An Examination of Mental Health Treatment in the Caribbean: Current State of Treatment and Future Directions

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Overview

- Mental health services can be extremely beneficial to populations
  - Reducing things such as violence, crime, substance use, medical service needs, and homelessness
- In looking at the Caribbean, mental health services are in various stages of development and implementation based on the country or territory considered
- Presentation will seek to assess current mental health services in the Caribbean
- Presentation will also seek to examine barriers to mental health treatment in the Caribbean, with a focus on differences in barriers
- Presentation will examine current trends worldwide in the areas of mental health
Jamaica

- Became an independent nation in 1962 from the United Kingdom
- Country contains a population of 2.5 million individuals
- One in seven individuals over the age of fifteen-years-old in Jamaica has never attended school
In a report written for the United Nations, the Planning Institute of Jamaica noted that 26% of women and 15% of men in Jamaica suffer from depression (Planning Institute of Jamaica, 2009).

Additionally, in examining school children, both internalizing (i.e. anxiety, depression) and externalizing (i.e. ADHD, ODD) disorders amongst children were found to be similar to the rates found in the United States (Lambert, Weisz, & Knight, 1989).
Jamaica

- Mental health system is primarily under the control of the Ministry of Health
- Undergoing the process of reviewing and changing its mental health system
- Previously, mental health service access was limited to areas of higher population. Individuals in rural populations had a difficult time obtaining services when needed
- Jamaica has strengthened their use of Mental Health Officers (MHOs) to increase outreach capabilities of mental health services (McKenzie, 2008)
- Additionally, mental health training is provided to all primary care physicians and nurses in the country
- Utilizing both MHOs and local health professionals has dropped psychiatric inpatient admissions 50% across the country in recent years (WHO, 2005)
Barriers to Mental Health in Jamaica

- While outreach efforts have improved, not all citizens are able to access mental health services in their areas (McKenzie, 2008)
- Additionally, many of the clinics and outreach centers across the country are not well resourced
- The Jamaican government spends approximately 5% of its yearly budget on mental health related expenses (WHO, 2005)
- However, with current blows to the economy throughout the world, Jamaica’s economy has also suffered, leading to lower budget allocations for mental health related expenses
Additionally...

- Mental health treatments are primarily funded by taxes, with the remaining balance to be paid by the patient or family members.
- A social security and food stamp system have been implemented in the country.
  - However, this is a complicated and lengthy process.
  - If approved, Jamaicans can receive disability benefits as well as government funds for medications necessary (WHO, 2005).
Trinidad and Tobago

- a country of 1.3 million individuals
- obtained its independence from the United Kingdom in 1962 (WHO, 2005)
Trinidad and Tobago

- In examining data from inpatient admittance rates, the prevalence of mental illness is said to be 0.5% with psychosis accounting for 38%, substance use disorders accounting for 34%, and affective disorders counting for 15% (Neehall, 1991)
- Additionally, depression is the most common diagnosis in the country (WHO, 2005)
- Substance use and abuse is also common in Trinidad and Tobago, with over 80% of high school students in one study reporting the use of alcohol (Singh, Maharaj, & Shipp, 1991)
Barriers to Mental Health in Trinidad and Tobago

- Like Jamaica, Trinidad and Tobago appears to have difficulty reaching all citizens with mental health treatment options.
- Although Trinidad and Tobago boast the highest level of trained mental health professionals in the country, distribution of mental health professionals is not consistent across settings.
- Additionally, long term patients on Tobago have to be transferred to Trinidad for services, as no long term facilities are located on Tobago.
- Many mental health services are centralized around the one major psychiatric center in the country (WHO, 2005).
- The country is working to decentralize these services (much like Jamaica) and provide more outreach services for those in more rural areas.
Additionally...

- Another of the main barriers to mental illness care on Trinidad and Tobago appears to be stigma to mental illness.
- In a study of pre-clinical medical students given a small blurb detailing a man with a paranoid psychotic illness, many medical students did not advocate for mental health treatment. After reading the blurb, most medical students believed that medical treatment, not psychiatric treatment, should be given to the patient.
  - Additionally, 89% of individuals opposed the patient marrying into their family, and 85% opposed the individual teaching their children.
  - 25% of those surveyed believed that mental illness could be caused by a supernatural force (Hutchinson, Neehall, Simeon & Littlewood, 1999).
While these viewpoints may be extreme, the stigma present in these viewpoints is present throughout Trinidad and Tobago.

The government has striven to publish numerous newspaper articles, host international events, and public meetings to increase understanding and knowledge and to minimize the stigma of mental illness throughout the country (Pan American Health Organization, 2008).
Dominican Republic

- Obtained its independence from Spain in 1865
- Its population is approximately nine million individuals
Dominican Republic

- When attempting to obtain information on mental health diagnoses and frequency rates in the Dominican Republic, it is difficult to find comprehensive information.
- This is due to the Dominican Republic’s mental health services being enmeshed with the physical health services in the country (WHO, 2012).
Barriers to Mental Health in the DR

- Lack of funding for mental health services and lack of access to mental health services (WHO, 2012)
  - In 2005, the Dominican Republic spent only 0.5% of its yearly budget on mental health
Additionally...

- The primary health care system has allotted mental health services by implementing 81% of its expenditure in outpatient services and 16% in psychiatric inpatient units within general medical hospitals.
- Throughout the country, there is only one mental hospital, one day treatment center, and one residential facility.
  - It is important to note that only 4% of outpatient services are children and adolescent facilities, and no children inpatient units exist in the country.
- Additionally, most services are provided in urban areas, leaving individuals in rural areas largely inaccessible to mental health care (WHO, 2012).
Barbados

- Gained their independence from the United Kingdom in 1966
- Much like the Dominican Republic, Barbados’ mental health system is enmeshed in the country’s primary medical health care system
  - Therefore, data collection is poor and percentages and frequencies of common mental disorders cannot be assessed
- However, unlike the Dominican Republic, Barbados’s government spends nearly seven percent of their yearly budget on mental health services (WHO, 2012)
Barbados

- Government-funded health care system
- Citizens can receive free psychotropic drugs as prescribed from physicians
Barriers to Mental Health in Barbados

- While the mental health system in Barbados appears to work effectively, the World Health Organization suggested recently that Barbados add a mental health coordinator to the Ministry of Health to increase focus in the primary care system on mental health concerns amongst the population.

- Additionally, it was recommended that Barbados begin data collection on mental disorders, so that possibly problematic diagnoses could be detected and planned for accordingly (WHO, 2012)
French Guiana, Guadeloupe, and Martinique

- have been overseas affiliates of France since 1946
In the late 1990s, a survey was completed in Guadeloupe and Martinique determined the most frequent diagnoses were depression, suicidal tendencies, and anxiety, and that the most frequent needs for mental health hospitalization were schizophrenia, psychotic delirium, and addiction-related disorders.

- Alcohol use and marijuana use are high in the territories.
- Crack cocaine use has also increased over the past few years (PAHO, 2012).
Mental Health in the French West Indies

- Numerous publications and research articles reviewed have indicated that the French West Indies are advantageous compared to some other Caribbean countries in that they have access to the French health system and services.
- It has been stated that there is three mental health centers for every 70,000 individuals in the French West Indies, as well as one child psychiatric unit per 70,000 individuals.
- Additionally, health care is state-funded in the French West Indies. Therefore, access to services is not as difficult in these regions as it may be in other locations (PAHO, 2012).
However...

- Some researchers have noted an increased rate of psychosis amongst individuals in the French West Indies in comparison with continental France.
  - may be due to increased cannabis and crack cocaine usage amongst individuals in the French West Indies.
  - continued use and belief in magical practices in rural areas.
  - the increased likelihood of depressive or anxiety disorders to be described as psychotic symptoms.
- (Ballon, Ursulet, Merle, Eynaud, Charles-Nicolas, & Michalon, 2004).
Therefore...

- While common barriers do not exist, it is important for the governments of these territories to modify French-based systems effectively in order to serve their population, which is markedly unique from its French counterparts.
The British Virgin Islands

- overseas dependent territory of the United Kingdom
- composed of 50 islands
- population of approximately 28,000 individuals
The British Virgin Islands

- Three percent of national health expenditure was directed towards mental health services in 2007
- Focus primarily on community behavior care
- Prescribed psychotropic drugs are free to all citizens of the BVIs (WHO, 2012)
- There are no inpatient hospitalization facilities on the islands
  - With the exception of an inpatient substance abuse treatment facility and two guarded hospital rooms located in the general hospital
  - One community clinic is located on the island of Tortola, and an additional three smaller clinics are located in Virgin Gorda, Anegada, and Jost van Dyke
Barriers to Mental Health in the BVIs

- Proximity of services to an individual’s location
- Very little training is given to physicians and nurses about mental health related concerns
- No structured mental health system or plan, with the exception of a disaster response plan in the event of natural disasters such as hurricanes or flooding (WHO, 2012)
The Cayman Islands

- British overseas territory since 1962
- Population of approximately 55,000 individuals
The Cayman Islands

- Provides mental health services through both inpatient and outpatient services
- Outpatient clinic services are equipped to service adults, children, and adolescents with schizophrenia, depression, anxiety disorders, dual diagnosis disorders, and developmental disorders with behavioral features (PAHO, 2012)
- Substance abuse treatment is also available
The Cayman Islands

- National Youth Commission, 2007
  - High school students (13-15 years old)
  - 14% lonely most of the time
  - 6% no close friends
  - 19% seriously considered suicide
Additionally...

- PAHO, 2012 reports that in 131 hospital discharges related to mental health:
  - Psychoactive substance use (32.1%),
  - Schizophrenia or delusional disorders (18.3%)
  - Neurotic/stress-related disorders (9.2%)
- Binge drinking rates were reported at 41.7% for the 20-29 year old age group
Barriers to Mental Health in the CI

- The Cayman Islands has made attempts to reach out to communities that are not in close proximity to the primary services offered in the Georgetown area through visits by mental health staff and community outreach.

- Some have indicated the need for preventative services for children and adolescents on island before mental health and substance use issues become problematic.
  - Recommendations include
    - educational changes (adding more special education curriculum)
    - making children and adolescents feel a deeper sense of community
    - further knowledge of mental health diagnostic criteria for individuals who interact with children and adolescents (i.e. teachers, school personnel)

- It is hoped that mental health issues can be minimized before they become problematic (Forde, 2006)
Additionally...

- It has been suggested that perhaps working with at-risk families before problems occur could be beneficial and lead to more positive outcomes (Dinspell-Powell, 2009)
- Can also lead to crime and violence reduction
Each location is unique, however...

**Independent**
- It appears as though the mental health structure is being formulated over time.
- It appears that problematic areas for these countries include equal allocation of services and funding for services.

**Dependent**
- It appears as though the countries have more equal allocation of services and better funding available.
- However, it appears that these countries have difficulty figuring out how to adapt mental health systems that may have worked in their European counterparts, but may not work in the unique populations and culture existing in their country itself.
What can be done about it??
Community Outreach

- School Outreach
- Religious Outreach
- Primary Care
School Outreach - School-Based Mental Health (SBMH) Programs

- One of the largest growing community outreach subspecialties
- Students are given access to school psychologists, school counselors, school nurses, and school social workers
  - Work in conjunction with each other
  - provide care for students that show a need for specialized care
- Students are able to receive emotional and behavioral support, academic support, and physical health support that can often lead to more successful outcomes for students
- Data collections conducted of SBMH systems in the United States have revealed positive outcomes for students (Kelly & Lueck, 2011)
- However, it is important to note that some of the countries reviewed did not include large allocations of funding for education in their budgets, and that some rural individuals in these countries may not attend school in order to receive these outreach services.
Religious Outreach

- Utilizing clergy and religious figures as liaisons
- Some research has indicated a resistance for clergy members to refer individuals to mental health services due to the clergy’s disagreement with etiology and basis for many mental health practices (Mathews, 2011)
  - more likely to refer individuals to mental health practitioners when they believed the mental health concern to be more medical in nature (i.e. depression, anxiety) rather than spiritual in nature (i.e. psychosis)
Therefore...

- Current mental health professionals in the Caribbean countries should reach out to clergy members
  - provide psychoeducation regarding common psychological diagnoses
  - how these diagnoses would be treated medically by the psychological staff
- Psychological staff could also utilize these psychoeducational workshops by providing clergy with therapeutic skills that could be used in conjunction with their spiritual counseling
Primary Care

- Providing primary care workers with mental health training can be beneficial

- Information from Sri Lanka, Pakistan, and Jordan has indicated more sustainable changes result from:
  - professionally designed and implemented mental health training
  - motivation by all key players to develop community mental health services
  - political will by the government followed by formulation of mental health policy promoting integration of mental health into primary care
  - good timing of the programme
  - influx of funding and professional expertise

Budosan, 2011
Stigma

- self-stigma
  - not wanting pity, being embarrassed

- public stigma
  - wondering what others will think
Combating Stigma

- Efforts should be made to publicly advertise and minimize fears of being seen in a negative connotation if one seeks mental health services
- Awareness needs to make the society understand that mental illness is often not the result of a defect in the individual, but rather the interplay of the individual amongst many environmental concerns
- This viewpoint be taught to those in the medical and mental health profession, and then advocated to the population at large
Preventative Rather than Reactive Measures

- Mindfulness
  - “self-awareness”
- Psychologists, therapists, and other medical staff have used mindfulness strategies to help individuals with a variety of problems since the 1970s
  - stress
  - pain management
  - substance abuse
  - cancer
  - anxiety
  - depression
  - suicidal ideation
  - bipolar disorders
Mindfulness Based Stress Reduction (MBSR)

- Utilizes meditation techniques, relaxation training, and self-awareness exercises that can be taught to individuals in group settings (Burke, 2010)
- Goal: increase self-awareness by the individual who is practicing these techniques, and therefore possibly reduce psychological discomfort
- Can be monitored during appointments with a mental health professional or primary care physician through periodic appointments if necessary.
Could MBSR Work?

- Benefits were observed from a recent implementation at a hospital in southern Chile
  - mindfulness practices were previously largely unknown
- Data collected from this preliminary study indicated that both anxiety and depression symptoms diminished in the individuals involved in the MBSR treatment
- Currently, additional MBSR programs are being implemented at numerous locations in Chile due to the promising effects of the initial research results

(Pons, 2011)
Conclusion

While this information can be reviewed and suggestions can be made, it is important to consider the viewpoints of the people who inhabit these countries, as obviously these individuals would understand best what would work for their culture.

Therefore, it is hoped that the information presented will provide a foundation for discussions and dialogues surrounding mental health services in the locations reviewed.
References


