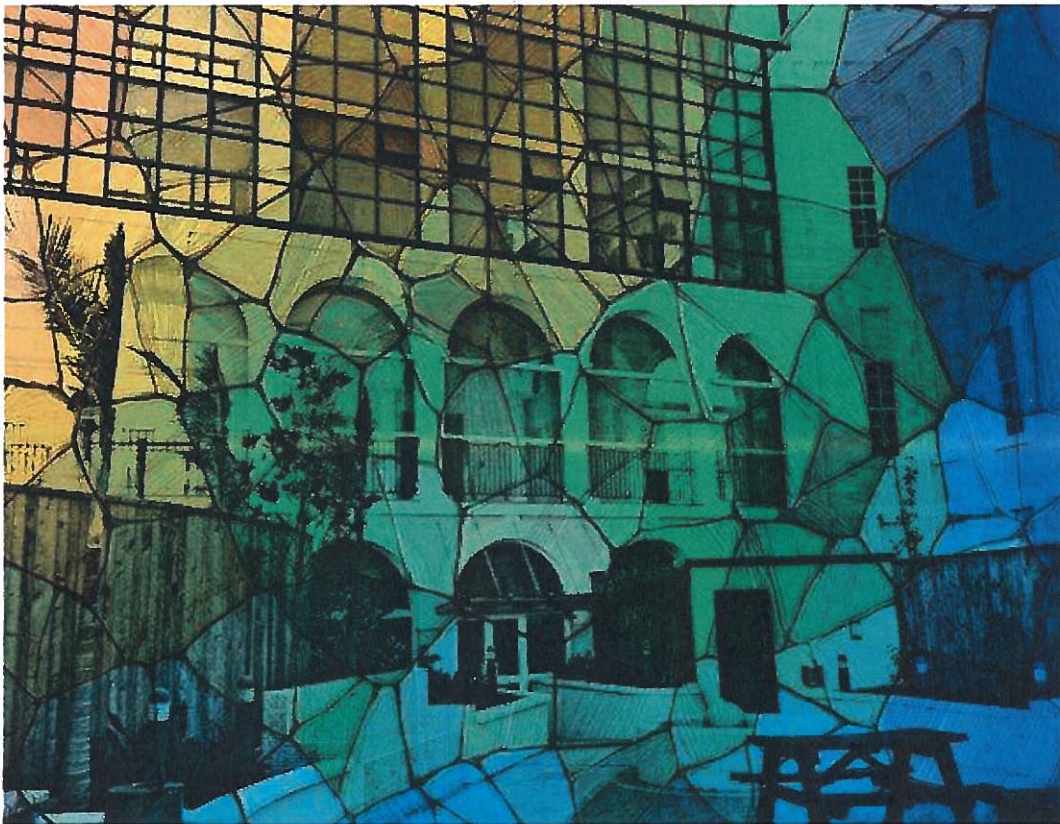


Mental Health Board
Gibraltar
Annual Inspection Report
2024



14th October --- 18th November 2024

Ocean Views Mental Health Facility (OV)

Community Mental Health Team (CMHT)

Other abbreviations Page 128/129

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Preface

The Mental Health Board presents its sixth Annual Report to Parliament since its inception in 2019. This report aims to provide a balanced perspective on the state of mental health services, highlighting findings and recommendations that we hope will be valuable to the Minister for Health and Care, policymakers, clinicians, and other stakeholders as they consider both current and future policies in this vital area of healthcare.

This report is not intended as a critique or a celebration of the mental health system. Instead, it offers an objective assessment of the current landscape of services, identifying where we stand and where improvements can be made. Where constructive criticism is needed, we aim to deliver it in a productive and balanced way, understanding that both complacency and undue negativity can hinder progress.

It is also important to recognize that, as a snapshot of the service, some observations in this report may no longer be current by the time it is presented to Parliament. The Board views this as a natural part of the reporting process, understanding that certain issues may have been resolved satisfactorily in the interim or that some aspects of service delivery may have evolved. Consequently, there may be some discrepancies between the report's findings and the service's status at the time it is laid before Parliament.

Mental health is a profound and pervasive issue that touches every corner of society, affecting individuals across all ages, economic backgrounds, and social standings. No one is immune to the potential for mental health challenges, and these issues can emerge regardless of how self-assured a person might feel.

The ripple effect of mental health problems impacts families, friends, and workplaces in ways that are both direct and far-reaching. This underscores the need for strong, resilient mental health services that are equipped to support every one of us when needed.

The proposed New Model of Care represents a transformative milestone in mental health treatment, emphasizing a holistic, patient-centred approach. This model places the individual at the heart of care, with all agencies working in unison to support the patient across various aspects of their life. Such a collaborative, integrated approach is key to fostering more comprehensive and empathetic care.

The planned relocation of CMHT will be far more than a simple "lift and shift" move. Instead, it aims to create a central hub, a vital element in this new model, which will integrate a range of publicly advocated services under one roof.

The central hub is envisioned as a space where patients can access a comprehensive continuum of support services, including those addressing physical health needs. This integrated approach reinforces a model of care that prioritizes accessibility, understanding, and compassion, ensuring that patients experience seamless and holistic support at every stage of their recovery journey.

By establishing this hub, the New Model of Care signals a significant shift in managing mental health within the community. It represents a major step forward in creating a compassionate and cohesive mental health service, one where every stakeholder involved—patients, families, and staff—receives the support they need to succeed in delivering meaningful, sustained care.

The Board acknowledges that decisions regarding the physical relocation of the building itself fall outside its remit, as this matter remains under active consideration. However, the Board emphasizes the urgency of reaching a prompt decision on the location. It is crucial that this new facility is designed to provide a "comprehensive, personalized, and holistic service for its users," with adequate support in terms of both human and physical resources.

Fortunately, progress toward the New Model of Care began promptly following the announcement of the relocation of CMHT. The SMT under the direction of the DG has proactively engaged with the different stakeholders to identify and address key areas of concern from the outset. This collaborative planning approach aims to ensure that by the time the new hub is ready, the model will be fully developed and prepared to operate seamlessly within the new facility.

With this exciting new project on the horizon, it is crucial to keep focus on the present. This report delves into various areas to highlight: what is functioning well and where improvement is needed. The Board encourages readers to examine these explanations and recommendations closely, noting that some solutions do not require exorbitant funding but rather an awareness of on-the-ground challenges. Often, small adjustments can enhance service delivery significantly.

Incremental improvements, even if modest, help create better working conditions and, most importantly, provide a more compassionate, effective experience for those receiving mental health care.

The report clearly highlights recurring issues across various sections of the service and beyond. While this repetition might seem unnecessary, the Board believes it reflects the depth of concern felt by those working within the service.

This consistent feedback highlights the persistent nature of these challenges and the need for focused attention and action. The Board views this as a clear signal that these issues require careful consideration and resolution.

As always, the Board extends its sincere gratitude to all contributors, including staff and patients, who have welcomed us and generously given their time, despite our often-unintentional disruptions to their routines. Their insights and reflections on the service are invaluable in assessing current strengths and identifying areas for improvement.

Most importantly, the Board wishes to acknowledge the unwavering commitment of staff members, who consistently focus on enhancing patient care. Without exception, their comments have centred on the well-being and future of the patients, reflecting a deep, shared commitment to advancing the quality and effectiveness of mental health services.

Finally, I would like to extend my sincere appreciation to the members of the Board, who, without hesitation, dedicate their valuable time and expertise to enhancing the lives of those who, due to their conditions, find themselves with little or no control over their circumstances. The efforts and commitment of the Board are driven by a shared purpose: to ensure that individuals who face such challenges receive the best possible care and support.

The dedication to improving mental health services reflects our collective understanding that those in need deserve a future filled with hope and opportunity. It is for this reason that we remain unwavering in our pursuit of creating a mental health system that prioritizes compassion, quality, and accessibility, with the ultimate goal of offering a better and more fulfilling life for those who rely on these services.

As we continue to work together, we are reminded that every step forward—no matter how small—is a step toward a brighter future for those in our care.

1. The Function of the MHB

The Mental Health Act 2016 (the "Act") mandates the formation of a Mental Health Board (the "Board") under Part 9, Section 113(1) of the Act. This Board was formally established on April 23, 2018, through Government Notice No. 674.

Currently, it comprises eight members, including a registered medical practitioner, two barristers, two retired head teachers, and three community-experienced lay members.

At this point, the Board wishes to acknowledge the contributions made to the service by Mrs Daphne Alcantara, who sadly passed away earlier this year. She joined the Board in February 2023 using her expertise to improve mental health services in Gibraltar, particularly in dementia care. She passionately argued that dementia patients deserved specialized care in facilities specifically equipped to meet their unique needs, rather than placement in general mental health settings. The Board extends their most sincere condolences to her family.

The Board would also like to express its sincere thanks to Mrs. Marie Carmen Lia, a retired State Registered Nurse, for her expert guidance and compassionate approach throughout her three-year tenure on the Board. Her contributions have been greatly valued, and we wish her the very best in her future ventures.

Responsibilities of the MHB

Under Section 115(1) of the Act, the Board's responsibilities include ensuring appropriate standards of care and administration at OV on Europa Road and CMHT at Coaling Island. Additionally, it is authorized to investigate cases where there may be concerns of ill-treatment, inadequate care, or improper detention. The Board may conduct private interviews with detained patients whenever deemed necessary.

The Board is further required to report any issues concerning individual welfare directly to the Minister for Health and Care. It also has the authority under Section 115(2) to refer cases to the Mental Health Review Tribunal (MHRT), conduct private medical examinations, and review records related to the detention or treatment of individuals under the Act.

Reporting and Review Processes

In compliance with Section 116(1), the Board is required to submit an annual report of its activities to the Minister, which is subsequently presented to Parliament. The annual inspection occurs in early October each year.

Additionally, in October 2021, the Board adopted an interim review approach, aiming to identify and address any issues ahead of the annual inspection. This first interim review, conducted in October 2021, was presented to the GHA in December 2021, followed by a second review in June 2023 and the last one in June 2024.

Since the publication of the 2023 Annual Report, the Board has held eight formal meetings and engaged in numerous informal discussions focused on the management and well-being of mental health services and their users.

In addition to these sessions, the Board has met with the SMT on three occasions since the June 2024 Interim Review, addressing operational priorities.

Furthermore, the Board has convened three separate meetings with the GHA's DG to discuss pertinent issues based on the Board's visits and findings.

Two Board members have also been asked to join the Community Mental Health Development Group, which is focused on the implementation of the new Model of Care.

2. MHB Interviews and Visits

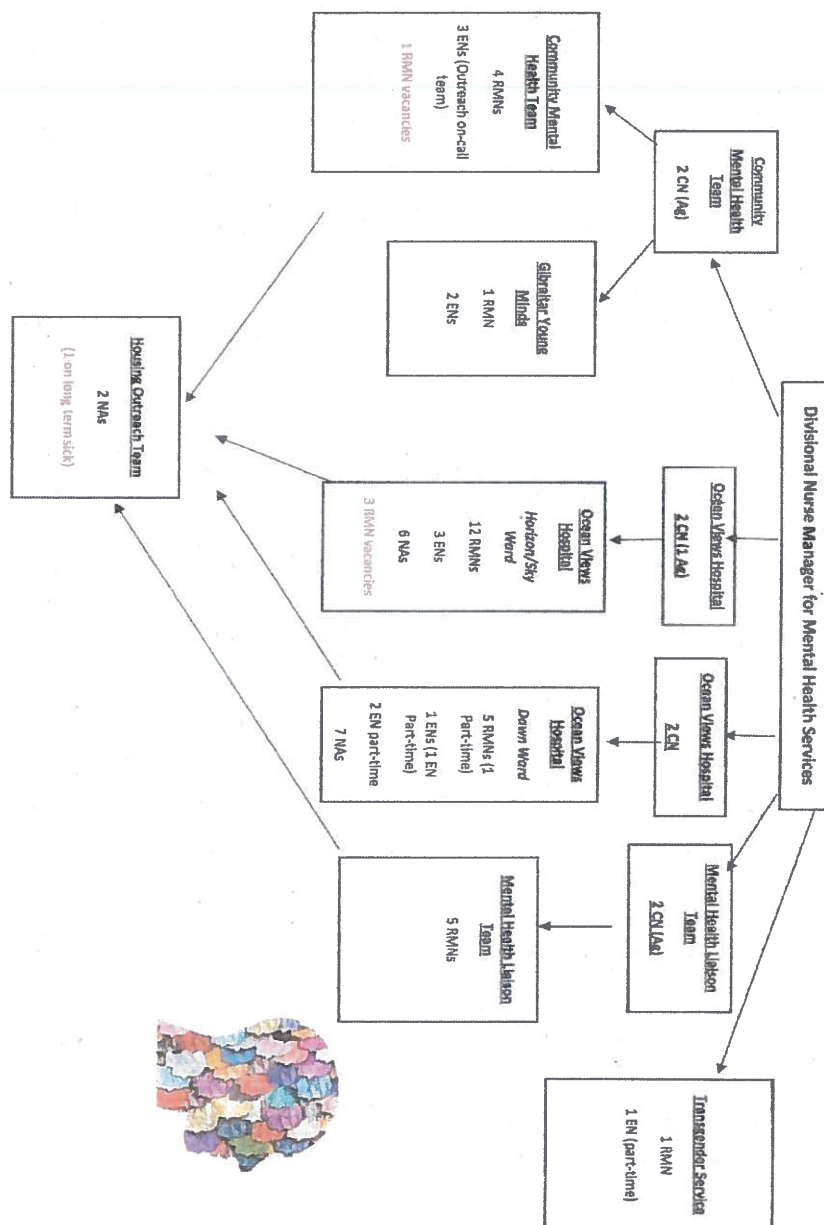
Members of the Board dedicated two days to visiting the OV facility and conducted follow-up visits to engage with specific staff and patients who were unavailable during the initial assessments. Additionally, the Board spent a day at CMHT and made further visits to supported housing in the community, as well as other pertinent sites and departments. In total the visits and interviews spanned from the 14th October to the 18th November 2024.

Throughout these visits, the Board met with a range of staff and personnel, including:

- Activity Coordinator (OV)
- Administrative staff (OV)
- A&E lead (SBH)
- Care Agency CEO
- Care Agency –Head of Therapeutic services
- Care Agency – Social Mental Health Worker and Line Manager
- Care Agency – Bruce’s Farm Staff
- Community Flats Carers
- Chief Pharmacist and Pharmacist (SBH)
- Clinical Director of Mental Health Services
- CMHT Lead (2)
- Community Outreach Nurses (CMHT)
- Community Psychiatric Nurses (CMHT)
- Dementia Coordinator
- Divisional Nurse Manager
- Divisional Site and Services Manager
- Domestic Supervisor (OV)
- Enrolled Nurses
- Gibraltar University RMN cohort
- GYM Staff (RMN and ENs)
- Housing Outreach (OV)
- Mental Health Liaison Team (Based at SBH)
- Mental Welfare Society
- Nursing Assistants
- OTs
- Patients in OV and Community Flats
- Psychiatrist (OV)
- Psychologist (OV)
- Prison Superintendent and team (HMP)
- Registered Mental Health Nurses (OV, CMHT, MHLT, GYM)
- 111 Lead

In addition to scheduled meetings, incidental conversations with other staff members, patients, and ancillary workers provided valuable insights and helped the Board form a comprehensive view of mental health services across various settings.

3. Nursing Staffing Complement



4. Divisional Nurse Manager

Staffing Levels

One of the main issues to come out of the Board's conversation with the Divisional Nurse Manager was the challenge presented by the persistent shortage of RMNs.

Early in her tenure, she recognized that the global shortage of RMNs, compounded by the effects of Brexit and the rising cost of housing, had made Gibraltar a less attractive destination for qualified staff than it once was.

The combination of these factors has created a challenging environment, making it increasingly difficult to maintain adequate staffing levels while ensuring quality patient care.

Recognizing the pressing need for a local workforce of RMNs, the initiative to establish a training programme in Gibraltar gained momentum. In collaboration with Gibraltar University, a three-year nursing programme was launched this September, enrolling 14 students. This development marks a significant step toward cultivating a home-grown cohort of RMNs, aimed at alleviating staffing shortages in the future.

While this addresses the long-term issue, the question of what will happen in the short to medium term remains. The challenge lies in the continued reliance on agency cover through short-term contracts.

Before preparing this report, there were concerns regarding staffing levels. Eventually, permission was granted to recruit three RMNs on one-year contracts.

The Board managed to speak with one of the RMNs while she was completing her induction period on the wards, and she expressed a very positive outlook about her experience.

The Divisional Nurse Manager also shared the good news that the Charge Nurse positions at CMHT, MHLT, and Horizon Ward had finally been approved, bringing clarity to the leadership front and resolving the uncertainty surrounding these roles.

Alcohol Detoxing

She explained to the Board that alcohol detoxification was still taking place in Horizon Ward, with one individual currently undergoing the process. She described the dangers associated with alcohol detoxification and argued that a mental health facility like OV is not equipped to handle this potentially life-threatening situation. She had highlighted this concern in the hospital's "Risk Register".

Housing Outreach

The Board brought up the subject of Housing Outreach, noting the significant impact that one part-time individual was making. While she recognized the burden this person faced, she was in the process of engaging someone else to provide assistance. The Board reiterated their recommendation that her position be ring-fenced and that it possess the necessary resilience to continue under any other individual in the future.

Sky Ward and contingency plans

She discussed the refurbishment of Sky Ward and the challenges it presented, particularly the need for an alternative "seclusion" room during the construction process. To address this, a double room in Horizon Ward was designated for this purpose. The room is now nearing completion, and once it is finished, work on Sky Ward can commence. This will include upgrading the air conditioning system, which had caused significant discomfort during the summer months.

New Model of Care for CMHT

She was very enthusiastic and passionate about promoting the New Model of Care that would accompany the forthcoming move of the CMHT from Coaling Island.

She continued that the specific location of the new facility or the timing of the move was less important than the shift in focus toward a more holistic approach to patient care within the community. She expressed confidence that the necessary work could begin promptly, ensuring readiness when the project ultimately came to fruition.

Inappropriate Placement in Mental Health Facilities

Patients who suffer from mental health problems and are unable to leave the facility due to a lack of housing, as well as those with dementia requiring transfer to ERS, represent the most significant challenges facing the service.

There are at present instances of patients waiting for transfers to ERS, others grappling with housing issues, and some awaiting care packages.

These complications hinder the effectiveness of the service, as staff are often tasked with addressing issues that are not strictly related to mental health, but rather age-related, housing, or other social challenges.

Cooperation with other agencies is essential in this context; however, there appears to be a lack of flexibility within the system. This rigidity contributes to the prolonged stay of certain patients at OV, often much longer than necessary.

Documentation and paperwork

During our visits to the wards, it was evident from the patients' comments and our own observations that staff spend a significant amount of their time on paperwork related to patient care. We asked about this.

The Divisional Nurse Manager agreed that there was duplication and excessive paperwork that was detracting from the time nurses can spend with their patients and the system needed to be streamlined.

4(a) Observations and Recommendations

Support for Self-Sufficiency in RMNs

- ✓ The Board commends the service and the Divisional Nurse Manager in particular, for their efforts toward the long-term goal of achieving self-sufficiency for RMNs. It hopes this approach can be sustained across future cohorts to ensure an optimal and consistent supply.

Use of Agency Staff for Service Continuity

- ✓ The use of agency staff to provide temporary coverage is essential to maintaining service continuity without compromising patient care. While it may not always be economically viable, ensuring adequate staffing remains a priority to support quality standards.
- ✓ The Board has noted that while the recruitment of agency workers is approved at the GHA level, it must also undergo approval from the ETB. This additional step can cause delays in appointing staff, which in turn affects the ability of the service to function effectively. Specifically, the wards and crisis services are unable to operate without qualified RMNs to lead and manage patient care.

- ✓ Furthermore, it notes that adequate staffing is crucial to patient safety. Unlike other understaffed departments, a shortage in this area can quickly become critical.
- ✓ It is essential that this process be expedited to ensure that the needs of specialized services are met promptly. The Board believes that greater recognition should be given to the unique demands of these services, which require highly qualified personnel to deliver the necessary care and maintain operational efficiency.

Approval of Charge Nurse Position

- ✓ The Board is pleased to hear that the three Charge Nurse positions have been approved. This development will help address ongoing challenges related to stability and enhance the leadership structure within CMHT and MHLT.

Concerns Regarding Alcohol Detox Protocols

- ✓ Alcohol detox ***should not*** be conducted in mental health facilities that lack staff training or the medical equipment necessary to manage life-threatening situations.

Sustainability of the Housing Outreach Programme

- ✓ The Housing Outreach programme has been successful largely due to the dedication of a single part-time staff member. However, there is concern that overburdening this individual could compromise the programme's sustainability.
- ✓ The Board therefore proposes that this role be safeguarded and that additional support be provided to ensure its long-term resilience.

Sky Ward Renovations

- ✓ The Board welcomes the long-overdue renovations planned for Sky Ward, but it does so with caution, understanding how complex such projects can become, especially in the context of a mental health facility.

Support for the New 'Model of Care'

- ✓ The Board is familiar with the new Model of Care and wholeheartedly supports its holistic approach. While it deliberately refrains from taking a stance on the relocation of CMHT, it emphasizes that, regardless of location, the new CMHT must provide all promised services.

Inappropriate Patient Placements in Psychiatric Wards

- ✓ Over the years, our visits have highlighted a major, consistent concern among mental health professionals: the inappropriate placement of certain patients in psychiatric wards. Individuals dealing with dementia, lack of housing, or other social issues do not belong in mental health facilities. Yet, this is often the reality, underscoring the need for a coordinated effort to ensure appropriate placement. This requires collaboration between the Care Agency, Housing, ERS, and Mental Health Services, who must come together to find a sustainable way forward

Staff Availability and Paperwork Concerns

- ✓ A common complaint the Board hears from patients is that staff are often in the office rather than available on the ward. Nurses, on the other hand, frequently report that they are required to complete an excessive amount of paperwork.
- ✓ From the Board's perspective, both viewpoints are valid. Patients are often asked to wait for attention, while nurses must balance patient care with completing necessary documentation.
- ✓ The Board believes there is excessive duplication and insufficient use of electronic methods. It proposes that an audit be conducted to assess the necessary paperwork and identify opportunities to streamline the process.

Challenges in the Role of Divisional Nurse Manager

- ✓ Various staff members have commented that the role of Divisional Nurse Manager has become much more complicated and that balancing responsibilities across OV, CMHT, and occasionally SBH, along with numerous daily meetings, makes it challenging to connect with her regularly.

Recommendation to Reinstate the Mental Health Matron Position

- ✓ The Board recalls the appointment of a Mental Health Matron in February 2019, who was based in OV alongside the Clinical Nurse Manager at the time. It strongly believes that reinstating a similar position in OV would be highly beneficial, providing essential support to the Divisional Nurse Manager, just as the Matron did in previous years.

5. Psychiatric Staffing Complement

What service	How much input	Where
In-patient service (Horizon Ward, Sky Ward) for patients with an acute relapse of their mental illness (and occasionally for patients 'in crisis')	0.4 Consultant Psychiatrist	Ocean Views, Horizon ward
In-patient (Dawn Ward) and supported home based rehabilitation (Sandpits, Kent House etc.) for patients with chronic mental illnesses, where their ability to take care of themselves is compromised	0.4 Consultant Psychiatrist	Ocean Views, Dawn Ward
Children's mental health services (GYM)	0.6 Consultant Psychiatrist	Children's Health centre
Forensic services to HMP, Courts and MAPPA	1 session per week or as required	HMP or RGP as required/appropriate
Assessment and in-patient detox at Ocean Views prior to transfer to Bruce's Farm for rehabilitation	1 session per week	OV out-patients
Support to care agency in respect of residents with severe intellectual impairment who are resident at Dr Giraldi and in the community	1 session per week or as required	Dr Giraldi/ community, as appropriate
Cover for psychiatric emergencies in SBH, RGP, HMP, A&E	Monday to Thursday 9AM to 5PM	SBH, HMP, New Mole, community
Clinic for patients who present to A&E in crisis and are not open to CMHT	1 session per week	SBH
Out of hours (24/7) consultant led cover to A&E, SBH, Police and Prison in respect of any psychiatric emergency	128 hours per week	SBH, HMP, OV, RGP, Community

6. Clinical Director of Mental Health Services

The Board has met with the Clinical Director several times throughout the year. During these discussions, a number of issues have come up, some of which were also highlighted in last year's report.

Second Opinion Appointed Doctor (SOAD)

In the Mental Health Act 2016, a SOAD plays a critical role in safeguarding the rights of patients undergoing mental health treatment, particularly in cases where the patient's consent to treatment may be absent or unclear.

The SOAD role ensures a system of checks and balances within the mental health treatment framework, ensuring that patients receive appropriate and legally compliant care. By providing an independent, unbiased perspective, SOADs help uphold patient autonomy and dignity, even when full consent is not possible. It is also there to act as a safety net for staff.

In the 2022 Annual Report, the Board learned about challenges in recruiting a SOAD. To tackle this issue, a temporary solution was implemented to supervise cases involving patients who were unable or unwilling to consent to treatment.

By the 2023 Annual Report, the temporary measure had expired, and no new SOAD had been appointed. This created a significant gap in supervision, removing safeguards needed to review and approve treatments for patients unable to consent.

In the June 2023 Interim Report, the Board learned that a temporary solution had been implemented to engage a "virtual" SOAD. The Clinical Director reported that this arrangement effectively addressed the backlog of cases. However, due to the low volume of cases involved this approach was not viable for the SOAD.

The Board suggested that if the SOAD were to be compensated on an hourly basis like some other "virtual" professionals, this option could be reconsidered. While not ideal, it would provide a temporary solution until a local SOAD could be appointed.

The Clinical Director explained the challenges in appointing a SOAD, noting that the individual must be completely independent of the GHA. This requirement significantly limits the pool of available professionals in a small jurisdiction like Gibraltar.

Alcohol Detoxing

The issue of alcohol detoxification in mental health facilities was raised with the Clinical Director, who emphasized that the facility was not adequately equipped to handle the medical complexities associated with alcohol detox. He noted that while some patients had previously undergone alcohol detox at OV, the facility lacked the necessary medical skills and equipment to manage emergencies that could arise during the detox process. This limitation poses significant risks, underscoring the need for specialized care in managing alcohol withdrawal safely and effectively.

He continued that, after a three to seven day detox in a medical facility, rehabilitation could then take place either at OV or through support provided by the Care Agency.

Whenever he has raised these concerns with doctors at SBH, the most common reason given for the current situation is the lack of available beds at SBH.

Inappropriate Placements in Mental Health Facilities

Some patients at OV, despite overcoming their challenges, find themselves unable to leave due to issues related to social circumstances, housing, or placement. These individuals are stuck in limbo, with no alternatives available, forcing them to remain at OV much longer than necessary.

The Clinical Director confirmed that this situation was indeed true for some patients who were awaiting transfer to ERS or facing accommodation challenges. This issue extended to sheltered accommodation as well, with one patient having lived there for over a year without any clear solution for their placement in sight.

In these situations, collaboration with other agencies and government departments is vital not only for these individuals, but also for the service as a whole. Effective cooperation helps ensure that these patients receive the support they need, while also freeing up resources and space in the facility for others who may require assistance.

This theme was echoed by the Clinical Director during the 2023 Annual Inspection, where he advocated for a more holistic and integrated approach to mental health care. He cited the Greater Manchester Mental Health NHS Foundation Trust as an example, highlighting their model of "whole person"

care, which effectively addresses not only mental health needs but also physical and social well-being.

This perspective aligns with the new Model of Care proposal for the new CMHT, which emphasizes a single point of contact to address all of a patient's needs—be they physical, mental, or social. This comprehensive approach aims to streamline care and ensure that patients receive well-rounded support tailored to their individual circumstances.

Assisted v Sheltered Accommodation

No single solution can adequately address the complexities of mental health care, as each individual faces unique challenges and circumstances. Consequently, it is difficult to envision a one-size-fits-all approach for effectively supporting individuals within the community.

The Clinical Director advocates for a complementary approach to mental health care, where support and services are tailored to meet the specific needs of each individual.

It is widely recognized by those working with these individuals that some will require ongoing care throughout their lives, while others, given the right assistance, can achieve a relatively independent lifestyle.

For those who need continuous support, the Clinical Director argues for the implementation of assisted living arrangements, which provide the necessary level of care while promoting dignity and quality of life. These environments can offer personalized assistance with daily activities, healthcare management, and social engagement, ensuring that individuals feel secure and supported.

Conversely, for those who can thrive with less intensive support, he advocates for the development of sheltered accommodation. This option would allow individuals to maintain a degree of independence while having access to resources and support as needed.

This vision presents both economic challenges and the need for a broader social understanding of the concept of support within mental health care. Implementing a tailored approach, including assisted living and sheltered accommodation, requires significant investment in infrastructure, services, and personnel. Government must carefully consider the financial implications of these models, including funding for facilities, training for staff, and ongoing support for individuals in these settings.

Ineffective Resource Distribution

The Clinical Director believes that the Mental Health Services currently face challenges not just from limited resources but also from how those resources are allocated. One of the main issues is the imbalance in staffing: there are not enough less-qualified mental health professionals to support senior staff like consultants, who are often burdened with tasks that could be handled by others at a lower pay grade. This setup means consultants spend excessive time on administrative duties—such as writing prescriptions, ordering tests, and booking appointments—that could be managed by support staff, ultimately detracting from the time they can dedicate to clinical care.

The top-heavy structure of the service also results in highly trained consultant psychiatrists managing cases that could be handled effectively by more cost-efficient, less senior personnel. Addressing this would improve both the quality of care and the system's efficiency.

To address these inefficiencies, the Director recommends several practical solutions that could streamline operations and improve patient care.

- **Empowering Mental Health Nurses as Prescribers**: Providing mental health nurses with the training to prescribe medication could alleviate some of the administrative load currently placed on consultants, allowing them to focus on complex cases requiring their expertise.
- **Introducing Physician Associates**: The role of Physician Associate, already in use in other systems, offers a promising solution. These professionals, after completing two years of post-degree training, could take on both clinical and administrative responsibilities, providing consultants with much-needed support in a cost-effective way.
- **Increasing Junior Doctor Support**: By increasing the number of junior doctors available, consultants could delegate administrative and routine clinical tasks. Junior doctors could work closely with nurse prescribers, further lightening the burden on senior medical staff.
- **Placing Dedicated Administrative Staff on Wards**: Allocating administrative personnel directly to the wards would free up medically trained professionals to concentrate on clinical duties, improving the overall efficiency of service delivery.

- **Expanding Mental Health Training in Primary Care:** A broader framework of mental health triage within primary care could significantly reduce the load on secondary mental health services. If primary care professionals were trained to handle initial assessments, patients could be directed to the appropriate level of care from the outset, avoiding unnecessary referrals to consultants and streamlining patient pathways.

Capacity Assessments

The issue of capacity assessments—and determining who is responsible for conducting them—has been a recurring challenge, contributing to stagnation in certain areas. The lack of clarity and consistency around this responsibility has slowed down decision-making processes and hindered the efficient delivery of services. As this issue continues to resurface without a standardized solution, it affects the organization’s ability to provide timely, responsive care. Addressing this matter with a clear protocol for conducting capacity assessments is essential to avoid further delays and ensure smooth, efficient operations in affected service areas.

The Clinical Director was asked about capacity assessments and who would be responsible for conducting them. He explained that the issue was currently with the Minister for Health and Care.

6(a) Observations and Recommendations

Second Opinion Appointed Doctor (SOAD)

- ✓ The role of the SOAD within the mental health framework serves as a crucial safety net that protects both patients and staff. It is imperative that this situation is addressed promptly and that a viable, permanent solution is implemented.
- ✓ While virtual consultations can serve as a temporary solution, they cannot replace the value of in-person interactions.
- ✓ There have been too many delays and inconsistent efforts to address this issue. A more focused and effective approach is needed to resolve it.
- ✓ It requires someone to take responsibility, and since it is an independent service, this lead should come from outside the GHA.

Alcohol Detoxing in Mental Health Facilities

- ✓ There is enough medical evidence to support that alcohol detoxification should occur in an appropriate environment, equipped with the necessary tools and staffed by trained professionals.
- ✓ OV lacks the necessary resources and equipment, so it is up to the GHA to secure the appropriate resources and beds to conduct alcohol detoxification in a medical hospital setting. Failing to do so puts the individual at risk.

Inappropriate Placements in Mental Health Facilities

- ✓ The Board recognizes that the demand for beds and suitable housing is a persistent challenge in Gibraltar.
- ✓ However, it is essential to address individual cases one at a time, with all parties involved working together to find solutions. Whether it involves ERS or Housing, a case-by-case approach would allow for better prioritization of issues, rather than strictly adhering to outdated rules.
- ✓ Clearly, a patient who no longer has a mental health issue should not be required to remain in a mental health facility simply due to a lack of alternative options. What is needed is creative, outside the box thinking that encourages all sectors to recognize the individual as a person and collaborate to find a solution for their situation, regardless of any potential repercussions within their own sector.
- ✓ We cannot let individuals in vulnerable situations be neglected, with everyone shifting responsibility and no one taking charge of their care and well-being.
- ✓ It is our collective duty to create a safety net that safeguards these individuals and addresses their unique needs.

Assisted v Sheltered Accommodation

- ✓ The Clinical Director's perspective on this issue is one that the entire community and government need to debate.
- ✓ The financial implications for infrastructure and resource allocation are evident and must be carefully considered.
- ✓ However, we already have successful models in place for housing the elderly in protected accommodations, such as the "Bishop Canilla" and "Albert Risso," model, where senior citizens are provided with a safe living environment.
- ✓ This raises the question: why can we not implement a similar approach for individuals who will never be able to live independently?

- ✓ Additionally, this approach could be economically beneficial in the long run, as it would allow for the consolidation of resources in one location.
- ✓ By concentrating efforts and funding in this way, significant savings could be achieved over time, while ensuring that these vulnerable individuals receive the care and support they need in a secure setting.
- ✓ With Sheltered accommodation, we already have individuals living in the community, so it would be a continuation of these services, incorporating it with the new Model of Care approach.

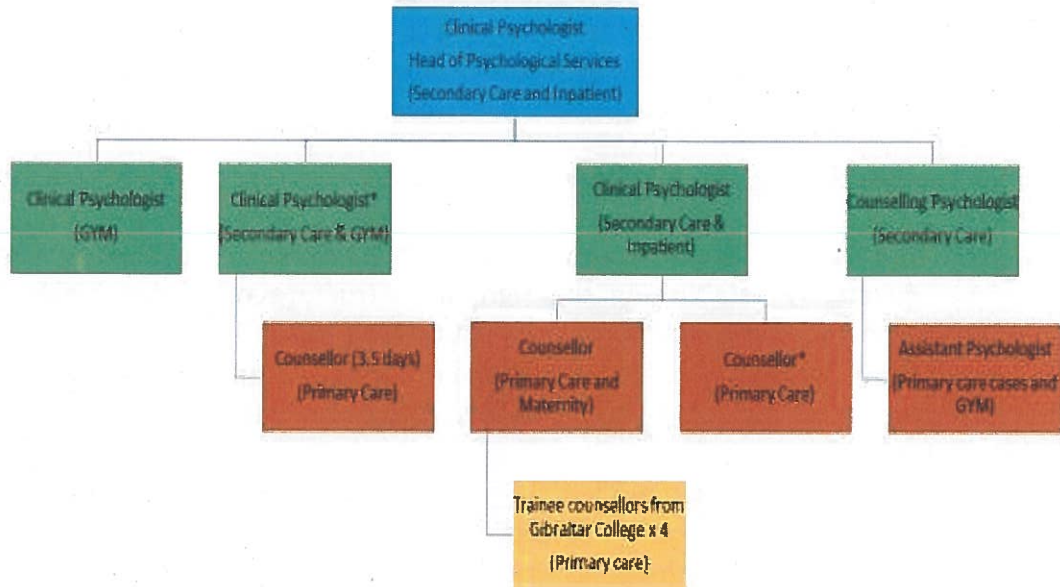
Ineffective Resource Distribution

- ✓ The Clinical Director offers persuasive guidance on enhancing service quality by establishing the right infrastructure to enable highly paid professionals to focus on their specialized roles. Proper support would allow these experts to dedicate their time to the complex tasks for which they are truly qualified, rather than being side-tracked by administrative duties.
- ✓ This point was previously highlighted in the Board's 2023 Annual Report, particularly concerning the roles of Junior Doctors and Ward Clerks (Pages 24/25), as well as the potential for introducing Physician Associates (Page 46).
- ✓ Establishing these supportive roles would not only be economically beneficial but could also improve retention rates among medical professionals. At present, some choose to leave because Gibraltar lacks the support services available to them in the UK.
- ✓ A telling observation came from a psychiatrist early in their career with the GHA, who remarked to the Board, **"...what I am doing now is the same as I was doing fifteen years ago when I was beginning my career."** This highlights the frustration felt when high-level professionals are unable to perform their primary function due to a lack of proper infrastructure and support.

Capacity Assessments

- ✓ The Board is pleased to announce that the appointment of Capacity Assessors by the Minister for Health and Care took place shortly after the Board's interview with the Clinical Director.
- ✓ With these appointments, it is anticipated that the areas needing capacity assessments will now be able to make meaningful progress.

7. Psychological Staffing Complement



*Currently a locum to cover a maternity leave

8. Head of Psychological Services

The Board met with the Head of Psychological Services to receive a detailed update on the service's progress over the past year. During the initial meetings in October 2023, the Head of Psychological Services identified a critical lack of data, which made it challenging to understand both the obstacles the service was facing and the areas where it was performing well. Establishing a reliable data collection process was therefore prioritized to provide a foundation for effective decision-making and improvement.

Collecting accurate data is essential for tracking patterns and trends within the service, but this process invariably takes time to yield actionable insights. A robust data system allows the service to identify specific issues, evaluate the effectiveness of interventions, and allocate resources more strategically.

Without this data, the service is largely reactive, addressing issues as they happen. Hopefully, with better information, the service can take a more proactive approach, anticipating needs and focusing efforts on high-priority areas.

A major topic raised by the Board was the challenge of reducing waiting times for patients seeking psychological services. In the 2023 Annual Report, the Board noted that estimating waiting times was difficult to gauge due to the varying needs of patients and the unpredictable length of their engagement with counsellors or psychologists. Currently, it is estimated that each patient may need between six to eight sessions over the course of six to eight weeks, depending on the complexity of their issues and response to treatment.

This demand quickly accumulates with each patient on the caseload representing multiple hours of dedicated therapy time. When this is multiplied across all patients, the result is a high demand for limited appointment slots.

Additionally, some cases require more intensive interventions, which extends the time each therapist spends with certain individuals, creating bottlenecks in the schedule.

Missed appointments

The Board expressed disappointment upon learning from the Head of Psychological Services that estimates from an experienced clinician, supported by anecdotal evidence from others in the service, suggest that up to a third of individuals offered appointments fail to attend.

This raises serious concerns about whether current waiting lists accurately reflect the true demand for psychological services in the community.

To address this, a new system will be implemented in January 2025 to track patterns of non-attendance and introduce targeted strategies to reduce missed appointments and improve service efficiency.

Accurate data is essential for understanding the real demand for psychological services. With these measures in place, the service will be better positioned next year to assess community needs and make informed decisions about resource allocation and service enhancements.

Adult Services

The Head of Psychological Services reports a more positive outlook compared to a year ago, attributing this improvement to enhanced data on referrals for psychological services and a fully staffed team. This team has met challenges with enthusiasm, dedication, and strong teamwork, which has significantly contributed to progress.

Additionally, the introduction of trainee placements for counsellors and psychologists has positively impacted waiting times, helping to increase the efficiency and availability of services for those in need.

On an average month there are fifty referrals from different quarters to adult services.

The following table shows the changes in waiting lists across primary and secondary care, along with percentage reductions:

Service Type	Waiting List (Dec 2023)	Waiting List (Oct 2024)	% Reduction
Overall Psychological Services	441	210	52%
Primary Care (Counsellor)	257	85	67%
Secondary Care (Psychologist)	184	125	32%

Service Type	Average Waiting Time (Weeks)
Overall Psychological Services	21
Primary Care (Counsellor)	16
Secondary Care (Psychologist)	28

With enhanced oversight and improved structure, it has become clear that referrals are increasingly complex and often require more advanced interventions. As a result, many cases have had to be transferred to the secondary care list. Although average waiting times to see a psychologist have decreased, reducing the overall number of people on the waiting list has proven more challenging.

This shift suggests that while some progress has been made in efficiency, the higher complexity of cases demands further resources and specialized care to meet the needs of patients adequately.

Clinical complexity and staff CPD

In response to this shift toward more complex clinical cases, the GHA has approved training budgets to support the ongoing professional development of counsellors and psychologists. These training opportunities are designed to align with each clinician's specific competencies and job role, ensuring they are well prepared to handle more advanced therapeutic needs.

Additionally, the GHA has secured funding for consultations with UK specialists in areas where expertise in specific clinical practices is required. To strengthen the quality of supervision within the department, funding has also been approved for formal training in clinical supervision for all clinicians. This investment not only reinforces the quality of supervision available to department staff, but also supports trainee therapists on placement, ensuring consistent, high quality guidance across the board.

Gibraltar Young Minds (GYM)

The GYM service has been allocated additional temporary support, with a second psychologist dedicating one day per week to the service. This support, however, is set to conclude in December 2024.

The introduction of a new ASD assessment process has placed significant demands on staffing resources, inevitably contributing to longer waiting lists for therapy. This increased workload highlights the ongoing challenge of balancing assessment requirements with the provision of continuous therapeutic services.

The latest data reveals that fourteen children/young people are currently on the waiting list. Of these, only one is awaiting an appointment with a counsellor, while the remaining thirteen require appointments with a clinical psychologist. The waiting time to see a psychologist is eighteen weeks.

It should be noted that while a child or young person is waiting to see a psychologist, they continue to receive therapeutic support, risk monitoring, and input from other team members, with the full MDT team, including a psychiatrist and a psychologist, providing additional support. Furthermore, urgent clinical referrals may be seen sooner if required due to elevated risk.

Trainee Placements

The next round of placements for trainee counsellors from the College of Further Education has now commenced, providing an invaluable opportunity for practical experience. These placements are guided by an experienced counsellor

and a clinical psychologist, who have received positive feedback for their mentorship. The programme is closely overseen by the Head of Psychological Services, ensuring that the trainees receive comprehensive support and guidance.

This collaborative approach not only enhances the trainees' learning experience but also contributes to the overall quality of care provided to patients. There is a sense of optimism that this arrangement will continue to evolve and strengthen, thereby fostering a strong, regular cohort of skilled professionals in the field.

Prison Pathways and access to therapeutic support

Partnership collaboration with the Care Agency has resulted in an agreement to establish a pathway aimed at improving coordinated access to mental health and therapeutic support within the prison system. As part of this initiative, a six week pilot project was conducted, which successfully identified various areas of need among the prison population.

This collaborative effort emphasizes the importance of integrating mental health services into the correctional framework, ensuring that individuals receive timely and appropriate support. The insights gained from the pilot will inform the development of tailored interventions and resources that address the specific mental health challenges faced by prisoners, ultimately contributing to better health outcomes and rehabilitation prospects.

Benchmarking and review of psychology workforce

In light of the increasing demand for Psychological Services, an exercise is currently underway to benchmark staffing levels and the configuration of the workforce. This review aims to assess the current workforce structure in order to identify sustainable and efficient strategies that can effectively meet the needs of the community.

By evaluating existing resources and exploring best practices, this initiative seeks to ensure that psychological services are adequately equipped to address the evolving challenges faced by individuals in need of support. The outcomes of this benchmarking process will provide valuable insights for future workforce planning, enabling the delivery of high-quality mental health services that align with community demands.

8(a) Observations and Recommendations

Missed appointments

- ✓ The Board believes it is crucial for psychological services to address this issue and understand the underlying reasons some patients miss their appointments.
 - Could this be a systemic issue, where rigid policies overlook the personal circumstances patients face, or fail to recognize that missed appointments might signal that a patient is struggling?
 - Is it possible that a patient's motivation or needs change by the time their long-awaited appointment arrives, leading them to disengage from the service?
 - On the other hand, some individuals might seek a specific type of support that is not available, and, feeling mismatched, choose not to attend?
 - Could it be something as simple that the person cannot be contacted for some reason?
- ✓ Regardless of the reason, it is essential for psychological services to collect this data and consult with both patients and their families to gain a better understanding of why these missed appointments are occurring.
- ✓ The Board considers this a valuable exercise and looks forward with interest to the insights the results will reveal, as it will provide the service with a clearer understanding of how to plan and allocate resources effectively.

Adult Services

- ✓ The Board believes that with the new data infrastructure, the service is now better positioned to manage resources efficiently, target problem areas, and potentially reduce waiting times.
- ✓ The Board is encouraged by the commitment to ongoing monitoring and reporting on these initiatives over the coming year, with the goal of optimizing service delivery for the community.
- ✓ While overall waiting times for psychological services have been reduced by an impressive 52%, triaging at the Primary Care level has shifted more complex cases to Secondary Care. As a result, the Secondary Care waiting list has decreased by 32%, with 125 patients currently awaiting service.
- ✓ Although these statistics are impressive, the Board is concerned about the average waiting times for those still on the list.

- ✓ While the final decision rests with the GHA, the Board suggests that hiring an additional Secondary Care psychologist on a one-year contract could substantially help alleviate the issue and stabilize the waiting lists at an acceptable level, particularly given the average of fifty new referrals each month.

Clinical complexity and staff CPD

- ✓ The GHA's investment in training staff to manage patients with increasingly complex symptoms is a prudent decision, reflecting an awareness of the need for an optimally prepared workforce to address the growing demands of mental health care.
- ✓ The Board is encouraged by this initiative and views the implementation of clinical supervision for all clinicians as a very positive step toward creating a more dynamic and accountable service, ultimately enhancing patient care.

Gibraltar Young Minds (GYM)

- ✓ The addition of a second psychologist for one day per week has resulted in a noticeable reduction in the waiting lists. The Board advocates for the continuation of this temporary arrangement, scheduled to end in December 2024, in order to further reduce the current eighteen-week waiting period for appointments.
- ✓ The Board has long supported the development of new ASD protocols and commends the training undertaken to carry out this assessment work.
- ✓ The Board acknowledges that, regardless of the waiting lists, the GYM service will continue to provide therapeutic support and monitor the risks of children on the waiting lists.
- ✓ The Board can personally attest to this, as they have frequently participated in MDT meetings held every Tuesday, where all areas of concern are discussed.
- ✓ It is also reassuring to know that urgent referrals will be triaged and expedited more quickly.

Trainee Placements

- ✓ The localisation of professional services has long been one of the Board's key priorities, and it is highly encouraged by the introduction of four trainee placements into the psychological service.
- ✓ It hopes that these placements and their future development will form part of an important partnership with the College of Further Education.

- ✓ The Board hopes that, this time round, robust safeguards related to governance and supervision are firmly in place, ensuring that all processes function smoothly and effectively, with clear accountability and oversight at every stage.

Prison Pathways and access to therapeutic support

- ✓ The Board is aware that the Prison Service has been without a dedicated counsellor for the past four years, and it welcomes the six-week pilot study initiated by Psychological Services in collaboration with the Care Agency to assess the specific needs of the prison population.
- ✓ Initial proposals have been discussed, and an ongoing process is underway to develop an appropriate, tailored support system for the prison. However, addressing this longstanding gap is complex, as there is some hesitancy among prison authorities to adopt a new approach beyond the model they had before the previous counsellor's retirement four years ago.
- ✓ Nonetheless, there is a shared commitment to finding a constructive solution that benefits all stakeholders, with a primary focus on the well-being of the prisoners who are at the heart of this initiative.

Benchmarking and review of psychology workforce

- ✓ The Board considers it highly valuable to review and assess the current workforce, to ensure that psychological services are well prepared to meet upcoming challenges effectively.
- ✓ This evaluation will provide essential insights for strategic planning, enabling the service to make evidence-based decisions that will shape the delivery of targeted, effective support in the future.

9. Ocean Views – The Building

As OV approaches its 10th anniversary, the Board has conducted a comprehensive assessment of the hospital's infrastructure, focusing on the condition of the building and identifying any physical factors that may influence patient care. This report outlines the findings of our assessment, detailing the areas where OV has made significant improvements and highlighting aspects that require ongoing attention.

During our assessment, we observed that the reception area and wards continue to be well-maintained and clean, which has been a constant throughout previous visits. The Board is pleased to report that any irregularities observed during its recent inspection have been rectified, ensuring that the hospital maintains a high standard of cleanliness and orderliness.

In the June 2023 Interim Review, the Board identified certain areas on the periphery of the building that required attention. This matter was addressed promptly and will now be incorporated into the hospital's regular maintenance programme. The effectiveness of this intervention has been noted, and it highlights OV's commitment to ensuring that all parts of the facility meet the required standards of care and maintenance.

Discussions with the Domestic Supervisor confirmed that all aspects of OV's cleanliness are periodically addressed, including the garden. Additionally, the Board had raised concerns about certain aspects of the waste disposal system during the previous review. We are pleased to report that this issue has been acted upon, and alternative arrangements have been implemented as part of the hospital's day-to-day waste management procedures.

In the October 2023 Annual Report, the Board highlighted the reception and waiting area's lack of character, which was particularly noticeable given its size. Additionally, it was noted that cafeteria services had been absent for over two years.

Since the June 2023 Interim Review, the cafeteria has re-opened, providing tables and chairs where patients, families, and staff can relax and enjoy refreshments. Although the cafeteria is still in its early days of operation, it is hoped that it will evolve into a central hub for social interaction within the hospital.

However, while the cafeteria's reopening is a welcome development, the Board continues to encourage further improvements to the lobby area.

Specifically, the Board recommends the addition of suitable furnishings and the creation of a secluded space for individuals seeking privacy. A more welcoming and comfortable environment would enhance the overall patient and visitor experience.

The reopening of the cafeteria marks an important step in making the hospital more welcoming, and the Board is optimistic that, with continued effort, the lobby can become an even more inviting and functional space.

In the October 2023 Annual Report the Board raised concerns regarding the ward corridors, which are glass-fronted and offered no ventilation, leading to excessive heat build-up during warmer months. This creates a “greenhouse effect,” making the corridors uncomfortably hot and limiting their use. It was highlighted that patients walking along these corridors needed better protection from the sun.

Given that these corridors run the entire length of the wards, their limited usability during hotter months effectively reduces the available space for patients by 50%. This is particularly concerning for those in detention, as it significantly restricts their movement and access to usable areas.

The garden area was also noted as needing improvement, particularly in providing more shaded areas, especially around the outdoor gym equipment. The current equipment is in need of an upgrade to ensure it meets the needs of the patients.

For those detained under the Mental Health Act 2016, access to physical activity is essential for their well-being and recovery. The Board emphasized that regular exercise plays a crucial role in improving outcomes, and enhancing the garden space and gym facilities would support patients in engaging in physical activity, thereby increasing their chances of recovery.

In the previous report, the Board also highlighted the need for a larger common area for social interaction, as the small TV lounge in the wards was deemed insufficient. The ARC was suggested as a potential alternative, with the Board viewing it as an underutilised asset that could be developed to better serve the patients.

The ARC holds significant potential to become a multidisciplinary hub that could greatly benefit patients. However, the Board emphasized the importance of having a clear vision for how to harness fully the ARC's capabilities, rather than relying on its current ad hoc use. Developing the ARC in a strategic and

purposeful way could provide a much-needed space for socialising, therapeutic activities, and multidisciplinary support.

On the first day of our October 2024 inspection, heavy rainfall revealed significant water ingress along the corridors leading to the ARC. This issue was immediately reported to the acting Sites and Services Manager, who dispatched an inspection team once the rain subsided. The team found that the roof required repair. While the damage was significant in some areas, the Manager was confident it could be addressed internally, provided that support from the GHA was obtained.

The inspection underscored the challenges of maintaining such a large, aging building, highlighting the need for constant monitoring and scheduled maintenance to ensure its longevity. However, the Sites and Services Manager pointed out that his very small team was overstretched, making it difficult to complete necessary repairs in a timely manner.

Additionally, his responsibilities extended to managing community houses and CMHT, further straining his team's capacity to address issues both at the hospital and in the wider community. This limited work force poses a challenge to carrying out repairs and maintenance expediently, affecting the overall upkeep of the facility.

Furthermore, he raised concerns regarding two critical components of the hospital's infrastructure: the building's generator and the cooling system for the server room. He highlighted that both areas required immediate attention to prevent potential future problems that could disrupt operations and compromise patient safety.

He explained to the Board that the generator's reliability was essential, particularly in emergencies when consistent power supply is crucial. Any malfunction could lead to significant setbacks, jeopardizing patient care and operational integrity.

In addition to the generator, he pointed out the importance of the server room cooling system. Given that this system is vital for maintaining the functionality of the GHA's IT infrastructure, any failure could result in overheating, risking data loss and service interruptions.

To address these issues proactively, he informed the Board that he was in the process of reviewing the hospital's maintenance contract. He was also conducting a comprehensive evaluation of all services provided to ensure that any problems would be tackled in a timely manner. By implementing a

scheduled maintenance service, he aimed to ensure that all critical areas of the hospital were adequately monitored and maintained.

One of the primary concerns raised during the visit last June was the lack of air conditioning in Sky Ward. This issue was especially problematic due to the seasonal peak in summer temperatures. During the visit, patients and staff in this specialized ward were found to be enduring extreme heat, which was described as unbearable. The absence of adequate climate control in the ward not only created significant discomfort for the patients but also raised concerns about its potential effects on their overall health and well-being.

Given the critical nature of Sky Ward and the vulnerability of its patients, the Board flagged this issue to the SMT and the GHA. They were urged to consider alternative cooling solutions as a matter of urgent priority.

Unfortunately, despite various attempts to implement alternative solutions, it became clear that the only viable resolution was a complete renewal of the air conditioning system. While the purchase of new equipment has taken longer than expected, it is now expected to be installed imminently. The Board acknowledges the significant investment required for this overhaul and emphasizes the importance of its timely completion to avoid further impact on patient care.

In addition to addressing the urgent need for air conditioning, Sky Ward is also due for a much-needed refurbishment. The Board is hopeful that the air conditioning work and the main renovations can be executed simultaneously. This coordinated approach aims to minimize any delays in the re-opening of Sky Ward, ensuring that patients can return to a safe and improved environment as soon as possible.

To accommodate patient needs during the refurbishment, preparations are underway to establish a secure seclusion room for patients requiring this service. A designated room in Horizon Ward is being readied to serve as a temporary facility for patients requiring seclusion when the works commence. This proactive measure will help ensure that all patient care needs are met without compromising safety or comfort during the refurbishment process. This room is almost ready, with specialised equipment ordered and on its way.

The Board noticed that this room lacked toilet facilities and this needs to be programmed into the Risk assessment going forward when moving patients housed in this room.

It has now been over two years since the closure of Sunshine Ward, and to date, there have only been rumours about what it will be used for.

In the 2023 Annual Report, the Board recommended that Sunshine Ward be considered as a "potential solution to the ongoing challenge of managing dementia patients, who require specialized care and support for limited periods."

The report further proposed that "Sunshine Ward be operated by ERS, with support from Mental Health Services as needed."

Given the current climate, where hospital beds are in high demand, it is difficult to comprehend why the ward's utilization is facing such delays.

9(a) Observations and recommendations

Progress Since the June 2024 Interim Review

- ✓ The Board expressed their satisfaction regarding the progress made since the Interim Review in June 2024. They noted that several suggestions provided during that review have been positively received and are set to be incorporated into the ongoing maintenance program for the hospital. This collaborative effort demonstrates a commitment to continuous improvement and highlights the importance of feedback in enhancing the operational efficiency and safety of the facility. The Board looks forward to seeing these changes implemented and the positive impact they will have on the hospital's maintenance practices.

Cafeteria Reopening

- ✓ The reopening of the cafeteria marks a significant milestone, especially following its extended closure. It is understandable that the Board feels some frustration regarding the delays, particularly given the project's seemingly straightforward nature. Nonetheless, the Board wholeheartedly welcomes the cafeteria's reopening and eagerly anticipates its role as an essential social hub within the hospital.

Reception Area Enhancements

- ✓ The reception area is also undergoing some changes, although it is still in the early stages of development. The Board envisions positive enhancements to the décor, transforming the space into a welcoming hub rather than merely a waiting area. Additionally, the inclusion of a private area within the lobby would facilitate interactions that require a certain

degree of privacy, fostering a more comfortable environment for visitors and staff alike.

Proposal for In-House Laundry Operations

- ✓ In conversations with the Domestic Supervisor, it was proposed that the hospital consider managing its laundry in-house by investing in an industrial washing machine and dryer. This approach would provide the hospital with greater control over its laundry operations. The Board believes that this idea needs to be explored as it might lead to significant cost savings.

Need for Corridor Sun Protection

- ✓ Last year, the Board advocated for measures to protect the ward corridors from the summer sun, enabling patients to utilize these spaces during warmer months. Unfortunately, the Board has observed no progress in this regard and urges the GHA to consider implementing some form of sun protection. This initiative would significantly enhance the available space for detained patients and improve their overall comfort.
- ✓ The garden area has also been identified as needing additional protection from the summer sun, particularly over the outdoor gym equipment, which is in urgent need of an upgrade.

Importance of Physical Activities

- ✓ Physical activity has been recognized as fundamental to the active recovery of mental health patients, making the upgrade of outdoor equipment or the establishment of a "Safe" gym highly recommended. During our visits to the wards, we observed patients actively walking the corridors, with one individual even running from one end to the other.

Optimizing ARC Use in OV

- ✓ The ARC is currently used in OV, though only on an ad hoc basis. Its role and potential as a multidisciplinary hub needs to be further developed. The facility has great potential that is not being fully realized and could be better utilized to support a wider range of services.

Acting Sites and Services Manager's Contributions

- ✓ The Board recently had its first interaction with the Acting Sites and Services Manager. His performance has been commendable thus far. He has been prompt in responding to the Board's requests and has

consistently kept the Board informed of the ongoing situation at OV, CMHT, and the Community Flats. His communication has been clear and timely, ensuring the Board is always up-to-date with relevant developments.

Building Maintenance and Incident Management

- ✓ During the interview process, an unforeseen incident occurred when heavy rain began, revealing significant water ingress in the corridor adjacent to the Boardroom. Upon further investigation the next day, it became evident that remedial works were necessary to safeguard the integrity of the building. Fortunately, these repairs have been successfully completed, but the incident highlighted the critical importance of a consistent and proactive maintenance programme throughout the year to prevent future complications.

Infrastructure Issues: Generator and Cooling System

- ✓ Additional technical issues have been identified concerning the facility's infrastructure. Specifically, concerns have been raised about the building's generator and the cooling system for the IT server. Both systems require immediate attention to prevent more severe problems down the line. These issues underline the need for a well-structured maintenance and emergency response plan.

Review of Maintenance Contracts

- ✓ The Acting Sites and Services Manager is currently undertaking a review of the hospital's maintenance contract. Simultaneously, he is conducting a comprehensive evaluation of all services provided, ensuring that potential problems are identified and addressed promptly. The Board fully supports this initiative and eagerly anticipates the results of this thorough evaluation. The findings will help shape a more responsive and robust approach to facility management in the future.
- ✓ The Board is satisfied with the proactive approach being taken by the Acting Sites and Services Manager. His efforts in addressing both the immediate infrastructural concerns and the longer-term maintenance review are steps in the right direction. Regular updates on the progress of these initiatives will be vital to ensure continued success and the overall well-being of the facility's operations.

Air Conditioning Concerns in Sky Ward

- ✓ In June 2024, the Board expressed significant concern regarding the lack of adequate air conditioning in Sky Ward. A visit to the ward confirmed the high and uncomfortable temperatures affecting both patients and staff. This information was promptly relayed to the SMT and the GHA for immediate action.
- ✓ Despite various attempts to mitigate the issue, including trying to repair the existing system by utilizing components from other condensers, these efforts proved unsuccessful. The Board acknowledges that, despite these efforts, there was no noticeable improvement in the working conditions for patients and staff, which remained suboptimal during the summer months.
- ✓ Fortunately, a new condenser has now been sourced and is expected to be available imminently. Although it is autumn, and air conditioning is no longer urgently needed due to the cooler temperatures, the new system is scheduled to be installed before the arrival of spring. The Board is hopeful that this will fully resolve the issue ahead of the next period of high temperatures.

Lessons Learned and Infrastructure Resilience

- ✓ This situation highlights the necessity of having a more resilient and reliable infrastructure in place to prevent similar problems from occurring in the future. The importance of planning for regular maintenance of essential equipment, such as air conditioning, cannot be overstated.
- ✓ The Board is pleased with the eventual outcome but emphasizes the need for lessons learned. A robust and forward-looking maintenance programme must be developed to ensure that infrastructure failures, such as this, are minimized. A more comprehensive review of critical systems is encouraged to maintain the comfort and safety of both staff and patients in the future.

Delays in Sky Ward Refurbishment

- ✓ In addition to the air conditioning concerns previously reported, there is an ongoing issue with the long-overdue refurbishment of Sky Ward. The delay is attributed to the technical complexities involved, primarily because Sky Ward houses a seclusion room, which must remain operational. Refurbishment cannot proceed until an alternative seclusion room is available elsewhere in the hospital.
- ✓ To facilitate the refurbishment, a room in Horizon Ward, located across from Sky Ward, is currently being prepared to serve as a temporary

seclusion room. Once this room is operational, patients can be relocated, and the Sky Ward refurbishment can begin. Fortunately, the Horizon Ward room is nearly ready for use, allowing refurbishment works to commence shortly thereafter.

Coordinating Air Conditioning and Refurbishment Work

- ✓ The Board is keen to ensure that the air conditioning system replacement and the refurbishment of Sky Ward are coordinated to minimize disruption to staff and patients. Ideally, both projects should be carried out simultaneously. The Board urges the Sites and Services Manager (Ag) to ensure that the contractor adheres to deadlines and completes the works within the agreed timeframe, ensuring that Sky Ward becomes fully functional again as quickly as possible.
- ✓ The Board remains hopeful that with the near-completion of the temporary seclusion room in Horizon Ward, the long-awaited refurbishment of Sky Ward can soon begin. By synchronizing the air conditioning installation and the refurbishment work, the impact on operations can be minimized, improving both patient and staff comfort and ensuring the smooth running of hospital services. Timely completion of the project is essential.

Concerns for Temporary Seclusion Room

- ✓ While the temporary seclusion room in Horizon Ward is almost ready for use, a key issue has arisen. The room does not currently have its own toilet or washing facilities. This presents a challenge, as patients in seclusion would need to leave the room to access these amenities, raising potential safety concerns for both staff and other patients. Comprehensive risk assessments must be conducted to ensure that the movement of secluded patients is managed safely and efficiently, particularly in the absence of in-room facilities.
- ✓ Given the size of the room and the proximity of the ward's existing toilet and washing facilities next door, it would seem logical to consider constructing these amenities within the temporary seclusion room itself. Building these facilities could significantly reduce the risks associated with patient movement and improve the overall functionality of the seclusion room. Additionally, this upgrade would align with best practices for patient care and safety.
- ✓ The Board recommends a thorough evaluation of the feasibility of building dedicated toilet and washing facilities within the temporary seclusion room in Horizon Ward. This investment would not only enhance patient safety but also streamline operations within the ward. Until a final

decision is made, risk assessments must be prioritized to ensure the well-being of staff and other patients during the transition period.

Underutilized Facilities in Sunshine Ward and Europa Wing

- ✓ The Board finds it difficult to understand why Sunshine Ward and Europa Wing have not been utilized in any capacity beyond serving as a training area and storage space.
- ✓ The Board previously recommended that Sunshine Ward be repurposed as an ERS facility for "*specialized care and support*" for dementia patients with challenging behaviours requiring short-term care. However, no formal use has been assigned to date.
- ✓ The Board urges the relevant authorities to make a decision and permit the ward's use for the benefit of patients and the wider community.

10. Dawn Ward - Rehabilitation Ward

The Board has engaged in multiple discussions with various staff members from the ward in June 2024 and October 2024, as part of the preparation for our Annual Report. These ongoing conversations have provided invaluable insight into the concerns and expectations of the staff, shedding light on critical issues that affect both patient care and the working environment. The information presented below is an amalgamation of the two sessions.

The Essential Role of Rehabilitation Wards in Mental Health Facilities

The role of a rehabilitation ward in a mental health facility is crucial in supporting individuals who are recovering from mental health crises or managing long-term mental health conditions. It serves as a bridge between acute care and more independent living, focusing on helping patients regain the skills and confidence needed to reintegrate into the community

By focusing on long-term recovery and providing a bridge to the community, rehabilitation wards help individuals achieve lasting stability and independence, ultimately enhancing their quality of life. Unlike acute care wards, rehabilitation wards offer a more supportive and less restrictive environment, helping patients regain independence by focusing on practical issues that will support them when they go back into the community.

Dawn Ward's Success in Facilitating Community Reintegration

For the past two years, Dawn Ward has played a pivotal role in successfully transitioning patients with long-standing mental health issues into the community. The ward has provided comprehensive support, helping individuals

navigate the challenging process of reintegrating into society after many years. It has helped patients build the confidence and skills needed for long-term stability and importantly has shown others that a life in the community after a mental health crisis is possible. The staff is justifiably proud of this.

Ongoing Challenges with Inappropriate Patient Placements and Transition Delays

Like Horizon Ward, Dawn Ward also faces challenges related with inappropriate placements and difficulties in facilitating patients' transitions back into the community. Currently, the ward is awaiting capacity assessments for two individuals, which are essential for ensuring they receive the appropriate support and care moving forward. Unfortunately, these assessments have yet to be completed. However, with the recent appointment of capacity assessors by the Minister of Health and Care, there is hope that this process will be expedited, enabling patients to receive the necessary evaluations and, ultimately, the support they need for their transition to the community.

Impact of Bed Shortages on Dawn Ward's Rehabilitation Objectives

Staff have expressed concerns that, at times, patients are transferred to Dawn Ward from Horizon due to bed shortages, rather than based on their specific needs for rehabilitation. This practice, while necessary to manage capacity, is not conducive to maintaining good practice in a rehabilitation setting. Dawn Ward is designed to support patients who are ready to transition to the community, and placing individuals who are not yet suited for this type of environment can hinder their progress. Such transfers may also place additional strain on staff, impacting the quality of care and the overall effectiveness of the rehabilitation process.

The Importance of Structured Roles for Activity Coordination and Housing Outreach

Both the newly appointed Activity Coordinator and Housing Outreach received much praise for their invaluable support. The Activity Coordinator has been instrumental in facilitating a range of activities that promote patient engagement, well-being, and recovery, which has greatly enhanced the therapeutic environment. Meanwhile, Housing Outreach has been commended for her efforts in effectively addressing housing issues. Their combined contributions have significantly improved the overall experience and outcomes for patients in Dawn Ward.

There is, however, a notable caveat to this praise. Both the Activity Coordinator and Housing Outreach lack a formal job description, operational policy, or succession plan for their roles. This absence of structure creates a level of uncertainty regarding the continuity of their work. Without clear guidelines and a plan for succession, there is a risk that these positions could lose their effectiveness over time or, in the future, lead to a reversal of the progress made since they were first introduced. This uncertainty highlights the need for clearer planning and support to ensure that the positive changes implemented are sustainable in the long term.

Staffing Shortages and the Impact on Patient Care

As in many sectors, staff at Dawn Ward are concerned about ongoing shortages, particularly of RMNs. While they welcome the recent introduction of a Gibraltar University degree course for RMNs, which promises to provide qualified professionals by 2027, staff are keenly aware that this does little to address the current shortage.

They echo a previously voiced sentiment: however promising the future availability of RMNs may be, the present shortage requires immediate action. To alleviate the strain on the system now, staff emphasize the need for timely engagement of agency personnel, which would help stabilize patient care and mitigate the risks that arise from inadequate staffing levels.

Similarly, staff are concerned that many experienced nursing assistants, now enrolled in the RMN course, are being replaced by agency workers. These temporary staff members require substantial training to reach the necessary skill level, which can affect the continuity and quality of patient care.

Sunshine Ward

The situation regarding Sunshine Ward has raised significant concerns among many staff members, echoing similar sentiments voiced by others during interviews. Staff are frustrated by the underutilization of an entire floor at OV, particularly when bed shortages are a consistent issue throughout the GHA.

Whether for supporting mental health or addressing other important needs, the staff firmly believe that this resource should be actively utilized.

10(a) Observations and Recommendations

The Essential Role of Rehabilitation Wards in Mental Health Facilities

- ✓ The value of a rehabilitation ward cannot be overstated. It plays a crucial role in helping mental health patients regain confidence, independence, and the skills necessary to move forward in their lives. Despite its significance, the role of the rehabilitation ward is often misunderstood—even by mental health professionals. Observing the staff frequently outside the ward, some may overlook the depth of work and dedication involved in preparing patients for discharge. Yet, each interaction, activity, and support provided within this environment is a vital step in empowering patients to transition successfully back into the community.

Dawn Ward's Success in Facilitating Community Reintegration

- ✓ The Mental Health Strategy (2021-2026) emphasizes the importance of treating individuals within their communities whenever feasible. Following this guidance, Dawn Ward has successfully discharged many patients who might otherwise have remained in long-term care, allowing them to pursue more independent lives with appropriate support structures in place.
- ✓ This is an ongoing process, made possible through close collaboration with Housing Outreach services and OTs, who work tirelessly to ease each patient's transition back into society. While this journey is challenging and setbacks do occur, the underlying commitment is clear: every individual deserves the opportunity to rebuild their life in a community setting.
- ✓ The Board is highly encouraged by the impactful work that Dawn Ward continues to deliver and looks forward to seeing this positive momentum sustained in the years ahead.

Ongoing Challenges with Inappropriate Patient Placements and Transition Delays

- ✓ Bed shortages are a persistent issue across all types of hospitals, yet Gibraltar has a unique advantage: even modest efforts can yield significant results. By focusing on removing obstacles to patient transition, meaningful progress can be made through close collaboration among key stakeholders.
- ✓ To address this challenge effectively, a coordinated effort is needed between the Mental Health Services, ERS, Housing, and the Care Agency to take ownership of this.

- ✓ Each one of these sectors brings with it, its own specific challenges, but by working together, they become part of a comprehensive solution. Their combined strengths can streamline patient transitions and improve outcomes, benefiting both patients and the healthcare system as a whole.
- ✓ The Board believes that this objective is achievable if the various sectors focus on addressing shared challenges rather than pursuing individual agendas. By uniting around common goals, they can make substantial progress toward a more effective and cohesive support system.

Impact of Bed Shortages on Dawn Ward's Rehabilitation Objectives

- ✓ As a rehabilitation ward, Dawn Ward is designed to be a place of active recovery and preparation for discharge, not a holding area for patients who do not require its specialized services. When patients who do not belong in this environment are placed here, it inevitably impacts the ward's ability to conduct vital rehabilitation activities and provide focused support to those in need.
- ✓ The Board believes that ensuring appropriate placement is essential for Dawn Ward to fulfil its intended role effectively. Transfers to Dawn Ward need to be made for clinical reasons.

The Importance of Structured Roles for Activity Coordination and Housing Outreach

- ✓ This topic, which will be addressed later as a separate issue, is particularly noteworthy because it was raised by the staff themselves, highlighting their recognition of the importance of both roles. However, despite their significance, no formal framework currently exists to ensure the continuation of these roles in the future.
- ✓ The Board believes that securing a lasting structure for these positions is essential to maintain the support and expertise they provide.

Staffing Shortages and the Impact on Patient Care

- ✓ Staff are understandably concerned that the shortage of RMNs in the short to medium term could adversely affect patient care. To mitigate this, they stress the importance of employing agency RMNs on a need basis until the 2027 cohort graduates from Gibraltar University, ensuring continuity and quality of care for patients during this transitional period.

Sunshine Ward

- ✓ The Board has received this feedback from nearly every staff member, highlighting a significant issue that urgently requires attention. The prolonged vacancy of an entire floor in OV for over two years is unacceptable and cannot continue. It is crucial that this situation is addressed promptly to ensure that the space is utilized effectively.

11. Horizon/Sky – Acute Mental Health Ward

The Board has engaged in multiple discussions with various staff members from the ward in June and October 2024, as part of the preparation for our Annual Report. These ongoing conversations have provided invaluable insight into the concerns and expectations of the staff, shedding light on critical issues that affect both patient care and the working environment. The information presented below is an amalgamation of the two sessions, which, despite being compiled at different times, reveal strikingly similar challenges.

Challenges with Patient Placement and Bed availability

This acute mental health ward is currently faced with the challenge of accommodating patients who, although their mental health crises have stabilized, remain in the ward due to unresolved issues that require them to be placed in more appropriate settings. This situation is causing significant pressure on the availability of beds for acute patients in need of immediate care.

These circumstances are clearly contributing to a bottleneck in bed availability, which is detrimental to the flow of care for acute patients in crisis. It is inherently unfair that individuals who are no longer in crisis continue to occupy spaces meant for those requiring urgent attention. This situation highlights the urgent need for a systematic approach to ensure that patients do not remain in this ward longer than necessary, and that their care is transferred to the appropriate services as soon as they are stabilised.

To address this issue, the active collaboration of key government departments—such as Housing, the Care Agency, and ERS—is essential. These entities must work together to establish clear pathways that enable the swift transfer of patients to appropriate facilities. A well-coordinated system is crucial to minimize delays, and open, effective communication channels between agencies are imperative to ensure that all parties clearly understand their roles and responsibilities in streamlining patient care.

It is important to acknowledge the significant progress made in fostering cooperation among different departments, yet there remain instances where individuals fall through the cracks. These are the patients that the Board is

particularly concerned about—those who are stuck in limbo, waiting for a resolution that may never come unless systemic changes are made. It is crucial that all parties continue to work together to ensure that these patients receive the care they need in a timely and efficient manner.

Concerns regarding Air Conditioning

In June 2024, staff raised significant concerns regarding the lack of air conditioning on the wards, which was having a detrimental impact on both patients and staff. During a visit to Sky Ward, the Board observed first-hand the challenging conditions. The heat was unbearable, and the constant, unnerving sound emanating from the ventilation system further exacerbated the discomfort. The ward's secure unit status added another layer of difficulty, as it was impossible to allow fresh air into the space to alleviate the oppressive heat.

This situation not only created an uncomfortable environment but also posed a potential risk to the well-being of both patients and staff. Immediate action to address the ventilation and temperature control issues was deemed essential for ensuring a safer and more conducive environment for care.

Unfortunately, resolving the air conditioning issue proved to be more complex than initially anticipated. While a new condenser has arrived and is scheduled for installation, this does little to alleviate the discomfort and distress caused by the prolonged breakdown of the original air conditioning unit condenser. The impact of this malfunction, particularly during the summer months, was significant and created a challenging environment for both patients and staff. A more detailed explanation of the technical issues and ongoing efforts to address them can be found under the heading "The Building" on Page 39.

Alcohol Detoxification

As with previous conversations held with staff at all levels, the issue of alcohol detoxification remains a significant concern. Staff members are acutely aware of the risks associated with alcohol detox, particularly the life-threatening situations that can arise in some cases. However, they lack the necessary equipment and medical training to manage effectively these high-risk scenarios.

Staff have expressed their deep concern about the current practice of sending alcohol detox patients to Ocean Views' acute ward, where they are placed alongside individuals who are unwell. This situation not only increases the potential risks for the detox patients, but also exposes them to an environment that is ill-suited for their specific needs. The staff wish the GHA to take note of their concerns and work towards finding a safer, more suitable solution.

They emphasize the importance of establishing a dedicated facility equipped with the necessary resources and safeguards to ensure the health and safety of alcohol detox patients. This facility should be separate from the acute ward, as the latter cannot provide the specialized care required for detoxification. Additionally, this separation ensures that the presence of detox patients does not compromise the care and attention needed by individuals with mental health conditions.

Staffing Challenges

Horizon Ward and Sky Ward are located on the same floor, positioned across from one another, but each serves a distinct purpose. Horizon functions as the primary acute care ward, where patients with immediate and complex needs receive intensive support. Sky Ward, on the other hand, is designated as a seclusion unit. Patients are admitted to Sky only when necessary to ensure their safety or that of others, requiring a higher level of monitoring and specialized care.

While the same team of staff covers both wards, the operational demands differ significantly depending on whether Sky Ward is active. When Sky is closed, staffing requirements remain manageable, and Horizon Ward functions smoothly without strain on resources. However, when Sky is operational, additional RMNs and ancillary staff become essential to meet the heightened safety and care requirements, pulling resources away from Horizon Ward.

This shift creates an ongoing challenge. Staff frequently express concern about the availability of RMNs, as these professionals are not always readily accessible, even though there is mandatory minimum RMN presence on duty required at all times

The staff are highly encouraged by the introduction of the new RMN degree course at Gibraltar University, recognizing it as a significant and positive step towards addressing staffing shortages in the long term. However, there are concerns regarding the short to medium-term staffing needs, as the course may not provide immediate relief and hopes that agency staff are employed in time to avoid crisis situations developing.

They also comment that because some of the ward's nursing assistants are taking up the degree course, they are desperately short of experienced staff and are spending more time training the new nursing assistants.

Suitable mattresses

Back in June 2024 the Board was alerted to the fact that there was a shortage of suitable mattresses for the facility, since the cleaning protocols employed during the COVID – 19 pandemic had shortened their effective lifespan.

As soon as this concern was raised, the process to purchase these highly specialized mattresses was initiated. However, despite the Board being informed that twenty mattresses were on their way, they have still not arrived at OV. More importantly, patients, for whom quality rest and comfort are fundamental to their recovery and well-being, continue to be without these essential mattresses.

Refurbishment of Sky Ward

Another significant concern among the staff was the upcoming refurbishment work scheduled for Sky Ward. Their primary worry was the coordination of the various interconnected tasks, all of which were crucial to completing the project without causing excessive disruption to the ward's operations. The staff understood that careful planning would be essential to ensure the smooth integration of all elements, each of which depended on the successful completion of the other.

In practical terms, this meant synchronizing multiple phases of the renovation process. For example, the installation of the new air conditioning system needed to be executed in tandem with other essential updates, ensuring that neither work interfered with the functioning of the ward. Moreover, there was the added challenge of ensuring the timely readiness of the seclusion room in Horizon, which had to be completed within the specific timeline to maintain patient care standards.

Meal allowance for Horizon staff

Like Dawn ward, the rehabilitation ward, Horizon also take patients out of the hospital setting, but unlike the former, Horizon staff do not receive a meal allowance. This is something not understood by the staff and they made their views known to the Board.

“Bank” employees for over four years

During our review in June 2024, the Board was approached by a “Bank” employee who had been working in OV for over four years. Despite this, he had still not been offered a permanent position, a situation that was beginning to

take a significant toll on his young family. The employee expressed his concerns, emphasizing that the uncertainty of his employment status was creating financial and emotional strain on his household. He wanted to ensure that the Board was fully aware of the difficulties he was facing. In addition to his own struggles, the employee revealed that another colleague was experiencing the same issue.

The Future use of Sunshine Ward

Throughout the interviews, one recurring topic that staff frequently raised was the future of Sunshine Ward and Europa Wing. Many expressed frustration that, more than two years after the closure of Sunshine Ward, there was still no official information about its future use. This uncertainty was particularly concerning given the ongoing, severe shortage of beds within the GHA.

11(a) Observations and Recommendations

Challenges with Patient Placement and Bed availability

- ✓ Horizon is facing significant challenges due to patients who, though stabilized, remain in the ward because of delays in transferring them to more suitable facilities. This creates a bottleneck, limiting bed availability for new acute cases in need of immediate care. To address this, the Board believes that a systematic approach is needed to facilitate timely transfers, ensuring that stabilized patients do not occupy critical spaces indefinitely. A collaborative effort among departments such as Housing, the Care Agency and ERS is essential for creating efficient pathways to appropriate facilities.
- ✓ Enhanced inter-agency communication and role clarity are also recommended to prevent unnecessary delays. While significant progress has been made in fostering cooperation, there are still instances where patients are left in prolonged states of uncertainty, which the Mental Health Board has flagged as an area of concern.
- ✓ Continued, coordinated efforts across all relevant departments are crucial to resolving these issues, ensuring that patients receive appropriate and timely care without impeding the flow of acute services.

Concerns regarding Air Conditioning

- ✓ The ongoing issues with air conditioning at OV's highlight the critical importance of regular maintenance and prompt interventions for essential services in public buildings.

- ✓ After the incident, every effort was made to improve the situation, though this was of little consolation to the patients and staff who endured challenging conditions. The Board commends the staff for their dedication and resilience during this period.
- ✓ The replacement air conditioner condenser has now arrived, and it is hoped that the necessary installation can proceed alongside the scheduled refurbishment of Sky Ward. While air conditioning is less urgent during winter, the Board emphasizes the importance of completing all related work before spring to avoid future disruptions.

Alcohol Detoxification

- ✓ This concern has been raised multiple times throughout the report from various stakeholders. The Board strongly encourages the GHA to work collaboratively with the relevant clinicians to establish a comprehensive detox protocol that safeguards affected individuals and supports them on their path to recovery.

Staffing Challenges

- ✓ Staffing challenges, particularly the unavailability of RMNs, have been highlighted throughout this report. However, it is crucial to hear directly from the staff, who experience these challenges first-hand and witness the impact on patient care.
- ✓ The long-term recruitment of RMNs has been secured through the introduction of the degree course at Gibraltar University, which is a proactive and forward-thinking approach, especially given the global shortage of RMNs. However, the pressing issue remains how to address the current staffing gap.
- ✓ The only viable solution in the short term is to recruit agency RMNs to supplement staffing needs. While these agency staff may come at a higher cost, more effort is required to make Gibraltar an attractive destination for RMNs to work and stay.
- ✓ The Board recommends that the GHA HR department be made fully aware of these staffing needs and that a faster response is implemented in recruiting agency RMNs, to avoid reaching a crisis situation.
- ✓ Ward shortages have, on occasion, necessitated the deployment of RMNs from other departments, which in turn has affected services such as the MHLT, leaving A&E without coverage during a particularly challenging two-week period over the summer. The Board strongly believes that situations like these should be avoided, as they directly compromise patient safety and the quality of care.

Suitable Mattresses

- ✓ The decision to purchase the additional specialist mattresses was made promptly once the concern was raised. However, the execution of this decision has taken considerably longer than anticipated.
- ✓ The Board understands that the mattresses are now on their way, but it should not have taken such an extended period to source them.
- ✓ The Board has noted that, while decisions to take action are often approved promptly, the GHA takes an excessive amount of time to implement these actions.

Refurbishment of Sky Ward

- ✓ The concern regarding the refurbishment of Horizon and Sky Wards has been rightfully raised, as it will significantly impact their operations. Minimizing disruption during this process will undoubtedly be challenging, and the Board hopes that OV will receive the necessary support throughout this transitional period.

Meal Allowance for Horizon Staff

- ✓ The meal allowance was recently provided to nursing assistants accompanying patients on day release from Dawn Ward after a considerable delay. The Board sees no reason why staff who escort patients on day release from Horizon Ward should not be afforded the same allowance.

"Bank" employees for over four years

- ✓ Employees at the GHA who have completed four years of service as "Bank" support and have been consistently working at the same facility are entitled to a permanent contract.
- ✓ The Board highlighted this issue several years ago, and it is surprising that there are still two employees working under these conditions. It believes this situation should be addressed and resolved as soon as possible.

The future use of Sunshine Ward

- ✓ The Board also finds it perplexing and frustrating that a decision about a use for Sunshine Ward has not been made, considering the lack of beds in every sector.

- ✓ This is another ongoing issue that highlights the staff's concern about an entire floor of OV remaining unused for two years without a clear or justified reason.
- ✓ The Board wishes to see clarity as to its future use.

12. Sunshine Ward and Europa Wing

It has now been over two years since Sunshine Ward and Europa Wing were closed, leaving their future uncertain. There are ongoing rumours that the ERS might take over the ward, potentially using it as an assessment centre for dementia patients. However, at the time of this report, there are still no concrete plans—only speculation.

In the 2022 Annual Report, the Board urged the GHA to ***“make a decision as to its future use ... for the benefit of the Mental Health Service” (p. 33)***. The following year, the Board’s 2023 Annual Report reiterated this need, suggesting that the ward could provide a ***“possible solution to the perennial problem of how to deal with dementia patients who need extra support and care for limited periods of time.”*** The Board recommended that the ward be ***“run by ERS staff, with support from mental health staff whenever necessary.”***

The Board has observed the challenges of treating dementia patients within a mental health facility and views this dedicated ward as a progressive step toward providing targeted support for dementia patients who require specialized, short-term care beyond what is feasible in standard dementia wards.

12(a) Observations and Recommendations

Need for Transparent Planning

- ✓ The Board believes that in order to alleviate uncertainty, the GHA should prioritize transparent planning around the future of the Sunshine Ward. Clear communication of intended steps will help manage expectations and avoid speculation.

Proposal for a Dementia Assessment Ward Managed by ERS

- ✓ Utilizing the Sunshine Ward as an ERS-managed dementia assessment ward could address current gaps in specialized care. Creating a dedicated facility for dementia assessments and temporary support could provide a controlled environment to evaluate and stabilize patients before transitioning them to long-term care.

A Specialized Model for Dementia Care

- ✓ The recommendation for ERS to manage the ward highlights a potential model for dementia care that relies on dedicated staff with eldercare expertise, supplemented by mental health professionals as needed.

Concerns about Dementia Care in a Mental Health Facility

- ✓ The Board's concern with the current care framework indicates that dementia patients in mental health facilities may not receive optimal care due to a lack of targeted specialized support. This situation could affect patients' quality of life, create additional strain on general mental health services, and hinder staff from addressing more acute mental health needs effectively.

13. Activity Coordinator

The Board was very pleased to learn that an Activity Coordinator had been appointed to OV in June 2024.

The Board has long believed that for any initiative to be successful, it is essential to define the role clearly, allowing everyone to understand its purpose and emphasizing the importance of activities in patient recovery.

Since the 2019 Report, the Board has repeatedly recommended the establishment of a dedicated Activity Coordinator. During their ward visits, Board members observed a lack of purposeful activities, a concern echoed by both patients and staff.

Although progress has been made, particularly in Dawn Ward—where an increase in activities and continuity has been maintained due to the longer stays of patients—Horizon Ward has not seen similar improvements. The acute nature of Horizon Ward means patients are often too ill to participate or have short stays before returning to the community.

Nevertheless, activities remain a crucial component requiring ongoing attention and support. Despite these challenges, the Board believes that with the right support, activities can play an important role even in acute settings.

The Board assumed that the appointment of an Activity Coordinator would come with a formal job description and an operational policy, ensuring that everyone understood the new role and their responsibilities in promoting activities. However, based on our findings, it appears that this has not yet materialized, and the situation remains much the same as before

A job description was forwarded to the GHA, but no response has been received. As a result, little more can be done beyond the current efforts. At present, the Activity Coordinator is employed as an Enrolled Nurse on a 20-hour contract, though he works 40 hours, juggling additional duties as a PMVA trainer. Without human or material resources, the activities programme has not been implemented as originally envisioned.

13(a) Observations and Recommendations

Support for Activity Coordinator Appointment

- ✓ The Board unreservedly supports the appointment of an Activity Coordinator, viewing it as a positive and necessary step. However, if it wants this to be more than a token gesture, the GHA needs to action the job description, recognize the position's importance, and provide adequate resources.

Lack of Additional Remuneration for Extra Responsibilities

- ✓ Currently, there is no additional remuneration for the Coordinator's extra responsibilities. This sends a negative message to both the Coordinator as well as the surrounding staff. It is essential to offer appropriate compensation to acknowledge the added duties.

Need for Continuity in the Role

- ✓ The Board recommends embedding continuity into the system by involving more than one person in this role. This will ensure resilience in the programme even if the Coordinator is unavailable. Relying solely on one individual is unsustainable in the long run.

Staff Training for Programme Continuity

- ✓ To support the programme's continuity, staff should receive appropriate training. This way, in the Coordinator's absence, the activities programme can continue without disruption, becoming an integral part of the ward's routine.

Job Description and Adaptation to Local Conditions

- ✓ A job description based on his Activity Coordinator and PMVA duties has been sent to the GHA, mirrored on similar roles in the UK. It should not be too difficult to adapt one to suit local conditions.

Importance of Ring-Fencing the Role

- ✓ The Board recognizes that staffing challenges may impact the implementation of activities. Therefore, ring-fencing this role is vital for developing this important area effectively.

Call for Action to Maximise Role's Impact

- ✓ The appointment of Activity Coordinator is a commendable move towards enhancing patient recovery through structured activities. However, to realise its full potential, the GHA must act on the pending job description, provide necessary resources, ensure appropriate remuneration, and build a resilient support system. Addressing these areas will transform the role from a mere appointment to an important aspect of patient recovery at OV.

14. Housing Outreach

The Outreach Housing team originally consisted of two Nursing Assistants who began working within the community to support patients with housing and other practical issues. This initiative emerged during a transformative period for the service, which saw an increasing number of long-term patients detained in OV gaining the opportunity to transition into their own homes.

Unfortunately, one member of the team became very ill, and for nearly two years, the service has continued with just one nursing assistant. Currently, this assistant works two nights on a ward, dedicating the remainder of her time to helping patients with practical issues. Her workload has expanded significantly; she now manages a regular caseload of approximately 20–25 patients, alongside others she supports on an ad hoc basis.

The Board recognizes the critical nature of this role and is concerned that no replacement has been appointed for the other assistant. Furthermore, the Board is puzzled as to why her position has not been formalized with a job description and an operational policy. This is an essential service, and it risks being overwhelmed by the rising workload, compounded by the lack of official recognition for the post.

This nursing assistant brings an invaluable range of skills and contacts to this role, which would be difficult to replace if she were lost to this area.

14(a) Observations and Recommendations

Recognition of Housing Outreach Work

- ✓ The Board recognizes the excellent work being carried out by Housing Outreach and views this as a critical component in helping patients reintegrate into the community.

Recommendation for Permanent Position and Succession Plan

- ✓ The Board strongly recommends that this position be given permanent status and that a succession plan be established by taking on board an additional assistant.

Clarity of Job Description and Operational Policy

- ✓ Furthermore, it is essential that the job description and operational policy be made clear to everyone involved to ensure strong, unambiguous support for this role across the service.

Current System Weakness

- ✓ The current system's weakness lies in its reliance on the goodwill of the individual worker, risking a decline in effectiveness if there is a change in personnel.

15. Patients

Connecting with patients can often be challenging, particularly when Board members are unfamiliar faces to them, and their health conditions may limit their ability or willingness to engage in meaningful dialogue. Despite these challenges, even brief exchanges and observations offer valuable insights.

These conversations and observations, while limited in scope, aim to provide a snapshot of the experiences, concerns, and needs of patients currently residing at OV and the associated community flats. They help create a clearer understanding of the issues affecting these individuals.

- Dawn Ward has been working on facilitating the discharge of two long-term patients into the community for over a year. The plan is for these individuals to share a flat with the support of a 24/7 care package tailored to their needs. However, the process has proven to be particularly challenging due to delays in obtaining capacity assessments and securing

approval for the proposed care package. They are clearly disappointed at the delay.

- One patient had recently been successfully transitioned back to their own flat, marking an important step toward regaining independence. However, challenges with their care package have emerged. The patient has shown reluctance to accept care from professionals who are not familiar faces from the ward, creating a barrier to the effective implementation of their care plan. The situation is ongoing.
- A patient expressed contentment and was actively communicative, sharing their enjoyment of yoga and mindfulness practices. However, they voiced dissatisfaction with the quality of the mats provided.
- Another patient was waiting transfer to an ERS facility. This process has been significantly delayed due to ongoing bed shortages.
- Similarly, one patient's care plan has been delayed because they are still awaiting a capacity assessment. Without this assessment, their care package cannot be finalized or implemented. This prolonged wait has added to the challenges faced by both the patient and the care team.
- After transitioning back into the community, a recently discharged individual shared their happiness at regaining independence. They expressed satisfaction with the opportunity to live as autonomously as possible, supported by a care package tailored to their unique needs.
- An individual faced ongoing challenges with their housing situation, as their relocation was contingent on a specific event that had yet to occur. This uncertainty has created additional stress, prolonging their wait for a stable living arrangement.
- A recently admitted patient expressed gratitude for the compassionate care shown by the staff, highlighting their positive approach to her treatment. However, they were critical of the circumstances surrounding their detention, feeling that the process could have been handled in a less traumatic and more sensitive manner.
- One elderly patient with dementia was awaiting transfer back to ERS. They enjoyed the food, but wanted to see their family.
- An elderly patient in a very fragile state of health had raised significant concerns among the staff. Recognizing the urgency of the situation, the team was actively addressing their needs, ensuring that every possible measure was being taken to provide appropriate care and support.
- A young patient expressed frustration over the lack of engaging activities, emphasizing a strong desire to stay active. His restlessness was evident as they were observed running back and forth along the balcony area.
- Meanwhile, another individual, who had successfully worked through their challenges, was on leave and in the final stages of being discharged.

- A patient who recently transitioned to a "depot" medication regimen was showing promising results. The adjustment appeared to be effective, with the patient responding positively to the change.
- An informal patient expressed a strong desire to remain in the hospital, feeling safe and secure in the environment. They were reluctant to be discharged, as the sense of safety and stability provided by the hospital was reassuring to them.
- An individual was not responding to treatment as expected and showed a lack of engagement with the care process. The staff, recognizing the seriousness of the situation, had raised their concerns and were actively flagging these issues for further attention.
- One patient expressed dissatisfaction with having to take a certain medication, indicating a reluctance or discomfort with their prescribed treatment.
- A particular patient was highly talkative and engaged with the Board members for an extended period, displaying a great deal of energy and enthusiasm. They expressed a strong desire to organize activities, eager to contribute and take an active role. Was unhappy that younger members of staff were not respectful.
- A long-term patient of OV, who had recently transferred to sheltered accommodation, reported feeling much happier in their new environment. The move proved to be a positive change, as their needs were being effectively met, and the structure of escorted leave was enhancing their relationship with family members.
- The Board was also informed of another long-standing mental health patient who was doing significantly better after transitioning to supported sheltered accommodation.
- There was an individual, who had been incorrectly placed in sheltered accommodation and was causing a great deal of disruption due to the nature of their disability and lack of engagement with staff and fellow patients
- A patient in the community expressed great happiness after the service successfully found them a roommate, following a long and anxious wait. This development was a significant relief, as it not only addressed their need for companionship and support but also improved their overall sense of well-being.

16. Patient Admission Papers, Medication and Consent to Treatment

On August 28th and September 16th 2024, all sectioned patients on the Dawn, Horizon, and Sky Wards were reviewed. In addition to the sectioned patients, a number of informal patients were also assessed on those dates.

In total, seventeen patients were reviewed across both dates, allowing for a comprehensive evaluation of patient care and treatment progress.

Dawn Ward

- **Patient A** was subject to a Hospital Order. Admission papers were in good order. The combination of daily and as required medication prescribed was within BNF limits, appropriate and consistent with their T2 Certificate. This Patient had the benefit of a T2 Certificate, on the basis that the Hospital deemed them able to consent to their treatment. This Patient is well known to the service and the Board and was interviewed. Whilst they could not recall the names of all the medication they were taking, they had sufficient insight into their condition and the purpose of the medication. It was therefore appropriate for this patient to be treated pursuant to a T2 Certificate.
- **Patient B** was subject to a Section 3 admission. Admission papers were not available. The combination of daily and as required medication prescribed was within BNF limits and appropriate. On interview, this Patient had no insight into their condition or the original/continuing reason for their admission. They were unable to explain what medication they were was taking. This Patient had the benefit of a T3 Certificate by a Second Opinion Appointed Doctor (SOAD), which in the Board's view was appropriate given their inability to consent to treatment.
- **Patient C** was subject to a Hospital Order. Admission papers were in good order. The combination of daily and as required medication prescribed was within BNF limits, appropriate and consistent with their T3 Certificate. This Patient is well known to the service and the Board and was interviewed. Whilst they could not recall the names of all the medication they were taking, they had sufficient insight into their condition and the purpose of the medication. This Patient had the benefit of a T3 Certificate, on the basis that the Hospital deemed them unable to consent to their treatment. It appears that her ability to consent to treatment may fluctuate.

Horizon Ward

- **Patient D** was subject to a Section 3 admission. Admission papers were in good order. The combination of daily and as required medication prescribed was within BNF limits and generally appropriate. Their admission papers confirmed that they lacked capacity to consent and required a T3 Certificate from a Second Opinion Appointed Doctor (SOAD) if this was available. The Board was unable to interview this Patient. However, based on previous interviews, the Board concurs that this Patient lacks capacity to consent.
- **Patient E** was subject to a Section 3 admission following the revocation of a Community Treatment Order. Admission papers were in good order. The combination of daily and as required medication prescribed was within BNF limits and generally appropriate. This Patient had the benefit of a T2 Certificate, on the basis that the Hospital deemed them able to consent to their treatment. This Patient is well known to the service and the Board and was interviewed. They could recall the names of all the medication they were taking and they had sufficient insight into their condition and the purpose of the medication. It was therefore appropriate for this patient to be treated pursuant to a T2 Certificate.
- **Patient F** was subject to a Section 2 admission on the August visit and had been discharged by the time of the September visit. Admission papers were in good order. The combination of daily and as required medication prescribed was within BNF limits and generally appropriate. This Patient was not interviewed because they were unavailable on the first visit.
- **Patient G** was subject to a Section 3 admission. Admission papers were in good order. The combination of daily and as required medication prescribed was within BNF limits and generally appropriate. This Patient was interviewed. They could recall the names of all the medication they were taking and they had sufficient insight into their condition and the purpose of the medication. A T2 Certificate was not required at this stage of their admission.
- **Patient H** was subject to a Section 3 admission. Admission papers were in good order. The combination of daily and as required medication prescribed was within BNF limits and generally appropriate. This Patient was interviewed on the second visit by which time they had been moved from Sky Ward. On the date of interview the Patient could recall the names of all the medication they were taking and but did not have

sufficient insight into their condition. A T2 Certificate was not required at this stage of their admission.

- ***Patient I*** was subject to a Section 3 admission. Admission papers were in good order. The combination of daily and as required medication prescribed was within BNF limits and generally appropriate. This Patient was not interviewed because they were unavailable.

Sky Ward

There were no patients in Sky Ward other than Patient H who was there on the first visit.

Informal Patients

Eleven informal patients were reviewed, with some being interviewed. In all cases the combination of daily and as required medication prescribed was within BNF limits and generally appropriate.

Of the eight patients interviewed, all understood the reasons for taking their medication and had capacity to consent.

16(a) Observations and Recommendations

Admission and Documentation

- ✓ Admission papers were completed properly and subjected to the required timely scrutiny by the facility

Medication Management and Compliance with Capacity Certification

- ✓ The combination of daily and as-needed medication prescribed was generally within BNF limits, appropriate, and consistent with T2 and T3 Certificates. While this should be standard, the Board recognizes year-on-year improvements attributed to the expertise and dedication of the medical and nursing teams.

Issuing of T3 Certificates

- ✓ Concerns regarding the absence of current T3 Certificates for some patients admitted under Section 3 of the Act at the time of the last review have been satisfactorily addressed. This is a very welcome development. The Board acknowledges the medical team's efforts to ensure a SOAD is available, albeit on a virtual basis for the time being, given local challenges in sourcing this service.

Recommendation on SOAD Opinion Documentation

- ✓ We repeat the suggestion from our last report that it would be helpful for Responsible Clinicians to include an easily identifiable, plasticized memo where the patient's T2 or T3 certificates are usually kept. This memo should confirm whether the clinician deems a SOAD opinion is required, along with their reasons for that opinion.

Transition of Patients with Hospital Orders to Community Settings

- ✓ Patients subject to Hospital Orders are being actively managed to support their transition from a hospital to a community setting, with controlled attempts at increased independence through escorted and unescorted leave. The progress made by the multidisciplinary team, in conjunction with the Housing Department, is warmly welcomed, particularly given the challenges posed by limitations on government rental housing stock.

Treatment of Informal Patients

- ✓ The Board is satisfied that informal patients are receiving correct treatment without the need for formal admission pursuant to the Act, reflecting the expertise and dedication of the medical and nursing teams.

Acknowledgment of Nursing and Care Staff Dedication

- ✓ Finally, the Board would like to acknowledge the dedication and commitment of the nursing and care staff on the wards. Their rapport with patients and knowledge of individual patient needs allow them to deliver a high level of care daily, even in a challenging environment.

17. Sampling of Patients' Files

The Board noted that although the patient files are thorough and regularly updated, their handwritten format presents significant challenges, which could be mitigated by transitioning to an electronic system.

Handwritten records are prone to issues with legibility, as different members of staff have varying handwriting styles, which can lead to misinterpretation of critical information. This increases the risk of errors, potentially affecting patient safety and care quality.

The reliance on paper files also creates logistical challenges. Each professional must manually write his or her notes, a time-consuming process that reduces

efficiency. These paper files are in constant use, which raises the risk of pages being misplaced, damaged, or even lost entirely, especially when the files are thick and overfilled. Additionally, some pages could come loose from the bindings, leading to further disorganization and potential information gaps.

Another issue with handwritten notes is the frequent duplication of information. Various members of staff often record the same details in multiple sections, making it harder to maintain consistent and accurate records. With an electronic system, information could be organized more effectively and made instantly accessible to all team members, ensuring that every clinician has a clear, up-to-date view of the patient's information.

The Board believes that transitioning from handwritten to electronic records would improve accuracy, reduce time spent on documentation, minimize the risk of information loss, and ensure that all clinical staff have a reliable and accessible source of patient information.

17(a) Observations and Recommendations

The Case for an Electronic Note-Taking System

- ✓ It is difficult to understand why an electronic note-taking system has not yet been implemented to enhance patient care and reduce unnecessary duplication. The Board believes that adopting an electronic records system would significantly improve the accuracy and clarity of patient records, streamline documentation processes, and reduce the risk of information being lost or misplaced. This shift would also ensure that all staff have consistent, reliable access to patient information.

Transformative Potential of an Electronic Records System

- ✓ The Board is confident that introducing an electronic system would be transformative for the service, fundamentally improving the quality and efficiency of patient care. The potential benefits—ranging from reduced paperwork and increased staff efficiency to enhanced record integrity—would be a game changer for the staff and the patients.

Recommendation for a Feasibility Study

- ✓ The Board strongly recommends conducting a comprehensive feasibility study. This study should involve an assessment of the current contents of patient files, with the aim of identifying and eliminating redundant or unnecessary information. The study should also evaluate which records

could be transitioned to an electronic format, streamlining the shift to a digital system while maintaining only the essential information.

Integration with Existing Systems

- ✓ Given that wards are already using systems such as EMIS and EVOLVE, it would be practical and efficient to integrate electronic note-taking within these platforms. Using these existing systems for documentation would make the transition to digital records smoother, reducing the need for extra training or new software.

Standardizing Physical Files for Continued Use

- ✓ If physical files are to remain on the wards, the Board recommends standardizing the format and organization of these files and maintaining them in good condition.

The Need for Dedicated Ward Clerks

- ✓ Unlike other SBH wards, OV does not have dedicated ward clerks. This lack of clerical support affects the organization and upkeep of patient files, as clinical staff must handle these tasks on top of their primary duties.
- ✓ Adding ward clerks to mental health wards would ease administrative tasks, keep records organized, and ensure information is readily accessible for all staff

18. Alcohol Detoxing in Mental Health Facilities

For the past 18 months, the Board has consistently emphasized the risks linked to alcohol detoxification in mental health facilities. Professionals at all levels have pointed to the inherent hazards of conducting alcohol detox without adequate specialized medical and staff resources. These issues have been highlighted on different occasions to ensure that both staff and patients are safeguarded by appropriate protocols and resources.

Key highlights include:

- **June 2023 Review**: The review stressed the need for specialized medical support for safe detox in mental health settings.
- **Annual Inspection Report (October 2023)**: On page 26, the Board again emphasized the need for specialized care to handle alcohol withdrawal safely in mental health facilities.

- **Presentation to the GHA Board (November 2023)**: The Chair of the Board presented the risks involved in managing alcohol detox without appropriate resources and called for improved protocols.

Detoxifying from alcohol can result in severe withdrawal symptoms that pose significant health risks, some of which can be life threatening. Among these symptoms, Delirium Tremens (DTs) stands out as a particularly severe form of withdrawal. Patients experiencing DTs may exhibit confusion, agitation, hallucinations, and seizures. If not addressed promptly with appropriate medical intervention, DTs can lead to fatal outcomes.

Another serious concern during alcohol withdrawal is the occurrence of seizures. Individuals with a history of heavy drinking are especially vulnerable to this complication. Seizures require immediate medical attention and the administration of anti-seizure medications, as they can quickly escalate and worsen without treatment.

In addition to these symptoms, cardiovascular complications can arise during the detox process. The strain of withdrawal can cause dramatic fluctuations in heart rate and blood pressure, increasing the risk of serious events such as heart attacks or strokes.

Given these potential complications, it is crucial for individuals undergoing alcohol detox to receive careful monitoring and support from qualified medical professionals to ensure their safety and well-being throughout the process.

It is evident that OV lacks the necessary medical expertise and equipment to manage effectively emergencies related to alcohol detoxification. Where complications arise, such as severe withdrawal symptoms or cardiovascular issues, immediate medical intervention is crucial.

In such cases, there would be an urgent need to call an ambulance to take the patient to SBH, but time is of the essence and any delay could lead to serious consequences for patients experiencing life-threatening withdrawal symptoms.

There is also the issue of facility appropriateness, particularly concerning the mismatch between acute wards focused on stabilizing psychiatric conditions and their struggle to address the physical demands of detoxification.

For a while, it looked that the concerns were being heard, but recently alcohol detoxing has commenced once again.

18(a) Observations and Recommendations

Recommendations for Alcohol Detoxification Settings

- ✓ In its 2023 Annual Report, the Board recommended that alcohol detoxification occur in a medically appropriate setting staffed with properly trained personnel and equipped with the necessary resources. Clearly, OV does not meet these criteria.

Ensuring Necessary Safeguards at OV

- ✓ If alcohol detoxification is to take place at OV, all necessary medical safeguards must accompany it. If these safeguards are not feasible, then detox should be conducted at SBH, where adequate protections are already in place.

Proposed Two-Bed Unit for Detoxification at SBH

- ✓ One potential solution would be to establish a two-bed unit in SBH specifically for detoxification, which could significantly reduce the waiting lists for these services.

Addressing Rising Demand for Detoxification Services

- ✓ The rising demand for detoxification services in our community highlights the necessity for a prompt response from our medical services. The protocol should ensure timely and appropriate treatment for individuals in need.

Universal Support and Inclusion in Risk Register

- ✓ The Board has encountered universal agreement on this issue among the mental health professionals it has interviewed, and it is something that they have included regularly in their "Risk Register".

19. Smoking Cessation

In every report, the Board has consistently addressed the issue of smoking in mental health facilities. Although some improvements have been made, smoking remains deeply ingrained within the culture.

Smoking rates among individuals with severe mental illness are significantly higher than in the general population—two to three times higher on average, reaching as high as 70% among hospitalized mental health patients. This

disproportionately high smoking prevalence results in notable reductions in life expectancy for this population due to smoking-related conditions, which are either caused or worsened by smoking.

Furthermore, there are metabolic interactions between tobacco smoke and the liver that require mental health patients who smoke to need up to double the dosage of certain psychotropic medications to achieve therapeutic effectiveness. For example, dosage adjustments are often necessary for the antipsychotic clozapine to avoid potential toxicity, as smoking can alter the body's absorption and processing of this drug.

The Board acknowledges that addressing smoking among mental health patients is complex. Addiction to nicotine is particularly challenging to overcome, as anyone who has smoked understands. Although there have been initiatives to establish a Smoking Cessation Committee aimed at reducing smoking rates among patients, these efforts have yet to fully materialize, and smoking remains prevalent among most patients.

Efforts to discourage smoking among patients should be paired with policies that support overall patient well-being, emphasizing access to exercise, healthy lifestyle choices, and support systems both in treatment facilities and in the broader community.

19(a) Observations and Recommendations

Very little Movement Observed

- ✓ The Board has observed very little movement in this area and it is disappointed that none of the recommendations made last year have been taken on board.
- ✓ It is true that when there is so much to do, something as seemingly innocuous as smoking cessation can take a back seat and the Board understands this.
- ✓ The Board realizes that with so many pressing issues, smoking cessation might appear less urgent in the order of things. However, it also recognizes that smoking remains a serious and often overlooked health threat, particularly among mental health patients. A proactive, sustained campaign to help these patients quit smoking is crucial for their long-term health and quality of life.
- ✓ While there are indications that smoking cessation advice will be offered upon patient admission, this is only a starting point. Without a comprehensive structure and a supportive culture, such advice alone is unlikely to have a lasting impact.

- ✓ The Board is therefore reiterating last year's recommendations, emphasizing the need for committed leadership and action in this area to foster meaningful progress.

Re-establishing a Smoking Cessation Committee

- ✓ Given the challenges of addiction, particularly among mental health patients, the re-establishing a dedicated Smoking Cessation Committee is a logical and essential step. This committee would be tasked with exploring effective strategies and support systems specifically tailored to meet the needs of patients, aiming to gradually reduce or eliminate smoking as a prevalent issue within the hospital.

Learning from International Practices

- ✓ Investigating how mental health facilities in other countries have approached and managed smoking cessation for patients could provide valuable insights and strategies. Learning from successful models elsewhere may help to develop a more effective approach locally.

Promoting Smoking Cessation Aids

- ✓ Smoking cessation aids, such as nicotine patches, gums, and other supports, have become widely accepted and are now readily available. Encouraging mental health patients to use these aids, both during inpatient care and in community-based programs, could facilitate long-term health improvements and make it easier for patients to sustain their progress in different environments.

Designating a Stop Smoking Lead and Trained Staff

- ✓ NHS guidelines recommend a dedicated Stop Smoking Lead within mental health facilities, alongside staff trained in smoking cessation support. Behavioural support from trained personnel can play a crucial role in helping patients make positive changes.

Implementing Smoke-Free Policies

- ✓ It is important to note that the Court of Appeal has affirmed that smoke-free policies do not infringe upon an individual's human rights. This ruling underscores the feasibility of implementing smoke-free policies within mental health facilities, balancing patient care with efforts to promote healthier, smoke-free environments

Mental Health and Exercise

- ✓ It is well established that physical exercise offers significant mental health benefits, improving mood, resilience, and overall well-being.
- ✓ In conjunction with smoking cessation efforts, the Board recommends a stronger emphasis on physical activity to support patients' health.
- ✓ Promoting exercise alongside smoking cessation can provide alternative coping mechanisms, enhance motivation, and improve both mental and physical health outcomes.
- ✓ Currently, outdoor space at OV is limited to the garden. Although the addition of a small gym within the facility would be beneficial, nearby resources, such as the Special Olympics facility located just a short walk away, could also provide valuable exercise opportunities for patients. However, the Board is aware that past efforts to utilize this facility were halted due to insurance issues, a challenge that may warrant renewed discussion with relevant parties to restore access.
- ✓ The Board has also observed patients on the acute ward using balcony corridors as makeshift exercise spaces, engaging in brisk walking and running. This suggests there is an appetite for physical activity, and if such interest is not present, it should be actively fostered by staff as part of a broader wellness and anti-smoking campaign.
- ✓ Encouraging regular exercise could play a key role in reducing smoking dependency, improving patient morale, and contributing positively to their mental and physical health. The Board strongly suggests that physical activity be integrated into the institution's health initiatives and that staff actively encourage patients to participate.

20. Administration

An organization's success heavily relies on a solid, efficient administrative foundation that supports and sustains its operations. Effective administrative systems are crucial for any service to function smoothly; without them, an organization will face significant challenges, no matter how much funding it receives.

In Gibraltar's mental health services, this lack of basic support is evident. Psychiatrists operate without the assistance of Associate Physicians or Junior Doctors, and wards lack clerical staff to handle essential administrative tasks.

Previously, even maintaining a consistent receptionist presence at OV was challenging. Although a receptionist is now available during office hours, after-

hours calls are still handled by security staff, which may not fully meet the needs of patients and families seeking assistance.

The Board has flagged this issue during discussions on the proposed Model of Care, stressing that any new model, no matter how well designed, requires a strong administrative foundation to benefit patients. Without this foundation, even the most advanced care model will struggle.

The Board met with a visibly demoralized administrative team. The meeting took place amid recent office-related challenges that had affected team morale, highlighting ongoing concerns about staff well-being and professional development opportunities within the organization.

The Board was informed that several junior staff members are performing tasks beyond their pay scale, with one individual in particular taking on responsibilities typically handled by the salary department, leaving them unable to fulfil their primary duties.

This situation underscores the urgent need to align job roles with appropriate compensation, ensuring that employees receive fair recognition and that workloads are distributed equitably. Recently, staff engaged in a "working to rule" protest, backed by union support, to address ongoing concerns about excessive workloads and the need for regrading certain posts to match the level of responsibility required. While staff agreed to resume regular duties in good faith, pending negotiations on these issues, no progress has been made to date, leaving the core problems unresolved and employee morale strained.

20(a) Observations and Recommendations

Importance of Robust Administrative Support for Mental Health Services

- ✓ The Board believes that without robust administrative support, mental health services risk inefficiency and added strain on both staff and resources, ultimately affecting patient care. A reliable, well-structured administrative infrastructure is essential to sustain high-quality mental health services and maximize the effectiveness of any new model of care.

Proposal for Feasibility Study

- ✓ It proposes that a feasibility study be conducted to assess the current situation and explore potential solutions. The study should incorporate employee concerns, ensuring their input guides the decision-making process. This approach will help identify the most effective, sustainable

path forward, balancing operational needs with staff well-being to foster a positive work environment and long-term success.

Examination of Work Grades and Equity in Compensation

- ✓ The feasibility study should also examine work grades and address any inconsistencies, ensuring that employees receive fair and equitable compensation for their roles and responsibilities.

Prioritizing Replacement of Vacant Posts

- ✓ It should also move quickly to replace the post that has been left vacant.

21. Code of Practice

The Code of Practice, which is a requirement under Section 106 of the Mental Health Act 2016 has still not been delivered to the service and is now three years behind schedule.

The Board understands that it has been at a very advanced stage now for quite a while focussing on the relationship between the GHA and other related stakeholders, but for some reason it has not been published.

The Code of Practice plays a critical role in guiding the application and enforcement of mental health legislation giving clear guidance for healthcare professionals, including psychiatrists, nurses, and social workers, on how to interpret and apply the mental health act.

It outlines best practices and standards for care, ensuring that professionals understand their responsibilities and the legal framework within which they operate.

It also safeguards the rights of patients by emphasizing the importance of informed consent, the right to appeal against detention, and the necessity of proper communication regarding treatment options. This helps ensure that patients are treated with dignity and respect, with their rights upheld throughout their care.

Additionally, the Code of Practice serves as a tool for accountability, allowing patients, families, and regulatory bodies to assess whether mental health services are being delivered in accordance with legal and ethical standards.

Importantly, it is also an essential resource for training and educating mental health professionals, ensuring that staff are equipped with the knowledge and skills necessary to provide effective care.

21(a) Observations and Recommendations

Acknowledgement of Effort in Drafting the Code of Practice

- ✓ The Board acknowledges the substantial effort involved in drafting a bespoke Code of Practice that aligns with the Mental Health Act 2016. However, it feels that publication is long overdue and sees no reason why it should not be released, either wholly or in part.

Recommendation for Timely Publication

- ✓ If specific issues are hindering its publication, the Board recommends that these be resolved expeditiously. Alternatively, it suggests that areas of common agreement be published in a partial Code, pending the resolution of outstanding matters.

22. Community Mental Health Team (CMHT)

The Building and new Model of Care

Over recent years, multiple reports from the Board have consistently emphasized that the building falls short in supporting the level and quality of care expected. The recommendation to update or replace the facility has been a recurring point, suggesting an urgent need for a more adaptable, well-equipped environment that can handle future demands and deliver a better experience for all stakeholders.

When the initial proposal to relocate to SBH surfaced, the Board viewed it positively, seeing it as evidence that its recommendations to improve the facilities were being acknowledged. At that time, moving from Coaling Island—even to SBH—seemed preferable to remaining in a building that no longer served the staff's or community's needs. However, the June 2023 Review revealed that CMHT staff had concerns about SBH, though these were not initially understood to be deeply rooted.

Later, as more feedback surfaced, it became clear that SBH was not an ideal choice, with opposition significant enough to halt the move. The Board's hope is that the reasons for this decision will be carefully reviewed to inform future relocation planning, ensuring that the next location will address both the technical and practical concerns raised. This way, when relocation does occur, it will better align with the needs and preferences of staff and community alike.

In July 2024, a pivotal announcement from the Minister for Health and Care, the Hon. Gemma Vasquez, confirmed the new CMHT building would be located in the historic Chronicle Building on Town Range. This choice represented more than a simple change of address; it introduced a broader vision to modernize care with upgraded facilities and a pioneering model for mental health services.

This new approach seeks to integrate both physical and mental healthcare, a shift that promises a holistic, personalized approach aimed at addressing the diverse needs of mental health users. The emphasis on a "**comprehensive, personalized, and holistic service**" suggests a commitment to reshaping mental healthcare to meet the needs of individuals more effectively by combining treatments that cater for both mind and body in one accessible location.

The Mental Health Hub is heralded as a transformative addition, serving as a comprehensive support centre for individuals navigating mental health challenges. By not only acting as an entry point but also providing a full spectrum of services, the hub ensures that patients are connected with all aspects of care

they might require. This approach broadens the scope of traditional mental health support to include services that address critical lifestyle factors influencing well-being.

Beyond directing individuals to mental health professionals, the hub will provide resources across a wide range of holistic needs, encompassing supported employment, housing, drug and alcohol rehabilitation, psychological services, and financial advice. This extensive network of support recognizes that mental health is deeply intertwined with various areas of life; challenges in employment, housing, or finances which can heavily impact a person's mental well-being.

The introduction of personalized care plans developed by on-site multi-disciplinary teams marks a significant enhancement in mental health care delivery. This approach emphasizes collaboration among various healthcare professionals, including mental health specialists, general practitioners, social workers, and other relevant experts, who work together to tailor a care plan specific to each individual's needs. This setup not only offers a holistic approach but also ensures continuity, as the entire team is on-site and available to adapt and coordinate care efficiently as the patient progresses.

By centralizing these multi-disciplinary teams within the Mental Health Hub, the process becomes both more manageable and responsive for service users. Individuals will not need to seek separate consultations or go to different facilities for different aspects of their care. Instead, their progress, challenges, and evolving needs can be promptly addressed in one place, with all team members on hand to discuss and refine treatment approaches in real-time.

This streamlined model aims to eliminate gaps in communication and ensure a seamless flow of care, making it easier for users to engage in their treatment plans. For the patient, this setup translates into a more coordinated, consistent experience—one that is adaptive to their circumstances and able to provide timely, well-rounded support at every step.

The new model of care is an essential part of the Mental Health initiative aimed at improving mental health services within the community. This initiative seeks to create a collaborative framework that involves a wide range of mental health professionals, patients and family members.

To achieve this, the initiative has organized workshops and meetings where stakeholders have come together to discuss current practices and challenges. This open dialogue has ensured that diverse perspectives are considered, fostering a shared understanding of common goals and values.

By reaching a consensus among all involved, the Mental Health initiative aims to establish a cohesive and responsive model of care that enhances the quality of services offered to the community and fosters a sense of shared responsibility among stakeholders.

During this annual inspection, there has been growing speculation regarding the future of the "Old" Chronicle building as the potential site for the new Mental Health Hub.

The Board prefers not to engage in discussions regarding topics that are outside its area of expertise. Instead, its primary focus is on ensuring that the new facility, wherever it is, meets the same standards of services and amenities that were initially outlined within a reasonable timeframe.

The Staff

As announcements about the transition away from Coaling Island are made, staff members have expressed concerns regarding the design of the new facility. While they are kept informed about ongoing developments, many remain uncertain about the specifics of its location and how past challenges will be addressed at the new site.

One of the primary concerns centres on the facility's placement on the ground floor. Staff emphasize the importance of having direct access for emergency vehicles, particularly ambulances. In their view, ensuring that the entrance is easily accessible is critical for facilitating swift responses during emergencies, which can significantly affect patient outcomes.

Moreover, the staff strongly advocate for the inclusion of a dedicated de-escalation area within the facility. They recognize that such a space is essential for managing crises effectively. Having a designated area where patients can be safely supported and de-escalated before situations worsen would not only enhance patient care but also contribute to the safety of both staff and other patients.

Another key issue raised by the staff pertains to the proposed sharing of facilities with other agencies. While collaboration can bring certain advantages, there is a palpable concern that this arrangement might prove counterproductive. The staff worry that shared resources could lead to complications regarding patient confidentiality, safety, and operational efficiency.

Crucially, the staff hope that the lessons learned from the now-abandoned move to SBH have been taken into account in the new design. There is a shared sense

of urgency that all previously encountered issues are thoroughly addressed by the service, with the aim of preventing a recurrence of the contentious SBH move.

Without exception, the most pressing issue currently concerning the staff and affecting patient care is the uncertainty surrounding the leadership role in the CMHT. At present, the position of Charge Nurse is shared between two individuals on a three-month rotational basis. This arrangement has been in place for over a year, and staff are worried that it negatively impacts patients and hinders the service's development.

They contend that while neither management style is necessarily better, the differences between them adversely affect the implementation of policies and leads to a lack of continuity and stability.

Additionally, during each handover, the Charge Nurse taking over must transfer some of their patients to other psychiatric nurses. This disruption occurs every time there is a change in leadership and affects both the nurses and a significant number of patients.

This position is not new, so the Board is puzzled as to why the GHA has not yet decided to advertise for this job.

The specialized roles within CMHT are manned by RMNs who adopt the title of Community Psychiatric Nurses (CPNs), as well as Enrolled Nurses (ENs) who are part of the Community Outreach Team. Unfortunately, neither of these specialized positions has an official job description, making it challenging for both employees and employers to understand the full range of duties involved. This lack of clarity can lead to confusion and speculation about their responsibilities.

Currently, these roles are following a historical pattern, but as we transition to a new Model of Care, it is essential that each position be assigned a proper job description that clearly delineates their duties and responsibilities.

During our June 2023 Review, the Board was informed that the Psychiatric team was one RMN short as the individual in question had returned to their previous position. As result, the workload of that RMN had been shared among the other three CPNs. This becomes critical when the number of patients registered with CMHT is close to 500.

It is now October 2024, and that RMN position remains unfilled. While it is widely known that RMNs are in short supply worldwide, filling this role is essential if the new model of care is to focus effectively on the community.

The long-term outlook for local RMNs appears promising, with fourteen candidates expected to qualify through Gibraltar University's degree course in 2027. However, the short and medium-term situation requires careful management, with a need for Gibraltar to attract high-quality contract candidates in the meantime.

In past reports, CMHT staff have requested a nurse to carry out health assessments for patients attending clinics, particularly those receiving 'Depot' injections or strong antipsychotic medications. Although this role is included in the new Model of Care plan for the new CMHT, it is not currently part of its remit. Given the immediate need, interim arrangements should be considered to ensure these patients receive the necessary support.

In June 2023, the Board was informed of a significant number of appointment cancellations due to the relocation of psychiatrists in CMHT and OV. This disruption affected many patients, requiring their appointments to be rescheduled and changing their regular psychiatrist.

While some changes are inevitable, it is essential to manage them in a way that minimizes their ripple effects, especially considering the sensitive needs of patients with mental health issues. This careful approach can help reduce potential disruptions and ensure continuity of care.

During the Board's Annual Inspection visit to CMHT this October, it was noted that the situation had stabilized, and the June crisis had been resolved.

The Board has obtained referral data and caseloads to develop a better picture of the workings of CMHT. This data is essential in guiding policy decisions that will inevitably affect patient care. However, it is important to note that this data represents a dynamic and ever-changing panorama. It does not fully capture the complexities of the issues influencing referrals and caseloads.

CMHT referral Data March 2024 –end of October 2024

<u>Month</u>	<u>Number of referrals</u>
March	41
April	17
May	15
June	37
July	48
August	20
September	45
October	27
TOTAL	250

CMHT Caseloads October 2024

<u>Role</u>	<u>Caseload</u>
Outreach Team Nurse	16
Outreach Team Nurse	19
Outreach Team Nurse	19
Psychiatric Community Nurse	15
Psychiatric Community Nurse	18
Psychiatric Community Nurse	25
Psychiatric Community Nurse	20
Unallocated Patients	361
Total	493

22(a) Observations and Recommendations

Support for the New Model of Care

- ✓ The Board wholeheartedly supports the vision behind the new Model of Care and encourages all stakeholders to collaborate in bringing this transformative initiative to fruition.

Caution Regarding Reorganization and Resource Requirements

- ✓ It does caution, however, that this holistic approach will inevitably entail a reorganization of existing and possibly the provision of extra resources to meet the demands of the new service.

Ownership of the Project

- ✓ The Board encourages all stakeholders to take ownership of the project and believes that, with the right physical and human resources in place, this initiative will transform mental health services.

Holistic Approach of the New Model of Care

- ✓ The new Model of Care will enhance efficiency and provide a more welcoming experience for patients who struggle to navigate services independently. By acting as a central resource for mental health support, the hub will help users access assistance for various interconnected aspects of their lives, making the service holistic and tailored to each individual's unique circumstances.

Improvement in Communication and Coordination

- ✓ The Mental Health Hub will improve communication and create a smooth flow of care, making it easier for users to participate in their treatment plans. For patients, this means a more coordinated and consistent experience that adapts to their needs and provides timely, comprehensive support at every stage.

Relocation of CMHT

- ✓ The Board has expressed a clear stance on the relocation of CMHT at Coaling Island: it defers the decision-making to the appropriate authorities responsible for such decisions. However, the Board emphasizes a critical condition: regardless of the final location, the chosen site must align with the standards and infrastructure outlined in the new

Model of Care. This means ensuring that all anticipated facilities, services, and operational capacities are fully realized and functional.

Timely Implementation of New Facilities

- ✓ Additionally, the Board emphasizes that the implementation and operation of these facilities should proceed and be completed within a reasonable timeframe.

Staff Concerns Regarding the New Location

- ✓ A primary concern among staff is that lessons learned from the previously abandoned SHB move be taken into account and integrated into the new design. Staff also emphasize that, when examining the details of the new location, the perspectives of those who will use the facility should be taken into account.

Learning from Past Challenges

- ✓ The Board hopes that lessons have been learned from past challenges and that the new location effectively resolves the issues previously identified at SBH.

Concerns over Charge Nurse Position at CMHT

- ✓ The Board is concerned that the Charge Nurse position at CMHT has remained unfilled for over a year, with two individuals currently sharing the role on a rotating three-month basis. The Board sees this arrangement as impractical, as it negatively affects both patients and staff. At the time of this report, it was noted that the GHA had finally approved the position; however, the situation remains the same, pending implementation.

Recommendation for Clear Job Descriptions at CMHT

- ✓ The Board recommends that all staff at CMHT receive clear job descriptions, given the specialized nature of their roles. This measure aims to improve clarity and reduce the confusion or speculation that can arise around individual responsibilities.

Global Shortage of RMNs

- ✓ The Board recognizes the significant global shortage of RMNs and understands the challenges the service faces in recruiting and retaining staff, particularly given the current uncertainties surrounding Brexit and the attractive contracts offered by other countries.

Support for RMN Degree Course

- ✓ While the Board commends the long-term plan to introduce the RMN degree course at the University of Gibraltar, it acknowledges that this initiative represents a delayed solution. In the interim, the service continues to rely heavily on agency workers with short-term contracts to compensate for the ongoing shortfall of qualified staff.

Staffing Issues at CMHT

- ✓ In CMHT, there is one CPN who has not been replaced since June 2023. The Board urges the GHA to remedy this, especially in light of the importance that living in the community is being placed on the service.

Request for Support in Physical Health Assessments

- ✓ For over a year, CMHT staff have been requesting support in conducting physical health assessments for patients attending clinics. This need arises from the global trend showing that individuals with mental health issues often experience physical health problems, which can adversely affect their life expectancy.

Short-Term Solution for Physical Health Assessments

- ✓ The Board acknowledges that this support is included in the forthcoming Model of Care. However, it is crucial to address this issue in the short term. The Board would like to see the implementation of these assessments before the relocation, allowing for the identification of any physical irregularities in patients before complications arise, seeing that the relocation of CMHT will take some time to be finalised.
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23. The Mental Health Liaison Team (MHLT)

The MHLT is a fundamental component of the Mental Health Services in Gibraltar, dedicated to addressing acute mental health crises and providing timely intervention for individuals in distress. At the moment it comprises of five RMNs who work a 24/7 service in a small office just before you get to A&E at SBH.

When individuals present to A&E with mental health concerns, the MHLT is responsible for conducting comprehensive assessments. They are equipped to evaluate the severity of the crisis, employing intervention strategies to stabilize individuals experiencing acute distress. This immediate response is critical for ensuring that patients receive the necessary care and support at the point of crisis.

The MHLT adopts a proactive approach aimed at reducing the need for hospital admissions. By intervening promptly and effectively, the team works to prevent the escalation of crises, promoting recovery through timely and appropriate interventions. This strategy not only benefits individuals but also enhances the overall efficiency of the mental health care system in Gibraltar as can be seen by the reduction of admissions to OV since its inception.

It is important to note that when a patient presents to A&E, certain medical tests must be conducted before an assessment can take place. For instance, blood samples need to be taken to check for alcohol and drugs in the system, as an assessment cannot be completed until the individual has received medical clearance.

It is not widely known by the public that a patient brought to A&E by the police cannot be seen by the MHLT. Instead, an AMHP or psychiatrist must assess them. This distinction can often lead to misconceptions by those in A&E and in the public at large regarding the protocols that need to be followed in such cases.

In addition to A&E, MHLT is responsible for patients at SBH, CMHT and OV. While the team aims to manage patients who have been discharged from A&E, they often find it challenging to implement this effectively due to current workforce constraints, which can sometimes be stretched. Additionally, the team provides guidance to the 111 service and offers a drop-in service for patients who need someone to talk to. They also provide a telephone service for individuals in crisis, allowing them to seek help without having to come to A&E.

The Board has met with members of the MHLT and observed its growth from a two-person, 12-hour daytime service to the 24/7 coverage it now provides. This team plays a crucial preventive role that continues to demonstrate its value. While the system is not without its flaws, the MHLT shoulders much of the responsibility for patients presenting with mental health crises in A&E.

This service requires the full support of the Mental Health Service, making it especially disappointing to note that interviews for the Charge Nurse Position has yet to be filled, despite applications being submitted over a year ago.

This position, like the role within the CMHT, has been shared by two RMNs who manage the service on a rota basis. However, they currently lack both a job description and an operational policy—both essential for the team's future development and which leads to uncertainty within the team.

The Board has previously advocated for an increase in staffing to allow the Charge Nurse to more effectively direct, supervise, and provide greater flexibility within the team. Currently, support is supplemented by a "Bank" appointment, and an additional RMN from another department is undergoing training to step in as needed. This role is highly specialized, so comprehensive training is essential to ensure appropriate responses and approaches. Ideally, this team should serve as our strongest link in the system; yet, at times, it seems to be the most vulnerable.

The shortage of RMNs, has on occasion, required the temporary withdrawal of the MHLT from active duty in A&E, particularly during a two-week period this past summer, when they were reassigned to a ward at OV. While a telephone service was available during this time, it was far from ideal.

Though such situations are rare, they highlight the vulnerability of the service and the need for stronger protections around this role to ensure continuity of care.

Without a job description or terms of reference, the role of the Liaison Team is often misunderstood, even by other mental health departments. Some view it as an easy position, reducing it to a purely numerical assessment rather than appreciating the unique role it serves. This narrow perspective overlooks the broader reality: each sector has a distinct function and, as such, requires different levels of staffing to meet effectively its specific responsibilities.

The MHLT believes that a dedicated room in A&E would greatly improve care for mental health patients presenting in crisis. While this is an ideal solution, it is essential to consider the broader challenges.

Later, a section on A&E will provide a more comprehensive view of these complexities, highlighting the practical difficulties the GHA faces in managing mental health crises alongside serious medical cases including young children within the same environment.

The room that the MHLT works from is small, but it can be made to work with a few features incorporated to ensure the safety of the staff. This is not the first time that this has been highlighted by the Board, who wish to pre-empt anything happening to the lone member of staff working there 24/7.

The room needs an escape route in case there is a danger to the RMN on duty. This can be achieved by the opening of a small door, where the window currently is.

At present, the main door is locked and is opened by the RMN on duty without knowing who is behind the door. Surely, a simple peephole would help anticipate any chance of aggression, giving them enough time to contact security.

In our June 2024 Review, the Board asked for a panic button and that thankfully has been installed.

A&E

After talking to MHLT, the Board arranged to visit A&E to see for itself the issues facing the service and the complexities and pressures under which all these professionals work on a daily basis.

At present, A&E operates with established protocols for managing mental health patients; however, spatial constraints significantly impact the department's ability to provide optimal support.

When a patient arrives at A&E under police escort, they are directed to a specialized room with a separate entrance. Unfortunately, this room serves a dual purpose, functioning not only as a mental health assessment area but also as an isolation room. This arrangement becomes particularly problematic during the winter months when the demand for isolation for infectious medical cases intensifies. During these periods, mental health patients often need to be relocated from this space to alternate areas within the department. The available locations for this purpose are limited, and none fully meets the standards required for consistent and secure mental health care.

Similarly, in cases where a mental health patient arrives accompanied by another person, A&E can sometimes accommodate them in a room adjacent to the Nurses' station. This proximity allows for heightened observation, enhancing both patient safety and staff responsiveness. However, this room is not exclusively designated for mental health care; it is also frequently used for medical infusions. As such, availability is variable, leaving the department unable to guarantee this space for mental health purposes at all times.

These limitations mean that, especially during busy periods, it is not uncommon for mental health patients to be placed in general cubicles alongside individuals receiving treatment for physical health issues. This arrangement raises concerns related to privacy, patient experience, and the unique needs of those in mental health crises.

These issues have been highlighted to management and the need for extra space is towards the top of their agenda.

In 2019, a Board member recalled bringing a mental health patient to A&E and noting that a small, dedicated room was available specifically for mental health care. However, we have since been informed that this space has now been repurposed as a consultant's office.

23(a) Observations and Recommendations

Need for Additional Personnel in the MHLT

- ✓ In its October 2023 Annual Report, the Board underscored the essential role of the MHLT within Gibraltar's mental health services, emphasizing the need for additional personnel to sustain and further develop this critical service.

"The Board recognises the important work being carried out by the MHLT and recommends unreservedly that the service be expanded to deal appropriately with demand and allow future expansion to service the community." (MHB Annual Report 2023, Page 46)

Lack of Progress on Staff Increases and Vacant Charge Nurse Position

- ✓ Despite these recommendations, no staff increases have been implemented to date. Additionally, the Charge Nurse position, which is crucial for effective team oversight and direction, remains vacant. While the Board has been informed that this position will soon be filled, this has not yet happened at the writing of this report.

The Importance of Clear Leadership and Operational Policies for MHLT

- ✓ Furthermore, there has been no movement on the creation of job descriptions or operational policies to ensure that everyone's role is clearly understood by other mental health professionals.

"... for it to move forward it needs to have a clear leadership structure, together with adequate manning levels to continue to provide a 24/7 service ... the MHLT needs to be recognised with job descriptions, together with an operational policy, which is shared with other mental health professionals, so that everyone is aware of their role." (MHB Annual Report 32023, Page 46)

Vulnerability of MHLT Staffing and Need for Stronger Safeguards

- ✓ During a two-week period this past summer, members of the MHLT had to step back from A&E duties and cover the wards at OV due to a shortage of RMNs. While now rare, such situations highlight the service's vulnerability and the need for stronger safeguards to ensure consistent care.

Recommendation to Increase Staffing and Safeguard Essential Service

- ✓ The Board strongly reiterates its recommendation to increase staffing levels, ensuring that this essential service is safeguarded. This will guarantee that a dedicated team member is always available near the A&E department to assist individuals in crisis.

Enhancements to MHLT Safety: Peephole, Panic Button, and Emergency Egress

- ✓ In the October 2023 Annual Inspection and the June 2024 Review, the Board visited the MHLT in their small office and recommended several critical safety measures for the RMN on duty:
 1. **Peephole Installation:** A peephole should be installed to allow the RMN to identify individuals at the door before granting access.
 2. **Panic Button:** The installation of a panic button is essential for alerting security in the event of an aggressive patient.
 3. **Emergency Egress:** Modifying a window into a door would provide a means of escape, ensuring the RMN has an exit route during emergencies.

Installation of Panic Button Successful, Urgent Need for Other Safety Measures

- ✓ The Board is pleased to note that the panic button has been successfully installed. However, it strongly urges the GHA to address the other two recommendations, emphasizing that the benefits of these measures far exceed the relatively low cost of the necessary modifications.

Lack of Clear Understanding of Crisis Protocols among Healthcare Professionals

- ✓ When an individual presents in crisis at A&E, the MHLT, AMHP, A&E, and Police all operate based on established protocols. However, these protocols are not clearly understood by the public or even by other healthcare professionals. The Board recommends that these protocols be disseminated within the various departments and to the public, such as through the GHA website and/or posters.

Recommendation for a Dedicated Mental Health Suite in A&E

- ✓ The Board believes that establishing a dedicated Mental Health Suite within A&E to accommodate individuals in crisis would significantly enhance service quality, benefiting both the individuals in crisis and the A&E staff.

Urgent Need for Specialized Space to Manage Mental Health Crises in A&E

- ✓ The Board's request to observe A&E protocols highlights an urgent concern: the way mental health crises are managed within a setting primarily focused on physical emergencies. The absence of a dedicated Mental Health Suite, compounded by limited space and resources, creates a challenging environment for supporting individuals in mental health crises. Without this specialized space, patients experiencing severe distress may not always receive the focused care needed to stabilize them in a calm, private, and safe environment.
- ✓ Ensuring a space like this is always available, rather than relying on contingency plans, would reflect a commitment to prioritizing mental health alongside physical health emergencies. It would also provide specialized support, without the frequent interruptions caused by competing needs in a crowded A&E setting.

Request for Specialist Training

- ✓ Although experienced RMNs manage the Liaison Service effectively, none of them has received formal training specifically tailored to liaison mental health care. Their expertise has been predominantly developed through

on-the-job experience. There is an online course available at minimal cost to the service, but this still has not materialised.

- ✓ The Board finds this situation perplexing, as the course represents a crucial opportunity for continuing professional development (CPD).
- ✓ Towards the end of our report we were handed the number of referrals per month that MHLT handles and the figures speak for themselves. Not all referrals will take the same time and there are others that will take much longer depending on the severity of the crisis. Since January 2024, MHLT has dealt with nine hundred and twelve referrals from various sources: A&E, wards, follow-ups, crisis/call appointment, professional meetings and the police station.

Referrals to MHLT – (January 2024 – October 2024)

<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>Aug</u>	<u>Sept</u>	<u>Oct</u>	<u>Total</u>
50	63	78	56	83	102	153	111	119	97	912

24. Supported (Sheltered) Accommodation

Sandpits House

The Board has consistently visited this facility over several years and has always been impressed by the caring and compassionate staff, who are dedicated to supporting the residents.

The building itself is in relatively good condition—well maintained and tidy. Notably, the conversion of the garage into a versatile space for both staff and residents has proven to be a valuable improvement.

However, the steep staircases poses a health and safety risk that requires immediate attention.

Currently, four individuals reside at the facility. Three are mental health patients, while the fourth, due to housing challenges and various medical conditions, has lived there for over a year.

The Board has raised concerns with the Clinical Director regarding the suitability of the placement for this individual. The long-term occupancy of the facility by a single resident significantly limits its capacity to transition OV patients into the community, a process that is crucial for maintaining service efficiency and optimizing resource utilization.

In its October 2023 Annual Report, the Board recommended that an RMN oversee the facility, suggesting this role be formalized in future contract negotiations. Although this recommendation has yet to be implemented, there has been progress in communication and collaboration with CMHT and OV.

24(a) Observations and Recommendations (Sandpits House)

Staircase Safety Concerns and Suggested Improvements

- ✓ The steep staircases poses a safety risk, and measures need to be implemented to make it safer. The Board believes that this can be achieved with minimal input, avoiding the need for extensive work.

Importance of Correct Patient Placement

- ✓ It is unacceptable for any patient in this facility to be incorrectly placed. This situation not only impedes the patient's development but also has a significant impact on their overall well-being.

Reserved Room Usage and Community Re-integration

- ✓ Similarly, reserving this room for a patient whose needs do not align with those of other patients prevents others at OV from beginning their journey back to the community.

Recommendation for Patient Reassessment

- ✓ The Board recommends that the relevant authorities assess this patient's situation and find a solution that ensures the patient's well-being while also allowing other patients to utilize this facility.

Admission Criteria for Sandpits Facility

- ✓ To prevent this issue from recurring, the Board believes that admissions to Sandpits should be governed by specific criteria to determine whether an individual qualifies for placement.

Challenges with Non-Mental Health Temporary Placements

- ✓ Having individuals stay temporarily for reasons other than mental health creates challenges in finding appropriate long-term placements afterward.

Request for RMN-led Management at Mental Health Facilities

- ✓ The Board believes that asking for a mental health facility to be run by an RMN is a perfectly reasonable request. This requirement should be feasible to include during the contract renewal process for this private facility.

Kent House

The Board has long recognized that Kent House requires extensive repairs and commends the service for the work completed thus far. Although the flat is not ideal, it has been made habitable through recent improvements, particularly the removal of dampness and repainting.

Electrical work has also been undertaken, though it is still in progress; some ceiling roses have yet to be secured, and a heat detector in the kitchen is missing.

There is also need of some items of furniture and Housing Outreach is sourcing these.

24(b) Observations and Recommendations (Kent House)

Sustained Maintenance and Vigilance for Dampness Issues

- ✓ The Board acknowledges the work that has been completed and hopes this level of maintenance is sustained. Given the prevalence of dampness in these ground-floor properties, constant vigilance is required.

Timely Completion of Electrical Work and Safety Measures

- ✓ The Board also hopes that the electrical work is completed promptly and that the heat detector is operational.

Advocacy for Essential Furniture Stock in Community Housing

- ✓ Additionally, the Board has consistently advocated for the GHA to maintain a furniture stock for community housing. This stock should include basic items, such as a chest of drawers for the bedroom and a side cupboard for the living room.

Ark Royal House

Leaks from the flat above have severely affected both the bathroom and, more recently, the bedroom. While repairs were initially completed in the bathroom, dampness has since seeped into the bedroom.

The Board believes that further review and additional work are needed to resolve the issue. It also recommends bringing in a dehumidifier to help speed up the drying process.

On a positive note, there are now two residents in the flat, which has greatly pleased the original patient, as they now have company—addressing one of their main concerns, especially at night.

24(c) Observations and Recommendations (Ark Royal House)

Urgent Action Required for Ceiling/Wall Repair

- ✓ The Board believes that the current situation requires immediate attention to prevent further damage. It recommends the hiring of a dehumidifier to dry out the walls effectively before any repair work can proceed. This step is critical in mitigating any ongoing damage and ensuring that repairs can be carried out efficiently and promptly.

Positive Outcome for Resident Well-being

- ✓ On a more encouraging note, the Board has observed that the addition of another resident has significantly improved the well-being of the other resident, who is now much happier with the situation.

Other Flats

Two additional flats are ready to welcome their new residents: a two-bedroom flat in Varyl Begg and a bedsitter in Glacis.

The former flat has been ready for a few months, but it still requires furnishing and finalization of the Care Package.

24(d) Observations and Recommendations (Other Flats)

Timely Community Reintegration for Cost-Effective Patient Care

- ✓ The Board acknowledges the various obstacles involved in reintegrating individuals into the community with the necessary safeguards and

support packages. However, it is important to note that keeping patients who could be in the community in hospitals longer than necessary incurs significant costs and occupies valuable hospital beds.

Funding Allocation for Community Flats

- ✓ The Board has been informed that, in this year's budget allocations, funds have been earmarked to address the needs of each community flat. This is a significant and positive development, which the Board fully supports as it ensures that the necessary resources will be available to maintain and improve the living conditions of residents.

25. Sheltered Accommodation v Assisted Living

In recent years, the primary focus of Mental Health Services has shifted towards treating individual patients more within the community and providing them with support, rather than admitting them to OV.

This shift has introduced challenges, as some patients clearly lack the capacity to live fully independent lives.

Determining what is best for individuals with severe and enduring conditions is a matter that requires thorough discussion, along with the adoption of clear guidelines and a bold vision.

Several patients currently reside in sheltered accommodation, receiving support from both Mental Health Services and the Care Agency. While some of these individuals can lead relatively independent lives with a degree of assistance, there are others who, through no fault of their own, require 24/7 care.

While the Board has historically avoided endorsing the establishment of another institution to replace OV, it has now concluded that certain patients require a specialized facility modelled after the "Albert Risso" approach used for elderly residents.

In this environment, patients would receive the essential care and support needed and alleviate the profound loneliness they currently experience. Furthermore, concentrating staff and resources in one dedicated area would be more economically efficient than spreading them thinly across the community.

If this facility were to be established, it is important to have clear guidelines to ensure it operates differently from a traditional ward, enabling patients to live their best possible lives despite their serious conditions.

No single system fits all, making it essential to adopt a complementary approach to this issue. Each individual should have a housing solution tailored to their unique needs, which may evolve as they grow older.

At this point, it may be beneficial to differentiate between these two terms to gain a clearer understanding of the issues at hand.

Assisted Living	Community Living with Care Package
Offers 24/7 on-site staff support, ensuring immediate assistance for daily living activities and mental health needs.	Support may be limited to scheduled visits, leaving individuals without help during off-hours or emergencies.
Provides a structured routine and daily activities that enhance stability and predictability.	Individuals may struggle to create and maintain structure, contributing to anxiety and disorganization.
Facilitates regular social interaction with peers, reducing feelings of isolation and promoting belonging.	Requires more effort to seek out social opportunities, which can be challenging for those with mental health issues.
Staff are trained to recognize and respond to mental health crises promptly, providing timely support.	Emergency situations may require external help, which can delay assistance.
Combines support for physical health, mental health, and social well-being in a single environment.	Care packages may focus primarily on basic needs, with less emphasis on holistic mental health support.
Often offers organized activities and programmes designed to promote mental wellness (e.g., art therapy, exercise classes).	Individuals may need to independently seek out and access these activities, which can be daunting.
Care is tailored to individual needs, with ongoing assessments to adjust support as necessary.	Care packages can be less flexible, with limited ability to adapt to changing needs.
Designed to be a safe environment with features that promote security and reduce risks (e.g., fall prevention or problems with neighbours)	Individuals may face safety concerns in their homes, especially if alone for extended periods.
Families can feel more confident knowing their loved ones are in a supportive community with trained staff.	Family members may worry about their loved one's ability to manage alone or access support when needed.
Provides opportunities for residents to develop life skills in a supportive environment, enhancing self-sufficiency.	Individuals may find it challenging to develop skills without the structured support and encouragement of assisted living.

As previously mentioned, a one-size-fits-all solution is not feasible; personalized criteria are essential for determining the most suitable placements. While some individuals may thrive with minimal support, others may find independent living challenging and require more comprehensive assistance. Of course, these

placement decisions will also depend on the availability of appropriate accommodations.

25(a) Observations and Recommendations

Long-Term Insights from Board Visits

- ✓ The Board has reached these conclusions after nearly six years of visits to OV, CMHT, as well as engaging with and visiting patients.

The Case for Assisted and Sheltered Accommodation

- ✓ The Board believes that a combination of assisted and sheltered accommodation can provide a complementary solution for those who struggle to manage everyday challenges. For these individuals, tasks we often take for granted can present significant obstacles.

Invitation for Community Discussion

- ✓ The Board puts this out for general discussion as this will affect the lives of many people and hopes that the resulting dialogue will help guide our community towards an ideal solution to this sensitive issue.

Consideration of Assisted Living Costs

- ✓ The Board is aware that Assisted Living will bring with it substantial costs to begin with; however, in the long run, it will partially pay for itself by reallocating resources from other areas, which will no longer be required.

Emphasis on the Urgency of Resolution

- ✓ The Board wishes to emphasize that, while long-term solutions are commendable, it is keenly aware that individuals live in the present, and each day that passes without resolution is a day lost.

26. Gibraltar Young Minds (GYM)

Gibraltar Young Minds (GYM) is an initiative dedicated to promoting the mental health and well-being of young people in Gibraltar. Established in response to the increasing recognition of mental health challenges faced by our youth, GYM focuses on addressing issues exacerbated by the global pandemic, the influence of social media, academic pressures, and changing lifestyles.

Since the Board’s first visit to GYM in 2022, there has been continuous improvement in the services offered. The Board has been consistently encouraged by the progress made and the critical, dynamic role GYM plays in supporting the mental health of young people in the community. This year-on-year advancement reflects the organization’s commitment to meeting the evolving mental health needs of Gibraltar’s youth.

Annual Referrals to GYM

Year	Referrals
2021	106
2022	242
2023	294
2024 (up to October)	193

The number of referrals to GYM has seen a significant increase over the years: This upward trend indicates a growing recognition of GYM’s services and a likely increase in the mental health needs of young people in Gibraltar. The number of referrals in 2024 (up to October) suggests that the year may see another increase compared to 2021, though it is lower than the peak seen in 2023.

Waiting Lists for Mental Health Professionals

Professional	Waiting Time
Psychiatrist	9 weeks
Psychologist	16 weeks
Counselling	3 weeks

The waiting times for different mental health professionals reveal varying levels of demand and potential capacity challenges. Reassuringly, if a young person presents with a potentially serious condition, they are referred to the Multi-Disciplinary Team (MDT), which meets weekly. The MDT can then triage cases and, if needed, expedite the process.

Additionally, although young people may be on a waiting list, they are monitored by GYM staff, who will promptly flag any concerns during the weekly MDT meetings if necessary. This approach ensures that those on the waiting list receive necessary support and oversight.

The ASD Pathway

Category	Number
Waiting List	50
Number of Assessments Completed by GYM	23
MDT Scheduled to Give Assessment Outcome	11
Number of Assessments Completed (Jan - Nov 2024)	20

For many years, this pathway was promised but had not been implemented, leaving a gap in support for those in need. Recently, however, it has finally been launched, marking a promising start toward fulfilling its intended role. The hope now is that this pathway will not only continue but also expand in response to the demand that has accumulated over time.

Its implementation reflects a recognition of the real and growing need for structured, accessible mental health support. If maintained and developed further, this pathway could play a transformative role in providing early intervention and consistent care to those who have been waiting for specialized assistance.

The 50-person waiting list indicates a substantial demand for ASD assessments. With 23 assessments have been completed by GYM, and another 11 assessments still pending an outcome from the MDT. Of note, 20 assessments have been completed in 2024 (Jan-Nov), which suggests that GYM is working towards reducing the backlog, though there remains a gap between the number of individuals waiting and the number being assessed.

One of the most frequently raised concerns by the staff at GYM is the lack of available space to carry out their expanding roles, a problem that has grown significantly since the programme's inception. Located within the SBH's Children's Centre, GYM shares facilities with numerous other support services, which creates competing demands for space from all the sectors housed there.

When GYM was first established, its footprint was relatively small, but since its re-launch in 2022, its capacity has grown substantially. As the processes and treatments become more sophisticated, the need for additional rooms has become an ongoing frustration for staff, hindering their ability to offer various therapies and consultations.

In June 2023, as part of its review, the Board witnessed first-hand the difficulties faced by the staff, including their inability to conduct different types of therapy

effectively due to space limitations. This issue was raised with the GHA's General Manager (Ag), who assured the Board that the matter would be looked into. However, as of October 2024, there has been little progress, and the space shortage remains an unresolved concern. Without additional space, the ability to carry out group therapies and hold consultations with parents will continue to be compromised, limiting the effectiveness of the services provided.

26(a) Observations and Recommendations

Encouragement from Progress at GYM

- ✓ The Board is highly encouraged by the progress observed at GYM and is confident that the service will continue to flourish and expand in the future.

Need for Additional Psychologist Support

- ✓ This year, there has been a need to contract a second psychologist one day a week until December 2024. Given the continued demand, it is hoped that this additional support will be extended if necessary, as it appears this extra help is vital to managing the current workload.

Reduction in Waiting Times

- ✓ Waiting times are steadily decreasing, and the Board was reassured that children are being seen based on their needs, while those presenting with serious conditions are immediately triaged during the MDT's weekly meetings to ensure they receive timely attention.

ASD Pathway Now Operational

- ✓ The ASD Pathway, though long awaited, is now operational. It is essential that this service is maintained and further developed to reduce waiting times even further and better meet the needs of those on the waiting list.
- ✓ Unfortunately, the ADHD pathway is still not operational and the Board wonders when this will be made available.

Space Constraints at GYM

- ✓ The ongoing frustration regarding the lack of space at GYM is a recurring issue highlighted during every visit. For instance, in June 2024, the Board had to meet in the gym itself, only to be asked to relocate after just five minutes. This reflects the ongoing challenges staff face when trying to find appropriate spaces for therapy and consultations.

Need for Intervention in Space Allocation

- ✓ The Board believes this is an area where the GHA must intervene, either by making space allocation more equitable or by securing additional space specifically for therapies. It is unfortunate that the lack of suitable rooms is hindering the delivery of specific therapies. While this issue is significant, it is one that can be addressed, especially since other sectors in the facility have also expanded. This problem may stem from GYM's own success, but it is clear that while the service is thriving, it needs more space to reach its full potential and deliver even better outcomes.

27. Mental Health Occupational Therapists (OTs)

OTs are essential in mental health settings, providing support to individuals as they develop the skills, routines, and strategies needed to lead fulfilling and balanced lives. Their role goes beyond symptom management; they help individuals re-engage meaningfully with daily life activities, including work, self-care, and social interactions. By assessing each person's needs and strengths, OTs empower individuals to build essential life skills and effective coping strategies. They also focus on rebuilding confidence and assisting individuals in re-establishing structured daily routines, which provides a sense of stability and control.

Working collaboratively, OTs partner with psychiatrists, psychologists, social workers, and nurses, ensuring a team-based approach that supports comprehensive care. Their unique focus on functional, day-to-day skills complements the work of psychologists and other professionals, whose approaches are often more oriented toward emotional and cognitive aspects of care. This collaboration allows for holistic and individualized support.

In essence, OTs bridge the gap between clinical treatment and practical, real-life functionality. They work closely with patients to foster independence, resilience, and a renewed sense of purpose, equipping each person with the tools to thrive in daily life and to engage more meaningfully with the world around them.

Two OTs are currently based at SBH, though they were previously stationed at the ARC at OV for some years. Over time, these OTs have worked to address widespread misconceptions about the role of OT within mental health settings, highlighting to the Board the challenges and changes in understanding the essential nature of their work.

Historically, occupational therapy was sometimes viewed merely as a method of keeping patients occupied, with referrals even citing issues of “boredom” rather than focusing on the therapeutic benefits. While some of these perceptions persist, both OTs report a gradual yet significant shift in attitudes towards their role. The Mental Health Services have come to recognize OT as integral to patient recovery, evidenced by an increase in referrals and a heightened role for OTs in MDTs. MDTs now meet more frequently, and the OTs’ active involvement underscores the recognized value of their skill set.

This increase in referrals has been steady over recent years, creating a caseload that now threatens to outstrip current capacity, potentially leading to waiting lists for OT services—a scenario that would have been unthinkable in the past.

The accompanying chart illustrates the growth in OT referrals, breaking down the increase by specific departments and wards. In addition, on Dawn Ward—a rehabilitation unit for long-stay patients awaiting discharge to the community when ready—OTs actively manage nine out of the eleven patients as part of their caseload.

	2020	2021	2022	2023	31/10/24
Dawn	0	6	0	3	6
Horizon	32	28	23	15	5
Sky	1	2	0	1	0
Sunshine	5	4	5	-	-
Supported accommodation	0	1	0	0	0
OT	0	2	2	8	12
Physio	1	0	0	5	3
CMHT	0	4	10	28	49
Social Worker	-	-	2	2	11
MHLT	-	-	1	6	6
Talking Therapies	-	-	-	8	9
Carer Group	-	-	-	-	3
Other	0	6	1	1	2
	39	53	44	77	106

The demands on the OTs are reflected in a substantial rise in caseload numbers. Previously, caseloads typically ranged between 17 and 20 patients; however, as of the current report, caseloads have increased to between 28 and 34 patients. This marked increase reflects the growing appreciation for OT services and the heightened complexity of patient needs, yet it also presents an urgent challenge in managing resources to ensure each patient receives timely and effective OT support.

Their views on the new Model of Care advocated by the Mental Health Services align with their views for a holistic approach to patient recovery. They believe that integrating a single point of contact and co-locating all relevant professionals within a centralized hub signals a significant improvement in the quality and accessibility of patient care.

While they recognize the challenges and concerns related to relocating CMHT and re-establishing it within a restructured Mental Health Hub, they see the shift toward a more holistic, patient-centred approach as the key priority. They hope that OTs will play an active role in this reorganization, contributing their unique expertise to patient recovery. Additionally, they believe that success will come through open collaboration, with input and commitment from all stakeholders involved.

The OT team currently provides a range of therapeutic activity groups, such as walking, bowling, swimming, and drawing, all of which have yielded positive outcomes for participants. In addition, they host a monthly "Carer" support group, offering family members a space for guidance, emotional support, and the opportunity to share experiences with others facing similar challenges. This combination of therapeutic activities and carer support helps foster resilience, connection, and well-being among both patients and their families.

27(a) Observations and Recommendations

Clarifying the Role of Occupational Therapists (OTs)

- ✓ While the role of OTs is now more widely recognized, the Board believes that further efforts are needed to clarify their specific contributions within the system. Increasing awareness about the full scope of OT responsibilities could enhance collaboration across teams and deepen understanding of the unique ways OTs support patient recovery and holistic care.

Rising Referrals and Caseloads

- ✓ Statistics reveal a significant rise in referrals, leading to a corresponding increase in OT caseloads. The Board acknowledges that if this upward trend continues, a comprehensive review of the service will be essential, along with a potential increase in human resources to ensure that care quality remains uncompromised.

Commitment to the "Model of Care"

- ✓ The OTs are fully committed to the new Model of Care, which prioritizes patient-centred care and enables professionals to create a more holistic recovery program. The Board believes that their expertise will play an important role in enhancing patient care within this model, supporting each individual's journey toward recovery.

Support for the Development of the "Carers" Group

- ✓ The Board is encouraged by the diverse range of activities pioneered by the OTs and is optimistic that this momentum will continue. They are particularly interested in the development of the "Carers" group, as the needs and experiences of carers are often under-recognized in mental health care. The Board believes that supporting and understanding carers is essential, as their role is deeply personal and often best understood by those with first-hand experience supporting a loved one facing mental health challenges.

28. Care Agency

One of the most significant advances that have taken place over the last few years, since the launch of the Mental Health Strategy (2021-2026) is the much closer synergy between the Mental Health Services and the Care Agency.

The inclusion of a dedicated Mental Health Liaison Social Worker and their team within the broader Mental Health Services has proven transformative. This collaborative approach has significantly improved communication and cooperation between the agencies, extending beyond traditional mental health care to encompass areas such as housing support—an aspect previously outside the remit of CMHT. This integration ensures a more holistic approach to addressing the complex needs of individuals, bridging gaps that might have otherwise hindered their access to comprehensive care and support.

This social worker is fully integrated into the operations of the CMHT, where they actively participate in complex case discussions and the weekly referrals allocation meetings. Their role extends beyond the CMHT, as they also visits OV regularly, attends MDT meetings, and addresses the social needs of patients.

Currently, the social worker and her team manage a caseload of thirty-nine mental health service users and are involved in coordinating nineteen care packages, ensuring that each patient receives the appropriate level of support and intervention.

This role is crucial in bridging the gap between mental health services and the social care needs of patients, contributing to a more holistic approach to their well-being.

With a team consisting of two social workers and a supervisor, the system benefits from increased resilience. In the event of any absence, the remaining team members are able to absorb the workload, ensuring that service delivery is not disrupted and no individual suffers due to the absence. This structure allows for continuity of care and support, maintaining the effectiveness of the team even during challenging times.

The cooperation and shared vision of prioritizing the patients' needs, along with the ability to communicate concerns openly and offer mutual support, have been fundamental to the success of the partnership.

This collaborative approach has fostered a strong and effective working relationship, ensuring that both parties are aligned in their commitment to improving patient care. The unity in their shared goals has been a key factor in strengthening the partnership and advancing the overall quality of service provided.

This is hardly surprising, given that the two agencies share a common client base. It is only logical that they work together in a more holistic manner, integrating their efforts to provide more comprehensive care and support for the individuals they serve. By collaborating closely, they can address the broader needs of their clients, ensuring that all aspects of care are considered and managed effectively.

This does not imply the absence of issues requiring resolution or protocols that still need to be established. However, it reflects a genuine willingness on both sides to work together in partnership to improve patient care.

The question of detoxing and the availability of beds is a topic that comes up regularly when discussing the relationship between the Mental Health Services and the Care Agency.

Each service has its own priorities and approaches to finding solutions that support their "client." However, despite a strong desire to help, their efforts are sometimes hindered by the limitations of the current system, which does not always allow for the most effective resolution.

The Care Agency's approach to detox closely aligns with that of Mental Health Services, holding that detoxification should take place in a medical facility equipped with the necessary equipment and staffed by qualified personnel. This setting is essential for safely managing the detox process, which typically spans five to seven days.

They propose that a two-bed specialized unit in SBH would adequately meet the current demand for detox services. This dedicated environment would ensure patient safety during the detox process and allow for a smoother transition to Bruce's Farm for ongoing recovery support.

Currently, patients in need of detox services must wait for a bed to become available in OV. However, this arrangement raises safety concerns, as there is limited medical supervision in that setting, leaving patients without the level of care required for a safe detox process.

However, this system has its own set of challenges, as OV frequently faces bed shortages. This issue is compounded by the fact that some patients in OV are waiting to be discharged to ERS or back into the community, but have housing issues. These transitions are often delayed, leaving beds occupied by individuals who are medically ready for discharge, but cannot leave due to other constraints. This creates a bottleneck, limiting bed availability for other patients in need of care.

The Board was also informed by the Care Agency that, in collaboration with the GHA, they have been in negotiations with Gibraltar University to establish a PGCE AMHP course, with the aim of qualifying local professionals by October 2025. The course will offer 10 places, with the Care Agency planning to enrol three candidates. This initiative will help increase the number of social workers with specialized mental health training, thereby strengthening the workforce and improving the agency's capacity to address mental health-related challenges.

28(a) Observations and Recommendations

Positive Impact of the Mental Health Strategy (2021-2026)

- ✓ The Board is highly encouraged by the close and collaborative working relationship that has developed following the launch of the Mental Health Strategy (2021-2026). This strategy initially proposed the integration of social workers specialized in mental health, a move that has since proven instrumental in enhancing the capacity to address the mental health needs of the community, fostering a more holistic and responsive approach to care.

Building a Resilient System with Succession Planning

- ✓ The Board believes that it is essential that the system established is inherently resilient and includes a well-defined succession plan. This approach will ensure that valuable knowledge and experience are preserved and smoothly transferred to future workers, sustaining the system's effectiveness over time.
- ✓ This is precisely what the Board has been advocating for positions like the Activity Coordinator, MHLT and Housing Outreach in the Mental Health Services.

Concerns and Recommendations on Detoxification Protocols

- ✓ Concerns surrounding detoxification have emerged as a recurring theme in the Board's discussions throughout this report. While these concerns were present before, it is now clear that they have become broader and more strongly voiced.
- ✓ As a result of this, the Board believes that all stakeholders should revisit detoxification protocols to ensure that appropriate medical resources and support are in place, prioritizing the safety and effectiveness of the process.

Addressing Housing and Placement Issues for OV Patients

- ✓ Some patients at OV have housing or placement issues in ERS. While the Board realises the pressure that these two departments face, everyone needs to realise that keeping individuals in mental health facilities when they do no longer have mental health issues is not the answer.

Initiative to Establish PGCE Course for AMHPs

- ✓ The Board strongly supports this initiative and considers it an excellent step forward in enhancing local mental health services. The plan to establish a specialized course for AMHPs at Gibraltar University is a proactive approach, and the Board is optimistic about seeing it come to fruition in 2025

29. The Complex Interaction between Addiction and Mental Health

The relationship between mental health conditions and drug use is multifaceted. Mental health issues can arise from various factors, including genetics, life experiences, and environmental stressors. However, it is undeniable that for many individuals, substance use significantly hinders recovery and reintegration into society.

While not all mental health conditions are caused by drug use, there is substantial evidence that drug use can exacerbate existing mental health issues and, in some cases, contribute to their development.

Addiction and mental health are deeply interconnected, forming a complex relationship often referred to as a dual diagnosis. Addiction can encompass substance use disorders involving illicit drugs, alcohol, or prescription medications, as well as behavioural addictions like gambling. These disorders frequently coexist with mental health conditions, such as depression, anxiety, bipolar disorder, or post-traumatic stress disorder (PTSD). Understanding how these issues influence each other is critical for effective prevention and treatment.

The Bidirectional Relationship

The interaction between addiction and mental health is often bidirectional: mental health conditions can contribute to the development of addiction, and addiction can exacerbate or even trigger mental health issues. For example, individuals with untreated depression or anxiety may turn to substances or behaviours like gambling as a form of self-medication to alleviate emotional pain or distress. However, these coping mechanisms can lead to dependency and further complicate the underlying mental health issue.

Conversely, prolonged substance use or compulsive gambling can alter brain chemistry, leading to the onset or worsening of mental health disorders. Chronic alcohol abuse, for instance, is associated with a higher risk of depressive episodes, while stimulant drugs like methamphetamine can trigger psychosis or worsen pre-existing anxiety.

The Vicious Cycle

When addiction and mental health issues coexist, they often create a self-perpetuating cycle that is difficult to break. Substance abuse can hinder recovery from mental health conditions by interfering with medications or therapy, while untreated mental health disorders can increase the risk of relapse in recovery. This dynamic highlights the importance of integrated treatment approaches that address both issues simultaneously.

Importance of Early Intervention

Early intervention is crucial in breaking the cycle between addiction and mental health issues. Recognizing the warning signs, providing access to supportive care, and addressing stigma surrounding both addiction and mental illness can significantly improve outcomes. Holistic approaches that combine therapy, medication, peer support, and lifestyle changes offer the best chance for individuals to regain control of their lives.

By viewing addiction and mental health as interconnected rather than isolated problems, we can foster a deeper understanding and promote comprehensive strategies to improve individual and societal well-being.

With this in mind the Board visited Bruce's Farm to see for themselves the work carried on there.

29(a) Bruce's Farm Rehabilitation Centre

Bruce's Farm comprises the residential component of the Drug and Alcohol Rehabilitation Services (DARS). It can accommodate up to fifteen individuals undertaking treatment for a wide variety of substance dependencies or addictive behaviours such as gambling.

For the past four years, this service falls under the responsibility of the Care Agency and all its staff members, except for two, are seconded from the Care Agency. This centre originated in the late 1990s and initially operated as a charitable institution managed by a board of trustees. Over time, it transitioned under various ministerial portfolios before reaching its current status.

The Therapeutic Services Team of the Care Agency oversee the operation of this service. Since the Care Agency took over its management, many of the systems and procedures have been reviewed with a focus on improving referral pathways and how treatment links into other services such as Mental Health, Employment and Housing.

There has also been an increased emphasis on continuing support following residential treatment. This includes working with the families of those undergoing treatment as well as providing support within HM Prison. As a result, the actual caseload of the service far exceeds that of those undergoing treatment at Bruce's Farm and is closer to fifty individuals being supported by the team at any one time, through its ongoing community outreach service. They also operate a halfway house within the community that can accommodate three individuals in the transition from residential treatment to full integration within the community.

The programme itself covers a wide variety of issues and involves a strong therapeutic input from the two in-house Counsellors as well as additional support from members of the wider Care Agency Counselling Team. Care workers also help in the delivery of parts of the programme under the guidance of the Counsellors. A recent development has been the incorporation of a part time, experienced nurse who helps address the many health issues that are often associated with substance dependencies. The nurse also liaises very closely with a GP at the PCC who, amongst his roles, specifically deals with Bruce's Farm.

Access to the service is quite straightforward and, from DARS perspective can be expedited with minimal delays. Individuals can self-refer to DARS directly or via other related services such as their GP, Health, or Social Worker.

Once this has occurred, the individual undergoes an assessment by a psychiatrist. Based on the evaluation, the psychiatrist may refer the individual for detoxification while they await the availability of a bed at OV.

It was evident from our visit that there are strong-shared team values among the members of the team whom the Board spoke to. This contributes towards a stable and supportive environment essential for the type of work undertaken.

Despite the clear improvements since the involvement of the Care Agency, there are some areas of concern that the staff highlighted. The first of these is the lack of availability of beds within the GHA for those needing detox to address the effects of drug/alcohol withdrawal. These have always taken place under the

care of the Psychiatrist at Ocean Views. Unfortunately, the lack of beds means that, despite all the efforts on the part of DARS to deal with those wishing to access the service with minimum delay, there is a bottleneck caused by the bed issue.

Consequently, this can set back an admission that could be dealt with within a week by a significantly longer waiting time extending from several weeks to over a month in some cases. Not all admissions will require detox, perhaps ten to twenty individuals in a year.

The average detox will require from three to seven days in hospital. Consideration should be given to accommodating these numbers within the wider context of GHA bed management, as these are short-term cases that will have clear admission and discharge timescales. Timely admission for individuals accessing detox and in the throes of substance dependency is considered by Bruce's Farm to be a crucial factor breaking the cycle of addiction.

There are further issues arising from detox taking place within the setting of OV. Drug withdrawal presents various serious health risks, particularly in the case of alcohol. Professionals within this field have long expressed concerns about the suitability of OV as a facility within which to manage detox. This was also echoed by the staff at Bruce's Farm.

Bruce's Farm staff further add that the perception and stigma that being admitted into OV carries has, on occasion, led to persons being admitted into rehab not being completely honest about the extent of the drug use. This has resulted in emergency services having to attend Bruce's Farm. This again is a compelling argument for detox to be managed in a setting outside of OV, which is simply not equipped to deal with these issues.

The issue of Housing is a recurring theme for those requiring rehabilitation. This is often a major challenge for those in treatment at Bruce's Farm. Individuals may require to be rehoused, accommodation repaired, or they may be facing homelessness because of a relationship breakdown.

The staff at Bruce's Farm acknowledge the challenges and pressures the Housing Department faces in providing equitable access to housing for all. However, they emphasize the importance of offering tailored solutions to address the specific needs of these individuals. Without such support, there is a risk of perpetuating a never-ending cycle of relapse and recovery.

While this is not strictly the remit of this Board, it is nonetheless, a major factor is achieving successful health outcomes for patients of this service.

One of the key issues raised during the Board's discussions with staff was the growing need to support individuals in the community who are affected by addiction. Currently, the Care Agency operates a "dry house," which provides a safe, substance-free living environment for individuals in recovery. However, staff strongly believe that introducing additional support in the form of a dedicated community hub would be transformative.

A community hub would serve as a centralized space offering a range of vital resources, such as counselling, peer support, medical services, and educational workshops. This initiative has the potential to enhance outcomes for those in recovery by fostering a holistic and inclusive approach to care.

The staff see this concept as a parallel to the impact expected from the New Model of Care associated with the relocation of CMHT. Just as the reorganization of mental health services aims to improve accessibility and integration of care, the proposed community hub could revolutionize the way addiction services are delivered; ensuring individuals receive the comprehensive and accessible support they need to rebuild their lives.

By addressing the complex challenges faced by those affected by addiction, a community hub would not only provide immediate support but also strengthen the overall fabric of the community, promoting resilience and long-term recovery.

29(b) Observations and Recommendations

The Role of Drug Use in Mental Health

- ✓ While not all mental health conditions are drug-related, drug use undeniably plays a significant role in exacerbating mental health issues.

The Need for an Integrated Approach

- ✓ The Board believes this interplay underscores the need for an integrated approach to treatment and prevention, addressing both the biological and environmental factors that influence mental health and substance use.

Addressing the Causes of Relapse

- ✓ While addressing the aftermath of relapse is critical, tackling the specific reasons why drugs remain a trigger is equally important. This involves reducing access to drugs, addressing emotional and psychological

dependencies, and creating environments that support sustained recovery.

- ✓ By focussing on the root causes of why individuals relapse into drug use, society can create effective pathways to long-term sobriety.

Blame and Accountability in Addiction

- ✓ Blaming mental health services for addiction-related challenges is short-sighted and diverts attention from the systemic and individual actors causing harm.
- ✓ A societal shift is needed to hold the true culprits accountable—those who profit from addiction and the structures that enable it. By combining this accountability with investment in prevention, mental health care, and community support, society can address the root causes of addiction and create lasting change.

The Need for Ongoing Support in Recovery

- ✓ In aiming for a community hub based on the New Model of Care initiative for the re-location of CMHT, the staff are emphasizing the principle that treatment alone, without adequate support afterward, is insufficient.
- ✓ They believe that ongoing support is absolutely essential for ensuring the recovery process is sustained, thus minimizing the risk of relapse.
- ✓ This approach recognizes that recovery is a long-term journey rather than a single event, requiring consistent resources and assistance to foster stability, resilience, and long-term success for individuals in recovery.

Board's Support for Comprehensive Recovery

- ✓ The Board shares this perspective, believing that a comprehensive recovery process must prioritize ongoing support to help individuals maintain progress and reduce the risk of setbacks.
- ✓ It strongly advocates for serious consideration of this model as a way to reduce the risk of relapse.

Appropriateness of SBH for Withdrawal Management

- ✓ The Board believes that, given the complexities and risks of withdrawal, a setting such as SBH is a more appropriate and safer option.

Housing Challenges

- ✓ This recurring theme highlights a critical issue that demands resolution through open dialogue and mutual understanding from all perspectives.

- ✓ The Board believes that finding a solution is undoubtedly complex and requires effort, compromise, and a willingness to address underlying concerns.
- ✓ Failing to address this issue effectively risks trapping individuals in an endless cycle of challenges, leaving them with little hope of breaking free.

30. Chief Pharmacist

Clozapine Monitoring: Improved Safety Measures in Place

During our June 2024 Review, it was brought to the Board's attention that the monitoring of Clozapine had undergone a significant change. Previously, Clozapine monitoring was conducted locally by CMHT. However, blood results are now sent directly to the UK's national monitoring system, which flags any irregularities related to patient health.

In practice, this shift means that CMHT is no longer directly responsible for the ongoing monitoring of Clozapine. Instead, this process is now overseen by the Chief Pharmacist's team, who ensures that medication is only dispensed when patients' blood results are "Green Flagged," indicating they meet the necessary safety thresholds.

The GHA has secured access to this service by purchasing Clozapine directly from the UK, ensuring a regular and consistent supply of the drug. This new approach is critical in maintaining patient safety, as it prevents any interruptions in the supply chain while providing robust monitoring.

The Chief Pharmacist confirmed that this updated monitoring system has significantly improved the safety and efficiency of Clozapine management. This centralization of monitoring allows for a more streamlined process and provides the necessary safeguards to protect patients, ensuring that potential health risks are flagged and addressed in a timely manner.

This new system represents a substantial improvement in the way Clozapine is monitored, and provides the essential safety net needed to safeguard patients effectively.

Lithium Clinic: Ensuring Rigorous Monitoring and Patient Safety

The Lithium Clinic continues to be monitored by CMHT, and in recent years, the process has seen significant improvements. A clear protocol is in place to ensure that all necessary tests for patients on Lithium are carried out at the required

intervals. This structured approach is critical for maintaining patient safety, given the potential risks associated with Lithium treatment.

The Board plays an active role in oversight, taking the lists provided by CMHT and cross-referencing them to ensure that all required tests have been completed within the appropriate time frame. The Board also works closely with the Chief Pharmacist to guarantee that all aspects of monitoring are being correctly managed.

However, in June 2024, a number of irregularities were identified in the monitoring process. These issues were discussed with the relevant teams and quickly addressed, reinforcing the need for continuous vigilance. While the Board recognizes that occasional errors can happen, it strongly advocates for enhanced scrutiny of patients undergoing Lithium treatment to ensure that such issues do not compromise patient safety.

A further review took place in October 2024, where the lists were once again closely examined, and minor errors were identified and corrected. These instances highlight the importance of maintaining rigorous oversight and reinforce the need for more thorough monitoring to prevent future discrepancies.

OV Monitoring: Strengthening Medication Oversight for Patient Safety

Medication oversight at Ocean Views (OV) is a key component of the Chief Pharmacist's responsibilities. Either the Chief Pharmacist or the Assistant Pharmacist visits OV at least twice a week to review medication charts. This regular monitoring is critical, as the medications prescribed to patients require constant scrutiny to identify and correct any inconsistencies or potential errors.

This system serves as a crucial safety net, ensuring that all prescriptions are carefully reviewed for accuracy and appropriateness. The visits and detailed checks provide the necessary checks and balances to safeguard patient safety, helping to prevent any medication-related issues that could compromise care.

An essential element of this system is ensuring that all involved staff are fully aware of the protocols in place. It is critical that any instructions or recommendations made by the pharmacist during these visits are promptly and accurately followed up by the responsible clinician. This step is vital to ensuring that medication adjustments or concerns are addressed in a timely manner, reducing the risk of harm and ensuring a seamless flow of care.

The process serves as a critical safety net, providing the necessary checks and balances to safeguard patients. The oversight provided by the Pharmacy team, combined with the collaboration of clinicians, ensures that any potential issues are caught early, with the appropriate actions taken to protect the well-being of patients.

30(a) Observations and recommendations

Efficiency of the Clozapine Monitoring System

- ✓ The Board is extremely pleased with the efficiency of the new Clozapine monitoring system, which has significantly reduced risk and enhanced patient safety. By transitioning to the UK's national monitoring system, the process of flagging irregularities has become more streamlined, ensuring that no medication is dispensed without thorough checks. This system provides an essential safeguard for patients on Clozapine, as it eliminates potential oversights and guarantees proper dosage control.

Centralized Clozapine Supply

- ✓ Additionally, the Board applauds the decision to source Clozapine from a single supplier in the UK. This move not only resolves previous supply chain issues but also ensures consistency in the medication provided to patients, reducing the risk of variations in dosage and quality. This has been a key improvement in managing Clozapine, and the Board fully supports this centralized approach, which prioritizes the well-being of patients by maintaining a stable and reliable supply.

Lithium Monitoring System Updates

- ✓ The Board acknowledges the continued improvements made to the Lithium monitoring system. The Lithium list, which tracks patient tests and medication schedules, has shown significant progress, though some minor details still require correction. The relevant staff are actively addressing these outstanding issues, ensuring that all aspects of monitoring meet the established protocols.

Final Adjustments to Lithium Monitoring

- ✓ Once these corrections are completed, the updated list will be submitted to the Board for further review. The Board remains confident that these final adjustments will enhance the accuracy and reliability of Lithium monitoring, further safeguarding patient care.

Reinforced Communication Protocols

- ✓ The Board emphasizes the need for reinforced protocols to ensure that any changes in medication dosage or the identification of contraindications are promptly communicated to all professionals involved in the care of a patient. It is critical that any adjustments made by the pharmacist or medical team are clearly documented and relayed to clinicians, nurses, and other relevant staff.

Ensuring Effective Communication for Patient Safety

- ✓ Effective communication of these changes is essential to maintaining patient safety and avoiding any potential adverse effects. The Board strongly advocates for these protocols to be consistently followed and made well known to all healthcare professionals handling patient care, ensuring seamless coordination and minimizing the risk of errors.

Additional Technicians for the Pharmacy Team

- ✓ The Chief Pharmacist informed the Mental Health Board that in June 2024, two technicians had been allocated to the team, fulfilling a recommendation made by the Board a couple of years ago. This addition, though delayed, is a very welcome improvement.

31. Approved Mental Health Professionals (AMHPs)

Under the Gibraltar Mental Health Act 2016, AMHPs play a central role in assessing, safeguarding, and managing the needs of individuals experiencing mental health crises, particularly those vulnerable to having their liberty restricted. In the past, these were known as Mental Welfare Officers.

AMHPs focus on understanding the social aspects of patients, which is vital for creating comprehensive care plans. One of their primary responsibilities involves executing applications for assessments under the Mental Health Act and arranging the necessary evaluations. The admission process for a patient requires the presence of both a psychiatrist and a doctor as well as an AMHP.

In urgent situations, particularly during after-hours incidents, local police serve as the main referral source. They can detain individuals for up to 72 hours, providing a temporary safety net while ensuring that the appropriate mental health interventions are initiated. This collaboration between law enforcement and Mental Health Services is crucial for effective crisis management.

The AMHP team comprises three professionals, operating under the oversight of the Matron and the Divisional Line Manager at the Primary Care Centre, who are responsible for guiding the team's activities and ensuring compliance with organizational policies.

Thus, AMHPs operate with a level of independence from the Mental Health Services. This autonomy is crucial, as it allows them to provide an unbiased and objective assessment of the patient, particularly in situations where the patient's liberty might be at stake. This independent stance serves as an essential safety measure, safeguarding not only the patient's rights but also providing a layer of protection for the psychiatrist and doctor involved in the decision-making process.

By maintaining this separation, AMHPs can ensure that their evaluations remain impartial, thus reinforcing the ethical standards required when considering restrictive measures, such as detention under the Mental Health Act. This structure supports a fair assessment process, balancing the need for patient protection with the responsibility of the healthcare professionals, ultimately fostering trust and transparency within the system.

The AMHPs report electronically. This enables them to document all meetings, appointments, and visits, creating a transparent overview of their daily activities. The documentation process not only aids in communication among team members but also ensures that all pertinent information is readily accessible.

They are on call for one week at a time, available around the clock to address urgent cases. Throughout these on-call periods, they work closely with CMHT to review and authorize CTOs, a vital process that ensures patients receive the necessary treatment and support for their recovery. In addition, they maintain a strong collaboration with the MHLT in A&E, enhancing the overall care and responsiveness for individuals in crisis.

In cases where a patient is detained, it is imperative for the AMHP to compile thorough documentation, including a medical report, a nursing report, and a social report. These documents provide a comprehensive overview of the patient's condition and are essential for ongoing assessments and treatment planning.

The operational model of the AMHP team includes one professional on call, and one or two stationed in the clinic for scheduled appointments, excepting when one is on leave. This staffing structure ensures that there is always a qualified

professional available to address urgent needs while maintaining continuity of care for patients in the system.

The role of an AMHP is integral to the effective functioning of mental health services. Their commitment to understanding the social contexts of patients, along with their collaborative approach to crisis management and treatment coordination, fosters a supportive environment for individuals facing mental health challenges.

31(a) Observations and recommendations

The Pivotal Role of AMHPs

- ✓ The role of an AMHP is pivotal in safeguarding the rights of mental health patients and ensuring the protection of healthcare staff involved in patient care. The Board recognizes the importance of maintaining the AMHP's independence from the Mental Health Service, as this autonomy is essential in upholding an unbiased and impartial perspective. This independence reinforces the AMHP's ability to make objective decisions, particularly in cases where patients' rights and liberty are at risk, thereby fostering a fair and transparent mental health assessment process. Some argue that the service needs to be fully independent of the GHA.

Improvements in the 111 System and AMHP Operations

- ✓ The Board is pleased to report that initial challenges with the 111 system have been effectively resolved, allowing the triage process to become part of the AMHPs' routine operations. While it is natural for new systems to encounter some resistance as staff adapt to workflow changes, these adjustments have been successfully navigated. As a result, the 111 system now enhances both responsiveness and coordination in patient care.

Importance of Interagency Understanding and Collaboration

- ✓ Understanding the roles and responsibilities of other agencies is indeed essential for effective collaboration in mental health services, particularly because miscommunication or misconceptions can significantly impact the care provided. When professionals in different roles have a clear understanding of each other's expertise, limitations, and responsibilities, it builds a foundation for coordinated and consistent support for individuals facing mental health challenges.

32. HM Prison

Since our last inspection in October 2023 and the interim review in June 2024, the situation of counsellor support remains unresolved. It has now been four years since the retirement of the prison counsellor, and his position has yet to be filled. In the absence of this role, the prison has been left without adequate psychological support, creating a critical gap in mental health resources for inmates.

The prison authorities have consistently raised the issue of inadequate psychological support for the prison population to the Board and other relevant bodies, but despite these ongoing efforts, there has been little progress, leaving the issue largely unaddressed.

As a result, the Board is not surprised by the sense of resignation that often greets them during their biannual visits to discuss the matter of psychological support. This recurring lack of tangible action and follow-through has understandably led to frustration, making them feel increasingly disillusioned by the lack of response.

Knowing this, the Board was encouraged to learn that Psychological Services and the Care Agency had undertaken a pilot programme, hoping it would provide a solution to the ongoing issue.

The purpose of this pilot was to assess the clinical needs of the prison population and to inform the planning of future mental health services. The pilot allowed the Psychological Services team to gain a direct understanding of the population's needs, offering insights that would shape upcoming support provisions.

Following the pilot, GHA Psychological Services and the Care Agency's Therapeutic Services, began collaborative discussions on developing a sustainable mental health support model for the prison. The findings from the pilot have been presented to the prison authorities as a blueprint for action, laying out recommendations and outlining the necessary steps to establish consistent and comprehensive psychological services moving forward.

However, an impasse remains, as the solutions proposed following the pilot do not, in the view of the prison authorities, address the core issue: the prison's need for a dedicated counsellor to work with inmates approximately six hours per week to provide a consistent, supportive presence for inmates, offering them a safe environment to discuss and process their issues.

The Board is aware that further discussions are scheduled between the Psychological Services, the Care Agency, and the prison authorities and it is hoped that these collaborative efforts will lead to a solution that effectively addresses the needs of inmates, providing meaningful psychological support that benefits their well-being and rehabilitation.

The Board would like to highlight that, in addition to Psychological Services, the prison already hosts a range of professionals and external agencies that provide various forms of support to inmates. These include regular visits from GPs, psychiatrists, dentists, and personnel from the Care Agency, all of whom play important roles in addressing the healthcare needs of the prison population.

However, while the Care Agency does offer therapeutic interventions, these are primarily focused on a narrow range of issues, such as working with sex offenders and individuals who have perpetrated domestic violence. The Care Agency's input is valuable, but it remains specialized and time-limited, meaning it does not address the broader psychological and emotional needs of the general prison population.

Additionally, the prison has a counsellor from the Drugs and Alcohol Team (Care Agency) who provides support on a request basis, as well as a dedicated counsellor for young offenders under the age of twenty-five. These professionals offer targeted interventions for specific groups—those struggling with substance misuse or those in the younger age demographic. However, the scope of their work is equally limited to those particular issues. While these services are essential in their own right, they do not address the more general and widespread concerns that many prisoners face throughout their time spent in prison.

32(a) Observations and Recommendations

Constraints in Allocating Resources

- ✓ The Board acknowledges that while the pilot scheme has identified potential solutions, its impact is constrained by the current capacity of psychological services. As it stands, these services are unable to assign a dedicated counsellor to the prison without diverting resources from other critical areas.

Diverging Preferences of Prison Authorities

- ✓ Furthermore, the solutions proposed by the pilot scheme do not align with the preferences of the prison authorities, who favour reinstating the previous arrangements that were in place before the retirement of the former counsellor. This difference in perspective highlights the need to find a balanced compromise that addresses both the specific needs of the prison population while addressing resource limitations.

A Hybrid Model

- ✓ In light of these challenges, the Board suggests developing a hybrid model that builds upon the findings of the pilot scheme while utilizing the services already available within the prison. This model could combine specialized programmes, such as targeted support for substance misuse or young offenders, with general psychological services accessible to all inmates. This balanced approach would provide both tailored interventions and broader support, creating a more comprehensive care framework.

Urgency of Implementation

- ✓ Ultimately, despite differing perspectives, the Board underscores the urgent need to implement a solution that guarantees inmates receive the support they require—support that has been unavailable for the past four years.

33. The Mental Welfare Society

The Board has had several meetings with members of the Society to talk about the difficulties people with mental health issues face when trying to get the help they need. A key focus of these discussions was the need for independent mental health advocates (IMHAs). These advocates would help ensure that people with mental health conditions receive the right support when making important decisions about their health, welfare, or finances.

The goal is to make sure that people struggling with mental health challenges have someone to guide and protect their interests, especially when they might not fully understand or be able to make decisions on their own. Having these advocates in place would help fill the gaps in the system and ensure better care and support for those in need.

The discussion progressed to the subject of "Assisted Living" for individuals who will likely face ongoing challenges in achieving complete independence. Various options were considered, with particular attention given to the "Albert Rizzo" model, which is the preferred approach for the society for patients with severe and enduring illnesses. This option is aimed at individuals who require substantial support in almost all areas of daily living. It provides a structured environment where assistance is readily available for personal care, medication management, and other essential aspects of life, ensuring that the needs of these patients are comprehensively met. The society advocates this model as it offers the necessary balance of care, support, and dignity for those with profound, long-term health challenges.

The Society has often accompanied individuals with mental health issues to A&E and, through these experiences, has uncovered significant gaps in the system's ability to support them adequately. Many of these patients are well known within the healthcare framework, yet they often receive care that does not align with their unique needs. The Society advocates for a tailored approach to better address the complexities associated with mental health crises.

To enhance the experience for these patients, the Society proposes the establishment of a dedicated room within A&E specifically designed for individuals experiencing mental health crises. This space would allow for a supportive and less intimidating environment, effectively separating these patients from those dealing with physical ailments. Given that visits to A&E are inherently stressful, the absence of a suitable approach can turn an already daunting experience into a monumental challenge for someone in crisis. By implementing such measures, the Society believes that the system can provide a more compassionate and effective response to the needs of individuals with mental health issues, ultimately improving their overall experience and outcomes.

33(a) Observations and recommendations

Introducing Independent Advocates for Mental Health Patients

- ✓ The Board believes that the concept of introducing Independent Advocates for Mental Health patients is a promising one, deserving of further exploration. This initiative could greatly improve the quality of life for individuals facing mental health challenges. By offering support with everyday tasks—often overlooked by the general population—Independent Advocates could play a vital role in enhancing patient outcomes. They would help reduce the stress caused by barriers to

accessing essential services, making it easier for patients to manage their daily lives and focus on their mental health recovery.

Importance of Assisted Living for Community Integration

- ✓ The Board has previously highlighted in other sections the importance of supporting those who find it extremely difficult to live in the community without assistance. The concept of "Assisted Living" is likely the only viable option for "some" individuals to function effectively in society.

A&E as a Critical Entry Point for Mental Health Crisis Support

- ✓ A&E is often the first point of contact for individuals in crisis, serving as a place of safety. For the best possible outcome, all systems and protocols need to work effectively. However, it is acknowledged that this can be challenging in an emergency ward that handles numerous physical injuries and critical conditions simultaneously.

Proposal for a Dedicated Mental Health Room in A&E

- ✓ The Board recognizes that some patients may not have a positive experience in this environment. Nevertheless, it believes that the Mental Welfare Society's suggestion of a dedicated room for mental health patients—separate from other patients—deserves serious consideration.

Addressing Space Constraints for Improved Mental Health Care

- ✓ Although the Board is aware of the pressure on space within A&E, it calls on the GHA to explore innovative ways to implement this change. While it may require additional space, the benefits in improving patient care and preventing further complications make it a worthwhile endeavour.

Current Protocols and Limitations in A&E for Mental Health Patients

- ✓ At present, A&E operates with established protocols for managing mental health patients; however, spatial constraints significantly impact the department's ability to provide optimal accommodations.

Specialized Room for Patients Accompanied by Police Escort

- ✓ Patients arriving at A&E under police escort are directed to a dedicated room with a separate entrance. This room is designed to serve dual purposes, functioning both as a mental health assessment space and an isolation room. However, during the winter months, when the need for

isolation spaces for infectious cases rises, this dual-use arrangement becomes problematic. Mental health patients are often relocated to other parts of the department, but the alternative spaces available are few and do not consistently meet the requirements for safe and secure mental health care.

Temporary Accommodations for Accompanied Mental Health Patients

- ✓ Similarly, when a mental health patient arrives at A&E with a companion, they may be placed in a room near the Nurses' station, offering closer observation to enhance patient safety and staff responsiveness. However, this room is not dedicated solely to mental health care, as it is also used for medical infusions. Consequently, its availability is unpredictable, and A&E cannot guarantee its use for mental health needs at all times.

Concerns over Placing Mental Health Patients in General Cubicles

- ✓ These limitations mean that, especially during busy periods, it is not uncommon for mental health patients to be placed in general cubicles alongside individuals receiving treatment for physical health issues. This arrangement raises concerns related to privacy, patient experience, and the unique needs of those in mental health crises.

34. RMN Gibraltar University Degree Cohort

One of the main concerns shared with the Board, regardless of professional position within Mental Health Services, is the scarcity of locally qualified RMNs.

There is currently a global shortage of RMNs, which has driven the Divisional Nursing Manager for Mental Health Services, in collaboration with the University of Gibraltar, to establish a three-year training course starting in September 2024. This program aims to address Gibraltar's long-term need for locally trained RMNs.

Setting up and validating a new course is no small task, but this initiative has successfully come to fruition. Fourteen students have now embarked on the programme, which will qualify them as RMNs by 2027.

Recently, Board members visited these students, offering a chance to speak with them and gather their initial impressions of the course. The Board was also shown the facilities where students will conduct their practical sessions, with opportunities to review their interactions, which are recorded on film for evaluation purposes.

Although not everything is fully operational, all remaining components are set to be in place before the practical sessions begin later this year.

34(a) Observations and Recommendations

Ensuring Future Workforce Sustainability in Mental Health

- ✓ This initiative represents a game changer in mental health, as this visionary solution has secured the future workforce needs of the service without relying on agency outsourcing. The Board extends its congratulations to the service and to the Divisional Nursing Manager in particular, for orchestrating this programme.

Long-Term Impact of the Program

- ✓ Additionally, the Board is aware that, once established, the course may continue to run, ensuring a steady stream of qualified personnel for years to come.

Engaging with Students on the Mental Health Act

- ✓ During their visit, the Board discussed the Mental Health Act 2016 and the role of the Board with the students. In turn, the students shared their experiences on the course and in the wards, with many drawing from their backgrounds in mental health.

High Calibre of Mental Health Students

- ✓ The Board was very impressed by the calibre of the students and their knowledge and passion. They will prove to be a great asset.

35. 111 Pathway

The 111 Pathway in Gibraltar provides a centralized, 24/7 healthcare helpline designed to streamline access to both general and mental health services. This system offers an easy-to-remember, single point of contact for those seeking medical assistance, enabling quick and effective triage to prioritize emergency cases while directing non-urgent issues to the appropriate care channels. By easing the strain on emergency rooms, the pathway ensures that those requiring immediate attention are seen more promptly. Additionally, it offers guidance for managing minor issues at home, supporting self-care and reducing unnecessary visits.

In mental health, the 111 Pathway plays a crucial role by providing immediate support, advice, and referrals to specialized mental health services. When someone calls with a mental health concern, trained operators assess the urgency, offering practical advice for milder cases and escalating critical cases to emergency mental health teams. This process ensures that those in acute distress, including those experiencing suicidal thoughts, receive timely and compassionate intervention. For less urgent needs, the pathway offers advice and connects individuals with community resources for ongoing support like appointments with AMHPs or referrals to CMHT.

The 111 Pathway's centralized system not only improves patient outcomes but also reduces anxiety for individuals unsure about the level of care they need. By collecting call data and monitoring public health trends, the pathway informs resource allocation and healthcare planning, allowing authorities to respond proactively to community health needs.

Since 2021, the Board has made several visits to the 111 service, observing first-hand how it has evolved and improved with experience. These visits have provided valuable insights into the service's ongoing adaptations, including a recent move to a larger workspace to accommodate its expansion, with another move planned to support further growth. Originally, the 111 team managed the PCC appointment system, but when this responsibility shifted, 111 assumed control of the ambulance service, a significant development in its operational scope.

The ambulance service remains in continuous communication with 111, allowing operatives to monitor ambulance locations in real time. This is critical, as not all ambulances are equipped with the same medical resources, making it essential to dispatch the appropriate vehicle based on the specific needs of each emergency. The 111 service's direct oversight of ambulance coordination helps ensure timely, effective responses, enhancing the quality and precision of emergency care for the community.

Since its inception in April 2024, the 999 emergency service has utilized its filtered call protocol to determine that approximately 1% of all calls involve a mental health crisis. These calls typically indicate an emergency where the individual is actively harming themselves or threatening to do so.

For example, before the introduction of a targeted response initiative, the NHS London Ambulance Service saw roughly 10% of individuals experiencing a mental health crisis contact 999. However, the implementation of a community-based mental health crisis response service reduced these calls to just 1%, mirroring similar outcomes observed in Gibraltar.

While no recorded data is available on trends before the introduction of the 111 hotline, substantial circumstantial evidence and numerous personal accounts suggest that the service has played a crucial role in guiding individuals to appropriate care pathways. By providing timely advice and support, the 111 service has helped prevent unnecessary calls to ambulances or visits to A&E.

The 111 hotline has become a vital intermediary, offering an effective alternative for those in need of urgent, non-life-threatening care. This has not only eased the burden on emergency services but also ensured that individuals receive more appropriate and timely interventions for their specific needs.

The Board was informed that the 111 service is currently running with a full complement of staff and is looking forward to its relocation to a new site at SBH. The service already has established procedures in place to manage effectively both medical emergencies and mental health cases. To ensure the best care, two operators are on duty, as mental health cases often require more time to resolve compared to medical emergencies.

It is important to note that while the medical staff are not RMNs, they receive basic training in mental health care. For more complex cases, the operators may seek advice from specialized professionals to ensure they handle each situation appropriately. An example occurred during the Board's visit to the MHLT, when a call came through requesting guidance on how to manage a particular mental health issue. The advice was provided and subsequently relayed to the patient. In the event of a medical emergency, however, the 111 service acts immediately, dispatching an ambulance to the scene without delay. This coordinated approach ensures that all patients receive the care they need, whether the situation is urgent or requires more specialized mental health support.

From 1st November 2023 to 31st October 2024, 145 instances of the MH templates were completed. These templates were used for 116 distinct patients, with a total of 111 templates successfully completed for those patients.

<u>Mental Health Code on EMIS for 111</u>	<u>Details</u>
Total Instances Completed	145 instances of MH templates
Number of Patients	116 patients
Templates Completed	111 templates for the 116 patients
Time Period	1st November 2023 – 31st October 2024

35(a) Observations and recommendations

Reflecting on Pre-111 Pathway Challenges

- ✓ It is easy to forget how challenging it was to coordinate all these services before the introduction of the 111 Pathway, especially without a single point of access to streamline the process.

Seamless Operation of the 111 Service

- ✓ It was an experience to witness how seamlessly everything operated, with each component working like clockwork. More importantly, it was clear how everyone involved knew exactly what to do and how to respond in any situation. The operators have access to a comprehensive manual that guides them in assessing the urgency of each call, allowing them to quickly determine its gravity and place it on the appropriate pathway. This structure ensures that every call is handled efficiently and effectively, minimizing delays and providing the right response for each individual case.

Commendation of the 111 Service

- ✓ The Board was highly impressed with the service provided by 111 and commends the management and staff whose efforts ensure its smooth operation.

Recommendation for Ongoing Mental Health Training

- ✓ One of the key recommendations the Board would make is to ensure that staff receive ongoing mental health training, keeping them up to date with the latest developments, such as the new Model of Care.

Establishing a Protocol for Mental Health Calls with CMHT

- ✓ Additionally, when the new CMHT location becomes operational, the first point of access for Mental Health Services will inevitably change. It is crucial that both the new service and 111 collaborate closely to establish a clear protocol, ensuring a seamless approach for handling calls from individuals with mental health needs, regardless of which service receives the call.

36. List of abbreviations

- A&E – Accident and Emergencies
- ADHD – Attention Deficit Hyperactivity Disorder
- AMHP – Approved Mental Health Professional
- ARC – Activity and Recreation Centre
- ASD – Autism Spectrum Disorder
- BNF – British National Formulary
- CPD – Continued Professional Development
- CPN – Community Psychiatric Nurses
- CTO – Community Treatment Orders
- DARS – Drugs & Alcohol Rehabilitation Services
- DG – Director General
- EMIS – Electronic System used by the GHA
- EN – Enrolled Nurses
- ERS – Elderly Residential Services
- ETB – Employment and Training Board
- EVOLVE – Electronic System used by the Mental Health Services
- GHA – Gibraltar Health Authority
- GP – General Practitioner
- GYM – Gibraltar Young Minds
- HMP – His Majesty’s Prison
- IMHAs – Independent Mental Health Advocates
- MAPPA - Multi-Agency Public Protection Arrangements

MDT – Multidisciplinary Team

MHB – Mental Health Board

MHLT – Mental Health Liaison Team

MHRT – Mental Health Review Tribunal

NA – Nursing Assistants

OT – Occupational Therapists

PCC – Primary Care Centre

PMVA – Prevention and Management of Violence and Aggression

RGP – Royal Gibraltar Police

RMN – Registered Mental Health Nurse

SBH – St. Bernard's Hospital

SMT – Senior Management Team

SOAD – Second Opinion Appointed Doctor

T2 – Individual has agreed to treatment

T3 – Individual lacks capacity to consent to treatment

