Summary of Proceedings
Public Hearing
Joint Select Committee on Social Services and Public Administration
Held on Wednesday June 07, 2017
[10:32 a.m. to 12:47 p.m.]

Inquiry: An inquiry into the state of mental health services and facilities in Trinidad and Tobago.

Objectives of the inquiry
The objectives of the inquiry are:

1. To determine the prevalence of mental illness and abnormalities in Trinidad and Tobago;
2. To assess the adequacy of services and facilities available to support mental health and well-being;
3. To determine the adequacy of the medical practitioners who specialize in mental health care and wellness; and
4. To assess the adequacy of the legislative framework that governs mental health.

Venue: The J. Hamilton Maurice Room, Mezzanine Floor, Office of the Parliament, Tower D, the Port of Spain International Waterfront Centre, 1A Wrightson Road, Port of Spain.

Committee members
The following committee members were present:

1. Dr Dhanayshar Mahabir – Chairman
Joint Select Committee on Social Services and Public Administration  
(Including Education, Health, Gender, Tourism, Public Administration, Labour, Culture,  
Community Development and other Social Services)

2. Brig. Gen. (Ret.) Ancil Antoine, MP  
3. Mrs. Glenda Jennings-Smith, MP  
4. Ms. Ayanna Lewis  
5. Ms. Khadijah Ameen

Witnesses who appeared

The following officials appeared before the Committee:
Trinidad and Tobago Nurses Association
   i. Mr. Idi Stewart - President  
   ii. Ms. Letitia D. Cox - Social Marketing Officer  
   iii. Mr. Walt Murphy - Mental Health Officer
Lifeline
   i. Dr Lucretia Gabriel - Chairman
Trinidad and Tobago Nurses Council
   i. Mr. David Murphy
Trinidad and Tobago Association of Psychologists
   i. Dr Katija Khan, PhD - Coordinator, MSc Clinical Psychologist Programme/Lecturer in Clinical Psychology

Key Issues Discussed

During discussions with the Trinidad and Tobago Nurses Association the following issues were highlighted:

   i. There is limited specialized training in psychological nursing care;  
   ii. Shortfalls in mental health care system in Trinidad and Tobago;  
   iii. The protocol observed for treating children who are mentally ill;  
   iv. The need for hospitals to assign a ward for the assessment and treatment of children and adolescents with mental illnesses and disorders. Previously, children and adolescents
were admitted to the St. Ann’s Psychiatric Hospital for assessment and treatment. Further to the proclamation of the Children’s Authority Act, children/adolescents with mental issues are access and treated at various children homes;

v. The state should facilitate greater involvement of Mental Health Officers in the mental health and wellbeing of children and adolescents;

vi. Arrangements available to protect nurses from occupational hazards that they may encounter while serving in mental health facilities;

vii. Lack of incentives provided to mental health nurses;

viii. There are currently two schools that offer Psychiatric Nursing programmes;

ix. Approximately 72 persons graduated with a Bachelor’s Degree in Psychiatric Nursing for the period September 2014 to November 2016. Furthermore, only five persons graduated with an Associate Degree in Basic Psychiatric Nursing;

x. The shortage of Psychiatric Nurses employed within various medical health facilities,

xi. The position of the Chief Nursing Officer has been vacant for the past 2 years;

xii. The absence of training in forensic psychology; and

xiii. The shortage of supervisor personnel at various mental health facilities.

During discussions with Lifeline (NGO) the following issues were highlighted:

i. Persons as young as 16 years old utilize the services of Lifeline;

ii. The need for more preventative interventions in schools in relation to mental health;

iii. Over the past year there has been a 70% increase in the volume of calls received by Lifeline;

iv. 10 calls per day are received by Lifeline. However, international standards suggest that such a facility should receive approximately 150 calls per day;

v. The procedure observed by counsellors when interacting with callers;

vi. The MoSDFS provided government subventions to Lifeline for the period 2011 to 2013. In April 2016, the organisation received $50,000 and in 2017, $20,000. Lifeline is currently awaiting a renewal of the subvention from MoSDFS;
vii. Lack of support from the private sector due to the stigma associated with mental illnesses and disorders;  
viii. 7.3% of calls received by Lifeline are categorized as highly suicidal;  
ix. Trinidad and Tobago has the third highest prevalence of mental illness in the Caribbean;  
x. The following were identified as the main contributors of depression and suicidal thoughts:  
   - Personal relationship problems;  
   - Family problems and family trauma such as rape; and  
   - Economic constraints.  
xi. The protocol observed by Lifeline when callers express an intention to commit murder and suicide.

During discussions with the Nursing Council of Trinidad and Tobago the following issues were highlighted:  
   i. Stigma associated with mental illnesses and disorders. This has resulted in persons being sceptical about seeking assessment and treatment;  
   ii. Low enrolment into mental health nursing programmes and the actions being taken to encourage persons to enrol in such programmes;  
   iii. The actions necessary to change public perspective of mental health;  
   iv. The need for the establishment and implementation of a proper discharge plan for mentally ill patients;  
   v. There are 1000 patients that currently resides and are treated at the St. Ann’s Psychiatric Hospital; and  
   vi. Currently, there are 18 categories of mental illnesses and 275 diagnoses of mental illnesses and disorders.

During discussions with the Trinidad and Tobago Association of Psychologists the following issues were highlighted:  
   i. The prevalence of mental illness amongst school students. It was reported that there are 400 children on suicide watch, the youngest is 7 years old;
ii. Lack of psychological services and mental health facilities to assess and treat children and adolescents with a mental illness or disorder. Currently, there are two Child Guidance Clinics available for the assessment and treatment of children and adolescents with a mental illness or disorder located at:
   - Pembroke Street (North West Regional Health Authority (NWRHA)); and
   - Pleasantville, San Fernando (South West Regional Health Authority (SWRHA)).

iii. The maximum age for a person to be assessed and treated as an adolescent/minor is age 16, beyond this age they are treated at adult mental health care facilities;

iv. Absence of training programmes in child therapy and child therapy psychology;

v. The average waiting period for the assessment of children/adolescents at the Child Guidance Clinics is 6 months;

vi. The need for psychological and mental health training to be provided to social workers and guidance councillors within the school system;

vii. The impact of academic studies on the mental wellbeing of students;

viii. It was estimated that 20% of the total adult population suffers from a mental disorder or illness;

ix. It was estimated that 20-25% of the total population of children/adolescents suffer from a mental disorder or illness;

x. Financial constraints affecting the implementation of child psychology programmes at the University of the West Indies (UWI);

xi. Outreach initiatives currently undertaken by the Association;

xii. The need for continuous training to be provided to members of the Trinidad and Tobago Police Service (TTPS) on mental health and illness;

xiii. Research conducted by the Faculty of Medical Sciences, Mt. Hope on the rate of suicide attempts;

xiv. The admission of approximately 120 persons between the ages of 18 to 26 to medical facilities for attempted suicide in 2016;

xv. Currently there are no psychologists available at the North-Central Regional Health Authority and the Eastern Regional Health Authority to treat and assess persons with mental illnesses and disorders;
xvi. The need for continuous therapy for mentally ill patients,
xvii. The lack of job opportunities available to psychologists in this country;
xviii. The absence of a register of practicing psychologists;
xix. The need for integrated care and the establishment of multi-disciplinary teams within various medical care facilities;
xx. The need for more awareness programmes and initiatives concerning Alzheimer's disease in order to facilitate early assessment and treatment;
xxi. Approximately 200 to 300 psychology students graduated from the University of the West Indies with a BSc in Psychology (timeframe not provided); and
xxii. The measures taken by the Association to lobby for the amendment of the provision of the Immigration Act re: debarring entry of persons with mental illnesses.

**Recommendations proffered during the Public Hearing**

The following recommendations emanated from the discussions:

i. Establishment of a ward in each medical care facility assigned for the assessment and treatment of children with mental illnesses and disorders;

ii. Initiatives should be implemented to reduce the stigma associated with mental illnesses and disorders;

iii. The implementation of a school contact system that can be utilized by students in instances where they may need to seek assistance in acquiring mental health and wellness services;

iv. The school curriculum should include Health and Family Life Education with particular focus on mental health, wellness and illnesses;

v. Greater collaboration between the MoNS and the MoH with reference to providing training to Police Officers on mental health and wellness and how to appropriately deal with mentally ill persons/patients;

vi. Consideration should be given to using drama to educate and create awareness amongst the children/adolescent cohort on mental health and illnesses;

vii. The implementation of psychological educational programmes;
viii. Greater collaboration between MoH and the Ministry of Education with reference to addressing mental health and wellbeing amongst school students;

ix. The use of incentives to encourage persons to enrol in various mental health nursing programmes;

x. Advertisement of psychiatric nursing positions only in order to attract more candidates for enrolment;

xi. Creation of psychiatric posts at various mental health and medical care facilities;

xii. The establishment and implementation of a register of practicing psychologists;

xiii. The establishment of multi-disciplinary teams within various medical care institutions;

xiv. That persons over the age of 55 years be frequently screened and assessed for Alzheimer's disease;

xv. The need to increase the support systems in place for caregivers of Alzheimer patients;

xvi. The establishment of inpatient psychiatric units at the community level; and

xvii. The establishment of an Association for Mental Health Workers.

View the Hearing
The hearing can be viewed on our YouTube channel via the following link:

https://youtu.be/wfHceGZMwkI

Contact the Committee’s Secretary
jscsspa@ttparliament.org or 624-7275 Ext. 2283

Committees Unit
June 13th, 2017