

# Feedback on the National Patient Safety Strategy 2025–2035

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## *ACAMH Malta: Nurturing Child and Adolescent Mental Health Services - A Proposal for Evidence-Based and Sustainable Standards of Health Care*

The Association for Child and Adolescent Mental Health (ACAMH) Malta is dedicated to advancing the mental wellbeing of children and adolescents through evidence-based practice, policy engagement, and education. ACAMH Malta aims to bridge research and clinical work through providing education and training for professionals working in mental health to ensure that young people receive developmentally appropriate, trauma-informed, and rights-based care.

### **1. Executive Summary**

ACAMH Malta welcomes the National Patient Safety Strategy 2025–2035 and commends the Government of Malta for its commitment to achieving *zero avoidable harm* across the healthcare system.

As a specialised non-governmental organisation dedicated to child and adolescent mental health, ACAMH Malta recognises both the importance and urgency of this initiative. However, children and adolescents (aged 12–18 years) represent one of Malta’s most vulnerable healthcare populations, and the draft strategy currently makes limited explicit reference to their unique safety needs. The period of adolescence is known to be one of high risk. Risks are increased during periods of transition, and this is why scaffolding to address these gaps is a public health need (Camilleri et al., 2017). This gap poses a substantial risk to realising the strategy’s ambitious vision.

This proposal outlines evidence-based recommendations to strengthen Child and Adolescent Mental Health Services (CAMHS) within the national patient safety framework. The recommendations are aligned with the Mental Health Act (Cap. 525), the Commissioner for Children Act (Cap. 602), the UN Convention on the Rights of the Child (CRC), and the European Convention on Human Rights (ECHR).

Our aim is to improve Malta’s CAHMS ensuring adherence to evidence-based practice in safeguarding and supporting the wellbeing of Malta’s future generations.

## 2. Context

Malta's CAHMS face several critical challenges that directly impact patient safety:

- **Governance vulnerabilities:** The 7 pillars of clinical governance are paramount when planning and developing a service. These pillars are the guiding principles to ensure standards are met and reduce risks at all levels. Current structures leave services susceptible to political cycles, creating instability in resource allocation and service delivery.
- **Workforce gaps:** Over the years, the interdisciplinary team has been lost as key professionals have exited the service. Inpatient services have lacked essential roles, including a teacher, social worker, occupational therapist, family therapist, and on-site inpatient psychiatrist. As a result, professionals from community services have stepped in to fill these gaps; however, this approach is suboptimal and contributes to a lack of continuity in care for inpatients, while also stretching those same professionals thin. Moreover, some of the professionals working with these young people have limited specialized training, particularly in critical therapeutic areas such as Cognitive Behavioral Therapy (CBT), systemic therapy, trauma-informed practice, and Dialectical Behavioral Therapy (DBT). This deficiency further challenges the unit's ability to provide comprehensive and effective support to young patients.
- **Infrastructure deficits:** Inconsistent access to essential therapeutic environments, outdoor spaces, and educational facilities and services in inpatient settings.

## 3. Strategic Recommendations

### Strategic Objective 1: Strengthening Governance Structures for Patient Safety

ACAMH Malta supports the emphasis on strong governance structures. However, Malta's current governance framework leaves the Mental Health Services (MHS) and the Commissioner for Mental Health directly accountable to the Ministry for Health. This dependency risks exposing clinical decision-making to political cycles, which can undermine consistency in service delivery, staff allocation, and long-term planning. Robust governance ensures accountability, transparency, and evidence-based service delivery.

Clinical governance is the cornerstone of patient safety, encompassing seven key pillars:

- i. Clinical effectiveness; Care should be based on the best available evidence and regularly reviewed for quality. In CAMHS, this means using proven therapies such as CBT, DBT, systemic, and psychodynamic approaches with ongoing evaluation of outcomes.
- ii. Risk management; Services must identify and reduce risks to patients and staff. This includes clear admission criteria, safe environments, de-escalation training, and limiting restrictive practices in line with WHO standards.
- iii. Patient experience; Young people and families should be treated with dignity and respect. Their feedback should inform service improvements and ensure healthcare feels safe and inclusive.
- iv. Communication; Clear communication between professionals, patients, and families is essential for safety and trust. Information must be accurate, age-appropriate, and coordinated across the multidisciplinary team (MDT).
- v. Resource effectiveness; Resources must be used efficiently to meet clinical needs. This means adequate staffing, access to therapeutic and educational spaces, and stable funding beyond political cycles.
- vi. Staff management; Staff need training in developmental and trauma-informed approaches, regular supervision, and opportunities for professional growth.
- vii. Information governance; Patient information should be managed lawfully and securely. This includes balancing confidentiality with safeguarding and keeping accurate records for continuity of care.

#### **Recommendations:**

- Consider establishing an independent statutory trust to oversee MHS, ensuring transparent governance and political neutrality, while aligning with Cap. 525 and Cap. 602. Such a trust would function as a legally autonomous body. It would have its own governing board composed of senior clinicians, patients, family representatives, and independent experts, all accountable to the Parliament rather than to a ministerial office. This model would enable long-term strategic planning buffered from political cycles, ensure resource allocation is guided by clinical priorities and patient outcomes, and uphold children's rights through transparent oversight mechanisms. The trust could report annually on patient safety indicators, staffing levels, and service quality, providing independent assurance to both government and the public.
- Embed accountability for children's rights under the CRC and ECHR within governance frameworks.

- Define measurable standards for youth inpatient care, such as daily psychiatric reviews, safe staffing ratios, and access to education and outdoor spaces.
  - i. Daily psychiatric reviews; Each young person admitted to an inpatient mental health unit should be reviewed daily by a consultant child and adolescent psychiatrist, not only rotating trainees. This ensures consistent oversight, continuity of care, and appropriate medication titration. Evidence from WHO (2021) and NICE (2022) highlights that consistent consultant-led review reduces medication errors, shortens admissions, and improves therapeutic engagement.
  - ii. Safe staffing ratios; Evidence-based standards recommend maintaining a minimum ratio of 1 registered mental health nurse per 3–4 young people during the day, and 1:5–6 at night, supported by at least one healthcare assistant per shift (Royal College of Psychiatrists, Quality Network for Inpatient CAMHS, 2021). This ratio allows for therapeutic engagement, crisis prevention, and adequate supervision, which is essential for safety and developmentally appropriate care. Ratios should also account for staff breaks and training, to avoid unsafe understaffing.
  - iii. Access to education; Every inpatient unit should have a qualified educator integrated within the MDT, ideally full-time, to coordinate individual learning plans, deliver structured academic sessions of core subjects, and support re-integration into school post-discharge. Access to education during admission protects developmental trajectory and reduces relapse.
  - iv. Access to outdoor spaces; Young people should have daily, supervised access to outdoor areas designed for both recreation and therapeutic use, with at least one hour per day in open air. Optimal environments include green spaces with natural light, vegetation, and room for physical activity. Outdoor access supports sleep regulation, reduces agitation, and improves overall well-being. The space should be secure, private, and large enough to allow group activities or sports, not a confined concrete courtyard.

## Strategic Objective 2: Embracing a Patient Safety and Learning Culture at All Levels of the Health System

Creating a patient safety culture requires trauma-informed, developmentally sensitive, and family-inclusive practices. Restrictive measures such as seclusion or restraint have been associated with psychological harm, particularly in young people (WHO, 2021).

A positive learning culture must replace punitive or custodial approaches with proactive reinforcement, reflection, and collaborative problem-solving. At present, there is a recurring pattern where children are threatened with psychiatric admission as a behavioural consequence, particularly within residential and alternative care settings. This practice reinforces fear rather than safety and undermines the healthcare role of inpatient care. Furthermore, young patients are sometimes kept admitted beyond clinical necessity as a response to behavioural challenges or because community placements, such as residential homes, are hesitant to readmit them into their care. These refusals often reflect limited training and confidence among carers in managing complex emotional and behavioural needs, rather than true clinical risk.

### **Recommendations:**

- Provide mandatory child-specific safety and specialised training for all CAMHS professionals, such as child and adolescent development, attachment training, psychodynamic support, systemic therapy, CBT, trauma-informed care, evidence-based suicide prevention, and DBT.
- Foster reflective supervision and multidisciplinary learning across CAMHS units. Reflective supervision should occur at least monthly, led by a senior clinician trained in supervision. The purpose is to enhance clinical decision-making, reduce burnout, and promote a consistent, ethical and evidence-based approach to complex cases.
- Encourage structured positive reinforcement systems rather than punitive behavioural responses.
- Ensure that all inpatient services demonstrate alignment with evidence-based CAMHS standards, promoting accountability and continuous improvement. All inpatient CAMHS services should operate in line with internationally recognised frameworks such as the NICE Guidelines for Borderline Personality Disorder (CG78), the NICE Guidelines for Depression in Children and Young People (NG134), and the WHO QualityRights Framework (2019). These guidelines

emphasise the importance of clear role definitions and coordinated MDTs to ensure continuity of care. Each service should maintain collaboratively developed crisis management plans that are regularly reviewed with the patient and their family. Ongoing communication among clinicians, carers, and educators is essential to reduce fragmentation and prevent team dynamics that can exacerbate distress or splitting within healthcare teams. Training of staff in psychopharmacology for child and adolescents is also key, including the administration of such medication as well as the watching over of prescriptions by pharmacists.

Inpatient service should have a named consultant psychiatrist responsible for daily review and coordination of care, supported by a lead nurse or psychologist who maintains consistent therapeutic oversight. Regular case formulation meetings and multidisciplinary supervision sessions should be held fortnightly to promote reflection, team cohesion, and person-centred practice. This approach aligns with NICE's emphasis on consistent communication, coordinated crisis management, and the inclusion of families and caregivers as integral partners in treatment.

### **Strategic Objective 3: Strengthening the Safety of Clinical and Care Processes**

While the draft strategy emphasises clinical process safety, it lacks detail on the specific needs of young people. Malta's inpatient CAMHS settings often face challenges. In the recent periods, inpatient CAHMS suffered from limited access to therapeutic environments, language barriers with staff, impaired educational continuity, and limited outdoor spaces. These are all factors directly linked to mental health recovery and safety.

#### **Recommendations:**

Formally adopt CAMHS inpatient standards that guarantee dignity and safety for young people;

- Clear admission criteria limited to severe mental disorder and high-risk presentations.
- Staffing by professionals trained in CBT, DBT, psychodynamic, and systemic therapies.
- A purpose-built, safe environment that offers personal space, education, and access to green outdoor areas.
- Daily psychiatric reviews by the same specialised child psychiatrist, and individualised therapeutic planning with clear outcome goals and measures..
- Healthy living practices integrated into safety protocols including nutrition, physical health

monitoring, and sleep hygiene. These fundamental factors are associated with aggression, impulsivity, and relapse risk.

- Transitional care pathways to support reintegration into the community.
- Admissions are to be therapeutic, not punitive, and aligned with clinical need.

#### **Strategic Objective 4: Supporting the Health Workforce for the Delivery of High-Quality and Safe Care**

We strongly endorse the focus on workforce development. Across Europe, referrals for child and adolescent mental health disorders have increased significantly (Polanczyk et al., 2022), yet Malta's CAMHS workforce remains undersized and lacks advanced training in child-specific approaches.

##### **Recommendations:**

- Reinstate and accredit Specialist CAMHS Nurse roles with competencies in CBT, DBT, psychodynamic, and systemic therapies. Advanced practice nurses provide outcomes comparable to physicians (Newhouse et al., 2011; Martínez-Gonzalez et al., 2014).
- Integrate CAMHS-focused modules into workforce training, including child development, attachment, trauma-informed practice, and crisis de-escalation.
- Clear and safe staffing ratios to maintain therapeutic engagement and reduce burnout.
- Build MDTs by incorporating psychologists, family therapists, speech and language pathologists, social workers, occupational therapists, and educators within inpatient and community CAMHS.

#### **Strategic Objective 5: Engaging and Empowering Patients and Communities for Safer, More Effective, and People-Centred Services**

Empowering children and families is central to a rights-based system. Empowerment means active participation in treatment planning, continuity of education and relationships, and transparent communication about care processes.

##### **Recommendations:**

- Engage parents and caregivers as partners in treatment and safety planning, reviews, discharge and post-discharge support.
- Safeguard educational continuity and peer connections through collaboration with schools.

- Publish child-specific safety metrics, such the use of restrictive practices, waiting times, and family satisfaction metrics.

### Strategic Objective 6: Harnessing Research and Innovation for Patient Safety

Research and innovation underpin safe, modern mental health systems. Currently, Malta lacks systematic data on youth inpatient outcomes and the effectiveness of its care environments. Without such evidence, harmful or outdated practices may persist.

#### Recommendations:

- Commission local and longitudinal studies to evaluate outcomes for children in inpatient and community CAMHS care, including the role of environmental factors (Stigsdotter et al., 2023).
- Disaggregate all incident and safety data by age group to identify youth-specific patterns.
- Pilot and evaluate community crisis response and key worker models, adapting evidence-based frameworks.

### Conclusion

The National Patient Safety Strategy 2025–2035 represents a vital step towards strengthening Malta’s healthcare system. The evidence-based recommendations outlined in this proposal would strengthen patient safety measures and standards of care for young people's mental health care. ACAMH Malta is committed to supporting the strategy's vision of *zero avoidable harm* for all patients, particularly Malta's vulnerable children and adolescents. Ultimately, protecting and nurturing our young people's mental health and wellbeing is an investment to our future generation.

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