Summary of Proceedings
Public Hearing
Joint Select Committee on Social Services and Public Administration
Held on Wednesday May 17, 2017
[10:30 a.m. to 12:46 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
2. Brig. Gen. (Ret.) Ancil Antoine, MP

3. Mrs. Christine Newallo-Hosein, MP
4. Mrs. Glenda Jennings-Smith, MP
5. Ms. Ayanna Lewis
6. Ms. Khadijah Ameen

Witnesses who appeared

The following officials of the Ministry of Health appeared before the Committee:

Ministry of Health (MoH)/ Regional Health Authorities

i. Mr. Richard Madray – Permanent Secretary
ii. Dr. Vishwanath Partapsingh – Chief Medical Officer (Ag.)
iii. Prof. Gerard Hutchinson – Head, Psychiatry, NCRHA
iv. Dr. Hazel Ann Othello- Medical Chief of Staff, St. Ann's Hospital
v. Dr. Celia Ramcharan- Specialist Medical Officer, Psychiatry, SWRHA
vi. Ms. Mala Kowlessar- State Counsel III
vii. Mr. Lawrence Jaisingh- Director, Health Policy, Research and Planning
viii. Mr. Asif Ali- Health Sector Advisor

Key Issues Discussed

The following are the key subject areas/issues discussed during the hearing:

i. Two major issues were identified concerning mental health in Trinidad and Tobago:
    a. Detection of mental illnesses; and
    b. Availability and accessibility of treatment.
ii. The stigma associated with seeking and utilising mental health services hampers the process of addressing the issue since persons would be unwilling to seek assistance for fear of being labelled. There is therefore a need to remove the stigma associated with mental illness and disorders.

iii. The following types of mental illnesses where outlined:

In children and adolescents

1. Developmental disorders;
2. Child depression;
3. Autism; and
4. Attention-deficit/hyperactivity disorder.

In adults

1. Anxiety disorder;
2. Mood disorder;
3. Depression
4. Bipolar disorder;
5. Personality disorder;
6. Psychotic disorder;
7. Suicidal tendencies, and
8. Substance abuse.

Elderly persons

1. Neuropsychology disorders;
2. Dementia;
3. Epilepsy, and
4. Parkinson's disease.

iv. Early diagnosis of mental illnesses is hampered due to a lack of awareness and knowledge of mental illnesses and disorders. Persons displaying signs of mental illness or disorders are mostly unaware that they are mentally ill and as a result they are not diagnosed and are unable to obtain early care and treatment;

v. Depression is one of the most prevalent type of mental illness amongst children/adolescents and adults;

vi. An estimated 6 to10% of the total population suffer from a mental disorder or illness;

vii. Lack of recent studies on mental health and wellness in Trinidad and Tobago. The last study was conducted in 2007 by the World Health Organisation (WHO). However, a study

will be undertaken by Pan American Health Organisation (PAHO) in collaboration with the Ministry of Health (MoH) in fiscal year 2018;

viii. Victims of childhood sexual abuse are more susceptible to develop and experience mental disorders and illnesses;

ix. The high probability of an increase in mental illness in Trinidad and Tobago due to social stressors;

x. Mental illnesses and disorders can be hereditary;

xi. Lack of data and statistics on the prevalence and type of mental illnesses and disorders in Trinidad and Tobago;

xii. A person's inability to deal with social stresses makes them vulnerable to mental illnesses;

xiii. Lack of sub specialist medical doctors serving in public mental health facilities. There are no geriatric psychiatrists in the Government service. There is only one (1) in private practice;

xiv. Lack of sensitization programmes on mental health and illnesses;

xv. The need for additional Mental Health Officers. Currently there are only 25 mental health officers under the NWRHA;

xvi. Lack of training offered to Police Officers to appropriately deal with persons who are mentally ill;

xvii. The need for greater collaboration between the Community Police and Mental Health Officers with reference to section 15 (1) of the Mental Health Act;

xviii. The need for the establishment of decanting facilities for iut-patients;

xix. The improper use of geriatric care facilities as decanting facilities for mentally ill patients;

xx. The inadequacy of geriatric care facilities as decanting facilities to accommodate the needs of the mentally ill patients;

xxi. The absence of Extended Care Centres (ECC) in the North-West Region. Currently there are only 2 ECCs under the SWRHA;

xxii. The high level of reliance on hospital base care in this country;

xxiii. The need for additional psychiatrists and psychologists in medical institutions. Doctors are forced to allocate their time between hospitals and outpatient clinics;

xxiv. A small number of drugs for treating mental illnesses are available under the Chronic Disease Assistance Programme (CDAP);

xxv. Currently, there is a shortage of medicine and drugs at medical health facilities to treat mental illnesses and disorders;

xxvi. The lack of mental health systems to assess and treat postpartum depression and the stigma attached to mental illnesses and disorders which deters women experiencing postpartum depression from seeking help;

xxvii. The lack of programmes and services to treat women and children/adolescents with mental illnesses and disorders;

xxviii. The need to expand community health facilities that are able to assess and treat cases of mental illnesses and disorders. Currently, there is limited space and staff available at existing community health facilities that provides mental health and wellness services;

xxix. The reliance on medication and the absence of therapeutic methods in the treatment of persons with mental illnesses and disorders at mental health facilities;

xxx. The need for the implementation of a monitoring mechanism for mentally ill patients outside mental health facilities;

xxxi. Not all persons who are mentally ill have a propensity to be violent;

xxxii. The inadequacy of the current nurse-to-patient ratio in mental health care facilities, which has resulted in the need for an increase in nursing positions/posts;

xxxiii. Currently there are no fully operational 24 hour suicide prevention hotlines. There is an NGO called *Lifeline* but due to a shortage of staff, the hotline is unable to operate on a 24 hour basis;

xxxiv. The MoH is in the process of developing a Suicide Surveillance System;

xxxv. The MoH has no jurisdiction over the mental health facilities in Tobago. The responsibility lies with the Tobago RHA; and

xxxvi. Doctors are not allowed to move across RHAs as such the transfer of psychiatrists from one RHA to another is cumbersome.

Recommendations proffered during the Public Hearing

The following recommendations emanated from the discussions:

i. That a greater effort be made by the MoH to collect data/statistics on mental health and mental illnesses in Trinidad and Tobago;

ii. That a registry be established to record mentally ill patients who are brought in and admitted to the St. Ann's Psychiatric Hospital by Mental Health Officers;

iii. That the MoH in collaboration with various NGOs invest in and implement public awareness initiatives/programmes to educate the population on the symptoms of mental disorders and the process involved in accessing treatment at the various mental health care facilities;

iv. That the appropriate policies be implemented to protect children from parents that are considered mentally unstable;

v. That the MoH do a better job at notifying the public of community outreach programmes which focus on mental health and wellness;

vi. That the MoH invest in more therapeutic methods to treat mentally ill patients;

vii. That the MoH engage the Ministry of National Security and the Regional Corporations on programmes to train emergency responders to provide psychological support to mentally ill persons during disasters;

viii. That the suicide surveillance system be fully implemented at the end of the fiscal year;

ix. That improvements be made to the operations of the current suicide hotline;

x. That the Regional Health Authority Act be reviewed and amended to facilitate the movement of medical professionals within RHAs including the TRHA;

xi. That provisions be made for mental abuse to be criminalised; and

xii. That amendments be made to the Mental Health Act in order to facilitate tracking and monitoring of mentally ill patients outside mental health care facilities. Furthermore, that amendments be made to facilitate the proper categorisation of mental illnesses and disorders in Trinidad and Tobago.

View the Hearing

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

https://www.youtube.com/watch?v=pvfJRirBEKs

Contact the Committee's Secretary

jscsspa@ttparliament.org or 624-7275 Ext. 2283

Committees Unit

May 18, 2017