mental health. This will only be achieved by speaking about mental health issues openly and by addressing them. Together, let us build a Gibraltar where mental health is not just a priority but a fundamental aspect of our collective consciousness.

Before I end I must take the opportunity to thank the Mental Health Board, ably chaired by Mr George Parody, for the way in which they have carried out their work. Their Report is 68 pages. There is a huge amount of detail which I am sure many will want to closely examine, but there can be no doubt that despite many challenges and the need to improve further in many areas, mental health provision in Gibraltar has never been so good.

Madam Speaker, I commend the motion to the House.

Madam Speaker: I now propose the question in terms of the motion moved by the Hon. the Minister for Health, Care and Business.

Would any hon. Member like to speak?

Hon. Dr K Azopardi: Madam Speaker, there is quite a lot, I think, in the contribution by the hon. Member that we can agree with but let me just focus on things that we do not agree with. The hon. Lady opened her contribution saying that this motion reflects the seriousness of the approach of the Government, that this is an attempt to have a warts-and-all approach before Parliament and that it transcends party politics. But, of course, from where we sit, this motion, which at its core says, and I quote from it, that 'the general overarching view of the Report when read in full demonstrates a clear and significant improvement of mental health facilities in Gibraltar' and her closing remark that mental health facilities have never been better in Gibraltar, displays the opposite of what the hon. Lady says she wants to achieve, which is to transcend party politics or put before Parliament, showing the seriousness of the Government's approach, a warts-and-all approach, because if we did adopt a warts-and-all approach the reading of the Report is somewhat different, as I will highlight in my contribution. I will say this about the transcending of party politics, because there were aspects of the hon. Lady's speech which I agree with: that there should be a cross-party approach in the area of mental health. There is no doubt that that is so, and I have said that on occasion, publicly and in this House, but I do regret aspects of the motion that display the opposite and also aspects of the speech that display the opposite. Certainly, I agree that this got off on a bad footing, but I will say that it was not a bad footing of our own making because the Hon. Minister does have to lay the Reports in the House, but she could have given us advance notice of the Report. It is a matter for her because she did have the Report – she does not need to wait – and then, perhaps, adopt a more consensual approach at the end of it.

This Report reflects work that was done, to a very large extent, before her tenure in office. It does not reflect her ministerial time and I certainly think on this side of the House that we had an understanding with her predecessors – her immediate predecessor and the predecessor before her immediate predecessor – because, for reasons that I will explain later in my contribution, I had agreed with both of them that there was a more consensual approach and a requirement for dialogue between the Government and the Opposition on issues of mental health, and indeed we were actively disposed to doing so. Indeed, I remember before the Hon. Samantha Sacramento launched the Mental Health Strategy in response to the criticisms of the 2019 Report of Public Health England, she called me in and we had a discussion about the intended strategy before she

published it – on a confidential basis, which I entirely accepted because we had an understanding. That understanding, I feel, was broken by the way this has been promoted. The hon. Lady is correct that she does not need to bring a motion to the House, but we welcome the fact that there should
275 be a motion. Purely, if it is to note the terms of the Report and provide an opportunity for us to debate the contents of the Report, we certainly welcome that. If there was a desire to have a more consensual motion, it could easily have been, perhaps, obtained by a discussion with us.

I say that as my opening remarks in this debate because I do agree with her to a very large extent that there should be an attempt to transcend party politics. I hope that whatever the
280 outcome of today – because I still do think that today provides us an opportunity to revert to those understandings that I had, certainly with her predecessors, on this issue – it will provide that more consensual approach. Irrespective of the outcome, I certainly think from this side of the House – and I speak for my colleagues as well – that this is an area where it is possible to adopt a cross-party approach. I do so because I feel rather passionately in this area. As I think I have said publicly
285 before, members of my family have encountered the Mental Health Service and I have seen it at close quarters with all its advantages and strengths, but deficiencies too. I think if you are going to provide a warts-and-all approach, then it is important for us to understand that there are warts, that there are also warts displayed in this Report and that we do not have a motion that reflects only one side of the story.

I think that is an important starting point. May I say this on the Report, as I am on that point: I
290 entirely accept that there are improvements noted. I entirely accept that. It would be churlish of me to say otherwise. There have been improvements that are noted by the Mental Health Board, but there are also deficiencies that continue to affect people on the ground significantly. It may be that the Hon. Minister does not hear this in her office, or she hears part of the story but not all
295 of it, but certainly from what we hear from people who are encountering mental health services, and certainly from my own direct experience as someone who, as a constituent of hers, as she is my Minister for Health, I can tell her that, having members of the family dealing with this issue, it is a service that has been deficient as well. This Report does that: it picks up on both sides of it. If we are going to present a warts-and-all approach, then we should do so in this motion. A good
300 starting point in the Report is page 4, which says:

The following report is neither a critique of the current mental health system nor a celebration of it. It simply tries to give a snap shot in time of where we are and where we should be heading.

So, it is not a critique or a celebration of it. What it is not possible to do is to use the words that the hon. Lady said before she sat down: ‘It has never been better,’ – that is a celebration of it, as is her motion as it currently stands – without understanding that the Mental Health Board itself
305 has said we should not be celebrating it. If we want a warts-and-all approach, let us have it, warts and all. I will tell her, right now, I accept that there are some very positive findings in this Report: positive findings about the Gibraltar Young Minds; positive findings about the reorganisation of psychological services, about an attempt, *finally*, to deal with counselling and waiting lists that have been the plague of mental health services in the community; the activity co-ordinator aspects of it; the fact that there have been fewer cancellation of clinics and the effect on the
310 managerial aspects; some of the additional staff recruited in particular areas; the fact that there has been a new referral system; a Mental Health Liaison Team; the work that has been done on counselling, what is now called talking therapy; and the better integration of services. Those are positive aspects of the Report, but may I also say that even on integration of services, it is obvious from the Report itself that there are positive aspects but negative aspects, too, on lack of
315 integration in certain areas. So, if we are going to adopt a warts-and-all approach, let’s look at it warts and all.

There are negative aspects that are noted in the Report. There are some granular issues in relation to catering, the smoking policy and the very important aspects of the digitisation of patient files. There are negative aspects on the placement of dementia patients. There are the

320 negative findings on the second opinion appointed doctor, though I note what the hon. Lady has
said today and I will comment on it a bit later. There are negative findings on the code of practice,
the ward clerks, the junior doctor and the need to relocate the community facility that has been
an ongoing matter for a long time; the lack of either trained staff in certain areas or job
325 descriptions that affect patient delivery. There are aspects of ADHD, the waiting lists and the lack
of a pathway. There are aspects on the waiting lists for children, the structure of facilities, the
historic lists, and the chronic patients; negative findings in relation to the Prison and the vast
amount of medication there is in these areas; the ineffective use of resources and the lack of a
mental health budget. All of those are critical findings, and in a warts-and-all approach, let's say
330 that there are improvements and there are critical findings. That is the reality of the Report
because the language itself does not display anything other than that reality. I am not saying that
there are not improvements – there are – but the language of the Report shows that they are also
making critical findings. It is important to be even-handed about this and, with all due respect to
the hon. Lady, I think she has been insufficiently even-handed although noting negative aspects
and trying to say, 'This is what we are doing.' The point is that this motion is not about what the
335 Government is doing, necessarily; this is about noting what the Report says. She says that this is
an important opportunity to adopt this warts-and-all approach and I am asking her to reflect a bit
further on things like that.

For example, in relation to the digitisation of the files, the Report says, at page 19:

It is very difficult to understand how an electronic system of note taking has not been introduced to improve patient care and reduce unnecessary duplication.

The benefits of such a system would be a game changer for the Service.

The Board recommends very strongly that a feasibility study be undertaken to move to an electronic system.

On the same page:

The Board found the state of the patient files very much as they had found them in previous years.

340 So, very much as it was when they have said previously that things had to be done.

The Board notes, in relation to dementia patients, on page 20:

The subject of how to deal with dementia patients in OV and the suitability of their placement in a mental health facility has been a source of concern for the staff since our first visit in 2019.

The Board then made recommendations about trying to find a workable solution with the minimum of delay.

345 In relation to the second opinion appointed doctor, although I note what the hon. Lady said
and I am going to make a comment on that in a few seconds – this is a doctor that has to give a
second opinion in relation to capacity of mental health patients – the Board said:

is very concerned that this crucial safeguard of the service's most vulnerable patients under the Act has not been resolved. It is an integral part of the Act included to protect both vulnerable patients and medical staff and needs to be resolved as a matter of great urgency.

350 The hon. Lady says it has been resolved, and I welcome that because I was unaware until the hon.
Lady gave her speech that this had been resolved, but when we are reflecting what the Report
says, warts-and-all, it needs to reflect that the Board was very concerned about the exposition of
vulnerable patients under the Act up until resolution. It is not as if it did not happen, and
airbrushing that aspect of the Report away because it is simply not convenient... If we are going
to have an even-handed approach to this area, let's do it in an even-handed way. The hon. Lady, I
hope, does not take these points in a highly personally critical manner, because they are not

intended in that way. They are intended to say, simply, that if we are going to have a neutral
355 approach, let's have a neutral approach.

The Board says, at page 24:

The Code of Practice, which is a requirement under Section 106 of the Act, has still not been delivered to the Service and is now two years behind schedule.

That was when the Board made these comments in October 2023. It is now two and a half years behind schedule – and, by the way, this was a requirement under the 2016 Act. Of course, we understand the complexity of this. The Board itself is aware of the complexity because it says:

The Board is aware of the significant exercise that drafting a bespoke Code that fits the Act and the realities of the service in Gibraltar has required; however, it feels that a concerted effort must be made by all parties involved to take this over the line once and for all.

360 The issue of the code of practice has been the subject of questions in this House before – before the last election – because it was part of the strategy that was published in 2021, three years ago, and has not seen the light of day. While we have asked questions, again I do not raise this in a critical way, I just raise it in a plea that there is an even-handed approach, which is what the hon. Lady says she wants to fulfil, there should be an even-handed approach in this motion.

365 The Board continues by saying, in relation to ward clerks:

The need for Ward Clerks has surfaced previously in our visits and was highlighted in the presentation to the GHA Board in May 2023.

It makes recommendations, in relation to ward clerks, in relation to previous visits.

The Board also talks about the necessary support for psychiatrists and psychologists if you are going to have continuity and says that you are unlikely to hold and retain psychologists and psychiatrists unless you appoint junior doctors in the area. That is all on pages 25 and 26.

370 This Report also acknowledges the desire for there to be ... Madam Speaker, I am focusing on the bigger issues. I could take a much more granular approach and we could be here quoting extracts from the Report at much greater length, but I am trying to do so in a speedy way. Insofar as the bigger issues in this Report and in relation to the community health facility, it does reflect the need for there to be a move of that facility.

375 The Report, in relation to psychiatric nurses or enrolled nurses, talks about there being no job descriptions within the Community Health Team and that this makes, to quote from the Report, 'the establishment of good practices and pathways difficult to implement.' The Report also notes the concerns raised by staff – this is not the Board but the staff – when dealing with a particular place where there are untrained staff who could not manage situations arising from mental health
380 or medication problems.

I have spoken about the digitisation of the records, which the Board considers is something that needs to be done as a matter of urgency. We are glad to hear that the hon. Lady reports to this House that there has been a recommencement of the work on the digitisation, which I welcome, but that postdates the Report. If we are going to be even-handed as to what the Report
385 says, it should reflect the concerns that the Board had at the time.

We certainly welcome the work that has been done on Gibraltar Young Minds. That is an important move forward because if there is an aspect of mental health services which gives us concern, it is the effect on younger people. I am not talking about the facilities themselves; I am talking about the effect on the mental health of young people because of pressures that young
390 people have today that perhaps were not around 20 or 30 years ago because of the lack of social media and so on, and that is causing an acknowledged global concern in this area.

The hon. Lady has talked about the ADHD aspects, and I am not in a position, myself personally, to talk to that issue – my colleague Mrs Ladislaus will – but I will say that one of the things that the Board does reflect is:

The ADHD waiting list is a cause of concern

395 – I am quoting from page 42 –

and has been so now for a number of years.

So, mental health facilities in relation to ADHD are not better than ever before, because this has been so for a number of years now. Referrals continue to be made and there is still not enough clarity as to how it is being tackled. The ADHD pathway that was promised has failed to materialise, a fact that needs addressing as a matter of urgency. Again, I say that because in reflecting an even-handed approach, let's understand that that is what the Report says. We welcome the work that is being done to consummate the aspect of the pathway and we certainly stand ready to discuss with the Members opposite a non-partisan approach on that issue. Let me say that this is not because the hon. Lady has, with her shadow colleague, depoliticise the issue. We do so as the Opposition team because we have, for years, been calling for a cross-party approach on the issue of mental health, as I will, I think, hopefully demonstrate as I go along.

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405 In relation to the children's waiting lists in particular, the Report says, at page 43:

There is a waiting list of two to three months to see a Psychologist and if your child is suffering meltdowns and has acute problems, it is something you do not wish to hear.

Indeed, as a parent, you do not wish to hear that. The Report says:

Every patient on the Psychologist's list will require between six to eight sessions, so it is understandable that there is a waiting list.

The Report goes on:

Mental health issues requires a very different approach and time input.

The question then arises, of considering the appointment of an extra mental health practitioner in order to improve access to services, especially as the waiting list for ADHD services is far too long.

410 Anyone with a child who has encountered issues like that will understand those remarks by the Board and will understand that those are criticisms. It is quite right that the Board makes critical findings. I do not even want to elevate it to criticisms. If I am trying to approach this on a consensual basis, I will at least say that they are critical findings, if not criticisms. But every parent of a child suffering from anxiety or depression, because of whatever reason or cause, who is under medication, will understand those issues and the frustration of not being able to engage properly beyond perhaps the first appointment or the first couple of appointments, where the child falls between two stools without the support of the delivery of the proper support structures that you would get if you had a proper, efficient counselling – or, as it is now called, talking therapy – system.

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420 I make those remarks because I feel strongly about this area, but I will accept that this is not a Gibraltar issue either. There is a recent report – I do not know if the hon. Lady has seen it – from the House of Commons called Mental Health Statistics Prevalence Services and Funding in England. It talks about different waiting times and you have very different waiting times depending on the particular NHS Authority. I was struck by that because some of the waiting times are quite long but some of the waiting times, in relation to some of these areas within counselling or other services, are down to a few days. I am not making the political point that somehow I have

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worked out the averages and Gibraltar falls foul of English averages – it may or may not; that is not the point that I am making – I simply make the point that in noting the Report we also need to understand the criticisms of it, and in this particular area we should be aiming to achieve more and understanding that things are not as rosy on the ground, which is where it matters, where
430 people need the support. That is the issue that I raise. The Report says:

There is some work currently being done on this,

– talking about waiting lists –

but this cannot come soon enough, since the referrals keep on accruing. This needs to be prioritised.

The Report does say there has been an improvement in relation to addressing waiting lists in respect of talking therapies, but what is striking from the Report in dealing with the waiting lists is that the exercise that has been done is to deal with waiting lists from 2019 to December 2022.
435 The Report says:

This is clearly not a perfect system, and the Board hopes that any patients who have not replied, either by choice or inability, should be given an opportunity to latch on to the service, without the need for further referrals.

Unfortunately, if someone has been hanging around that long, it may simply be that they have found support elsewhere or not found the support and given up, which is also the feedback that we get from people who come to see us, that after a while it has not worked. I am not saying it is not going to work in the future, and I commend the efforts if there are improvements that are
440 happening, but certainly in relation to the past, which is what the Board is noting, it is clear that there are also failings and criticisms.

As the Report notes, at page 50:

It is early days yet and the gathering of data and assessing the needs of those on the waiting list, could take some time. It is also evident that, regardless of the transfer of patients from this list to their GPs, there might still be a significant number of patients waiting for counselling or psychological services.

Indeed, that may be.

I have spoken about the premises where the Board identified that there are untrained staff
445 dealing with mental health patients, which gave them concern.

In relation to chronic mental health issues, the Board notes, at page 57:

Much more needs to be done to house and care for these individuals in order to sustain their periods of stable mental health and resulting independence of living for as long as possible.

It then goes on to make a number of recommendations saying, principally at page 58:

A concerted effort must be made to ensure that these patients, whom everyone knows, can get the necessary kind of support that will make their lives that little bit easier and achieve the greatest possible level of independent living during their periods of improved mental health.

Again, not a rosy but a realistic consideration of the particular aspect.

In relation to the Prison, at page 59 the Board notes:

A Counselling Service was available to the HMP service until about 3 years ago when the person responsible retired and his post was not renewed.

450 So, three years ago, 2020 at the time, there was a counselling service but the post was not renewed, so there is no counselling service available to the Prison. The Board notes:

The service has remained without adequate psychological support for all this time.

The Report continues, on the same page:

This gap is doing a great disservice to these individual as well as society generally, which will have to bear the cost of their inability to function in the community and, in the short to long term, bear the financial and social costs of re-offending.

The Board concludes, on the same page:

The Board believes that the Prison Service requires the services of Counsellors and psychological input as a matter of urgency.

455 I do not know if things have happened since then, but insofar as noting what the Board concluded, it is fair to say, in respect of the Prison, that there were critical findings in relation to that.

In relation to medications, the Board says, at page 62:

it appears clear that, in comparison with the rest of the world, there appears to be an over prescription of medications to deal with issues of mental health, even if the exact parameters of that comparison remain unclear. This suggests a potential over-reliance on medication for mental health issues, possibly due to the limited availability of alternative therapies like counselling or CBT; it could be that, were it not for the lengthy waiting lists, GPs would be more willing to refer some of their patients for alternative therapies as the first course of action, exploring medication if counselling/therapy does not have a positive effect.

460 I have to say that that did resonate with me from my experience with my family, and indeed the feedback I get from people: the inability – certainly historic; current, I do not know, I hope not, but certainly the Board’s view that the inability of having access to counselling services leads people, sometimes very young people, to being medicated instead of having access to services and other alternatives that might not require medication. It is a real issue and something that ... In noting the Board’s comments, we note the good and the bad, but let us note the bad.

The Board continues, at page 63:

A comprehensive study to uncover the unique stressors affecting Gibraltar's population could be instrumental in addressing these mental health concerns at their roots.

465 I hope that the hon. Lady takes that on board and that there is more work done, because it also did strike me, in looking at the position in England, that there seems to be much more work in surveying the mental health impacts on young people. I would commend her to reflect on that, finding ways ... I am not an expert and she is not an expert but she has access to officials that I do not. I would ask her to consider better ways of engaging with young people to understand the pressures on young people today, the effects on their mental health and how it can be addressed
470 in different ways so that people do not have as the default entry point medication, unless they need it. Of course, these are clinical decisions, I understand that, but I hear loud and clear what the Board is saying because of their own engagement with mental health patients and they are getting that sense, so it is important for us to understand and hear it.

475 Then, the Board makes this observation under the general heading of ‘Additional Recommendations’:

many of the challenges faced by Mental Health Services do not stem from a lack of resources per se but rather, from their inefficient utilisation.

Again, in noting the warts and all, let’s note that, too.

480 Then it makes a number of comments in respect of budgetary control and its own views in relation to that at pages 65 and 66, which very clearly points to their view that the mental health services should have greater liberty over their budget.

Madam Speaker, seen holistically, the general overarching view of the Report, to use the phrase in the motion, is that there have been improvements, but there have also been critical findings in this Report. That is really the effect of this Report, and if we are to be fair we should reflect that.

485 May I make this observation too: this Mental Health Board Report does not come in a vacuum. The Mental Health Board is duty bound under the Act to undertake an annual report, which it has done over the last few years and we have had access to all of them, and I think I have most of them here: 2020, 2021, 2022. When you read them all, they point to things that are being done and criticism or critical findings; they are all pretty much the same in that respect, they take that
490 tenor. But it has not occurred in a vacuum and I want to explain why: because before the last few years of reports, the Government produced a strategy. In 2021 they produced a strategy, and in itself that National Mental Health Strategy 2021-26, which contains a number of things, was not in a vacuum either. Before that strategy was produced there was a report commissioned from Public Health England, and that report, which was published in November 2020 even though the
495 report was dated April 2019, was received before the 2019 election. We said at the time when it was published that the Government had withheld it for 18 months until after the election and then published. You may not accept the criticism that they withheld it deliberately but the fact is they had received it in April 2019 and did not produce it until November 2020.

That report, which is called Mental Health Situational Analysis Report Gibraltar and was
500 commissioned by the Gibraltar Government and conducted by Public Health England, made some very critical findings. Its main findings were over seven areas. It said in one of the key observations that there was then no overarching government policy or action plan in place to guide the development of the mental health system in Gibraltar and a lack of integration across the mental health system. There was a lack of co-ordinated national plan to improve and support mental
505 health across the board. It made recommendations on suicide prevention. It made recommendations on mental health financing. Even then, Public Health England was noting that no formal mental health budget could be identified. It made a number of recommendations across primary care, specialist mental health services, the Community Health Team, psychological services and so on. In 2019, Public Health England talked about the fact that pathways were
510 unclear for psychological services and local supervision structures were fragmented and underutilised. It was critical about the child and adolescent service at that stage and made a number of recommendations in relation to aspects of the community to see if there could be a way forward. Overall, there were significant recommendations made in this study and the key recommendations were that there should be a development of a comprehensive mental health
515 needs assessment that included problematic substance abuse and suicide; that there was a development of a national policy and plan for mental health that forged and underpinned a joined-up system that included an indicator set of outputs and outcomes for monitoring; and that the data and information systems across the mental health system were improved.

When we take a step back from what the Mental Health Board recommends, what I will say is
520 that the distinction between the work of the Mental Health Board and the Public Health England report seems to me obvious in different respects. Public Health England were asked to come up with a blank canvas set of objectives and recommendations as to what should be done; the Mental Health Board is auditing what has been done and coming up with views and recommendations. It does also suggest things that could be done, but they are doing it from a slightly different, I would
525 suggest, less bird's-eye view than Public Health England, but certainly there are aspects of that report in 2019 where it seems to me, when you read it, ostensibly not clear whether they have been done at all, and certainly there is work in progress in relation to some of them.

Another key recommendation was to clarify the role of the Community Mental Health facility as the central conduit of the wider system – what we hear, years on, is that this is still up for grabs because we are talking about a new site, which we welcome, but those aspects are still there; that there needs to be a gap analysis of training needs across the mental health system – well, we can see, when we put that alongside the Mental Health Board, that those issues still remain, at least in some respects; that there needs to be a mental health literacy campaign in the community, communicating what people can do to look after their own and each other’s mental health – I acknowledge that some work has been done in that respect, but I question whether we are engaging with young people in a sufficiently direct way so as to understand that; the broader quality of service delivery. I do not want to prolong my contribution by dealing with that at great length but that report is out there for people to see. They can access it because it was published by the Government. That 2019 report was the genesis of the work that was then done to enable the strategy before that happened.

So that the hon. Lady, who was not in this House at the time, understands that my statements on trying to achieve a cross-party position on mental health go back some time: I had written to the Chief Minister a few months after that report was published – the report was published in November 2020, as I said, and I had written to him in February 2020 – to say that I proposed that there should be a select committee of this House on mental health. I understand entirely that shortly after that we had the COVID pandemic, and attention was rightly directed to other things, but we did return to this House in May 2020 and continued, to a very large extent, as best we could, and by the end of 2020 there was a lot of government business happening but – I will try to put it in as neutral a way as possible – we had not received a response to our proposal.

On 9th February 2021, I gave notice of a motion to this House that read as follows:

THIS HOUSE:

BELIEVES that there should be a cross-party approach to the issue of mental health;

ESTABLISHES a Select Committee on Mental Health to report to Parliament on such further improvements to mental health service provision in Gibraltar which it considers should be made generally and having regard to the recommendations set out in the Public Health England “*Mental Health Situational Analysis Report*” of April 2019;

RESOLVES that the Select Committee on Mental Health be composed of five members three of whom shall be drawn from the Government benches and two from the Opposition benches, one from each of the parties with representation.

That motion was presented by me in February 2021 with the support of the then Member of the House the Hon. Lady Marlene Hassan-Nahon, and it became clear, in exchanges of press releases after that, that it perhaps would not carry government support. I regret that. I am not going to elevate it to any situation on the granular aspects, but it is clear that after discussions with the hon. Lady’s predecessors at the time, the Hon. Miss Sacramento and the Hon. Mr Isola, we reached an understanding that that motion was carried forward from Parliament to Parliament meeting on the basis that the Government was going to engage with us proactively on the issues that they were doing. While we still feel and felt strongly on this side of the House that there should be a select committee on mental health – we hope to persuade them that there should be one – we were willing to discuss with them in a proactive way. Indeed, I did so because, as I said earlier, when the hon. Lady Miss Sacramento published the National Strategy 2021-2026, she did call me into her office and we had a discussion, with her but also with the senior officials drafting the strategy. The strategy itself, produced by the Government, very clearly tried to address the issues of that report because reference to it appears in the second paragraph of her foreword and deals with the need for strategy and so on. Indeed, the strategy talks about the code of practice that still has not been done, and it is referred to in the Mental Health Board’s Report and so on. It talks about many other things, and I would suggest that when you put the 2019 report alongside the strategy and alongside the Board’s Report of 2023, it is still clear that there are aspects going back from the 2019 report that have not been tackled. If we do want a cross-party approach, I will remind the hon. Lady – I know she was not in this House at that stage, but I would say to her –

that it is possible to have one and that opportunity is there for her. If she wants to take it, she can engage with us in a more proactive way, on a more consensual basis, and we would be willing to do that. There are different ways of doing it, obviously. She is the Minister, so she has to decide, as a member of the executive, how best to achieve that.

575 I do want to say this about the Mental Health Board, and that is why, also, I think it is important to understand this aspect: the Mental Health Board's Report is not in a vacuum, for the reasons I have just given, because it comes also against the backdrop of the 2019 report and the strategy and so on, but it is also important to understand when we put this motion before the House that the Mental Health Board is not commenting on everything. It is commenting on a lot of things but
580 not on everything, and while there are some very knowledgeable people there, because they have been there for a long time, and there are some people who are more specialist in their field, many of the members are not, which is different to the situation of the report of Public Health England, which is done by a body that is staffed by specialist people. We have to understand that as well: they are also addressing the issue from different perspectives. Public Health England were given
585 a brief to advise, and the Mental Health Board are commenting perhaps not with the precise expertise but on a less strategic basis because they are looking at the minutiae of services. It is obvious that they are doing so because they go through – very helpfully, by the way, and I want to thank the Mental Health Board for doing all the work that they have done and continue to do, but they take a fairly granular approach, sometimes, because they go through the patient records
590 of each individual patient, which is something that Public Health England in the 2019 report were not asked to do. It is very useful for them to do it, but it is a different approach. I just raise this by way of preface to say that if we wanted to have an audit of advancements, perhaps we should call Public Health England back and do a second report on where things are today. It may be that Public Health England would note those improvements. I have to say that if that were the case we
595 would welcome it because we do want to see the improvements in mental health services, and the approach that we are taking today is not a party-political approach. I stress that. I may be making comments that the hon. Lady is hearing and does not like because it does not fit into the straitjacket of her speech, but the reality is that I am doing so on a fairly, I hope, neutral basis because mental health is not an issue that affects just this community; mental health is a very
600 serious global issue. The World Health Organisation has noted that one in seven 10- to 19-year-olds experience a mental disorder, accounting for about 13% of the global burden of disease in this age group, and that the most common things that youngsters are dealing with are depression, anxiety and behavioural disorders, and they are among the leading causes of illness and disability among adolescents. Suicide is the fourth leading cause of death among 15- to 29-year-olds. The
605 World Health Organisation has said:

The consequences of failing to address adolescent mental health conditions extend to adulthood, impairing both physical and mental health and limiting opportunities to lead fulfilling lives as adults.

And:

Adolescence is a crucial period for developing social and emotional habits important for mental well-being. These include adopting healthy sleep patterns;

– we have teachers in our midst and they will hear this and it will resonate with them that that is such a developing part of a young person's life –

exercising regularly; developing coping, problem-solving, and interpersonal skills; and learning to manage emotions. Protective and supportive environments in the family, at school and in the wider community are important.

610 It goes on:

Emotional disorders are common among adolescents. Anxiety disorders (which may involve panic or excessive worry) are the most prevalent in this age group ...

615 What struck me when I was doing some work in this area was not just that but the fact that it is noted ... I am not sure I can find it quickly in my notes but it is noted that young people who have mental health issues stand a much higher risk of living less and developing serious illness as a result: cardiovascular illness. Without treading into identities of people, I certainly will say that I am aware of people who are fairly young who, having encountered mental health conditions very young, develop cardiac situations in their 20s. This is not uncommon. There is global research out there. So, when we talk about mental health, it is not just about understanding that we are dealing with the immediate causes but understanding that perhaps the effect of medication from a very young age can bring complications in life as you go forward. That is a problem for the individual because you advance the risks of death earlier, and it is something that will affect the state eventually because of the provision of care that needs to happen.

620 The theme for World Mental Health Day last year was 'Mental health is your universal human right'. This year it is 'My health, my right'. This is not a unique issue for Gibraltar. That is such an obvious thing to say but it is important to see all this in a wider context, not just on the granular aspects of the report itself. That is why, when I have been speaking on this motion, I have been keen to make the case that it is about the detail but it is also about stepping back from the detail and understanding the broad aspects of it. Close to one billion people globally have a mental disorder, and those with severe mental disorders tend to die 10 to 20 years earlier than the general population, with suicide claiming the lives of close to 800,000 people every year: one person every 40 seconds. Those are issues that have touched Gibraltar too, because they are mentioned in the 2019 report, with so many people talking about those failures of the system having an effect on that.

630 I certainly welcome improvements that have been made to deal with all those issues, but it is clear from reading it that the report also notes deficiencies, and if we are going to be even-handed I believe that we should note those flaws also when we come to doing so in the motion.

635 For those reasons, Madam Speaker, we cannot support the motion as drafted, but I will give notice, if I may, of amendments to the motion, so if Madam Clerk comes round, I will hand to her the –

640 **Chief Minister (Hon. F R Picardo):** She is not Madam Clerk; she is the usher.

Hon. Dr K Azopardi: Yes, well, I did not know if she had some kind of title. I did not want to be rude. (*Interjection*) I see.

645 I will wait for Madam Speaker to have the amendment.

Madam Speaker: Had the hon. Member's proposed amendment been circulated prior to now?

650 **Hon. Dr K Azopardi:** Sorry, for the record, I think what I have said for the last two minutes has probably not been recorded – but I hope that it will be audible enough – because my microphone was not on.

What I will say, Madam Speaker, is that I give notice of the following amendments to the motion standing in the hon. Lady's name. I will set out the text of the amendments. I will read it out for the purposes of Hansard, but let me go through the amendments first:

- (1) *The insertion of 'the 2023 MHB Report'.*
- (2) *After the words 'Mental Health Board Gibraltar Annual Inspection', the insertion of '2023 MHB' before 'Report'.*
- (3) *The insertion of 'that the Mental Health Board considers that there have been improvements to' before 'mental health facilities' in the sixth paragraph.*

- (4) *In the sixth paragraph the deletion of 'clear and significant improvement of' in the sixth paragraph.*
- (5) *The insertion of 'but also makes critical findings and recommendations it considers should be actioned.'*
- (6) *The insertion, as a new seventh paragraph, of 'NOTES the Mental Health Situational Analysis Report Gibraltar, prepared by Public Health England for the Government dated April 2019 (the 2019 Report).'*
- (7) *The insertion of a new eighth paragraph: 'NOTES the Gibraltar National Mental Health Strategy 2021-2026'.*
- (8) *The deletion of 'FURTHER BELIEVES THAT' and the insertion in its place of 'CALLS ON' at the front of the ninth paragraph.*
- (9) *The deletion of 'will continue to' after 'Government of Gibraltar' in the ninth paragraph.*
- (10) *The insertion of 'facilities in Gibraltar further' before 'improve' in the ninth paragraph.*
- (11) *The insertion of '2023 MHB' and '2019 report', in the 10th paragraph and the twelfth, and final point, the addition of a new twelfth paragraph as follows "and further agrees to establish a Select Committee of this House in the area of mental health, with such terms as are agreed between the Government and the Opposition".*
- (12) *The addition of a new 12th paragraph as follows: 'AND FURTHER AGREES to establish a select committee of this House in the area of mental health with such terms as are agreed between the Government and the Opposition.'*

655 The effect of those amendments, Madam Speaker, would be that the motion would read, as amended, in this way:

THIS HOUSE:

WELCOMES the tabling of the Mental Health Board Gibraltar Annual Inspection Report 2023, the 2023 MHB Report, by the Minister for Health Care and Business, the Hon Gemma Arias-Vasquez MP.

NOTES the contents and recommendations of the 2023 MHB Report, as set out therein.

THANKS the Mental Health Board for their work in producing such a detailed report.

BELIEVES the general overarching view of the report when read in full demonstrates that the Mental Health Board considers that there have been improvements to mental health facilities in Gibraltar but also make critical findings and recommendations it considers should be actioned.

NOTES the Mental Health Situational Analysis Report Gibraltar prepared by Public Health England for the Government dated April 2019, the 2019 Report.

NOTES the Gibraltar National Mental Health Strategy 2021-26.

CALLS ON His Majesty's Government of Gibraltar to work tirelessly, to ensure that mental health facilities in Gibraltar (i) further improve and (ii) remain a priority on His Majesty's Government of Gibraltar's agenda.

AND CALLS on His Majesty's Government of Gibraltar to consider implementing any recommendations contained in the 2023 MHB report and 2019 report which remain outstanding and are in the interest of mental health service users in Gibraltar.

AND FURTHER AGREES to establish a Select Committee of this House in the area of mental health with such terms as are agreed between the Government and the Opposition.

Madam Speaker, I so move.

660 The amendments that I put forward are intended to be that even-handed presentation, warts and all, to quote from the hon. Lady, in neutral terms without adopting a politically partisan view, because we are going to note the amendments, noting the history of where this comes from and the history of the strategy – the hon. Lady's government strategy – and simply saying, at the end,

that we should have a Select Committee on mental health. Since the election, there have been a number of Select Committees in a number of areas convened, which hopefully will do constructive work on special needs, the environment and parliamentary reform. I would hope, given everything that the hon. Lady has said about the need for a consensual approach, a non-partisan one, she will also agree that there is a need for a Select Committee on mental health so that, truly, we can work together in this area.

Madam Speaker, I commend my amendment. (*Banging on desks*)

Madam Speaker: I now propose the question in terms of the amendment moved by the Hon. the Leader of the Opposition.

Does any hon. Member wish to speak on the amendment?

Chief Minister (Hon. F R Picardo): Madam Speaker, I will rise to address the extraordinary amendment that the Hon. the Leader of the Opposition has proposed; extraordinary because he has proposed it as if he were the one trying to depoliticise the issue. That is extraordinary only insofar as it is constantly the hon. Member's partisan refrain. That is to say he constantly suggests that he is the one who wishes to be even-handed, that he is the one who wishes to ensure that there is not any partisan inflection in anything. Indeed, in rising to respond to the hon. Lady's, in my view, fairly neutral and even-handed motion, he has suggested that it was quite terrible that she did not consult him before moving the motion, in order to ensure that it could be passed, perhaps with unanimity, and yet now he moves an amendment in respect of which he has not consulted the Government. By the same token, given that he has told us that if we had wished, by his barometer, to bring a motion which was non-partisan, we would have checked with them first, undoubtedly he knows that using his own standard this amendment is not one which is moved by a desire to bring an even-handed, non-partisan texture to the motion. Madam Speaker, you will not have been surprised that although in the past hour we have been treated to a rather listless presentation of the hon. Member's arguments, those arguments, though passionless, were nonetheless entirely partisan. If you get up to say that the Board's recommendations have to be looked at warts and all in order to be fair, what you cannot do is look just at the warts. You cannot spend an hour looking at warts – indeed, finding the few warts – and say that you are trying to do a non-partisan presentation of the thing.

In that context, the hon. Gentleman forces my hand in getting up to respond to these amendments – and I am responding only to the amendments at this stage, Madam Speaker – in saying that it is remarkable to hear these things from him. It is absolutely true that he wrote to me proposing a select committee and trying to have a different approach to matters of mental health and that, with my former Ministers, we were seeking to pursue that and we did not move on a motion that he had presented because we were seeking to pursue that. Perhaps I am not surprised that that is what he should want to do.

We operate on the basis of an adversarial system of Government and Opposition, and that adversarial system is one that they enjoy the benefits of on a number of subjects. Why is it that they want a non-partisan approach to matters of mental health: because, as the Minister says, this is an area on which we should be working together, or is it because, as the Hon. the Minister for the Environment will recall, the state of the mental health services in Gibraltar when we took over in 2011 was so ... I am going to not hesitate to use the word 'disgraceful', that they have a record in government, of which he was a Member for 8 out of 16 years, that they wish to bury under consensus. When they were in opposition up to 1996, Ernest Britto used to refer to the mental health services and KGV as the Cinderella of the health services. Well, that Cinderella had the benefit of the kiss of life from Sir Joe Bossano as Chief Minister, the Community Mental Health facility enjoyed the full support of the Government, we changed the way between 1988 and 1996 that mental health services were done, and in 2011 Cinderella was dead. Not even a kiss from John Cortes as Prince Charming could revive her. Her three ugly sisters had moved away. KGV was

worse than a ruin. If you went to KGV today, abandoned as it has been since we finally were able to move to Ocean Views four years later, it is in no better state than it was when we visited on 1st January 2012. They are trying to bury their deep embarrassment at the manner in which they neglected the mental health services of our community between 1996 and 2011 with this apparent attempt at consensus. That is the reality of what they are trying to do, and it must be why speaking the language of consensus and saying that we have to identify, warts and all, the things that the Mental Health Report that the hon. Lady has tabled today has identified, he has spent *an hour* talking just about the warts, to then bring an amendment that seeks to take out, in effect, the 'all' and leave only the warts. So, applying his barometer to the way in which he says we should have moved the motion by consensus with him, he will understand that he fails his own test for support for his amendment.

Madam Speaker, he has said other things during the course of his address which I believe are worth responding to, but they do not relate to his amendment, and as I am speaking only to his amendment at this stage I will say on behalf of the Government that the amendment will not enjoy support and, therefore, will be stillborn.

Madam Speaker: Does any other hon. Member wish to speak on the amendment? Yes.

Hon. J Ladislaus: Madam Speaker, this contribution was one which I agonised over for numerous days since this motion was tabled in Parliament on 13th May, not least because of the fact that we are debating a subject in respect of which the Government failed to disclose the latest report to the Opposition before this meeting of Parliament – I appreciate that the Hon. Minister did not need to do so, but it could have been done simply in the spirit of collaboration – but also because of the significant impact that issues of mental health have on people and the positive difference that adequate treatment and support can have on not just their lives but the lives of those around them. The ripple effect that a decline in mental health has is often underestimated and misunderstood. The hold that such problems take frequently leads individuals and their loved ones to desperation. Too many times, it takes someone tipping over the edge completely before a rope is thrown down, and by that point it is oftentimes too late.

What is needed is not reactivity, it is productivity. I say this appreciating that the Hon. Minister has only been the Minister for Health for the past seven months. Nevertheless, in her public address on 13th May, the Hon. Minister expressed that the topic of mental health is no longer a taboo in Gibraltar. Just because something is not taboo does not mean that the stigma attached to it has been dispelled. The subject of mental health is widely spoken about and many are quick to address it in the third person, but few will admit to personal experiences because of the way they perceive that those difficulties will be interpreted. A taboo is something that is not acceptable to say, mention or do, whereas a stigma is when someone sees you in a negative way because of a particular characteristic or attribute. If mental health is cast aside as one of the least important and crucial areas within a health system, the stigma will continue despite the immense work carried out by the NGOs.

It took until 2021 for there to be a reaction by this Government in respect of mental health, by which point they had already been in power for a period of 10 years. They are quick to point out the perceived failings of previous administrations, but would do well to remember that a day is a long time in politics and there is no need to comment any further as to the 10 years that preceded the announcement of the Gibraltar National Mental Health Strategy 2021-26, lengthy both in name and in the time it has taken for there to be a palpable difference in services that are as crucial to many as, say, dentistry, primary care and A&E.

The strategy does precede the Hon. Minister's time as Minister but it does not precede the current Government. There is no doubt that there have been some changes since the damning 2019 Mental Health Situational Analysis Report prepared by Public Health England, and the suggested amendment to the motion by the Hon. the Leader of the Opposition reflects an

765 acceptance that there have been some changes – it is accepted – but it is difficult to make
comparisons between that report and the subsequent reports prepared locally by the Mental
Health Board, not because the latter is not in a position to prepare them, far from it, but simply
because different approaches will have been applied. That said, and having had sight of the 2023
Report tabled by the Hon. Minister at this session of Parliament only days before this
770 contribution – which, of course, this side of the House is grateful to the members of the Mental
Health Board for producing and the publication of which we do welcome – there remain to date
serious deficiencies in mental health services in Gibraltar which are persistently highlighted by the
public and NGOs.

I must emphasise at this point that I prepared this contribution prior to having had sight of the
Report and I, therefore, refer to issues that have been raised by NGOs and service users time and
time again, as well as to those issues that I am personally aware of, be that through personal or
775 professional experience. Interestingly, a lot of those issues are mentioned within the Report and
I sincerely hope, therefore, that the Government will pay close attention and set out to address
those pressing issues because, whereas the motion tabled sets out that Government will consider
implementing any recommendations contained in the Report, there is no firm commitment to
make any changes. Indeed, I would urge the Hon. Minister to give due consideration to the
780 amendments tabled by the Hon. the Leader of the Opposition regarding the critical findings and
recommendations that the Board, in its Report, considers should be actioned and to make a
commitment to take firm action.

The reality, as expressed by many, is not that there has been a clear and significant
improvement of mental health facilities in Gibraltar as purported in the statement in the Notice
785 of Motion filed by the Hon. Minister for Health; the experience of too many service users is,
indeed, quite the opposite. As a lawyer by profession, I am not one to make a sweeping statement
without providing evidence of the assertion which I am making, and there is ample evidence to
suggest that mental health services are seriously lacking and letting down some of the most
vulnerable.

790 Take the fact that we are still desperately in need of a psychiatrist based in Gibraltar or the
surrounding area, with a specialism in children and adolescents, and the waiting time for a child
to see a psychologist – which, incidentally, we were told on Tuesday of last week was seven weeks
and the report cites is two to three months, so at the minimum it will be around eight weeks, and
that appears to be a best-case scenario. In the November 2023 session of Parliament, the Hon.
795 Minister, in a question as to how many psychiatrists are employed full time by the GHA who are
qualified to treat children and adolescents, responded that for a jurisdiction as small as Gibraltar
it does not make sense to employ a specialist in each of the 11 subspecialties of psychiatry. She
then went on to state:

In Gibraltar, two of the general psychiatrists devote four sessions each week to children and adolescents with
mental health needs. These two psychiatrists and the entire multidisciplinary team in Gibraltar are supported by a
UK-based specialist in child psychiatry. The UK-based specialist works remotely for the GHA for four hours each
week – that is two sessions of two hours each – and he visits Gibraltar for a week once every three months. During
the course of that week, he offers face-to-face consultations to children and their families.

800 The reply last Tuesday was much the same. That approach is quite incredible in light of the
obvious rise in the number of entrants to St Martin's School in recent years and the rise in the
number of children with special needs in our community, a lot of whom require specialist
psychiatric treatment in terms of medication, considering also that we live in an age where social
media and a huge dependence on the use of electronic technology are, in many instances, having
805 a significant detrimental impact on the mental health of children and we have a ticking time bomb
of catastrophic proportions if the issue of a child or adolescent psychiatrist is not urgently
addressed.

It is notable that a report prepared by the Royal College of Psychiatrists outlined the following:

A child and adolescent psychiatrist is a medically trained specialist with skills in the assessment, management and treatment of mental health problems, disorders and illnesses in children and young people under the age of 18. The child and adolescent psychiatrist can also offer expertise in disorders starting in childhood and adolescence to adult mental health services during transition from child and adolescent mental health services (CAMHS) to adult mental health services. Like all psychiatrists, they are trained to integrate biological, psychological and social factors when working with patients (the bio-psychosocial model). Their training takes into account the following key features of working with children and young people:

- developmental changes are most marked during childhood and adolescence
- children have to be viewed in the context of their families on whom they are generally dependent, and definitions and compositions of the families are changing all the time
- the cultural context of the child is highly significant
- more often than in adult cases, the nominated child does not present themselves but is presented
- cultural mismatches between young people and their carers may affect presentations to mental health services and how they are managed (Dogra, 2014)
- children need to be understood in the context of their wider systems: school, local communities, healthcare, etc.

Occasional visits by a locum for a week every three months are quite obviously, I would hazard to suggest, not sufficient to meet the growing demands on the Health Service in this area and the needs of children and young people. Far too many are falling through the cracks. What William Wordsworth expressed in one of his poems comes to mind: the child is father of the man. It is the right of those children to be given every possible opportunity to thrive, and the current system is failing a lot of them and their families. This is certainly not an area to make misplaced attempts to save money, and I would, once again, urge Government to identify and employ a full-time child and adolescent psychiatrist. I do welcome the fact that the Hon. Minister has, today, commented that the complement will be reviewed, if necessary. There is, in fact, already at least one, I can say, ready, willing, available and working within the private sector in Gibraltar, who can take up the role.

But then it is not just the children and young people in our community who are deeply affected by the shortfalls in the services provided in this area of health. In my seven months as Shadow Minister for Health, and even before that, I have encountered many instances where deficiencies in mental health services provision have a serious impact. I think it is of the essence that I do outline some of those where a clear trend has emerged, not for the purpose of scoring political points nor criticising for the sake of doing so, but in order to hold Government accountable and to raise awareness of areas in which services require drastic improvements.

When I left legal practice just three months ago, I was well aware that there was a dire need for counselling and therapeutic services to be provided at His Majesty's Prison. Moreover, that need arose some years ago, about three years ago to be more specific, as outlined at page 59 of the Report, when the counsellor who used to attend at the Prison retired: another example of a lack forward planning and the consequences that this has on service users and on the public at large. I quote from the Report at page 59:

This gap is doing a great disservice to these individual as well as society generally, which will have to bear the cost of their inability to function in the community and, in the short to long term, bear the financial and social costs of re-offending.

An aim to rehabilitate should be at the heart of every penal system, and the lack of provision of therapeutic services in prison only serves to contribute towards the revolving-door effect that is seen with repeat offenders, who are getting younger and younger. Intervention at the earliest possible stage is key to avoid people from becoming hardened offenders. The Prison has waited long enough for this service to resume and it should be reinstated without any further delay. These issues that I raise in respect of the gap at the Prison, where there is not a counsellor, also tie into the issues in respect of the rise in the number of young offenders, which we were talking about last week in Parliament.

840 I have been deeply concerned about the rise in the number of women who are finding themselves without psychological support in instances where they may have had a miscarriage, been informed of potential issues with the health of their unborn child, are suffering from infertility issues, have experienced a traumatic birth or are suffering with post-natal depression. The list is not exhaustive. Pregnancy, childbirth and the first months post birth are some of the
845 most vulnerable times in the life of a woman. I was, therefore, particularly alarmed recently when I was informed by a new mother that it had been suggested to her that her referral to a counsellor would not be worthwhile, on the basis that there was a waiting list of between six and seven months to be seen and by that point her symptoms would likely have improved. When a woman finds herself in that situation, inordinate delays are simply unacceptable.

850 Turning now to Ocean Views and the facilities on offer to some of the most seriously affected by mental health issues, service users are very much in need of something as simple as the cafeteria reopening, and we can see at pages 26 and 27 of the Report that that is the case. At page 27:

The cafeteria is a case in point. It was the heart of OV bringing together patients, staff and relatives. The reason why it has taken so long to be re-opened escapes the Board.

855 It is not just a place where service users can go to have a coffee and a snack. The importance of having a space where service users and their visitors can build a sense of community cannot be understated. Neither can the fact that it could be used to undertake activities that could enrich the lives of long-term patients, such as art therapy, which brings me to another topic which is often overlooked and which has been demonstrated to bring about very positive results in mental health patients: the inclusion of complementary therapies as part of a treatment package. Art
860 therapy, drama therapy, music therapy and dance and movement psychotherapy, to name but a few, keep the mind occupied and help individuals feel engaged and productive. We have the professionals in Gibraltar with the skills to deliver these therapies. It is worthwhile placing more importance on them with a long-term view to reaping the rewards, both for individual service users and the Health Service itself.

865 On the subject of Ocean Views, however, one cannot pass by without commenting as to the fact that many nurses in our mental health facilities are not receiving proper training to deal with service users within this highly specialist area. This is resulting in unsafe working environments both for service users and other nurses and care professionals who are left to deal with the impacts of that lack of training.

870 Another keenly felt shortcoming by service users, which is undoubtedly also felt by clinicians and healthcare professionals at large, is the inadequacies in the communication systems between departments. An integrated approach is necessary to ensure the success of mental health services. This is an issue which is prevalent in many areas of our Health Service but I have been provided with examples of this within the mental health setting.

875 The importance of an adequate care plan when a service user presents at any one of our mental health facilities cannot be underestimated. It is an essential communication tool between health and care professionals and there is a real need for implementation of a strict requirement for these to be kept and regularly updated. Lack of resources seems to be a theme running through a lot of the issues which we, the Opposition, have been made aware of, and even, for my part and
880 some of my colleagues, personally experienced.

I take this opportunity to say that there is no greater way to depoliticise an issue than to speak from a personal angle on it. Either that is the reason behind the answer which I received from the Hon. Minister, namely the lack of resources, in November, as to whether there were pathways within the GHA to diagnose ADHD in adults, or the truth is worse and it reflects an antiquated
885 attitude and approach by Government to mental health thus far. It is somewhat shocking, to put it diplomatically, to have been informed in November:

ADHD affects three to four in 100 adults. A vast majority of these individuals function relatively well in society; they hold down jobs and they are in stable relationships. ADHD in this setting is not generally considered a severe mental illness. In the GHA we assess and treat ADHD only where it is co-morbid with a severe and enduring mental illness such as schizophrenia, bi-polar affective disorder, addictions, etc. The GHA does not currently offer a service for adults who are otherwise well and seeking a diagnosis of ADHD. If individuals receive a diagnosis of ADHD and are established on medication in the private sector, the Mental Health Service in the GHA will review the diagnosis and treatment plan. Where appropriate, these patients will then be offered the same medication through the GHA and then their care will be transferred to primary care physicians in the GHA.

890 I can say that if an adult is seeking a diagnosis of ADHD, they are not considered to be otherwise well. Nevertheless, every cloud has a silver lining and the silver lining here is that Government committed soon after to the creation of pathways to support and detect those with ADHD and ASD and there followed an agreement that the Government and the Opposition would collaborate on the neurodevelopmental strategy and depoliticise the matter. Even though the way I am speaking at the moment may sound harsh and may sound like I am politicising the matter, it is still the aim of this side of the House to collaborate on such issues.

895 It is all, however, well and good to implement new pathways but we must have the professionals to ensure that they can appropriately be put into action without inordinate waiting lists. On Tuesday, the Hon. Minister, when I suggested that we do not have enough mental health professionals to implement the intended pathways and could benefit from a full-time psychiatrist, insisted that we do. Nevertheless, it is notable that at page 43 of the Report, it states:

the Board did have concerns about the waiting lists. It is all good to have a system in place, but is it having an impact on the time that children have to wait to see a professional?

There is a waiting list of two to three months to see a Psychologist and if your child is suffering meltdowns and has acute problems, it is something you do not wish to hear. Every patient on the Psychologist's list will require between six to eight sessions, so it is understandable that there is a waiting list. Mental health issues requires a very different approach and time input.

The question then arises, of considering the appointment of an extra mental health practitioner in order to improve access to services, especially as the waiting list for ADHD services is far too long.

900 We remain keen to depoliticise matters, nevertheless, and the suggestion that the Hon. Leader of the Opposition has been making for some years now and has inserted into the proposed amendments to the motion in respect of the establishment of a Select Committee of this House in this area of mental health demonstrates that willingness, but it must be emphasised that the tabling of the motion, the subject of this contribution, without first having provided copies of the Mental Health Board's Report to Members on this side of the House, appears to be steeped in political strategising, perhaps even a concern about the contents of the Report. Indeed, delays in publishing these reports have been a theme in the past with the 2019 report having been published by Government 18 months after it was tabled and soon after the 2019 election, and the 2023 Report only tabled now, in spite of the Hon. Minister having received it four months ago. The public will make of that what they will. What I will say is that, unfortunately, our ability to provide contributions to this debate with the benefit of the views of the Mental Health Board has been curtailed. It is, I would say, a disservice to Gibraltar that we have been unable to have further conversations with NGOs and service users in light of having received a copy of this Report. It is very much a situation where the cart has been put before the horse, and the horse, I would suggest, has been fitted with blinkers.

915 Again, it may sound like I have attempted to politicise matters but I would not be doing my job if I had not emphasised the issues outlined herein and I do still hope that these lead to cross-party collaboration as outlined once again by the Hon. the Leader of the Opposition in his suggested amendments to the motion and, of course, in the 2021 motion that the Hon. the Leader of the Opposition brought at the time. I hope that the changes noted within the next report of the Mental Health Board provide even more positive findings than this year's as a result of collaboration. We are a small place, but it is for that exact reason that we could lead the way in

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many aspects of mental health services and I hope that is certainly the case in future. I will be here to collaborate on this, as will my colleagues, but I will also hold Government to account when there are failings and shortcomings, albeit I will do so in the spirit of being constructive.

925 Thank you, Madam Speaker. (*Banging on desks*)

Madam Speaker: For the avoidance of doubt, whilst the hon. Member did speak about the amendment, it seemed clear to me that the hon. Member was also speaking about the substance of the motion as a whole. Would the hon. Member agree?

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Hon. J Ladislaus: Yes, Madam Speaker, that is exactly it.

Madam Speaker: Does any other hon. Member wish to speak on the issue of the amendment? No? (*Interjection*) No, I am asking for amendments. What we have before us now is the original motion with the amendment proposed by the Hon. the Leader of the Opposition.

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I now put the question in terms of the amendment – Sorry, yes, I beg your pardon. Does the Hon. the Leader of the Opposition wish to exercise his right of reply on the issue of the amendment?

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Hon. Dr K Azopardi: Madam Speaker, I am replying on the amendment?

Madam Speaker: If the hon. Member wishes to do so, he may, yes. That is what we are talking about now, the amendment.

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Hon. Dr K Azopardi: I do wish to reply on my amendment. The Hon. Chief Minister calls my intervention extraordinary. Well, he will forgive me for thinking that the extraordinary contribution that has been made this afternoon so far, of all the contributions that have been heard, is his. The one that has been partisan is his, and full of contradictions I have to say from the approach. The contradiction is this: it is the hon. Lady sitting next to him who has said that she wants to adopt the approach of warts and all, and that is what the amendment does. I have conceded that there are improvements, but I have also said that there are critical findings, and I have read those extracts so that everyone can hear it. If he wants, I can also read the parts where there are improvements, but that does not affect the substance of the amendments because the improvements and the critical findings are all part of the same motion as amended by me, whereas the one put forward by the hon. Lady only referred to the improvements. So, I was trying to emphasise, in presenting the amendment, that there were critical findings.

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He calls my contribution listless. Well, it is a matter for people to decide how they view my contribution. I considered his contribution blinkered and partisan, and somewhat angry, I have to say, an undertone of anger, and it struck me, given that the amendment is so ostensibly neutral, that I could almost have said anything and I would have got the same response from the hon. Member, almost as if he does not want us to be consensual in our approach. He complained that my intervention was an hour long, with emphasis on the hour. Is the hon. Member suggesting that when we debate the serious matter of mental health it is not deserving of his precious one hour of parliamentary time? I think it is deserving. The hon. Member is scribbling away furiously now, but I remind him that he cannot reply to my points on the amendment when he gets up. (*Interjection*) I am not the Speaker but I am responding to his furious notetaking because I anticipate that he may wish to squeeze it in somehow in a ducking and diving in his contribution – but that is a matter for him. We will see. (*Interjection.*)

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Madam Speaker: I remind hon. Members not to comment from a seated position. Continue.

975 **Hon. Dr K Azopardi:** The warped analysis of the past is also what it is: it is warped. Somehow, I have got up, having written to him 12 months before putting the motion in 2021 ... I wrote to him to try to take a non-partisan approach. I wrote to him to give him time to think about a select committee on mental health. Somehow, that was a convoluted strategy, hoping he would not reply because I wanted to load the decks and bury the past. It is complete nonsense, Madam Speaker. It is a warped analysis of the motivations of the Members on this side, where we have always sought, when I have been here ... and I have got up, to try to broker a consensual approach.

980 The reason we put the motion that we did in 2021 asking for a select committee was because after 12 months he had not replied, and so we put it forward, but I then sat down with the predecessors of the hon. Lady trying to take forward a consensual approach that I thought we were taking forward.

985 Despite his intervention, his warped analysis of the past of what they inherited and all of that, I am not going to go there. Does he really want me to go there as to what we inherited in 1996? *(Interjection)* Do we really want to do that? I will tell him one thing about mental health: the picture of mental health and the pressures on the mental health services in 1996 were completely different to those in 2024. It is almost 30 years ago. Most people did not have mobile phones, there was no social media, Facebook had not been invented, the pressures that young people have on their gadgets, that are almost magnetically attached to their hands, and the effects it has on anxiety and depression and the accessibility of social media bullying to young people did not exist in the 1990s and the explosion of special needs children in our schools did not exist in those days, so he will forgive me for thinking that all of that is smokescreen and nonsense.

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995 The hon. Member has come to this House hearing a consensual and neutral approach and has been intent on saying that he will reject anything that we are putting forward. It is a matter for him, but on an issue as serious as mental health what is disgraceful is his attitude on this issue, which should be consensual. It is a matter for him because the amendment I have put forward, that people have read, recognises in its core that the Report, when read in full, demonstrates that the Mental Health Board considers there have been improvements but also makes critical findings.

1000 For the reasons I have read out, that is neutral; it is not a matter for disagreement. People can read the Report because it is publicly available and they will make their own minds up as to that.

1005 For those reasons, Madam Speaker, we would say that this amendment should be supported because it is the consensual way forward if the hon. Member really wants to adopt a consensual approach on the issue of mental health.

Madam Speaker: I now put the question in terms of the amendment moved by the Hon. the Leader of the Opposition. Those in favour? **(Opposition Members: Aye.)** Those against? **(Government Members: No.)** The amendment is defeated.

What the House has before it now is the original motion as moved by the Hon. the Minister for Health, Care and Business. Does any hon. Member wish to speak on that motion? The Hon. Minister, Mr Cortes.

1010 **Minister for Environment, Sustainability, Climate Change and Education (Hon. Prof. J E Cortes):** Madam Speaker, I feel I have to rise because I was Minister for Health between 2011 and 2016 and responsible for mental health. I think I heard the Hon. Mrs Ladislaus mention that this Government had essentially not done much until 2021, and if that were the case then I did nothing for mental health in the six years that I had the privilege of being Minister for Health, and that is not what the facts reveal.

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Not only does the Hon. Chief Minister recall that day on 1st January 2012, which will be forever marked in our hearts, and how we worked very hard to do away with the worse-than-Victorian conditions of KGV and replace them with Ocean Views, but I also brought the very Mental Health Act that set up the Mental Health Board and led to the Report under discussion today, in 2016, to

1020 repeal an Act that I think went back to 1968 – clearly completely out of date, even more so than
the way that the Hon. Leader of the Opposition has explained the differences now.

Madam speaker, if I may also comment that what we are talking about today is not unrelated
to special educational needs or disabilities or to the report that we published a couple of months
1025 ago, but I think we must be careful that we do not confuse special educational needs and mental
health. There is a lot of overlap and there are a lot of things in common, but the terms are not
interchangeable because there are differences between the two, although, as I say, there is a lot
of overlap.

The discussion today is not unrelated either to the review of mental health in schools, which
we produced, probably around 2018-19, which led to the creation of school counsellor posts for
1030 the first time ever and the excellent work that the school counsellors do. I also have to comment
on the excellent counselling course that is being run by the Gibraltar College, which has, in fact,
been praised by the accrediting body as being one of the best anywhere where these courses are
held.

Finally, I think it is also relevant to note that the mental health of young people, which has
1035 been referred to constantly today, is constantly reviewed by the Department of Education and I
have no doubt that the current pupil-centred education that we are providing in our schools
provides a support mechanism for children and young people's mental health. Again, I have little
doubt that this change in the way we teach in our schools will be reflected in improvements in the
mental health of young people as they grow older.

1040 Thank you, Madam Speaker. (*Banging on desks*)

Madam Speaker: The Hon. Mrs Sanchez wanted to speak.

Hon. A Sanchez: Thank you. Madam Speaker, I would like to start off by taking this opportunity
1045 to express my gratitude to all the hardworking NGOs and stakeholders involved in mental health
and well-being within our community. Their tireless efforts throughout the year significantly
improve services and raise awareness and acceptance.

Cross-party collaboration on this issue is, indeed, imperative. To foster such collaboration and
prepare for a productive debate on this motion, I wrote to the Hon. Minister on 21st May upon
1050 receipt of the Parliament Agenda. After learning that the Mental Health Board Annual Inspection
Report 2023 would be laid before Parliament this session and noting that she would also be
moving a motion, I sought clarification on the timing of the motion given that we had not received
the Report at the time of my email. I am still awaiting a response to said email. In an effort to
foster cross-party collaboration, I humbly ask the Hon. Minister to consider being more
1055 communicative with her Opposition colleagues.

Hon. G Arias-Vasquez: If the hon. Lady can give way –

Hon. D J Bossino: You need to say yes or no. She can respond.
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Hon. A Sanchez: Yes. (*Interjection*)

Madam Speaker: The Hon. Minister is asking you to give way because, I presume, she has a
1065 point to make on something you have just said, but it is a matter for the hon. Member whether
you choose to give way or not.

Hon. A Sanchez: Yes, I will give way.

Hon. G Arias-Vasquez: I do not believe I have received such an email, Madam Speaker. If the
1070 hon. Member has ... I apologise, but I have not received such an email.

Hon. A Sanchez: I can show her later, if she wishes to see it. (*Interjection*)

1075 Unfortunately, as my colleagues have stated, we received a copy of this Report only after the
Minister issued a press release on a self-congratulatory motion about a report that Opposition
MPs had not yet seen and on which we had not yet voted. As my colleague has stated, we would
have welcomed the opportunity to discuss the report with NGOs and affected members of the
community in preparation for this motion. We can say that we want cross-party collaboration but
I do not see how this is conducive to cross-party collaboration. As the Hon. Minister has pointed
out on social media and here today, there needs to be cross-party collaboration on crucial matters
like this. The Hon. Minister cannot be so eager to commend herself on such a critical issue. It is
1080 perplexing why the Minister would table such a self-congratulatory motion on a report that
specifically stresses that it is neither a critique nor a celebration of the current mental health
system. It emphasises that platitudes get us nowhere and neither does negative criticism, but in
her eagerness to congratulate herself and the Government, the Minister seems to overlook the
critical findings in the Report. If the Hon. Minister was keen to commend herself, she could have
1085 at least waited until all Members of Parliament had voted on the motion.

Madam Speaker, turning to the Report, it is essential to thank the Mental Health Board for
their continued hard work and dedication in preparing this detailed Report. It would be useful for
the Government to, at some point in the future, commission another independent mental health
situational analysis report, perhaps again carried out by Public Health England, to have an exact
1090 idea of where improvements have been made and where further work is needed.

I, once again, stress the need for the independent regulation and monitoring of services
provided. This is crucial. I, once again, urge the Government to implement the local equivalent of
the Care Quality Commission to oversee the independent regulation and monitoring of care and
services for those needing mental health provisions, as well as the wider provision of health and
1095 social care in general. This should extend to the regulation and monitoring of all health and care
services, whether provided by the Government or private entities. On this note, I direct the Hon.
Minister to page 36 of the Report, where it states:

Concerns were also raised by the staff when dealing with Sandpits House and untrained [Medoc] staff who could not
manage situations arising from mental health or medication problems

I urge the Hon. Minister to address these concerns to prevent any preventable mistakes from
occurring. Lessons must be learnt. There should not be untrained staff, especially in these crucial
1100 areas. If the Government subcontracts these services from any private company it must ensure
that all staff are fully trained. I further highlight the point that independent regulation and
monitoring would ensure that standards and quality of services are maintained and, indeed,
always enhanced and improved.

Furthermore, the Report also stresses that the code of practice, which is a requirement under
section 106 of the Mental Health Act 2016, has still not been delivered and is now two years
1105 behind schedule. It is imperative that this is completed and delivered without any further delays.
Notwithstanding, the improvements in mental health services are noted, as is the hard work of
the dedicated professionals in this field. These professionals and their dedication deserve praise;
they are the ones who deserve congratulations.

1110 The introduction of the three-year undergraduate degree from the University of Gibraltar in
mental health nursing is a very positive step and we hope it marks the beginning of more courses
and degrees in this and similar fields for our youth. In the area of social care, I urge the
Government to develop training and educational opportunities for young people in this field; we
certainly do need the local expertise.

1115 The report highlights how community support for those needing mental health services has
been strengthened and improved. This signals a positive move away from institutionalisation
following global trends. However, there are still too many individuals who fall through the cracks,
who struggle to cope and who do not receive the necessary services and support. Many rely

1120 heavily on the overwhelming support of family members, who are often at breaking point. I have
to agree with the Report when it states that much more needs to be done to house and care for
individuals with chronic health issues to sustain periods of stable mental health, and without the
right support during the better periods of an individual's journey a cycle ensues where individuals
find themselves sectioned or admitted once again.

1125 Individuals with substance abuse who may also require mental health support continue to face
delays in accessing the detox programme at Ocean Views, and some lack adequate supervision
and support after completing the Bruce's Farm programme. These individuals require significant
support to make their recovery journey a successful one. We still receive too many concerns in
relation to this. There are still too many families that are concerned about this. Furthermore,
1130 page 26 of the Report suggests the need for a clearer pathway for emergencies arising from
alcohol withdrawal. This matter is of grave concern due to its potentially fatal consequences and
I urge the Government to heed the Board's recommendation on this.

Although community integration is desirable, there are situations where supported living
within designated accommodation is deemed most suitable by professionals and families.
Specifically in relation to this, section 11 of the Report, 'Supported accommodation', notes
1135 concern regarding the knowledge and training of the staff at Sandpits House in relation to mental
health. While it is reported that the whole model of care is being addressed, no timeframe has
been provided. The Government subcontracts services for this site and I urge the Hon. Minister to
ensure the provision of suitably trained staff when subcontracting any services for health and care
delivery to the service users of the Care Agency, ERS, mental health services and the GHA.
1140 Anything less is unacceptable and can lead to preventable and unwanted situations that might
have otherwise been avoided.

Regarding Kent House, the Board's recommendations highlight the Government's obligation
to maintain and quality control these facilities if the aim is to treat more patients within the
community. It is surprising that issues with Kent House have been documented since 2019 and
1145 appear to still remain unresolved. It is also disheartening that the Board notes a reliance on
charities and donations for basic furniture for these flats. (**A Member:** Hear, hear.) This issue is
replicated across other care services as well.

I will not delve deeply into Health's specific details but I find it disheartening to read that the
activity co-ordinator at Ocean Views lacks an official job description or an operational policy and
1150 that the role is filled by a part-time enrolled nurse with additional duties. The need for ward clerks
and junior doctors is also noted on pages 24 and 25. I note this not to appear to be partisan or not
to want to collaborate with the Government, but it is disheartening because when you note that
the Government can find resources to appoint advisers but it cannot find resources to value the
work of an activity co-ordinator, or it cannot find resources for ward clerks or junior doctors or
1155 furnishing flats for supported living but it can somehow find resources for unadvertised
appointments and remunerations within the Care Agency and the GHA, it beggars belief.

I also acknowledge the significant improvements made under the National Dementia Strategy
and the hard work of the Gibraltar Alzheimer's and Dementia Society. However, we must ensure
that older adults, both within the ERS facilities and our community, are adequately covered by our
1160 mental health services. Their mental well-being is imperative. We continue to receive concerns
about older adults in need of mental health support who do not receive the necessary care.
Additionally, there must be a clear pathway for older adults suffering from dementia or
Alzheimer's who need to be admitted to Ocean Views. The Report highlights the need to address
and provide proper placements for patients requiring specialist treatment not available at Ocean
Views and this is a matter that needs urgent attention.
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Finally, section 7 of the report, 'Gibraltar Young Minds', notes that the ADHD waiting list
remains a significant concern with referrals continuing to be made without clarity on the handling.
The promised ASD and ADHD pathway has yet to materialise. While the Minister has mentioned
developing these pathways, we await their development and implementation anxiously. I note

1170 the Hon. Minister's comments that these are not interchangeable, but they are linked, so I would
 like to mention the recent government-commissioned report on the increased prevalence of
 special educational needs in Gibraltar that indicates an upward trend, from 20% in 2014-15 to 30%
 in 2022-23, compared to 17% in the UK in 2023, driven largely by ASD, ADHD, mental health and
 1175 behavioural problems. The Mental Health Board Annual Inspection Report 2023 highlights the lack
 of local behavioural specialists, a child psychiatrist, clarity in the ADHD referral process and the
 need for the ASD and ADHD pathways. It also notes waiting lists for children to see a psychologist
 and the need to review protocols when a child is in crisis. While some of these issues may have
 been addressed since the Report's completion, many remain unresolved and have remained
 1180 unresolved for far too long. These issues continue to have an impact on children, young people
 and adults, who are all in need of pathways and clearer protocols. I welcome the Hon. Minister's
 confirmation that issues are being dealt with and that we can expect the publication of these
 pathways imminently, but I am certain that the Minister will agree that we cannot afford any
 further delays.

1185 Madam Speaker, for the reasons I have given in my contribution, I hope that the Government
 will not rest on its laurels and will focus on the critical areas that I and my colleagues have
 highlighted, and indeed on the critical findings of the Report, urging the Hon. Ministers to give
 consideration to the amendment introduced by the Hon. the Leader of the Opposition to the
 motion being discussed today.

Thank you. (*Banging on desks*)

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Madam Speaker: Does any other hon. Member wish to speak on the motion? Yes.

1195 **Hon. Chief Minister:** Madam Speaker, now on the motion as unamended and as a whole, I
 want to rise by thanking the hon. Lady for the way that she has ended her intervention because
 by telling us not to rest on our laurels, she has recognised, perhaps for the first time during the
 course of the two and a half hours that we have had the pleasure of being here to debate this
 motion, that there are laurels to rest on. That is the reality, and I guess that is what they have not
 liked about the Report that we are debating: the 'and all' after the 'warts' that the Hon. the Leader
 of the Opposition spent an hour exfoliating out of the detail of the Report. It is not that I, for one
 1200 moment, felt that debating this issue for two and a half hours or for five and a half hours would
 not be a good use of the Government's time. He should know that. Government motions are not
 moved without the consent of the Leader of the House. The Leader of the House believed it was
 a good idea that there should be such a motion. Once such a motion is on the Order Paper, the
 only control on how long each Member can speak is in ... Madam Speaker's hands. 'Your Majesty'
 1205 was about to roll off! (*Laughter*)

Madam Speaker: It would not be the first time I have been referred to as that, but perhaps
 best to avoid.

1210 **Hon. Chief Minister:** [*Inaudible*] ... the only person who could have taken Marlon Brando's role
 in *The Last Tango in Paris* and turned that passionate movie into a PG certificate, let's face it. It
 was really quite remarkable to have to stay awake during the intervention. That is not to say that
 the issue is not without importance, just that the contribution was without colour, passion and
 was unengaging. But he should not be concerned about my views about that because he knows
 1215 that I have never voted for him and never will; he has to be concerned about other people's views
 in that respect.

1220 This is a serious subject. That is why the motion is before the House, that is why the Minister
 is talking about continuing commitment and that is why we have to recognise where we have
 come in the time that we have been in office, taking the point of genesis for us as December 2011.
 We have to take that point of genesis but we can go back to 1988 and see the progress that the

1225 GSLP, when it was first in government, delivered in respect of mental health services and measure
 that parameter of eight years with the 16 years that they were in government. That is actually not
 something that any of us should eschew doing. It is to measure the political commitment of the
 party on this side of the House, now with the Liberal Party, and compare it to the political
 1230 commitment of Members opposite. As we have been reminded in the context of their allegedly
 non-partisan partisan interventions, that is what they are trying to do to us. Under the guise of
 consensus, what they are trying to do is serious adversarial politics. Well, look, no problem,
 Madam Speaker. They are supposed to be an alternative government. It is not very often that they
 get up here to do the politics of being an alternative government, and indeed, today, all they have
 done is to seek to criticise and to ask that we should work with them when they have shown no
 sign of wanting to work with us.

Okay, but in this area he might be surprised to hear that it was not just John Cortes and I who
 remembered that fateful day on 1st January 2012. Whilst I was on my feet I received a message
 from somebody who was there on that day: 'I am so glad you remembered and brought up
 1235 1st January 2012. It was a shared moment between yourself, John and me, when we were all
 moved to tears.' *'Y van hablar ellos'*, she says, referring to them. *'vergüenza os debería dar'*.
 Shame they should have. Those poor souls forgotten for years. Thank you.' I responded shortly:
 'Thank you for remembering this as vividly as we do.' She replied immediately: 'I also remember
 the promise you made that morning and which you honoured.' That was to confine KGV to this
 1240 community's history books before we finished an airport or a new prison, to take the steps we
 had to take to look after those who were suffering acutely in mental health crisis. This is not us
 remembering something which is convenient from a partisan position. This is the reality of what
 was being lived by people in the time that *they* were in office. It is ever the case with the parties
 of the right wing that they remember these causes when they are in opposition. They talk about
 1245 the Cinderella of the mental health services when they are in opposition and when you get elected
 you find that they have let Cinderella die, and as I said before, even her ugly sisters had packed up
 and left. That is the reality of what we were dealing with when we were returned to office. So, I
 am delighted that now, back in opposition, they have this newfound concern for the mental health
 services. I do hope it continues for many years, because it will only continue whilst they are in
 1250 opposition.

Madam Speaker, I will forgive the hon. Lady Mrs Ladislaus's intervention in saying that it took
 us until 2021 to do anything about mental health services as the error of somebody who has just
 been elected and takes the point of genesis as the point of her election and is not seriously telling
 us and telling members of this community, who would otherwise regard her contributions to this
 1255 House as serious, that nothing was done in the context of the mental health services offered to
 this community until 2021, because it is not serious politics to say that. If there is one thing that
 has characterised her interventions to date in this House it is the serious nature of the
 interventions that she makes, which are credible and which we want to work with, but when you
 get up and say something like this, everything else starts to look suspect too, and it is a pity
 1260 because of all the subjects that we are dealing with, this is probably the most serious. So, it is not
 that I do not want to work on a consensus basis, it is that it is very difficult to see how anything
 that they have done this afternoon is actually designed to do anything other than to break the
 consensus that was proposed by the Hon. the Minister.

Their deepest complaint seems to be that she moved a motion at the same time as she was
 1265 tabling a report upon which that motion was based, and she had read the motion and they had
 not. Well, they had time to read the Report before they had to reply on the motion, but before
 they replied to the press release on the motion, did they say, 'Let's read that Report and then give
 an informed view'? No, they responded immediately, without reading the Report, saying that they
 were not going to support the motion: really quite remarkable. The Hon. the Leader of the
 1270 Opposition, from a sedentary position, says that is not what they said. I recall saying to the Hon.
 Minister, the minute I read their press release, 'They are not going to support the motion.' Perhaps

I am too good at reading even between their own lines to see exactly what they were doing and where they were going.

1275 The leopard never changes its spots. The leopard on the other side of this House is always
 wanting to work constructively and in a non-partisan manner around their positions. It always
 wants to work constructively and in a non-partisan manner when they are in government. It is
 really quite remarkable. This he said in the course of his main speech, not just in the context of his
 1280 response to my response to the amendment. Of course, it is true that the pressures that social
 media has brought to adolescents – and not just adolescents – were not there in the 1990s, but
 substance abuse was there. Of course it was. Other pressures were there. It is not that the world
 of pressure started with Twitter, TikTok and Facebook; there were other pressures, other social
 pressures, other peer pressures. Are they saying that, therefore, they were okay to ignore and
 abandon mental health services in our community? That is what came across. He was almost
 1285 seeking to exonerate himself and his party from their failures between 1996 and at least 2003,
 when he was there, on the basis that TikTok was not around then. You might call it the TikTok
 defence that he was trying to deploy: utterly nonsensical.

That we did not have the explosion of special needs children is not because those issues did
 not exist. (*Interjection*) The hon. Lady Mrs Sanchez referred to this issue as well, so if he does not
 want me to refer to him saying it, I am very happy to say that she said it.

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Hon. Dr K Azopardi: I know he does not want to sit down, but on a point of order, what I said
 earlier ... The Standing Orders prescribe a very clear order. I replied on my amendment. I made
 certain points on my amendment. He does not, in getting up to speak on the original motion, have
 a right to reply to things that I said in my reply on the amendment. It is very simple. He knows
 1295 that. He knows he is ducking and diving to get his points in, like he always does.

Hon. Chief Minister: Madam Speaker, I do not accept that. The point about special needs
 children has been made in the debate not just by him, it has been made by others. (*Interjection*)
 If he does not like the fact that I am referring to it in his reply and doing him the courtesy of dealing
 1300 with it, I will not; I will deal with it in the context of exactly the same point being made by
 Mrs Sanchez. Of course, it is true that there are more special needs children today diagnosed, but
 it is not, in my view, necessarily true that there are more special needs children today. The key is
 the 'diagnosed'. That is to say we have identified more people who need special assistance. Or
 does he forget that we were all sometimes lumped together with people of varying needs and
 1305 abilities, many of whom were cruelly discarded by our community and our society and today are
 embraced as requiring those special needs? If we went back and applied the same standard of
 diagnosis to those who were in school... The hon. Lady Mrs Sanchez apparently finds it hilarious
 that I am saying this when it is one of the most serious points I am going to make this afternoon.
 If we went back now and applied today's standard of diagnosis to a year, for example, our intake
 1310 to comprehensive in 1984, are they sure that there would be not exactly the same ratio of children
 needing special needs education? Are they sure of that? I am not so sure of that. We have changed
 the way that we do diagnosis, we are better at diagnosing this and we are giving more help. That,
 which they use in the context of the arguments that they put to damn us, in my view is actually
 what they should be saying demonstrates our commitment, because we have been committed to
 1315 diagnosing those with special needs. It seems to me that they are getting the wrong end of their
 own sticks.

The hon. Lady talks about one of the things that is positive which has nothing to do with the
 Government, the three-year undergraduate degree at the University of Gibraltar. I suppose that
 is because this Government had nothing to do with the establishment of the University of Gibraltar
 and this Government had nothing to do with approving the course that the hon. Lady is proposing
 1320 and, indeed, advancing it. So that which in her view, or at least in her presentation right now, has
 nothing to do with the Government – another source of great hilarity for the hon. Lady – is what

she is prepared to say is a good thing. Well, perhaps she might take a different view now that I remind her that actually it is the doing of the Government that brings that about. So, I thank her
1325 for those backhanded compliments that she has given us, perhaps without even realising it
because she has not thought through, logically, the things that she was saying were the things
that were damning of the Government. This motion, unamended as it is, talks about *continuing* to
improve the service and talks about it having to *remain* a priority. Which part of that did the hon.
Lady not understand when she told us that we should not sleep on our laurels? That is exactly
1330 what our motion tells us not to do. Hon. Members opposite will forgive us, or not, for not being
prepared to take their advice on how to act in a manner that is consensual and non-partisan,
especially given what we have seen of their approach in the context of the last piece of legislation
that this House passed before the adjournment on the Inquiries Act and what little regard they
had for the consequences of their comments to the international reputation of Gibraltar. We will
1335 not take any lessons from them on how to act in a consensual manner and in a manner that is
non-partisan.

What we will do is thank Clubhouse for the incredible work that they do and how that has
developed the picture of community mental health provision in our community, something which
we greatly encouraged, that we spent money on supporting and populated in order to ensure that
1340 it can provide the magnificent – and I do not use that word without appreciating the full value of
its meaning – work that Clubhouse do in our community, supporting the Community Mental
Health facility of the Government which, by the way, they are saying we need to rehouse without
adding ‘because we sold Coaling Island’. In other words, when they come here to talk to us about
rehousing the Community Mental Health facility, they appear to want the community to forget
1345 that the reason that we have to rehouse the Community Mental Health facility is because they
sold Coaling Island to a developer, the self-same developer that he gets up and says to me before
the General Election are the rich developers on whose side I am when he is trying to garner votes –
except, of course, the only reason I had to do the Victoria Keys deal was because they had done
the Coaling Island deal. Everything is linked and the hon. Member hates it when I join the dots for
1350 him; I realise that. I do realise that they do not like to be reminded of the fact that the Community
Mental Health facility has to be moved because they sold Coaling Island to a developer. I realise
their nervous whispering is rising in crescendo as I remind them of that, but I have no difficulty in
joining the dots for them.

It is true that in this Report there is reference to progress and improvements and there are
1355 findings which relate to critical issues. That is what the Report says, that is what the Hon. Minister
said, but he did not want to hear it. I suppose that after four failed attempts at becoming Chief
Minister, twice leading two different political parties to failure, you end up having to come to this
place to, in effect, parrot what the rookie Member of the Parliament has said and pretend that
you are the one saying it. She has had the ability to come here and reflect both on the good and
1360 the bad in a Report, and that shows such transparency on the part of the Government and on the
part of the new Minister that the Leader of the Opposition, the four-time Chief Minister-proposed-
but-failed candidate comes here to repeat what she has said and to admonish her for not having
said it.

I was delighted to see the Hon. the Minister for Health wrongfoot the Leader of the Opposition
1365 so effectively in her maiden intervention and I am delighted to see that just as he has failed in his
four attempts to become Chief Minister, he has failed in his attempt to amend this motion and he
has failed to persuade the Government to do anything other than to continue in its support for
the motion as drafted. In doing so, and having heard the hon. Lady, even before she replies I am
delighted to see that her performance in the past eight or nine months just goes to demonstrate
1370 that the people were right to entrust us once again with government and I was right to entrust
her with this portfolio, not least with the aspects that deal with the mental health services.
Therefore, Madam Speaker, I will be delighted to follow her lead and support this motion when it
is put.

Madam Speaker: Does any other hon. Member wish to speak?

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Hon. D J Bossino: Madam Speaker, this is what we have been treated to. Certainly, one of the interventions from the Hon. the Chief Minister leaves me deflated, but I have perked up slightly given the final comments that he has made. The hon. the mover of the motion, the Hon. Minister, said that she wished to steer away from party politics. Those were her words. That is what we were treated to when she presented this motion, but what we have been subjected to, particularly by the Hon. the Chief Minister in his last intervention, has been nothing other than party politics because he cannot help himself. If there was ever an indication, ever evidence that the hon. Member opposite has lost his steam, that he is at the end of his career, as he himself has said, there could not have been a better example of that this evening.

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The Hon. the Chief Minister says that we seek to criticise. In fact, I think the interventions that we have heard from my hon. Friends here, all three of them, have been nothing other than an attempt ... and almost an element of deference to the hon. Member opposite because, actually, what they want to do is to come to a consensus position. In response to the Hon. the Minister, there is nothing in the amendments which have been proposed by the Hon. the Leader of the Opposition which can be described as being party political or partisan in any way, on any objective analysis. It is they who are seeking to make this into a party-political issue and it is a sad day for them but also for all of us. We are treating viewers to a spectacle, but it is inevitable, when the Hon. the Chief Minister speaks, that we have to rise and respond to the things that he says. He is responsible for that; he is the one who creates this atmosphere in this House and he cannot see it in any other way. For goodness sake, he says that he does not want to introduce party politics and he gives us a rather childish history lesson, where he says that everything between 1988 and 1996, when there is the horrible GSD Government in the middle for four terms, returned to this House on four occasions ... I know my political history as well. We nearly made it a fifth time but for a mere handful of votes; I think it was about 250, the difference by which we did not secure a fifth term in 2011. Everything was bad in those years until the new dawn arrived in 2011, and since then everything has been hunky-dory. This is simply childish politics and it is nothing other than a disservice to this very sensitive and very important issue in respect of which there ought to be a consensus approach. That is what the Hon. the Leader of the Opposition was trying to do by introducing the amendment to this motion, and that is what my other learned friends were doing when they made their interventions. There was some criticism, but that is not exclusive to us. There is criticism in the Board's own findings. It is not all perfect, and I hope that the hon. Member opposite, when she responds, acknowledges that the things that we have said are all in this written document's 60-odd pages.

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The hon. Member, like a scratched record, refers to the KGV. I was here in their first term in office between 2011 and 2015 and they made a song and dance of it. They got all emotional. Of course there were improvements, but the reality is that the Royal Naval Hospital project was the GSD's project. If he wants to get silly and party political about it, it was a GSD project. They may have improved it by a reconfiguration of the rooms and all the rest of it, presumably on advice from the relevant experts because I think the criticism was that the rooms were too small. There was an improvement – and there have been members of my own family who have benefited from that – and we are happy to concede that, but that was a GSD project. I feel obliged to get silly, childish and party political about this because he does so. This is a partisan Chamber, it is an adversarial Chamber and we have to defend our record and criticise the hon. Member when he makes those, quite frankly, absurd political points. To leave Cinderella to die, really? Is that what he has to say? Is that what he has to come down to, that we are the party of the right wing? I may have right-of-centre views on certain things. It does not mean that conservative parties around the world do not do good things, of course they do. Certainly I have no issue with that label, but why does he try to create that type of ideological division? Are all the Members opposite really

1425 socialists? I have a question mark about that. Are those members of the Liberal Party really liberals? I am not so sure about that either.

1430 He says that we did not read the Report, that we were very quick to criticise. Well, what did the Hon. the Chief Minister do this afternoon? He did not even read or consider what the Hon. the Leader of the Opposition was suggesting by way of amendment to the motion. He simply knew that he had to vote against it and speak against it, because that is the way he is. He did not properly
1435 consider our amendment. If this House is going to properly work, if this House is properly going to be the subject of positive comments from people out there, this is precisely the thing that Parliaments around the world do: they offer amendments, and it is not an issue. If it were a bigger House it may be that we could have persuaded backbenchers on the other side to vote with us in respect of our motion. We could have changed our own amendments as well. That is how you reach a consensus position, but you do not do so by saying that everything that we offer is wrong and that everything that they offer is right – we are not going to get anywhere and, quite frankly, it would be a disservice, I think, to the people who voted us in here only about seven months ago.

1440 The Hon. the Chief Minister, in one of the poorest moments in his intervention, offers what I think is a rather rudimentary, not facts-based and certainly not science-based comment in relation to why we have more children – some of them now not children – with special needs. He says it – and I give the hon. the mover of the motion the opportunity to correct what the Chief Minister says – without any evidence whatsoever. It is a view that people have. I certainly have a different view and I think that any right-thinking person ought to have a different view. It is not just a question of diagnosis; it is the fact that there are more individuals who are impacted with special
1445 needs. He refers to people in our school year who maybe would have been diagnosed with this, that or the other. There may be an element of truth in that, but how many of the people in our year were non-verbal, I ask him: zero. And how many people suffer that unfortunate condition nowadays? It has grown. So, he does not have the complete answer there, and given that he cannot reply, I would give the Hon. the Minister who moved this motion the opportunity to correct that, something which is so obviously wrong, and it is so obviously sad, quite frankly, that he is using it to make a party-political and partisan point. He says that it is not the same ratio, but irrespective of the reason why we have higher numbers and of what the underlying cause is, the fact is that we have more numbers. The fact is that we have more people who need help. That is a basic fact, which is the point that the Hon. the Leader of the Opposition was making. This is a moving thing. Therefore, the point that he makes about what happened in 1988 is totally
1455 irrelevant. We need to deal with the facts as they are now and the reality on the ground as it is now.

1460 The rest, actually, does not add anything to the debate and less so what he says at the end of his intervention about the Hon. the Leader of the Opposition's political history. What on earth is he talking about? How does that assist? That may be relevant in a different context, in a different debate, but not this one, not when we are debating mental health, for goodness sake. In his usual immature way, it is clear what he is trying to do: he is trying to make us all get accustomed to the fact that he has already anointed his successor when he talks about the mover of the motion as leading the way in relation to this. If the mover of the motion – and I have told her this before in
1465 respect of a different debate – wants to show clear, robust leadership skills, this is her opportunity now, and I would urge her to take a different view. She has already voted in relation to the amendment, but maybe she can move amendments of her own so that we can get to a point where both sides of the House can come out of this House this evening with a unanimous position in relation to this issue. It is possible. She can do it. She has the ability to do it here and now,
1470 another opportunity to show her leadership skills and that she is capable of leading the party on the opposite side and this place more widely. I doubt that she will, because the reality is they have taken a position. In fact, the Hon. the Chief Minister says that he commented to his friend to his left that the Opposition were going to be voting against the motion. Well, we took the same view: 'They are going to be voting against our amendments.' This is how sad all of this is because, quite

1475 frankly, the amendments are totally and utterly innocuous, nothing partisan, nothing aggressively
party political in nature at all.

Madam Speaker, I think I have dealt with the points that we wanted to deal with in relation to
the Hon. the Chief Minister's intervention and I wanted to move swiftly on to, very briefly, the
Hon. the Minister for the Environment's intervention. I make two points. The first one is, once
1480 again, it is not about him; it is not about his ego. Who cares whether he was the Minister for this
or the Minister for that? It is not about him. It is always about the Hon. the Minister: me, me, me.
Who cares? This is much more important than Mr Cortes or his ego. It is nothing to do with that.
If he is critical of what was happening before – I do not know when, presumably 2011 – when he
talks about the more-than-Victorian conditions, the hon. Gentleman was the Hospital Manager at
1485 the time: he could have done something about it. He did not have political leadership but he could
have done something about it. Once again, it is not about him. It is a similar point to the one I
made earlier about the greater diagnosis point that the Hon. the Chief Minister was talking about,
when he says, 'We introduced a new Act in 2018.' That is old news. Why can't he realise that is
old news? We had a massive influx only two years ago, which took him by surprise as the Minister
1490 for Education, of children with special needs in St Martin's. It rose from an average of six or seven
to 20-something, and it continues. I can tell you it is not to do with better diagnosis. Are we
seriously saying that there has been better diagnosis between 2020 and 2021? No, there are more
kids with problems. That is the reality that this place is facing. I am assuming, because I would not
want to think that it is anything other than that, that it is across the board, that it is beyond our
1495 shores that this is happening, but it caught him by surprise. Therefore, we need to deal with the
situation as we face it now, not patting himself on the back that he introduced a new law in 2018.

In relation to the one comment that the hon. mover of the motion made – I think it was at the
end of her contribution – where she says, in her more approachable, consensual moments, that
she is willing to consider any points that we raise which are not wholly positive and arise from the
subject matter of this motion, which is the Annual Inspection Report of the Mental Health Board,
I pull from that string and I would ask her what comment she makes in relation to what the Board
1500 says at the end of their Report, under 14(d) Budgets, where they call for, basically, greater
autonomy to be given to mental health services. It says and I quote:

Those at the helm of Mental Health Services would be given the autonomy

– this is what they asked for –

to determine how their budget is spent ...

1505 – because, they say –

it is crucial that the decision-makers heed the advice and recommendations of Mental Health staff ...

I would ask her to comment in relation to that and if she has a view in respect of that specific point
that the Board members make in their report.

Also, there is a reference to identifying and addressing wastage within the GHA generally,
where they say it is the efficacy of resource utilisation that is of concern. I think that is a very
1510 serious point which the members of the Board make.

Finally, they make, I think, what is a very interesting and important point, where they talk
about ... from a very superficial level, in the sense that I only draw from my personal experience,
but I do not have the full picture; the Hon. the Minister will. They say, in 14(e):

Not only is it important to reassess the structural relationship between Mental Health Services and the wider GHA,
but it is also worth considering whether there should be greater integration between Mental Health and other care
services in the community, such as social care.

I think they make a very valid point, and I would ask her to comment in relation to that.

1515 Thank you. (*Banging on desks*)

Madam Speaker: Does any other hon. Member wish to speak? If no other hon. Member wishes to speak, I call upon the mover to reply.

1520 **Hon. G Arias-Vasquez:** Madam Speaker, you will be glad to know that I intend to be brief in my reply to this motion. You will also be glad to know that I have no intention of going back to 2011, 1988, 1996 or anything of that nature; I am merely going to look forward.

I disagree with the analysis of the report as a snapshot. It is an opportunity for us to look at what is being done in terms of mental health and it is an opportunity for us to account to the public. That is the reason that I have brought the motion today. That is the reason that I thought it was fundamental for this to be debated today, so that we can be responsible to the public for what is happening in mental health. The report is an opportunity to analyse the issues and I will attempt to continue to be constructive on this basis. I am not saying and I have not said in my speech at any point in time that the mental health service provision in Gibraltar is perfect. I have
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1530 acknowledged throughout that we need to do more for mental health services and I have gone through the report point by point in order to demonstrate what we are trying to do in each of the areas that have been criticised. I have not shied away at any point from the criticisms that the Mental Health Board has raised.

I will only address one political point which has been raised in this debate and that is the question of when the Report was tabled and when the motion was tabled. The Report was given to the Members of the Opposition on Tuesday, 21st May. That is last Tuesday, when we sat in this Chamber. I remember perfectly because it was my birthday. So, on Tuesday, 21st May, the hon. Members were given the Report. They have had a week to read a 68-page Report. I will go further and say that it was given to them at that point in time because that was the approach that was agreed with the Mental Health Board. They told me that they wanted to give the Report first to the senior management of the GHA and then they wanted me to table it in Parliament. I agreed that approach with the Mental Health Board and that is the approach I took. However, I gave a week for them to read the Report because a motion has been presented today. I do not think under any circumstances that it is unreasonable to give a period of a week to read the Report.
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1545 That is the only political point that I will deal with. Therefore, I will leave the majority of the hon. Member Mr Bossino's discussions to one side because they are largely political in nature, and I will address the other points that have been made.

I am very glad that the Leader of the Opposition has acknowledged that there have been improvements and I appreciate that approach. I have no issue whatsoever in reaching out in future to the Shadow Minister for Health – or to the Leader of the Opposition, if he indeed wishes to be part of these debates – to inform them, prior to coming to Parliament, of what we intend to do. In fact, I have taken that approach with the neurodevelopmental pathway, and we are happy to do so in future on matters of such importance. I will say that and I will reiterate that because we are happy to have that approach. We committed not to publish in the pathways until such time as the hon. Members opposite saw the pathways and we will continue to do so. I will address the pathways in more detail in a second.
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I am somewhat disappointed that the hon. Member opposite sought to make the debate apolitical and yet tries to reinstate some political points in that. In fact, we are accused of largely ignoring the 2019 report, but I think it is very important, for the record and for *Hansard*, for me to read the conclusion of that report. I read from the report itself, which says:
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There are many positive aspects 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 the World Health Organisation's framework for mental health interventions. For instance, Gibraltar has some specialist services and residential

facilities. It has a functioning Hospital and a CMHT and primary care delivers a reasonable level of mental health services. The challenge for these components of the system is the lack of strategy, co-ordination and integration.

We took that report and developed a strategy. In fact, from that report, the Mental Health Strategy was developed. So, we took the conclusions of the report and converted it into the very strategy which is now praised. There is a 2021 Mental Health Strategy which is in place for five years and we intend to follow that through. Is the system perfect in terms of mental health? No. Do we pretend it is perfect? Not at all; however, it is better than what we had.

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The Board is auditing what could be done, yes, and we are responding to that audit, and we are responding to the hon. Members opposite and to the public in terms of what we are doing. We have followed the recommendations of the Board and, indeed, we went through, aspect by aspect, the Board's recommendations telling them, where we were failing, what we intended to do, and the ones that we have not addressed yet we actually said that we were parking for now – for example, the dementia strategy, but we had begun to discuss what it was possible to do. So, we are holding ourselves accountable and it is very important to make this point. Since 2019 the Ministry for Health and, indeed, the GHA, has held itself accountable. It created a board which reported on matters of mental health, which held the GHA and the Ministry of Health to account. That is what we are doing and that is why it is important to ventilate these issues.

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I am further very encouraged to see that there seems to be consensus from the Members opposite for us to engage in a study to see what further can be done in terms of mental health. I note the Hon. Leader of the Opposition said that he was happy to get Public Health England involved, or such a body, in order to review the services that are currently provided. I note that I was chastised – and this has been alluded to by the hon. Member Mrs Sanchez – in Parliament for going to experts to seek opinions on these matters, but I note that not only the Leader of the Opposition but Mrs Sanchez thinks that there should be an independent review of the services, and indeed that might be one way of trying to address the issues that have been raised in terms of the job descriptions etc. that the report goes into.

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If we look at the Report – and we are going to look at it very summarily, just to go through some of the points that have been raised – I was accused of being insufficiently even-handed about some aspects of the report. In fact, the speech seems to have been prepared before I delivered my speech, which is slightly sad. I spoke about the digitisation of the files and I said that we looked to have this completed; I will report to Parliament when that is done. Dementia patients: I dealt with dementia patients. Second opinion doctors: we dealt with second opinion doctors. The code of Practice: I am not happy that we do not have a code of practice but we have committed to having that code of practice in place and we have said that the reason that the code of practice is not in place is because we are engaging with stakeholders. Again, engaging with stakeholders is something that the Report tells us to do and it is something that we are doing across the spectrum. So, we are engaging with the Care Agency, we are engaging with the Department of Education, we are engaging with all the stakeholders involved in order to provide a holistic approach to mental health.

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In order to address a point that was made by the Leader of the Opposition and the hon. Member Mrs Ladislaus, we have accepted that the waiting lists need to be addressed. We have noted the criticisms in the Report and we have given an apology to parents who have been waiting, because it is not acceptable to have waiting times. We are looking at ways to address those issues. We said in Parliament that whilst you are waiting for a psychiatrist or a psychologist, there are other professionals who will see you. So, they will see counsellors; they will see other therapists able to assist. We accept that we need to look at the waiting times and we have fully acknowledged that. I fully acknowledged it in my speech and I fully acknowledge it now. The waiting times are being prioritised and I am not seeking to make any excuses about the waiting times. We are saying that we need to do more. We are saying that we need to keep people out of hospitals and we are saying that we need to look at different facilities in order to do that. In order to do that, we need to better improve the Community Mental Health facilities that are available

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1610 to people. We need a better support system, and that is, indeed, what we will endeavour to do. We have taken that aspect of the Board's Report and we will seek to deliver that.

I acknowledge that His Majesty's Prison is a section of the Report which I did not deal with in my initial speech. That is something which, again, the Report says is lacking. We are looking to install counsellors there, and the FMEs, the doctors and the GPs, as the Report says, are picking up a lot of the issues there. But I do acknowledge that that is something which needs to be looked into. I am working very closely with my colleague Minister Santos on different initiatives for the rehabilitation of prisoners back into society, and we hope that we will be able to announce that very soon.

1620 One of the points that was raised was medication. I completely and wholeheartedly agree with what was stated by the Hon. the Leader of the Opposition, saying that alternative therapies are needed in order to keep people away from medication. Social prescribing, for example, is something which I already addressed in my initial speech – social prescribing, the covenant for health. Public Health and the GHA are working together in order to try to maximise those strategies to keep people away from the Hospital, away from institutions and, indeed, away from medication. How do we engage with young people? Again, I agree the default should not be medication; we do agree on this.

I am not going to readdress the points in terms of what each hon. Member said, and I think that the points that I have raised so far deal with some of the points that the hon. Member Mrs Ladislaus has raised. One of the points that I have not picked up yet is the fact that the Report does acknowledge that maternity care is being addressed now and that there are counsellors there to deal with postpartum issues, with bereavement issues in maternity. Again, does more need to be done? Probably. We are looking to assess the needs in that area, but the Report does acknowledge that there have been steps done in that area.

1635 In respect of the cafeteria, the cafeteria has been tendered out and we are currently in the procurement process. Again, we would wish for the cafeteria to have already been in place, but that is already in motion.

The final point to address in the hon. Member opposite's contribution is that the Report is quite clear and the clinicians have been quite clear in stating that the lack of resources is not the issue. The clinicians confirm to us that the resources are there. Do we need to look at how those resources are used? Possibly, but the Report seems to make quite clear that the resources are there, and every time we have addressed these issues with clinicians, clinicians seem to be quite comfortable in that the complement is now a full complement of psychologists and psychiatrists and that they can deal with the current needs of the community.

1645 The comments made in relation to ADHD: we will be addressing this in the neurodevelopmental strategy. The neurodevelopmental strategy deals with ASD and ADHD. I appreciate that the hon. Members opposite have not yet had sight of the strategy, but I will bring them up to speed tomorrow in terms of this. We are going further and we are also looking at screentime initiatives for children. This is a matter which we are not only looking at from a mental health angle; we are also looking at it from a public health angle. It is a public health drive to try to reduce screentime in children, so we are coming at this from a multi-disciplinary perspective.

1650 I am very glad that the hon. Lady opposite addressed the issue of alcohol withdrawal. That was something that I did not address in my speech, but a pathway has already been drawn up for co-operation between the GHA and the Care Agency because, again, when a person has been through that sort of therapy it is a procedure which starts in the GHA and then goes on to a Care Agency body, which is Bruce's Farm. So, the two bodies have to work together to ensure that the pathway is in place, and I am pleased to report to the House that the pathway is already in place.

1660 Finally, Madam Speaker, I will deal with some of the points raised by the hon. Member Mr Bossino – particularly the non-political points, Mr Bossino; the political points I will seek to ignore in their entirety. The mental health budget: you are right, they do address that point directly. The budget is currently within the GHA budget and it is very difficult to divorce that from

the general GHA budget. The mental health team is ultimately responsible to the Director General and the executive team of the Hospital and it is a way of ensuring accountability. So, the divorce of the budget – even though it is something which is squarely addressed within the Report – from the general GHA budget is very difficult, and I think the hon. Member will understand the reasons for that.

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The hon. Member spoke to the resources issue, and we are very happy to look into an independent review of the resources as the hon. Member and the Leader of the Opposition have requested.

His final point is something which I am actually very happy to address because he asked for greater integration, and yet when we suggest that the Care Agency and the GHA board should be closer or should be merged, we get some sort of resistance from the Members opposite. One of the things that we are looking at and one of the points which has come out very strongly from the six months that I have been in office, is that there needs to be greater integration between the Care Agency and the GHA, particularly because of points such as the ones raised by the Board.

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There needs to be greater integration or a greater multi-disciplinary approach between the Care Agency and the GHA because they deal with a lot of the same issues, and as I pointed out in respect of the pathway for the withdrawal of alcohol, it is a procedure which starts in the GHA, it is a medicalised procedure, which then ends up in the Care Agency, and there are numerous examples that we can give of such procedures. So, we do believe that there needs to be greater integration of the services, greater communication between the Care Agency and the GHA, and greater communication between the mental health services, Education, Housing, etc., so that there is a holistic approach offered to these procedures.

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In conclusion, Madam Speaker, once again, I did not have to bring a motion to Parliament; I had to table the Report. I wanted there to be a debate for it to be seen how seriously this Government takes issues of mental health and how seriously we are taking the recommendations of the Board in order to better the procedures. At no point have I ever said that the mental health services provided are flawless or that there is no need for improvement of the mental health services, but I did think it was important to air the issues because of their seriousness. I am happy to have brought this motion and I am happy to accept criticism on this, not only from the Mental Health Board but from the general public, and indeed from the hon. Members, if it means that there will be corrections and betterment of the services. I am happy to engage with the Opposition on what further needs to be addressed, and for this reason we will continue to work and to engage as necessary. Most importantly, I am happy to commit to working to implement the recommendations of the Board and continue to be happy to persevere, to work with the hon. Member and the Leader of the Opposition to discuss such matters.

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Thank you. (*Banging on desks*)

Madam Speaker: I now put the question in the terms of the motion proposed by the Hon. the Minister for Health, Care and Business. Those in favour? (**Members:** Aye.) Those against? Carried.

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Hon. Chief Minister: Madam Speaker, I move that the House should now recess for 10 minutes and then return to deal with legislation.

Madam Speaker: We will recess for 10 minutes and come back at 7.35pm. Thank you.

The House recessed at 7.25 p.m. and resumed its sitting at 7.37 p.m.

BILLS

FIRST AND SECOND READING

**Gibraltar Regiment (Amendment) Bill 2024 –
First Reading approved**

1705 **Clerk:** A Bill for an Act to amend the Gibraltar Regiment Act 1998 to make further provision for the establishment, application and variation of arrangements for the payment of pensions and other benefits in respect of a person's service in the Gibraltar Regiment.

The Hon. the Chief Minister.

1710 **Chief Minister (Hon. F R Picardo):** Madam Speaker, I have the honour to move that a Bill for an Act to amend the Gibraltar Regiment Act 1998 to make further provision for the establishment, application and variation of arrangements for the payment of pensions and other benefits in respect of a person's service in the Gibraltar Regiment be read a first time.

1715 **Madam Speaker:** I now put the question, which is that a Bill for an Act to amend the Gibraltar Regiment Act 1998 to make further provision for the establishment, application and variation of arrangements for the payment of pensions and other benefits in respect of a person's service in the Gibraltar Regiment be read a first time. Those in favour? (**Members:** Aye.) Those against? Carried.

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Clerk: The Gibraltar Regiment (Amendment) Act 2024.

**Gibraltar Regiment (Amendment) Bill 2024 –
Second Reading approved**

Chief Minister (Hon. F R Picardo): Madam Speaker, I have the honour to move that the Bill be now read a second time.

1725 Madam Speaker, the Royal Gibraltar Regiment is part of His Majesty's Armed Forces and is financed annually from the United Kingdom's defence budget. Royal Gibraltar Regiment pensions contributions are financed in a similar way to those of all other members of the Armed Forces. For those reasons, because this Bill relates to defence, I would not have been able to move this Bill without the consent of His Excellency the Governor, which consent was given at the time that the Bill was published.

1730 From 1971 to 2015, Royal Gibraltar Regiment pensions were provided under the Gibraltar Regiment Pension Scheme. The scheme, which is known as the RGPS75, is broadly analogous to the UK's Armed Forces Pension Scheme 1975, which is known as the AFPS75, which derives its legal basis from the Army Pensions Warrant 1977, and that was issued under section 2 of the Pensions and Yeomanry Pay Act 1884. The RGPS75, in turn, derives its legal basis from the application of the 1977 warrant to the Royal Gibraltar Regiment by a combination of the Secretary of State's powers, promulgation under section 15 of the Gibraltar Regiment Act 1998, and the Gibraltar Regiment Direction 1998, although prior to 1998 its legal basis derived from statutory instruments which have now been repealed. Both the AFPS75 and the RGPS75 are administered by Defence Business Services, a business unit within the MoD.

1740 Although both schemes are based on the 1977 warrant that I have just referred to, as amended, a divergence in their provisions results in less favourable terms being paid out under the Gibraltar scheme. The Royal Gibraltar Regiment and His Majesty's Government of Gibraltar

1745 have, for some time, been engaged in discussions to remedy this disparity, and in 2013 the MoD
advised the Regiment that its personnel should become members of the new Armed Forces
Pension Scheme 2015, which is known as AFPS15, along with all other members of the Tri-Service
Armed Forces with effect from 1st April 2015. The new AFPS15 was established by the UK Armed
Forces Pensions Regulations 2014, made pursuant to section 1 of the UK's Private Sector Pensions
Act 2013, an Act which sought to reform private sector pensions in the UK. The Royal Gibraltar
Regiment terms and conditions of service which are known as the 'TACOS' were subsequently
1750 amended to accommodate the required periods of service to qualify for the new AFPS15 schemes.
These include the Early Departure Payment Scheme, which is also made under the PSPA13, as well
as the AFPS15. The Regiment were purportedly moved to AFPS15 and were recorded and treated
as having been transferred from RGPS75 to AFPS15 with effect from 1st April 2015.

1755 In January 2018, the MoD cast doubt on the legal basis of Regiment members' membership of
AFPS15. Upon further analysis, it emerged that although the MoD had operated on the basis that
the same mechanisms which had applied the 1977 warrant to the RG would apply the AFPS15
regulation to the RG, the 2013 Act actually prohibited the application of its provisions, including
the provisions of subsidiary legislation made under it to locally constituted overseas forces. As a
result, in 2018 the application of AFPS15 provision to the Regiment was paused whilst the legal
1760 position was regularised. On 14th September 2018 I raised the RG pensions and allowance issues
with the Secretary of State for Defence. A report was commissioned by my Government to look
at the Regiment's pension, tax and allowance issues. The report, dated 2nd November 2018,
formed the basis of my letter to the Minister for the Armed Forces, the Rt Hon. Mark Lancaster MP
then, ahead of his visit to Gibraltar on 18th November that year. In my executive summary to the
1765 Minister, I listed a number of issues on pensions, pay and allowances, and in 2019, in November,
exactly a year later, I made the Regiment and its members an election manifesto commitment to
engage with the UK MoD to obtain equality of status and conditions of service, including bringing
the Royal Gibraltar Regiment pensions benefits into alignment with their UK counterparts. His
Majesty's Government of Gibraltar has since been working closely with Headquarters British
1770 Forces and the MoD to regularise the position regarding the application of AFPS15 to the RG.

The recommendation from the MoD is to establish Gibraltar law regulations which replicate,
as closely as possible, the Armed Forces Pensions Regulations 2014 and the Early Departure
Payments Regulations 2014, which respectively established the AFPS15 and the EDP15. The MoD's
1775 further recommendation is to amend RGPS75 to include transitional provisions applicable to
members migrating from RGPS75 to AFPS15. In order to replicate the UK position and to regularise
the position retrospectively, these regulations must be given effect from 1st April 2015. The
Gibraltar Regiment Act 1998 does not contain a retrospective regulation-making power. As a
result, we are proposing to amend it to include one for that purpose. The main operative provision
of the Gibraltar Regiment (Amendment) Bill 2024 is really in clause 5, which introduces a new
1780 section 15A into the Gibraltar Regiment Act 1998. The new section 15A will give the Chief Minister
the power, with the consent of the Governor and the Secretary of State for Defence, to make
regulations, first of all, to establish a scheme or arrangement for the payment of pensions or other
benefits in respect of a person's service in the Regiment, or secondly, to vary all or any part of any
existing arrangement set or promulgated by the Secretary of State pursuant to section 15, where
1785 those arrangements relate to the payment of pensions or other benefits in respect of a person's
service to the Regiment. Subsection (2) allows the Chief Minister to give such regulations
retrospective effect, for the reasons I have already provided. These provisions are required to
establish Gibraltar schemes equivalent to AFPS15 and EDP15 and to give them effect from 1st April
2015. These would be named RGPS15 and RGEDP15 respectively. Ultimately, the objective is to
1790 rectify a legal error and thus align the legal reality with the expectations of those participating in
and administering the scheme as from 1st April 2015. The expectation of regiment members was
that the RGPS15 would apply as from 1st April 2015 and the MoD has consistently maintained this

expectation in its communications with its members. The new legislation is designed to place the RGPS15 on a sound legal footing.

1795 With the introduction of this Act and the regulations that we propose to make pursuant to it, we will have brought the RG's pension arrangements into alignment with their UK counterparts and thereby meet our commitment to the Regiment and its members to obtain for them equality of status and conditions of service regarding those arrangements. This is self-evidently in the interests of members and of the Ministry of Defence itself and I, therefore, commend the Bill to the House.

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Madam Speaker: Before I put the question, does any hon. Member wish to speak on the general principles or merits of the Bill? Yes.

1805 **Hon. Dr K Azopardi:** Madam Speaker, I am grateful for the Chief Minister's lengthy explanation of the detail, which helps us understand the process and the chronology. We were aware of some of that detail but I think it is helpful, for the purposes of *Hansard*, to record all that detail in relation to the scheme, how it worked, how it did not work and then what the purpose of the legislation is. We support this objective and, indeed, I think it was in answer to questions fielded by my hon. colleague Mr Reyes, that the Chief Minister confirmed earlier in this meeting or in another meeting that the Regiment had been consulted on the legislation every step of the way, so we welcome that.

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May I just ask him to confirm – which I assume is the case from what he just closed on – that with the passage of the legislation and the introduction of the regulations, this will now deal with all historical issues in relation to pensions that Gibraltar Regiment members had, which we would welcome if that is the case. And can he, perhaps, give us a bit of information as to the timescale for the regulations? If they are going to, in effect, replicate English regulations, I assume that it will be relatively quick in the making, but perhaps he can confirm.

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1820 **Madam Speaker:** Does any other hon. Member wish to speak? Yes, the mover wants to reply.

Hon. Chief Minister: Madam Speaker, from my conversations with members of the Regiment, I do understand that there are other issues relating to pensions that are not addressed in the context of this matter, but this does not relate to those issues which they have been raising historically. This relates to a new pension scheme which applied to parts of what we might call the British Armed Forces, but which did not apply to the Regiment for the reasons I have already explained.

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The regulations will not be delayed once they hit my desk. They are not yet on my desk, but when they are, they will be signed on the day that I receive them.

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Madam Speaker: I now put the question, which is that a Bill for an Act to amend the Gibraltar Regiment Act 1998 to make further provision for the establishment, application and variation of arrangements for the payment of pensions and other benefits in respect of a person's service in the Gibraltar Regiment be read a second time. Those in favour? (**Members:** Aye.) Those against? Carried.

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Clerk: The Gibraltar Regiment (Amendment) Act 2024.

**Gibraltar Regiment (Amendment) Bill 2024 –
Committee Stage and Third Reading to be taken at this sitting**

Chief Minister (Hon. F R Picardo): Madam Speaker, I beg to give notice that the Committee Stage and Third Reading of the Bill be taken today, if all hon. Members agree.

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Madam Speaker: Do all hon. Members agree that the Committee Stage and the Third Reading of the Bill will be taken today?

Members: Aye.

**Financial Services (Amendment) Bill 2024 –
First Reading approved**

Clerk: A Bill for an Act to amend the Financial Services Act 2019 and the Financial Services (Insurance Companies) Regulations 2020.

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The Hon. the Minister for Justice, Trade and Industry.

Minister for Justice, Trade and Industry (Hon. N Feetham): Madam Speaker, I have the honour to move that Bill for an Act to amend the Financial Services Act 2019 and the Financial Services (Insurance Companies) Regulations 2020 be read a first time.

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Madam Speaker: I now put the question, which is that a Bill for an Act to amend the Financial Services Act 2019 and the Financial Services (Insurance Companies) Regulations 2020 be read a first time. Those in favour? (**Members:** Aye.) Those against? Carried.

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Clerk: The Financial Services (Amendment) Act 2024.

**Financial Services (Amendment) Bill 2024 –
Second Reading approved**

Minister for Justice, Trade and Industry (Hon. N Feetham): Madam Speaker, I have the honour to move that the Bill be read a second time.

This short Bill has only two operative provisions, which are broadly related. They are *[Inaudible]* ... the Government's responsibility for macro-economic policy in relation to financial services. This measure is far from novel. It builds upon what was described in 2007 and 2009, respectively, in this Parliament by the then Chief Minister Sir Peter Caruana as 'the macro-economic interest' of Gibraltar in introducing the Financial Services Act 2007 and as the 'dual key' approach when he introduced the Financial Services Banking (Amendment) Bill. In the latter case, the Government was introducing amendments which required the GFSC to obtain ministerial consent before licensing certain credit institutions, in order to protect Gibraltar's macro-economic interests. This Bill is more limited in that it provides for the GFSC to be given directions on matters of macro-economic or other public interest and for the GFSC to consult the Minister on certain matters which have macro-economic significance.

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Clause 3 of the Bill adds a new section 23A to the Financial Services Act 2019, which enables the Minister with responsibility for financial services to give the GFSC directions on government policy in respect of macro-economic or other public interest matters, particularly financial

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1875 stability, to which the GFSC must have regard in exercising its functions. The new section requires
the GFSC to be consulted before a direction is issued and provides that a direction can only relate
to regulated persons generally, or for those of a specified class or description. It does not allow
the Minister to give a direction in respect of a particular regulated person, nor in respect of a
particular matter which the GFSC is considering for the purposes of taking enforcement or
sanctioning action. The Financial Services Act already addresses macro-economic considerations
to some extent. These provisions are contained in section 23(1)(b)(vii) and (viii) of the Act. The
1880 purpose of this new section 23A is to enable the GFSC to be given more detailed and focused
directions on macro-economic or other public interest matters and for it to be done in a clear and
transparent manner. The new section is modelled on the UK Financial Policy Committee's power
to give directions on macro-prudential measures to the UK financial services regulators.

1885 Clause 4 of the Bill adds a new regulation 13A to the Financial Services (Insurance Companies)
Regulations 2020. It requires the GFSC to consult the Minister before giving an insurer permission
to provide Gibraltar compulsory motor insurance and before determining the application to take
account of any response from the Minister regarding matters of macro-economic or other public
interest. The new regulation only affects the provision of domestic motor insurance for third-party
risks under Gibraltar's Insurance (Motor Vehicles) (Third Party Risk) Act 1986. Given the size and
1890 the nature of the domestic motor insurance market, the Government has a close interest in the
macro-economic stability of this market. The amendment will not affect the large Gibraltar
insurers which operate in the UK, most of whom do not provide local third-party cover in any
event, and specifically excludes any UK insurer exercising market access rights which, until the
new Gibraltar authorisation regime is in place, are, for now, expressed by references to the
1895 continuing passporting arrangements.

Madam Speaker, in conclusion, the Government is accountable to Parliament and ultimately
the people for safeguarding Gibraltar's economic stability, and an important part of that role is
ensuring that macro-economic risks are identified and addressed appropriately. These
amendments provide for ministerial involvement of a limited nature which is focused on macro-
economic interests and builds upon what already exists in legislation. In the financial services
1900 sector, we are fortunate to have a very capable regulator. I have the highest regard for the GFSC
and in my short time in office have established an excellent working relationship with them. This
Bill will help me to work in tandem with the GFSC and ensure that they receive appropriate input
on those macro-economic issues for which the Government is responsible.

1905 Madam speaker, I commend the Bill to the House.

Madam Speaker: Before I put the question, does any hon. Member wish to speak on the
general principles and merits of the Bill? Yes.

1910 **Hon. R M Clinton:** Thank you, Madam Speaker.

The object of this Bill may seem, perhaps, a bit academic to Members, but I can tell Members,
because I lived through it in 2008, in my former life as a banker ... I was heavily involved with the
Gibraltar Banking Association, and just to give Members ... There will be Members in the room
who may already know the narrative about the double lock in banking, but I was actually in the
1915 room as matters unfolded. The reason why the Government at the time felt the need to
legislate was, as the Hon. Minister has mentioned, about the question of who is in charge of the
macro-economic policy of Gibraltar. The issue was really quite simple: should banks be allowed to
set up in Gibraltar if they do not have a bank parent, i.e. should we allow banks in Gibraltar to be
freestanding incorporated banks in Gibraltar without the recourse to a parent bank and their
1920 subsequent head regulators and central banks outside Gibraltar? Of course, we do not have a
central bank. If we had a bank in Gibraltar or a branch of another bank, it would have access to
central bank support and facilities, which a homegrown bank just will not have. The financial crisis
of 2008 did not seem to happen in Gibraltar. Why? Because, following the Government's view

1925 that we should only have banks in Gibraltar that have parents outside Gibraltar that can support them, we were not really affected in the way that other jurisdictions were. We did not have to bail out our banks, because the banks that we had in Gibraltar were bailed out by their parents – or not so much their parents but their parents’ governments bailed them out – and we were not in that predicament, thankfully.

1930 There was a suggestion that that policy – and really, it was a regulatory policy – should be relaxed. I remember that at the time we were advised by the regulator that this was a change of policy. I remember the meeting; it was sometime around Christmas. We were told, ‘No, this is just a change in policy; you will just see a change on our website.’ Being banks and being heavily regulated, we thought, ‘Well, that is a matter for the regulator,’ and we thought nothing further, other than expressing our individual views, because it was a regulatory matter, not for us to say.

1935 But when we subsequently had a Finance Centre Council Meeting with the Chief Minister of the day and he told us, ‘I understand the banks have been consulted,’ and we said, ‘No, Chief Minister, we have been informed of a change in regulation,’ the Chief Minister of the day – I could use some colourful description – was not too pleased. This is where the origin of this double lock on banking was, because, as the Minister said, ultimately the Government is responsible for the macro-economic policy that is put into place in Gibraltar and answerable to this Parliament, and it is not for the regulator to determine macro-economic policy; it is for us in this place to set down those parameters.

1940 That is just to give Members a flavour, a real-life example of what actually happened at the time and why this particular Bill is perhaps still pertinent. There may be other scenarios in which the Government may feel, ‘Actually, we do not want Gibraltar to have exposure to X or Y or Z,’ even though others may be doing it and it may be pertinent to the size of Gibraltar or the lack of a central bank. These are matters which, as a Parliament, we need to take seriously, and as a consequence, and given that I have experienced a scenario where this very matter did arise, we will, of course, support the Bill.

1950 Thank you.

Madam Speaker: Does any other hon. Member wish to speak? I will call on the mover to reply, if he so wishes.

1955 **Hon. N Feetham:** I am extremely grateful. I will keep my intervention very short. I came well prepared with all pages of *Hansard* (*Laughter*) and capable of citing Peter Caruana’s very articulate submissions in relation to this. Absolutely not necessary. Thank you very much indeed. The trust placed by this Parliament in relation to these provisions will not be misplaced.

Thank you.

1960

Madam Speaker: I now put the question, which is that a Bill for an Act to amend the Financial Services Act 2019 and the Financial Services (Insurance Companies) Regulations 2020 be read a second time. Those in favour? (**Members:** Aye.) Those against? Carried.

1965 **Clerk:** The Financial Services (Amendment) Act 2024.

**Financial Services (Amendment) Bill 2024 –
Committee Stage and Third Reading to be taken at this sitting**

Minister for Justice, Trade and Industry (Hon. N Feetham): I beg to give notice that the Committee Stage and Third Reading of the Bill be taken today, if all Members agree.

1970 **Madam Speaker:** Do all hon. Members agree that the Committee Stage and Third reading of the Bill be taken today?

Members: Aye.

COMMITTEE STAGE AND THIRD READING

Clerk: The Hon. the Chief Minister.

1975 **Chief Minister (Hon. F R Picardo):** Madam Speaker, I have the honour to move that the House should resolve itself into Committee to consider the following Bills clause by clause, namely the Gibraltar Regiment (Amendment) Bill 2024 and the Financial Services (Amendment) Bill 2024.

In Committee of the whole House

Gibraltar Regiment (Amendment) Bill 1998 – Clauses considered and approved

Clerk: A Bill for an Act to amend the Gibraltar Regiment Act 1998 to make further provision for the establishment, application and variation of arrangements for the payment of pensions and other benefits in respect of a person's service in the Gibraltar Regiment.

1980 Part 1, clauses 1 and 2.

Madam Speaker: Clauses 1 and 2 to stand part of the Bill.

Clerk: Part 2, clauses 3 to 5.

1985

Madam Speaker: Part 2, clauses 3 to 5 to stand part of the Bill.

Clerk: The Long Title.

1990

Madam Speaker: The Long Title to stand part of the Bill.

Financial Services (Amendment) Bill 2024 – Clauses considered and approved

Clerk: A Bill for an Act to amend the Financial Services Act 2019 and the Financial Services (Insurance Companies) Regulations 2020.

Clauses 1 and 2.

1995

Madam Speaker: Clauses 1 and 2 to stand part of the Bill.

Clerk: Clauses 3 and 4.

Madam Speaker: Clauses 3 and 4 to stand part of the Bill.

2000 **Clerk:** The Long Title.

Madam Speaker: The Long Title to stand part of the Bill.

**Gibraltar Regiment (Amendment) Bill 2024;
Financial Services (Amendment) Bill 2024 –
Third Reading approved: Bills passed**

Clerk: The Hon. the Chief Minister.

2005 **Chief Minister (Hon. F R Picardo):** Madam Speaker, I have the honour to report that the Gibraltar Regiment (Amendment) Bill 2024 and the Financial Services (Amendment) Bill 2024 have been considered in Committee and agreed to without amendments. I move that they be read a third time and passed.

2010 **Madam Speaker:** I now put the question, which is that the Gibraltar Regiment (Amendment) Bill 2024 and the Financial Services (Amendment) Bill 2024 be read a third time and passed.

Those in favour of the Gibraltar Regiment (Amendment) Bill 2024? **(Members: Aye.)** Those against? Carried.

2015 Those in favour of the Financial Services (Amendment) Bill 2024? **(Members: Aye.)** Those against? Carried.

Adjournment

Chief Minister (Hon. F R Picardo): Madam Speaker, I now move that the House should adjourn *sine die*.

2020 **Madam Speaker:** I now propose the question, which is that this House should now adjourn *sine die*.

I now put the question, which is that this House do now adjourn *sine die*. Those in favour? **(Members: Aye.)** Those against? Passed.

This House will now adjourn *sine die*.

The House adjourned at 8.05 p.m.