

WHO-AIMS

WHO-AIMS REPORT ON
MENTAL HEALTH SYSTEM
IN BARBADOS



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MINISTRY OF HEALTH

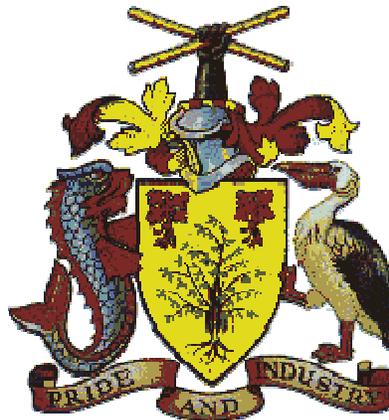
**WHO-AIMS REPORT ON
MENTAL HEALTH SYSTEM
IN BARBADOS**

Report of the Assessment of the Mental Health System in Barbados
Using the WHO-AIMS Instrument for Mental Health Systems (WHO-
AIMS)

Barbados

2009

The data was collected in 2009 based on data for 2007



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Acknowledgement

The World Health Organization Assessment Instrument for Mental Health (WHO-AIMS) was used to collect information and format the report on the mental health system in Barbados.

The project was carried out by Dr. Margaret Hazlewood, PAHO/ECC consultant. This final document is the product of the Ministry of Health, Barbados and the PAHO/ECC Office's efforts to collect, analyze, and disseminate information about the country's mental health system.

The data collection process was facilitated by Dr. Ermine Bell, Senior Consultant Psychiatrist, Psychiatric Hospital and Mrs. Heather Payne-Drakes, Health Planner and Mental Health Focal Point, Ministry of Health. Much gratitude and appreciation are awarded to them for ensuring the success of this report despite many challenges. Dr. Shirley Alleyne, Non-Communicable Diseases and Mental Health Advisor, PAHO/ECC Office provided support for the publication of this report.

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The WHO-AIMS project is coordinated by Shekhar Saxena.

Executive summary

The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) was used to collect information and format the report on the mental health system in Barbados. The overall goal of collecting, analyzing, and discussing this information is to provide an objective, evidence-based assessment of the country's mental health system.

Barbados gained political independence from the United Kingdom in 1966. Its bi-cameral Parliament consists of a Senate and a House of Assembly. The Queen, the head of state, is represented by the governor-general. In 2007, the population of Barbados was estimated at 269,000 persons. The country is divided into 11 parishes. The Ministry of Health is responsible for the population's health. The country's level of taxation ensures the availability of government-funded public services. As such, Barbadian nationals have easy access to a comprehensive government-funded health care system which offers preventive and curative services.

The Mental Health Policy and the draft Mental Health Reform Plan are dated 2004. In addition, there is a draft Minimum Standards of Care protocol to serve as a regulatory tool for the treatment and rehabilitation of persons with substance abuse problems. There is a proposed Manual on Disaster Preparedness dated 2001. The Mental Health Act is dated 1985 and is enshrined in Chapter 45 of the Laws of Barbados.

In 2007, approximately 7% of the national health budget was directed towards the Psychiatric Hospital. There were additional expenditures on mental health services but these could not be quantified since they were integrated with the budgets for the Queen Elizabeth Hospital (for operation of the community inpatient unit) and the Barbados Drug Services (for the purchase of psychotropic medicines). No data is available to estimate the extent of use and out-of-pocket spending on private mental health services. The population has free access to essential psychotropic medicines of each therapeutic class (anti-psychotic, anti-depressant, mood stabilizer, anxiolytic, and anti-epileptic medicines). Health regulations authorize primary health care physicians to prescribe and/or continue prescription of psychotropic medicines.

The Senior Consultant Psychiatrist is the technical officer providing leadership, collaborating with the Ministry of Health on matters relating to policy and development in the area of mental health. No human rights review body exists and none of the mental health service delivery facilities has had an external human rights review. None of the human resources in mental health received training in the set of basic human rights for the protection of patient with mental disorders.

In keeping with the National Mental Health Policy of Barbados, the process of integrating mental health care with primary health care has started with the provision of community based services within the polyclinics and the general hospital. These services are delivered through once-weekly clinics in 8 polyclinics, 3 satellite clinics and the prison; the outpatient psychiatric clinic at the Queen Elizabeth Hospital is held twice weekly; the Psychiatric Hospital held mental health clinics six days per week. There are no non-

physician based primary health care clinics. There is a day-treatment program for children with severe developmental challenges. Two community residential facilities (half-way houses) exist for persons with mental disorders. In addition, there are two facilities for persons with substance abuse and drug addiction problems.

There is an 8-bed community based psychiatric inpatient unit at the Queen Elizabeth Hospital and a 537-bed Psychiatric Hospital. No beds are reserved for children and adolescents. The Psychiatric Hospital reserves 80 beds for forensic patients. In 2007, 12 patients remained in the Psychiatric Hospital at Her Majesty's Pleasure. At the end of December 2006, there were 508 patients in the Psychiatric Hospital.

In terms of monitoring and research, there are no national or institutional-based reports on mental health. There is no national mental health information system and no formal mechanism for the annual reporting of mental health data. Consequently, an accurate profile, including age, sex, and diagnoses of *all* users of public and private mental health services in 2007, was unavailable. The available data for 2007 indicate that the majority of patients discharged from the Psychiatric Hospital carried a diagnosis of schizophrenia and related disorders (39%) and mental and behavior disorders due to psychotropic substance abuse (29%).

In 2007, 212 persons worked in public mental health facilities and private practice. There were 4.08 psychiatrists per 100,000 population. None of the primary health care physicians, nurses, or non-doctor/non-nurse primary health care workers received a least two day refresher training in any aspect of mental health/psychiatry.

There are no user/consumer or family associations. There is no coordinating body to oversee public education and awareness campaigns on mental health and mental disorders. The National Council on Substance Abuse coordinates activities related to substance abuse and drug addiction. Persons are eligible to receive social welfare benefits due to a mental or physical disorder; the number of persons receiving social welfare benefits solely due to a mental disorder was unavailable since the data was not disaggregated to reflect this distinction.

Formal collaborative programs to address the needs of people with mental disorders exist between the agency responsible for mental health and other health and non-health agencies. No provisions are in place to employ persons with severe mental disorders through activities outside the mental health facility.

The next steps towards a reform of the mental health system in Barbados will include three priority areas: 1) formal appointment of a mental health coordinator at the level of the Ministry of health; 2) development of an integrated mental health information system; and 3) revision of the Mental Health Act of 1985.

Background

The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) was developed by the Evidence Research team of the Department of Mental Health and Substance Abuse, World Health Organization (WHO). It was developed with input from in-country and international experts as well as pilot trials in middle and low-income countries. WHO-AIMS is a comprehensive assessment tool for mental health systems that is designed to collect essential information to facilitate evidence-based improvements in policy and program directions as well as service delivery. WHO-AIMS has six domains: policy and legislative framework, mental health services, mental health in primary health care, human resources, public information and links with other sectors, and monitoring and research. Within these domains, there are 28 facets with 155 items.

Data collection

WHO/AIMS was used to collect, analyze, and report data on the mental health system and services in Barbados. Data was collected in 2009 and is based on the year 2007.

Three days was assigned for the data collection phase. (July 2009).

Process

1. The instrument's questions were divided into ten sets, each targeting a specific respondent. The item number, characteristic, and salient content of the question were retained. Each set targeted one of the following respondent: Chief Medical Officer, Permanent Secretary (Ministry of Health), Chief Pharmacist; Chief Nursing/Principal Nursing Officer, Director of Mental Health Clinical Services; Director of Mental Health Outpatient and

Residential Facilities, Director of Mental Hospital, Director of Psychiatric Inpatient Unit, Director of Forensic Mental Health Services, Director of Social Services, and the Mental Health Focal Point.

2. The consultant met with representatives of the Ministry of Health and the Psychiatric Hospital to explain the purpose, benefits, and contents of the WHO/AIMS as well as the procedures and requirements for its completion.
3. Face-to-face working sessions were held with the Senior Consultant Psychiatrist and the Mental Health Focal Point.
4. The draft report was prepared and circulated to the national health authorities for comments and validation.
5. The final draft report was reviewed by the Regional Adviser for Mental Health, PAHO/WHO, Washington, D.C., prior to its submission to WHO-Geneva.

Limitations

There was no reporting system for mental health to respond to the need for timely, reliable, and accurate data. There are gaps in the data since collection of the relevant information could not have been accommodated in the allotted time frame.

Although some client-centered data were available for the outpatient mental health clinics, it was not compiled or analyzed nor was it considered representative of the total number of users treated through the outpatient mental health clinics. Access to the data for the community inpatient psychiatric unit was not possible during the time frame of the consultation.

Taking these limitations into consideration and the expedience with which the data was required, the information reported herein best reflects the characteristics of the mental health system in Barbados.

Introduction

Barbados is an independent island nation located in the western Atlantic Ocean about 300 miles (483 km) north of Venezuela. Its geographic coordinates are 13°10 n, 59° 32 W. Barbados is 21 miles long (34 km) and 14 miles across (23 km) at its widest point. Barbados is a relatively flat island with the highest point being Mount Hillaby which is 1,100 feet (336 meters) above sea level. In 2007, the population of Barbados was estimated at 269,000. The country is divided into 11 parishes with all but two bearing the name of a Saint. The capital, Bridgetown, is the most densely populated area.

Barbados gained political independence from the United Kingdom in 1966. It is a politically stable democracy. The Queen, the head of state, is represented by the governor-general. The head of the government is the prime minister, who presides over a Cabinet appointed by the governor-general. The bi-cameral Parliament consists of a 21-member Senate appointed by the governor-general and a 28 member House of Assembly, elected by popular vote. Barbados' currency is the Barbados dollar (B\$) which is pegged to the U.S. dollar at US\$1 = B\$ 2.00.

The Barbados economy grew for the sixth straight year in 2007, recording an estimated increase of 3.6%, compared to expansions of 3.9% in 2006 and 4.1% in 2005. Growth, which was led by a continuation of robust activity in the non-traded sectors and relatively strong gains in the tourism industry, kept the employment rate in single digits, amid falling inflation. This resulted in lower average rate of unemployment in 2007, while the rate of inflation declined moderately. Higher tourism receipts, together with a strong

performance in the capital and financial account, led to an expansion in the international reserves of B\$353.5 million, the largest accumulation since 2001.¹

In 2007, the crude birth rate was 13.3 births per 1,000 population and the crude death rate was 8.7 deaths per 1,000 population. Infant mortality was 17.7 deaths per 1,000 live births. Total life expectancy was estimated at 73 years.

Barbados is a member of several international organizations and agencies, such as, the Caribbean Community (CARICOM), the Organization of American States (OAS), the International Monetary Fund (IMF), and the Pan American Health Organization/World Health Organization (PAHO/WHO).

The Ministry of Health and the Environment has overall responsibility for the population's health and wellbeing as well as for political direction, policy making, regulations, norms, and standards. The country's level of taxation ensures the availability of government-funded public services. Consequently, Barbadian nationals have easy access to a comprehensive government-funded health care system which offers preventive and curative services. The public health care system includes 8 polyclinics, 3 satellite clinics, 2 outpatient clinics (1 held in the prison), an acute care 530-bed general hospital (the Queen Elizabeth Hospital), and a 537-bed psychiatric hospital (the Psychiatric Hospital).

Private inpatient mental health services were available through Bayview Hospital where there were no beds designated for private psychiatric patients; Woodside Clinic with no beds designated for private psychiatric patients, and in private wards at the Queen Elizabeth Hospital. Patients requiring specialized treatment that is not available in Barbados are sent overseas and assistance is provided by the government under the

¹ Barbados Central Bank Report: Barbados Economic Report, 2007

Medical Aid Scheme. Public mental health services are separated organizationally from the mainstream health care system. The 113 year-old Psychiatric Hospital is the only mental hospital in Barbados. Reform of the mental health services is one of the ten priority areas for action detailed in the National Strategic Plan for Health 2002-2012.

DOMAIN 1: POLICY AND LEGISLATION

Policy

The last version of the Mental Health Policy is dated 2004. The Policy's scope and focus for the development and governance of mental health services include: developing community mental health services; downsizing large mental hospitals; developing a mental health component in primary health care; human resources; advocacy and promotion; human rights protection of users; financing; quality improvement; and monitoring system. The Policy does not include strategies for the involvement of users and families. Although the issue of equity of access to mental health services across different groups was not addressed in the plan, all Barbadians have equal access to mental health services.

Plan

The draft National Mental Health Reform Plan of Barbados is dated 2004. Priority areas of action under the plan are: consumer rights and legislation; community based mental health services; general hospital psychiatric services; Psychiatric Hospital services, rehabilitation services; specialist mental health services; mental health promotion; support services and service inter-linkage; supported housing; human resource development; financing, and monitoring and research. The Plan does not include a framework to assess the human rights protection of users of mental health services. There are no provisions for the involvement of users and families or for quality improvement.

Regarding substance abuse programs, the Ministry of Health has prepared a draft Minimum Standards of Care protocol to serve as a regulatory tool for the treatment and rehabilitation for clients with substance abuse problems.

The Psychiatric Hospital has a proposed Manual on Disaster Preparedness dated 2001. This manual establishes procedures to enable the Hospital's personnel to respond in an organized, timely, and effective manner to any emergency which has the potential to produce a mass casualty situation or which disrupts the normal flow of mental health services.

Legislation

The Mental Health Act of 1985 is enshrined in Chapter 45 of the Laws of Barbados. The Sections of the Act are: Part I, Preliminary; Part II, Admission to mental hospital; Part III, Hospital administration; Part IV, Management of property and affairs of patients; Part V, Miscellaneous; and a Schedule. Part II, paragraph 11 of the Act provides for the constitution of a Mental Health Review Board. The Schedule addresses the composition and appointment of the Board members. The Board was active in the period 2004 to 2006. Meetings of the Board are called specifically to review applications made on behalf of patients detained under Sections 5, 6 and 7 of the Mental Health Act. The Mental Health Review Board is appointed to serve two-year terms and at the end of each respective term of office, new members are appointed.

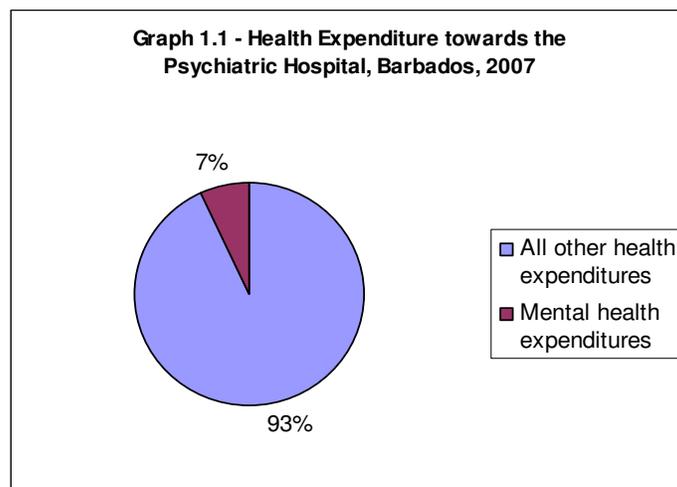
The Act does not make reference to the rights of mental health service consumers, family members, and other care givers; accreditation of professionals and facilities; and mechanisms to implement the provisions of the mental health Act. No procedures and standardized documentation for implementing the Act are included.

Financing mental health services

The national health expenditure on public health was BD\$372,853,380. Of this amount, the Psychiatric Hospital received BD\$27,477,150 for the provision of mental health

services for its inpatient and outpatient users. The overall expenditure on mental health care exceeds this amount when the cost for operation of the community inpatient mental health unit at the Queen Elizabeth Hospital is included. However, this figure cannot be delineated and quantified since it is integrated in the Hospital's overall budgetary appropriation. Additionally, the cost of psychotropic drugs, which cannot be separated from the overall national expenditure of pharmaceutical drugs, is an added contribution towards the total cost of providing mental health care in Barbados. No data were available to estimate the extent of use of private mental health services and out-of-pocket spending on mental health care.

There was no social insurance scheme to cover mental disorders and all mental health problems of clinical concern. However, primary and secondary-care mental health services are free in the public health sector. One hundred percent of the population had free access to essential psychotropic medications in the categories of anti-psychotics, anti-depressants, anxiolytics, mood stabilizers, and anti-epileptic drugs.



Human Rights

There were no national or regional-level review bodies on human rights. The Psychiatric Unit, community-based inpatient unit, and the community residential facilities never had an external review/inspection of human rights protection of patients. None of the human resources working in mental health had exposure to training on the set of basic human rights for the protection of patients in the reference year.

Part II, Section 11 of the Mental Health Act, refers to the constitution of a Mental Health Review Board to deal with applications by and in respect of the various categories of patients (voluntary, medically-recommended, or hospital order). A person, acting on behalf of a patient detained under any of these categories, who believes that the detention is unreasonable, may apply in writing to the Board for its review of the matter. The Board shall, within 28 days of receipt of the application, examine the case and provide a ruling. A person who is aggrieved by the decision of the Board may appeal against the decision to the High Court.

DOMAIN 2: MENTAL HEALTH SERVICES

Organization of mental health services

The Senior Consultant Psychiatrist is the technical officer providing leadership, collaborating with the Ministry of Health on matters relating to policy and development in the area of mental health. In 2008 a National Mental Health Commission was established to act in an advisory capacity, facilitating the National Approach to the Mental Health Reform Programme. Its mandate included the development of a vision for services needed to provide strategic direction for the national programme. Mental health services are organized by catchment/service areas. These services are provided through

scheduled clinics in a network of primary health care centers, the prison, the community inpatient unit, and the Psychiatric Hospital.

Mental health outpatient facilities

Community mental health services were delivered through once-weekly clinics in 8 polyclinics, 3 satellite clinics, the Queen Elizabeth Hospital, and the prison; the Psychiatric Hospital held clinics six days per week. There was no validated data to estimate the total number of users attending *all* mental health outpatient clinics, by diagnoses, sex, and age in 2007.

However, data from the Psychiatric Hospital indicated that approximately 2,090 users were treated through the Hospital's outpatient clinics for a total of 19,791 visits in 2007. Of these, 170 (8%) were children and adolescents. A few (1-20%) received one or more psychosocial interventions in that clinic in the referenced year.

In addition, data, albeit not comprehensive and specific to the year 2007, was provided by a psychiatrist who attended users in 6 outpatient mental health clinics. This data estimate that around 441 persons (242 females and 199 males) received care in the period 2007-2008. In the same period, a number of persons also received care at home and in private nursing homes. The diagnosis for some of these users was recorded but not coded according to the DSM-IV or the preferred International Classification of Diseases, 10th Revision.

The outpatient mental health clinic at the Queen Elizabeth Hospital estimated that 2,020 users were treated in 2007 of which 129 were new clients. A Child Guidance clinic was held once per week at the Psychiatric Hospital. No data were available as to the number, age, sex, and diagnoses of persons treated in 2007.

There were no mental health mobile clinic teams that provided regular mental health care outside the mental health facilities.

All clinics had at least one psychotropic medicine of each therapeutic category (anti-psychotic, anti-depressant, mood stabilizer, anxiolytic, and anti-epileptic drugs).

Day treatment facilities

The Children's Development Center operated a day-treatment program for children with severe developmental challenges. The Center offers both physiotherapy and occupational therapies to children who sustained brain injuries pre- or post-birth.

Community-based psychiatric inpatient unit

The C-4 Unit, an 8-bed community-based psychiatric inpatient unit, is located at the Queen Elizabeth Hospital. One hundred and eighty-two persons were admitted in 2007. No data were available with regard to their sex and age. Two hundred and nine persons (146 females and 63 males) were discharged from the Unit in that year. No information was available as to their diagnoses, cumulative number of days that they spent in the Unit, and the number of patients who were 17 years of age or younger. The Unit had at least one psychotropic medicine of each therapeutic category (anti-psychotic, anti-depressant, mood stabilizer, anxiolytic, and anti-epileptic drugs).

Community residential facilities

In 2007, there were two community residential facilities (half-way houses) for persons with mental disorders. One is Roseville, a 16-bed halfway house for adults with mental disorders. There were 16 residents of which 7 were females—all were former patients at

the Psychiatric Hospital. The cumulative number of days spent by all residents was 3,806. The other is Everton which is a 14-bed half-way house for persons over the age of 18 years. There were 10 residents of which 5 were females. The cumulative number of days spent by all residents was 2,937.

Mental Hospital

The Psychiatric Hospital, (also known as 'Black Rock' because it is located in an area of the island called Black Rock), is the only mental hospital in Barbados. The Hospital is divided into 13 wards; no wards or beds were reserved for children or adolescents. In 2003, the Hospital had 550 beds but by 2007 the bed complement was reduced to 537 beds. In 2007, there were 1,166 admissions and 861 discharges for an average length of stay of 18.38 days; 215 (25%) of the discharged persons were females. The method used to construct the age groups for data analysis did not permit an estimation of the number of children and adolescents, aged 17 years and younger, who were treated in 2007. The data showed that 40 (4.6%) of the discharged patients were under the age of 20 years.

No diagnoses were recorded for 140 (16.2%) discharged patients. Among the 721 patients with discharge diagnoses, two major diagnostic categories dominated: schizophrenia and related disorders (39%) and mental and behavioral disorders due to psychotropic substance abuse (29%). The average length of stay was 18.4 days per discharge. A total of 508 patients were staying in the mental hospital on 31 December 2006. Some (21-50%) of patients received one or more psychosocial interventions in the Hospital. The Psychiatric Hospital had at least one psychotropic medicine of each

therapeutic class (anti-psychotic, anti-depressant, mood stabilizer, anxiolytic, and anti-epileptic medicines) available in the facility.

Forensic and other residential facilities

The Psychiatric Hospital had 80 beds exclusively for forensic patients. These beds were distributed in two wards; one, a “closed unit” and the other, a “security unit.” In 2007, 12 forensic patients were hospitalized at Her Majesty’s Pleasure.

The Elayne Scantlebury Home is specifically for persons (of any age) with mental retardation. The St. Philip Geriatric Facility, a senior-citizen’s home, has a unit exclusively for person with mental retardation.

Verdun House, a 60-bed facility, is specifically for men with substance abuse (including alcohol) problems. Twenty-five beds were designated as “primary” for persons staying no more than 3 months in the facility. Thirty-five beds constituted a “half-way” house arrangement for persons staying longer than 3 months. The House had 40 residents in 2007. This non-governmental organization is funded through a public-private partnership.

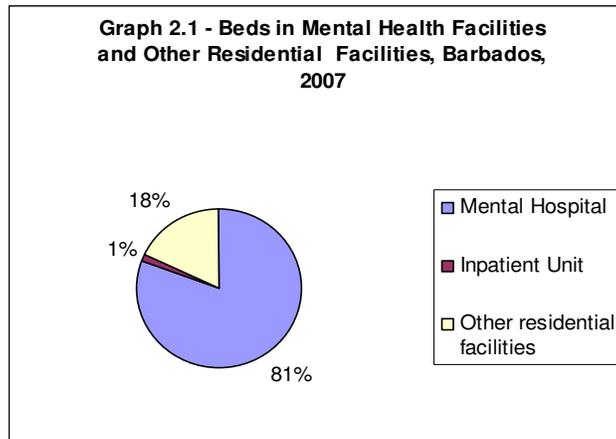
Teen Challenge of Barbados is a 30-bed, faith-based, all-male residential drug rehabilitation facility for men 16 years and older with life-controlling addictions. In 2007, there were 18 residents. As a non-governmental organization, it is funded through a public-private partnership.

There were several public and private facilities that were not mental health facilities but where many of the residents had diagnosable mental disorders.

Human rights and equity

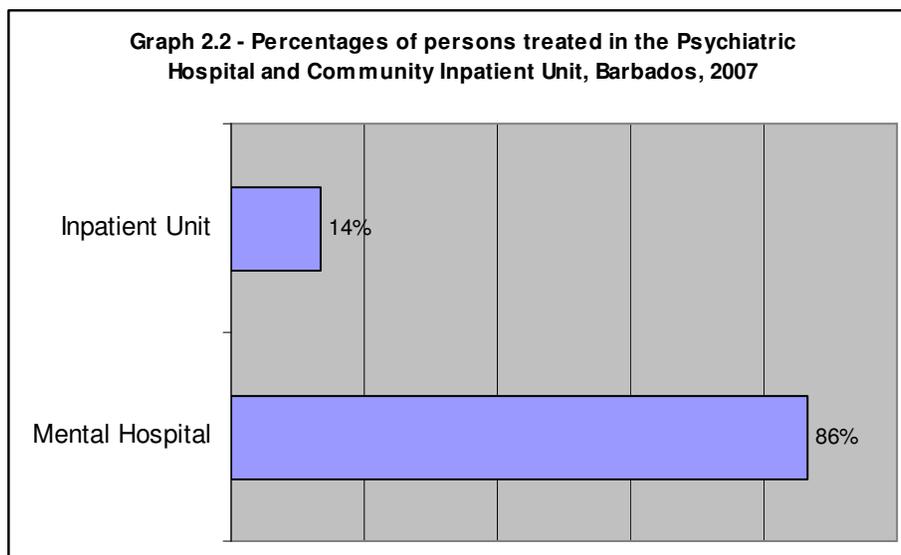
Of the 1,166 admissions in the Psychiatric Hospital in 2007, 497 (43%) were classified as ‘involuntary.’ Involuntary admission includes: 1) patients who were remanded by the

court (hospital order); 2) mental health officer commits the person for a 72-hour stay (emergency order); and 3) the emergency-ordered patient remains beyond 72 hours and the status is changed (medically-recommended). It was estimated that 0-1% of the patients were restrained or secluded in the Psychiatric Hospital.



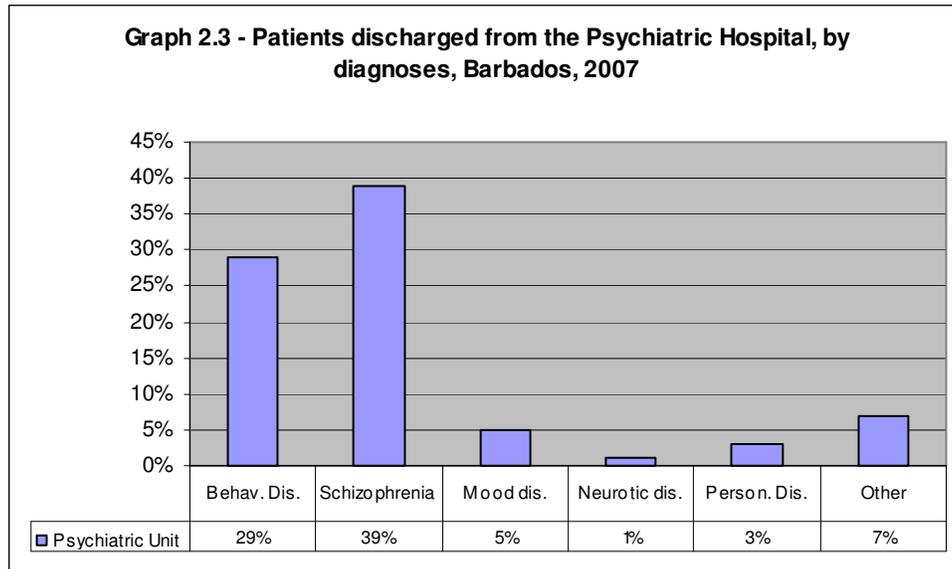
Summary for Graph 2.1

The overwhelming majority of mental health beds were located in the Psychiatric Hospital.



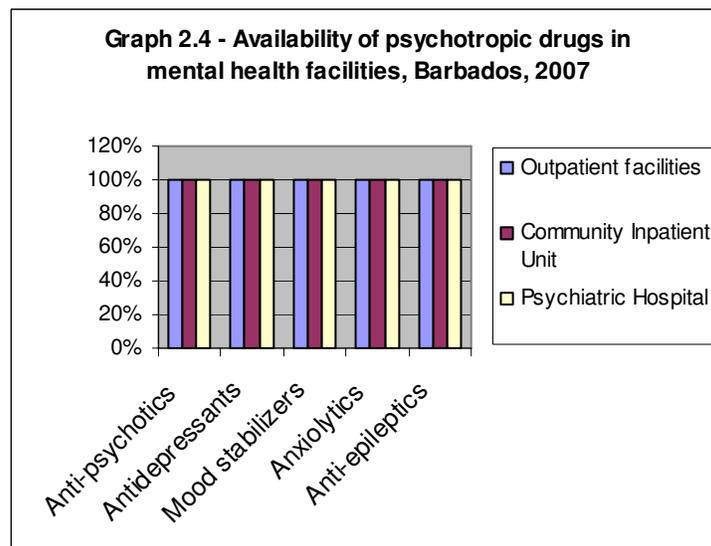
Summary for Graph 2.2

A total of 1348 persons were admitted for mental disorders in both the Psychiatric Hospital and the Community Inpatient Unit in 2007. The majority of admissions (86%) occurred in the Psychiatric Hospital.



Summary for Graph 2.3

Sixteen point two percent of discharged patients did not have a recorded diagnosis.



Summary for Graph 2.4

Psychotropic medicines were widely available in mental health treatment facilities.

DOMAIN 3: MENTAL HEALTH IN PRIMARY HEALTH CARE

Training in mental health care for primary health care staff

A number of the physicians working in Barbados were trained in the following countries: Jamaica, Trinidad and Tobago, India, Africa, the United States, and the United Kingdom. No data were available with regard the proportion of undergraduate (first degree) training hours devoted to psychiatry and mental health-related subjects in their respective programs. Physicians who were trained at the University of the West Indies estimated that 1% of their training was devoted to psychiatry. Six percent of the registered nurses' training program was devoted to mental health concepts and clinical practice. Six primary health care nurses completed the Diploma in Community Mental Health in 2007.

Mental health in primary health care

A total of 14 outpatient mental health clinics operated in the reference year. All primary health care clinics are managed by primary health care physician(s). Assessment and treatment protocols for key mental health conditions were not available in any of the physician-based primary health care clinics. All or almost all (81-100%) of primary health care doctors made, on average, at least one referral per month to a mental health professional. Some (21-50%) of primary health care doctors interacted with a mental health professional at least monthly. None of the physician-based primary health care clinics interacted with complementary/alternative/traditional practitioners at least once in 2007.

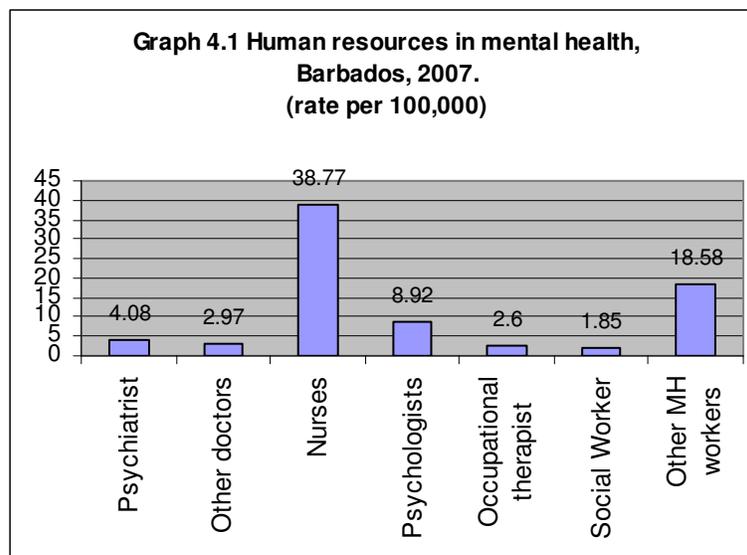
Prescription in primary health care

Health regulations authorize primary health care physicians to prescribe and/or continue prescription of psychotropic medicines. Neither primary health care nurses nor non-doctor/non-nurse primary health care workers had this privilege.

DOMAIN 4: HUMAN RESOURCES

Number of resources in mental health care

In 2007, 212 persons worked in mental health facilities and private practice. The breakdown is as follows: 11 psychiatrists, 8 medical doctors (not specialized in psychiatry), 107 nurses, 24 psychologists, 5 social workers, 7 occupational therapists, and 50 other health or mental health workers. Of the 11 psychiatrists, 3 worked in or for government-administered mental health facilities; four worked in or for mental health NGOs/for-profit mental health facilities/private practice; and four worked in or for both government-administered mental health facilities and in or for mental health NGO/for-profit mental health facilities/private practice.



Training professionals in mental health

None of the primary health care physicians, nurses, or non-doctor/non-nurse primary health care workers received at least two days refresher training in the rational use of psychotropic drugs, psychosocial (non-biological) interventions, and child and adolescent mental health issues. No psychiatrist emigrated to other countries within five years of the completion of training.

Consumer and family associations

No user/consumer or family associations existed in Barbados.

DOMAIN 5: PUBLIC EDUCATION AND LINKS WITH OTHER SECTORS

Public education and awareness campaigns on mental health

There were no coordinating bodies to oversee public education and awareness campaigns on mental health and mental disorders. Activities specific to substance abuse were coordinated by the National Council on Substance Abuse.

World Mental Health day is celebrated annually. In the last five years, the Ministry of Health and international agencies promoted these campaigns targeting primarily the general population, children, adolescents, and ethnic groups. No activities were developed to target professional groups linked to the health or non-health sectors.

Legislative and financial provisions for people with mental disorders

No legislative or financial provisions were in place concerning: a) a legal obligation for employers to hire a certain percentage of employees that are disabled; b) protection from discrimination (dismissal, lower wages) solely on account of mental disorder; c) priority in state housing and in subsidized housing schemes for people with severe mental

disorders; and discrimination in allocation of housing for people with mental disorders. Persons with mental and physical disabilities are eligible to receive social welfare benefits. However, the data was not disaggregated to provide an estimate of the number of persons receiving social welfare solely due to a mental disorder.

Links with other sectors

Formal collaborative programs addressing the needs of people with mental disorders existed between the Ministry of Health, other Ministries, relevant departments and non-governmental agencies responsible for primary health care, substance abuse, welfare, criminal justice and the elderly. Data was not available with regards to the percentage of prisoners with psychosis and those with mental retardation. The single prison had at least one prisoner per month in treatment contact with a mental health professional within the prison. There were no provisions for employment of people with severe mental disorder through activities outside the mental health facility.

There were no formalized or designated mental health educational programmes in the schools, but these are provided on demand in association with activities related to specific aspects of mental health. The primary health care services provide Family Life Education Programmes in secondary schools that include components directly related to the promotion of mental health, including drug use and abuse, positive attitudes, peer mentoring and conflict resolution.

DOMAIN 6: MONITORING AND RESEARCH

There was no formally-defined list of individual data items that ought to be collected by mental health facilities. The Psychiatric Hospital and the community-based inpatient unit routinely collected data on number of: beds, inpatient days, days spent in hospital, and

involuntary inpatient admissions. The Psychiatric Hospital did not record data with regards to the number of patients who are physically restrained or secluded. The mental health outpatient clinics routinely collected data on number of users treated and diagnoses; data is not collected on number of user contacts. Challenges existed with regards to compilation, analysis, and dissemination of mental health data. It appeared that the Ministry of Health did not receive mental health data from any mental health facility in 2007. No reports were published by the Ministry of Health on mental health.

A research study commenced in 2007 on “Mentors Perspective on Group Mentorship: A Descriptive Study of Two Programs in Child and Adolescent Psychiatry” by Alleyne, Schnabel-Homer, Walter, Hall, Arzubi, and Martin. The article has been accepted for publication in *Academic Psychiatry* (2009).

Final year residents in Psychiatry at the Faculty of Medical Sciences of the University of the West Indies do produce research in their chosen area in Psychiatry. Although there were no residents graduating in 2007 when this data was compiled it is important to note that some research does exist. For example in 2009 there were three research projects completed on attitudes to mental health among physicians, depression in institutionalized elderly and characteristics of patients seen in child guidance clinics.

NEXT STEPS FOR STRENGTHENING THE MENTAL HEALTH SYSTEM IN BARBADOS

The proposed next steps for strengthening the mental health system are shown in Table 1. Priority will be accorded to: 1) appointing formally a mental health coordinator at the level of the Ministry of Health; 2) developing a mental health information system that can be integrated into the national health information system; and 3) Revision of the Mental Health Act of 1985.

Table 1: Next steps for strengthening the mental health system in Barbados

DOMAIN	NEXT STEPS IN STRENGTHENING THE MENTAL HEALTH SYSTEM
Policy and Legislation	<ul style="list-style-type: none"> • Complete the process to amend the Mental Health Act • Develop the Minimum Standards of Care for mental health institutions • Prepare a user-friendly version of the Mental Health Policy • Review and finalize the draft Mental Health Reform Plan to include time-lines • Continue work on the Minimum Standards for Substance Abuse units
Mental Health Services	<ul style="list-style-type: none"> • Continue the process to integrate mental health with primary health care • Strengthen and improve the services offered through the community mental health clinics • Continue the evaluation of existing services for substance abuse units (half-way houses and approved homes) to assess efficiency of services and make recommendations for improvement • Revise programs and plans to de-institutionalize long-stay patients through the Alternate Care of the Elderly program offered by the Ministry of Health.
Mental Health in Primary Health Care	<ul style="list-style-type: none"> • Develop treatment protocols for primary health care clinics • Train mental health workers in the basic set of human rights for the protection of persons with mental illness
Human Resources	<ul style="list-style-type: none"> • Appoint formally a mental health coordinator in the Ministry of Health • Increase the number of psychiatric social workers • Increase the number of human resources in mental health to manage outpatient mental health clinics • Develop a mobile mental health team for management of emergencies and home visits.
Public Education and Links with Other Sectors	<ul style="list-style-type: none"> • Formalize relationships with stakeholders in the health and non-health sectors
Monitoring and Research	<ul style="list-style-type: none"> • Develop an integrated mental health information system • Prepare an article for publication on the mental health system in Barbados in 2007.

The World Health Organization Assessment Instrument for Mental Health (WHO-AIMS) was used to collect information and format the report on the mental health system in Barbados. The Assessment identifies the system's strengths and weaknesses and provides an evidence-based framework for mental health reform.

The Mental Health Policy and the draft Mental Health Reform Plan are dated 2004. The proposed Manual on Disaster Preparedness is dated 2001. The Mental Act was legislated in 1985.

The Ministry of Health and the Environment is responsible for the delivery of mental health services. The Ministry appropriates approximately 7% of the national health budget for operation of the Psychiatric Hospital and the outpatient mental health services. Other expenditures for mental health care are integrated with the budgetary appropriations for the Queen Elizabeth Hospital and the Barbados Drug Services.

In keeping with the National Mental Health Policy of Barbados, the process of integrating mental health care with primary health care has commenced with mental health services being delivered through a network of clinics, the prison, and two hospitals. No data were available to comprehensively describe the mental health profile of all users of public and private mental health services. Available data for 2007 indicate that the majority of persons discharged from the Psychiatric Hospital, the only mental hospital, carried a diagnosis of schizophrenia and related disorders (39%) and mental and behavioral disorders (29%). No relevant data were available for the community inpatient psychiatric unit. The population has free access to essential psychotropic medicines. Primary health care physicians are allowed to initiate and/or continue prescription for psychotropic medicines.

The way forward includes three priority areas: formal appointment of a coordinator for mental health; 2) development of a mental health information system; and 3) revision of the Mental Health Act.