

JOINT SELECT COMMITTEE ON SOCIAL SERVICES AND PUBLIC ADMINISTRATION

An Inquiry into the State of Mental Health and Wellness Services and Facilities in Trinidad and Tobago

Written Response to the recommendations of the 6th Report of the Committee

OBJECTIVE 1: To determine the prevalence of mental illness and abnormalities in Trinidad and Tobago. The recommendations (Pages 34-36) and the respective responses are as follows:

- 1. That the MoH sustain and enhance its public awareness initiatives/programmes which have assisted in educating the population on matters associated with mental health.**

The Ministry of Health launched a national inaugural mental health awareness campaign *'Paint De Town Green'* on World Mental Health Day October 10th 2018 in collaboration with the Pan American Health Organisation (PAHO), non-government organisations and private and public stakeholders with the aim of:

- Educating the public on mental health matters;
- Addressing the stigma and public perception attached to mental health; and
- Sharing experiences with persons living the experience.

It is intended that the above campaign will be facilitated annually with a multi-stakeholder group reflecting the global theme for World Mental Day as put forward by the World Federation for Mental Health. The local context will inform the nature and target audience for this campaign each year. This campaign was added to the existing mental health promotion initiatives coordinated by the Health Education Division at the Ministry of Health targeting schools, workplaces and communities.

Furthermore, mental health promotion is integrated into the Ministry's annual health promotion programmes with a focus in mental health. The public education activities include:

- Mental Health Awareness;
- Stress Management;
- Mental Health in the Workplace;
- Employee health and wellness;
- Psychological First Aid;
- Suicide Awareness;
- Healthy Lifestyle/Healthy Me Healthy You;
- Post Disaster Mental Health Public Education; and
- Management of Loss and Bereavement.

2. Information on the process involved in accessing treatment at the various public health care facilities should be widely circulated and easily accessible. In particular, such information should be disseminated in a strategic and methodical manner including via Social Media on the Notice Boards of all Constituency Offices, Regional Corporations and public health facilities

The Ministry of Health produced a National Mental Health Services Directory, listing all the facilities and their services in the public health system that provides mental health care across Trinidad and Tobago by the Regional Health Authorities.

This directory contain information on the name of the services, Area/District addresses, telephone contacts, days and hours of operation and brief descriptions of the services. While this directory is disseminated at all public education programmes and is available on the Ministry of Health's website; a coordinated plan is being developed with the Corporate Communications Division to disseminate to the population by the second quarter 2019.

As per the recommendation, this plan also includes the development of a short video mapping the process through the mental health care system identifying:

- Types of Services;
- Types of Mental Health Practitioners;
- Mental Health Illnesses and the appropriate care; and
- How to access care in Trinidad and Tobago

This information will be disseminated throughout the country inclusive of Constituency Offices, Regional Corporations and public health facilities by the first quarter of 2019.

- 3. That the MoH collaborate with the network of public and private mental health care establishments (including the RHAs and outpatient care centres) to develop a robust system to collect data/statistics on the mentally-ill and mental illnesses in Trinidad and Tobago. A Concept Note on this initiative be included in the Ministerial Response to this Report.**

The Ministry of Health is currently collaborating with PAHO to finalise and implement a set of national mental health indicators that would be useful for service planning. In this regard, the rationalization and streamlining of data collection tools and processes are being finalised. A Sub-Committee comprising officers from the Regional Health Authorities (RHAs), the Epidemiology Division and the Mental Health Unit would be reviewing and finalising these indicators by the 1st quarter of 2019. See the details of the concept note in **Appendix 1**.

- 4. The existing curriculum or course content for the MSc Clinical Psychology programme offered by the University of the West Indies (St. Augustine) should be assessed to ensure that the knowledge and training that is being provided to students are aligned with the needs of the society. Should major gaps be identified, a strategy should be developed to modify the programme to include additional**

training in areas such as Child Therapy in child therapy and Child Therapy Psychology. Alternatively, post-graduate scholarships may be awarded by the State for persons to pursue subspecialties at foreign universities on the condition that they return and work in the public health system.

This programme is no longer provided at the University of the West Indies, St. Augustine Campus, Faculty of Medical Sciences. The MSc. in Applied Psychology and the M.Phil and the PhD in Psychology Programmes are still available at the Faculty of Social Sciences. The MSc in Clinical Psychology was started in 2006. Over one hundred and twenty (120) students graduated from this programme. The majority of students who graduated from this programme were from Trinidad and Tobago, including students from other countries namely; Barbados, Belize, St. Lucia and India.

The programme has been stopped primarily due to financial constraints. The issue of training in Child Psychology and Child Therapy can be resolved by the establishment of the PhD or the PsyD programme in these and other areas.

5. That the MoH's response to this report include an update on the implementation of a suicide surveillance system

In 2017, the Ministry of Health collaborated with PAHO for a technical mission team to assess and determine the way forward in developing a Suicide Surveillance System. The key recommendations of the mission team were as follows:

- a. Review systems of data reporting with the National Surveillance Unit to identify an appropriate process flow for suicide surveillance;
- b. Standardize the Ministry of Health forms with the inclusion of Suicide Reporting;
and
- c. Explore Public Health Observatory as a hub for suicide data collection.

The Ministry of Health has since led site visits at the St. Ann's Hospital, San Fernando General Hospital and Port of Spain General Hospital to ascertain the current system of data recording. It was revealed that there is no consistent, standardized and streamlined process for recording and accessing data on attempted suicide at the hospitals.

In light of the above, the Ministry of Health has embarked on a process to include suicide indicators in the National NCD and Mental Health Surveillance Plan. A technical team at the Ministry of Health met with PAHO and regional representatives to finalize the mental health and suicide indicators to be included in this surveillance plan.

The Epidemiology Division, Ministry of Health will lead the finalisation and implementation of this plan. The following phase involves the reviewing of the current data collection forms inclusive of the Admission, Discharge and Transfer form across all RHAs with supporting electronic systems by the 2nd quarter of 2019.

Thereafter, a pilot will be conducted as part of the final review and assessment prior to full roll out by the fourth quarter of 2019.

- 6. That MoH's Mental Health Unit and TTRNA provide an outline of their respective proposals which aim to counteract or alleviate the apparent increase in mental illness/disorders. The Committee requests that these proposals should include details on the roles of each Ministry and the professionals in the field in this collaborative effort.**

A technical team from Ministry of Health has met with the Nursing Council of Trinidad and Tobago with regards to training in this field and others. There have also been preliminary discussions between the Mental Health Unit; the Manager, Nursing Services; and Nursing Council of Trinidad and Tobago to look at the nurse education courses currently being taught at UWI, USC, COSTAATT and MOH with particular emphasis on the preparation of nurses and midwives in awareness and understanding of mental health issues in patients who may access primary care services. This proposal is expected to:

1. Provide student nurses and midwives with an increased level of awareness and understanding of mental health issues in patients they may encounter in primary care services so that they may be able to:
 - spot signs of distress in their patients;
 - offer support where appropriate;
 - direct said patients to relevant services;
 - advocate on behalf on their patients who may also have mental health issues;
 - show compassion to their patients who may also have mental health issues and treat them with dignity and integrity; and
 - assist in the reduction of discrimination and stigma experienced by said persons when accessing primary care services.
2. Improve the level of care provided by our future nurses and midwives to persons with mental health issues - thus bringing it closer to international best practice;
3. Help bring Trinidad and Tobago closer to the levels of mental health care in primary care settings as identified by PAHO/WHO; and
4. Improve the healthcare experience of persons with mental illness in Trinidad and Tobago.

In 2015, the above initiatives commenced and continue to assist persons with mental illness to recover quicker, be better equipped to take care of their physical and mental wellbeing and reduce relapses and the need for hospitalization thus, ultimately reducing the indirect costs of mental illness.

- 7. The MoH should collaborate with the Ministry of Social Development and Family Services to support the work of the NGOs that are involved in providing care and support to persons with mental illnesses/disorders. In this regard, we further recommend that a Register of such agencies be created and published on the websites or appropriate internet platform of both Ministries;**

The Ministry of Health provides an annual subvention to the following Non-Government Organisation (NGOs) that treat persons with mental illnesses/disorders:

- Helping Every Addict live (HEAL);
- Rebirth House and Oasis Drop-in Centre;
- Serenity Place;
- Trinidad and Tobago National Council on Alcoholism;
- Autistic Society; and
- Horses Helping Humans (Therapeutic Services to address children with special needs cerebral palsy, down syndrome and autistic.

The Ministry of Health collaborates with the Ministry of Social Development and Family Services for the sharing of information and use of guidelines in the oversight and overall management of NGOs.

Under the Ministry of Social Development and Family Services there are two (2) NGOs receiving a subvention that treat persons with mental illnesses/disorders including: St. Vincent de Paul and Lifeline. The list of NGOs will be on the Ministry's website by the end of February 2019.

- 8. That the Ministry of Education and the MoH collaborate to design a digital manual/guidebook for teaching staff to aide them to effectively identify and provide a basic response to children and adolescents with mental illnesses. A digitalized manual/guidebook narrated by an appropriate mental health professional along with instructive videos would allow teachers to acquire the necessary knowledge (and perhaps skills) without having to host formal seminars or workshops.**

The School Mental Health Literacy Programme is an evidenced based Curriculum Guide and Educator Teaching Training designed to:

- Blueprint how to unify cross-sector collaborations between education and health systems;
- Improve mental health literacy in teachers and students;
- Improve capacity for early identification, referral and support for students who may be at risk for mental health problems or disorders;
- Reduce stigma;
- Enhance help-seeking efficacy; and
- Reduce perceived stress in both students and teachers in managing mental health problems.

This programme comes with built in online resources (video aids, further reading, etc) and assessments for teachers and other school officials required for certification. The initial training however would require face to face contact with a trainer that may be facilitated as professional development or continuing education during the July-August vacation. One officer at the Mental Health Unit has been trained as a trainer in school mental health literacy in December 2018. Plans are also in place to train additional trainers locally.

The Ministry of Health is proposing collaboration with the Ministry of Education to strategically roll out this programme to bridge this gap between sectors in more effectively managing youth mental health. A pilot of this programme is expected to be done by the third quarter 2019 and is an integral part of a holistic plan for Child and Adolescent Mental Health.

9. To augment the components of the MoH’s undocumented “Mental Health Plan”, the Committee requests that a policy document on the dispensation of mental health services to minors and adolescents be formulated within the first quarter of 2019. It is recommended that this policy document should inter alia:

- i. Inform amendments to the Mental Health Act, the Children Act, Children’s Authority Act and any other relevant law;**
- ii. Guide the development and expansion of facilities to provide mental health care to this cohort;**
- iii. Guide the strategy for the development of human resources necessary for the treatment of minors and adolescents;**
- iv. Promote the application of internationally accepted standards in the administration and dispensing of mental health care services for the cohort; and**
- v. Guide the collection of data by the relevant stakeholders on mental health issues pertaining to children and adolescents.**

In keeping with this recommendation, the Ministry of Health facilitated a meeting with key stakeholders in January 2019 in management and delivery of mental health services in Trinidad and Tobago. A working group was established to plan the way forward for this policy document and the vision of these services. Key stakeholders include:

- Child Guidance clinics in all RHAs;
- CALM Unit, NCRHA;
- Psychiatry, NCRHA/UWI;
- Office of the Prime Minister;
- Student Support Services Division, Ministry of Education;
- Children’s Authority of Trinidad and Tobago;
- Child Development Unit, NCHRA;
- Trinidad and Tobago Association of Psychiatrists;
- Association of Psychiatrists Trinidad and Tobago;

- Speech and Language Therapist, TRHA;
- Consultant Child Psychiatrists;
- Health Education Division, Ministry of Health;
- Legal Department, Ministry of Health; and
- Ministry of Social Development and Family Services.

Key activities of this working group include:

- Site visits to existing and potential facilities including Child Guidance Clinics, Community Residences for children, Safe Houses, Learning Enhancement Centres, St. Ann's Psychiatric Hospital, Caura Hospital, Arima Rehabilitation Centre, the old Tacarigua Extended Care Centre;
- A review of evidenced based programmes and interventions for this population;
- A strategy to enhance the Human Resources;
- A review of the relevant legislation and policies governing the care of minors; and
- The development of a policy document for Child and Adolescent Mental Health.

OBJECTIVE 2: To assess the adequacy of services and facilities available to support mental health and well-being. The recommendations (Pages 54-59) and the respective responses are as follows:

- 1. That patient record at the St. Ann's Psychiatric Hospital be digitized. Consideration should be given to achieving this objective via a public-private partnership. In the interest of pragmatism, a decision should be taken as to how dated the retroactive digitization should be.**

The assessment of the patient records and the requirements for digitization are currently being developed for implementation. In the interim, basic patient profile demographic

information is being captured. Plans are in place to manually enter patient records for all chronic patients over the next six months. It is envisaged that an electronic patient record will be used to assess the types and quantities of facilities/services needed to best support clients with different levels of functioning during the decentralization process.

2. Further, through the application of ICT systems, the patient records at all facilities which provide mental health care services should be recorded electronically. A report on the critical requirements for the successful execution of such a project should be included in the Ministerial Response of the MoH.

Further to a meeting held with key stakeholders, the critical requirements identified for an electronic system include:

- Financing – allocation of funds for development and execution;
- Infrastructure– software, hardware and networking on the wards;
- Staffing – ICT maintenance and data entry clerks;
- System design- Assessment of workflow and processes documentation;
- End user/Stakeholder input – Consultations with end users to ensure;
- Training – all users from across levels of the organisation;
- Unique identifier system – including biometrics to assist in the identification of a unique patient clientele; and
- Amendments to the Mental Health Act – to mandate the electronic patient records for persons with mental disorders to support the continuity of care within the community.

3. That consideration be given to establishing separate units/wards at public hospitals dedicated for the treatment of children/minors with mental disorders.

An allocation of four (4) beds has been identified at the Eric Williams Medical Sciences Complex for the acute treatment of children and adolescents with mental disorders. International best practice suggests that inpatient mental health services for children and adolescents should be located on a paediatric ward.

Furthermore, a space containing four beds at St. Ann's Hospital has been identified for children and adolescents ordered by the court and are expected to be fully operational by March 2019.

4. That therapy be practiced more extensively in the treatment of the mental ill as a means of complementing pharmacological interventions.

The Ministry of Health recognises the need for greater access to therapy and different forms of therapy to complement the recovery process for persons living with mental illness. In January 2019, funding has been made available for the creation of additional board approved posts at the Regional Health Authorities including:

- three (3) Occupational Therapists;
- two (2) Speech and Language Therapists;
- one (1) Speech pathologist; and
- one (1) Child and Adolescent Psychiatrist.

Additionally, a revised Human Resources plan for the Mental Health System is a key priority in the decentralisation plan for mental health. This will include the creation of more posts in each RHA and attractive remuneration packages for therapists in the public health system. The next step is the development of a plan/vision for the new model of care from which an HR plan can be derived to support this new model.

5. That persons over the age of 65 years undergo periodic screening for Alzheimer's disease and dementia as allegedly occurs in the UK.

The mhGAP training programming rolled out by the Ministry of Health is an attempt to increase capacity and scale up resources to treat with mental, neurological and substance use disorders at the primary care level. A programme for assessing and treating with dementia was rolled out in November 2017 and a key module of this programme equips primary care doctors with the essential tools to screen for Dementia including

Alzheimer's disease. Forty (40) clinicians were trained as trainers in this module and approximately 175 clinicians have been trained in the mhGAP. The Ministry of Health mandate to ensure that at least one (1) clinician trained in the mhGAP is available at each health centre.

6. That an objective assessment of the performance of the Mental Health Unit of the Ministry of Health must be undertaken. In the Ministerial Response to this report, the MoH should provide the Parliament with details on the short and medium-term objectives of this unit;

The Mental Health Unit has been severely understaffed and without a manager during the period October 2014 to October 2017. As of January 2019, the Unit has been subsequently staffed and the current complement of staff includes:

- one (1) Manager;
- two (2) Mental Health Planners;
- two (2) Monitoring and Evaluation Officers;
- one (1) Mental Health Information Officer;
- one (1) Field Officer; and
- one (1) Business Operations Assistant.

In order to allow for greater management and oversight of the Unit, the Ministry of Health is proposing the creation of a Director of Mental Health.

The short term objectives of the Unit include:

- To finalize the National Mental Health Policy;
- To develop an implementation plan for the enactment of the National Mental Health policy;
- To finalize a core list of Mental Health indicators;

- To implement strategies for mental health promotion, prevention of mental disorders and decrease the stigma and discrimination associated with mental disorders;
- To integrate mental health into primary care;
- To Train first responders on Psychological First Aid;
- To develop a National Suicide Prevention Strategy; and
- To improve intersectoral collaboration amongst stakeholders involved in mental health service provision.

The medium term objectives include:

- To provide comprehensive, integrated and responsive mental health care with special emphasis on rehabilitation and recovery in community-based settings rather than institutionalization;
- To strengthen human resources in mental health; and
- To develop a mental health information system and research

7. That a CCTV Camera system be installed at the St Ann’s Hospital as a means of bolstering the security surveillance system at the hospital.

A CCTV camera system was commissioned at the St Ann’s Hospital in November 2018. There are currently 84 active cameras covering various departments, including wards and the perimeter and the roadways.

8. A system/method to record the activities of Mental Health Officers in relation to Section 15 (1) of the Mental Health Act must be instituted within fourth (4) months of the presentation of this report.

A system for the recording the activities of Mental Health Officers in relation to Section 15 (1) of the Mental Health Act currently exist as all categories of admission is recorded at the Assessment and Admissions Department and reported in the RHA utilization report

on a monthly basis. Additionally, the number of clinics, number of home visits and number of depot injections are recorded and reported on monthly basis.

- 9. Support to women who may be experiencing post-partum depression and other maternity-related mental illnesses should be incorporated within the ambit of post-natal care provided at public health care facilities.**

A network of mental health clinics are available to treat with depression and other mental disorders. Additionally, a Clinical Psychologist currently provides support to the Women's Hospital at EWMSC.

- 10. An action plan for attending to the shortcomings at the St. Ann's Hospital which were identified by the Committee during its site should be produced by the Ministry of Health within three months of the presentation of this report to the Houses of Parliament.**

An action plan has been developed for attending to the shortcomings at the St. Ann's Hospital and the details are shown in Appendix 2.

- 11. That written guidelines and protocols be developed in relation to the tracking and monitoring of mentally-ill patients who were discharged from mental health care facilities.**

Currently, the psychiatric social workers and mental health officers function as community mental health workers providing support to persons living with mental illness in the community. Patients are assigned social workers when required and are visited by Mental Health Officers assigned to the community upon discharge.

In 2018, focus group sessions were held with psychiatric social workers and mental health officers. Currently, these focus groups are formalising the current practices as guidelines for continuity of care in the community for the discharged patients.

12. That the MoH engages the Ministry of National Security and the Regional Corporations in establishing programmes to train emergency and first responders to handle the mentally-ill persons in the event of a disaster.

The Mental Health Unit, Ministry of Health has been training persons in Psychological First Aid (PFA) which addresses psychosocial needs of persons in the aftermath of a disaster including persons in vulnerable conditions e.g. elderly, mentally ill and disabled. This training began in 2016 and is ongoing targeting the general public and key gatekeepers in the community. One hundred and eighty two (182) persons have been trained to date from various organization including Community Police, Prison Services, Global Medical Response TT Ambulance Services and various NGOs including:

- Radio for the deaf
- Caribbean Sign Language Centre
- Deaf Pioneers Life Center & Arima New Government
- Hope Support Group
- Scripture Union
- ELPIS Centre
- Family Life Tobago
- Green Cross
- Caring for Ex Offenders
- Church of the Rock
- Divine Encounter Fellowship

More importantly, some of these persons were mobilized after the recent flooding disaster to assist in the provision of counseling services for individuals and communities. A disaster management plan is being drafted to coordinate the training and mobilization of trained persons in the event of a disaster. The training began and it is expected to be expanded thereafter.

13. Provide the Parliament with an update on the implementation of the “New model of Mental Health Care” that the MoH anticipated would be implemented by the end of fiscal year 2018.

A decentralised mental health system is the new model of mental health care that is being considered for Trinidad and Tobago. The approval and implementation of the National Mental Health Policy as a guiding framework is the first action item of this plan. As such a series of consultations have commenced for the months of January and February 2019.

Simultaneously, the Ministry of Health facilitated a preliminary meeting with the RHAs to develop a high level action plan which is expected to define the new model of care and map the way forward. An implementation plan will follow these consultations that will map out the vision and operationalisation for this new model of care.

OBJECTIVE 3: To determine the adequacy of the medical practitioners who specialize in mental health care and wellness. The recommendations (Pages 69-71) and the respective responses are as follows:

- 1. The Committee is cognisant that there is a shortage of specialist medical doctors in various aspects of medicine within the public health care system, including psychiatry. The award of scholarships through collaboration between the MoH, the MoE and the Ministry of Public Administration appears to be the most potent method of filling these human resource gaps. In the Ministerial Response, the MoH must advise the Parliament on the number of post-graduate government scholarships that were awarded in the areas of psychiatry and psychology in fiscal 2017/2018 and the number of scholarships proposed to be awarded in the next fiscal.**

During the fiscal year 2018, the Scholarship Division, Ministry of Education has indicated that no advertisement was placed for the areas of psychiatry and psychology. It should be noted that in the years 2016 & 2017, the Ministry of Health provided a priority

listing of medical and non-medical areas inclusive of areas of psychiatry and psychology to the Scholarship Division for its consideration and action.

The Ministry of Health recognises that there is a substantial gap with the needs, training and capacity in the areas of psychiatry and psychology within the public service and is currently undertaking a gap analysis to determine the number of positions required with the supporting terms and conditions to enable capacity needs, retention and succession planning. During the year 2019, the Ministry of Health will approach the Chief Personnel Officer to upgrade the terms and conditions to attract the qualified personnel in the areas of psychiatry and psychology to the public service.

- 2. Given the relatively low enrolment rate into the Mental Health Nurse programmes, the Committee recommends that an incentive scheme be developed to induce persons to select this specialist area of Nursing as a career.**

The Nursing Administrator, Ministry of Health is taking the lead role with respect to reviewing gaps in nursing programmes through managing the number of vacancies and the number of graduates. The Terms of Reference for specialities in Mental Health Nursing are being reviewed for submission to the Chief Personnel Officer.

- 3. In the interest of accountability and the well-being of the public, every cohort of professionals engaged in dispensing medical, psychological or therapeutic treatment to patients should be regulated either voluntarily and/or by statute. We recommend that the TTAP collaborate with the MoH with a view to developing a framework for the partial or complete regulation of practicing Psychologists. In this regard, the experiences and lessons learned by existing regulatory bodies such the Medical Council and the Dental Council should be taken into consideration.**

The Ministry of Health will collaborate with TTAP and other professional associations to facilitate regulation of these professionals by the Council of Professions related to medicine.

- 4. That there be a better multidisciplinary integration of treatment to create established protocols for care. The roles and relationships between professionals within the mental health field must be recognized and standardized i.e. nurses, mental health officers, social workers, occupational therapists, speech pathologists, psychiatrists, psychologists etc. The MoH must produce a single brochure or suitable publication to enlighten the public about the distinction in the roles of these professionals. This should be completed within 60 days of the publication of this report.**

Improved multidisciplinary integration can be achieved through the following:

- The clarification of roles/responsibilities;
- The establishment of Clinical practice guidelines mental disorders;
- The establishment of care pathways;
- The evaluation of multidisciplinary team performance; and
- Training and team building opportunities.

A publication is being drafted on careers in mental health and will be submitted for approval to the Permanent Secretary by the end of January with subsequent role out to stakeholders once approved.

- 5. That professional medical treatment for the mentally-ill should be supplemented by alternative treatments including art therapy, music and drama therapy, and animal therapy.**

Currently, the North West Regional Health Authority has three (3) posts on their establishment for alternative treatments for persons with mental illness and mental health problems i.e. Art therapist (1), Music Therapist (1) and Occupational Therapist (1).

The Art therapist works with an average of 15 clients per month. The number of therapists is insufficient as demand remains high and the key challenges include being limited to the use of assessments rather than therapeutic work and the inability to cover patients as well as community clients such as wellness centers, Arima Rehabilitation Centre, SAPTC and Child Guidance's clinics.

The Ministry of Health recognises the efficacy of these treatments to complement pharmacological intervention and counselling for persons in recovery. As previously mentioned, funding has been made available for the creation of additional board approved posts at the Regional Health Authorities including three (3) Occupational Therapists, two (2) Speech and Language Therapists, one (1) Speech pathologist. Additional posts will have to be created for these specialities at each RHA. This will also be articulated in the HR plan for the decentralised model of care.

Notably, the Ministry in collaboration with the NGO, Horses Helping Humans through its subvention arrangement provides Hippotherapy, a programme that involves both horseback riding and physical interaction with horses that stimulate the motor, sensory and cognitive skills of these special needs children. This specific type of therapy is used for a wide variety of diagnoses, including autism, cerebral palsy, down syndrome, developmental delays, social and communication delays, brain or spinal injuries and genetic disorders. It is also known to reduce stress, anxiety and depression in both children and adults. To date, over 25 children have benefited from these services.

OBJECTIVE 4: To assess the adequacy of the legislative framework that governs mental health. The recommendations (Pages 75-76) and the respective responses are as follows:

- 1. That consultation with stakeholders on the proposed amendments to the Mental Health Act be initiated and the final amendments be submitted for the consideration of the Parliament by the second quarter of 2019.**

These consultations will commence in the month of March 2019 and will be facilitated through the National Mental Health Committee.

- 2. Section 30 (2) of the Children’s Authority Act (Chapter 46:10) should be amended to include a stipulated timeframe for the submission of “reports of the child’s mental status”.**

The Ministry of Health is in discussions with the Children’s Authority of Trinidad and Tobago with this matter to institute a realistic timeline.

- 3. The Committee recommends that a review of the existing suite of children’s legislation and the Mental Health Act be conducted to ensure that adequate provisions are made to treat with the complex legal issues which arise out of the diagnosis, treatment and accommodation of children who are mentally-ill or mentally subnormal.**

The Ministry of Health led a meeting with the key stakeholders in the provision of mental health services for children and adolescents living with mental disorders or sub-threshold mental disorders.

A GAP analysis is priority on this agenda, which includes reviewing legislative gaps. A working committee was established to produce a report which would outline the model of care for Child and Adolescent Mental Health Care. The first meeting of the working committee is scheduled for February 1st 2019.

APPENDICES

Appendix 1: A concept Note for Data Collection and Reporting of mental illnesses

CONCEPT NOTE: “Data collection and reporting on Mental illness”

Background

Information, evidence and research are critical ingredients for appropriate mental health policy, planning and evaluation. The availability of timely and relevant information or surveillance frameworks enables implemented actions to be monitored and improvements in service provision to be detected.

Crucial information and indicators that are needed for the mental health system include:

- the extent of the problem that is the prevalence of mental disorders and identification of major risk factors and protective factors;
- coverage of policies and legislation;
- interventions and services including the gap between the number of people who have a mental disorder and those who receive treatment); and
- health outcome data including suicide and premature mortality rates.

The WHO Global Mental Health Plan of Action defined the target 4: *80% of countries will be routinely collecting and reporting at least a core set of mental health indicators every two years through their national health and social information systems (by the year 2020).*

A National Health Information system should regularly collect and report data on mental health service delivery. These data should be used routinely for evaluation and to report to authorities, and as a basis for improvement and expansion of services/interventions.

According to the WHO-AIMS assessment, in Latin America and the Caribbean, most of the available information comes from psychiatric hospitals, and refers to number of beds and admissions, with very little information on other parameters. Information from outpatient services is more irregular.

PAHO Member States are required to report on a set of indicators from both the PAHO Plan of Action on Mental Health as well as the WHO Mental Health Action Plan. The basic set of indicators suggested must be reviewed, for its adaptation and gradual implementation by the countries.

The purpose of these indicators is to improve support for persons living with a mental health issue in Trinidad and Tobago through informed statistical information.

Objectives:

1. To develop a standardize data set from each RHAs.
2. To develop a standardize data collection process at a national level.
3. To analyze data to produce quarterly reports

Expected results:

1. Periodic assessment and reporting of the mental health indicators using available standardized methodologies.
2. Improved recording and reporting of mental health issues at a national level.
3. Improved recording and reporting of suicides at the national level.

List of Stakeholders:

1. Regional Health Authorities (RHAs)
2. Epidemiology Division (ED)
3. Mental Health Unit (MHU)

Proposed Action Plan:

1. Site visits to each RHA to evaluate what is current being collected and reported.
2. With the support and assistance of the Epidemiology Division, current forms and systems for data collection will be reviewed and assessed according to international standards.
3. Another round of site visits will be conducted to introduce RHAs to updated forms and systems of data collection and reporting.
4. Training shall be conducted with members of each RHA who will be responsible for data collection, data recording and data reporting.
5. Reports from each RHA shall be collected, collated and analyzed to produce a national report which will be used for service planning and quality service delivery.

It was agreed that the follow indicators be adopted and rolled out for implementation and collection with a view of assessing the progress of the metal health intervention for Trinidad and Tobago. These indicators are as follows:

Thematic area	#	Indicator
Extension of mental health service coverage	1	Rate of people with mental disorders served at outpatient mental health services, per 100,000 population
Extension of mental health service coverage	2	Rate of consultations at outpatient mental health services involving diagnoses of mental disorders, per 100,000 population
Extension of mental health service coverage	3	Rate of people with severe mental disorders served at health services, per 100,000 population
Extension of mental health service coverage	4	Rate of consultations at health services involving diagnoses of severe mental disorders, per 100,000 population
Psychiatric hospitalization	5	Percentage distribution of psychiatric beds, according to type of facility
Psychiatric hospitalization	6	Percentage of people hospitalized in psychiatric hospitals for more than one year
Mental health in primary care	7	Percentage of primary care physicians certified as trained in mental health

Thematic area	#	Indicator
Mental health in primary care	8	Rate of people with mental disorders served at primary health care services, per 100,000 population
Mental health in primary care	9	Rate of consultations at primary health care services involving diagnoses of mental disorders, per 100,000 population
Human resources	10	Rate of psychiatrists, psychologists, and mental health specialized nurses, per 100,000 population
Financing	11	Percentage of public health spending devoted to mental health
Financing	12	Percentage of public mental health spending devoted to psychiatric hospitals
Suicide	13	Annual rate of mortality due to suicide, per 100,000 population
Suicide	14	Annual rate of suicide attempts, per 100,000 population

Appendix 2: Action Plan for St Ann's

Recommendation	Action Items	Timelines	Status
<p>A. That patient records at the St. Ann's Psychiatric Hospital be digitized. Consideration should be given to achieving this objective via a public-private partnership. In the interest of pragmatism, a decision should be taken as to how dated the retroactive digitization should be; Further the implementation of a short-term database system for the maintenance of patients' records until the PAHO computerised system can be fully implemented (pg 102)</p>	<ul style="list-style-type: none"> • Manual input of chronic patient information into database (Demographics, Admission/Discharge, Diagnosis, Treatment, Case Notes, Level of Functioning, and Accident/Incident reports) • All new admissions and discharges currently being captured electronically. 	<p>January 2019 – July 2019</p>	<p>Ongoing</p>
<p>B. Further, through the application of ICT systems, the patient records at all facilities which provide mental health care services should be recorded electronically. A report on the critical requirements for the successful execution of such a project should be included in the Ministerial Response of the MoH;</p>	<ul style="list-style-type: none"> • Develop a proposal for ICT system and obtain costing information; and • Critical requirements identified include Financing, Infrastructure, Staffing, System design, Stakeholder/end user input, Training, Unique identifier system, Amendments to the Mental Health Act. 	<p>May 2019</p>	<p>Ongoing</p>

Recommendation	Action Items	Timelines	Status
<p>C. That therapy be practiced more extensively in the treatment of the mental ill as a means of complementing pharmacological interventions;</p>	<ul style="list-style-type: none"> • Funding approved for the creation of additional board approved posts in RHA including Occupational Therapy and Speech and Language Therapy; and • HR Plan to be developed to support the new model of care which emphasizes a greater reliance on evidence based interventions including certain therapies. 	<p>January 2019</p> <p>July 2019</p>	<p>Ongoing</p> <p>Ongoing</p>
<p>D. That persons over the age of 65 years undergo periodic screening for Alzheimer's disease and dementia as allegedly occurs in the UK;</p>	<ul style="list-style-type: none"> • Implement screening for dementia at primary care level through the mhGAP programme; and • Review utilization of memory clinics 	<p>November 2017 – Present</p> <p>April 2019</p>	<p>Ongoing</p> <p>Not Started</p>
<p>E. That a CCTV Camera system be installed at the St Ann's Hospital as a means of bolstering the security surveillance system at the hospital;</p>	<ul style="list-style-type: none"> • CCTV system commissioned at the St Ann's Hospital, there are currently 84 active cameras covering various departments including wards and perimeter including roadway 	<p>November 2018</p>	<p>Completed</p>

Recommendation	Action Items	Timelines	Status
<p>F. A system/method to record the activities of Mental Health Officers in relation to Section 15 (1) of the Mental Health Act must be instituted within fourth (4) months of the presentation of this report;</p>	<p>Formalize guidelines for reporting and recording the activities of Mental Health Officer</p>	<p>April 2019</p>	<p>Ongoing</p>
<p>G. That written guidelines and protocols be developed in relation to the tracking and monitoring of mentally-ill patients who were discharged from mental health care facilities</p>	<p>Develop guidelines for continuity of care within the community</p>	<p>June 2019</p>	<p>Not Started</p>
<p>H. The demolition and reconstruction of the forensic ward.</p>	<p>Resubmit for funding on PSIP</p>	<p>February – March 2019</p>	<p>Not Started</p>
<p>J. Provide the Parliament with an update on the implementation of the “New model of Mental Health Care” that the MoH anticipated would be implemented by the end of fiscal year 2018.</p>	<ul style="list-style-type: none"> • Decentralization of Mental Health Services – A new model of care Report submitted • Policy decision taken by Minister to implement the decentralization of mental health services • Submit National Mental Health Policy to Cabinet 	<p>March 2017</p> <p>December 2018</p> <p>March 2019</p>	<p>Ongoing</p>
<p>J. An action plan for attending to the shortcomings at the St. Ann’s Hospital which were identified by the Committee</p>	<p>Action Plan developed and submitted</p>	<p>January 2019</p>	<p>Completed</p>

Recommendation	Action Items	Timelines	Status
<p>during its site should be produced by the Ministry of Health within three months of the presentation of this report to the Houses of Parliament;</p>			