

WHO-AIMS

WHO-AIMS REPORT ON
MENTAL HEALTH SYSTEM
IN GRENADA



World Health
Organization



MINISTRY OF HEALTH
GRENADA

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REPORT ON THE
MENTAL HEALTH SYSTEM
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Report of the Assessment of the Mental Health System in Grenada using the WHO
Assessment Instrument for Mental Health Systems (WHO/AIMS)

Grenada

2009

The data was collected in 2009 based on data for 2007.



**MINISTRY OF HEALTH
GRENADA**

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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 structure the report on the mental system in Grenada. The overall goal of collecting this information is to improve the mental health system and to provide a baseline for monitoring change. This assessment will greatly assist the government of Grenada to ensure that the final versions of the mental health policy and plans are explicit, coherent, and include the issues of relevance for improving the mental health of the population. The comprehensiveness of the Assessment will provide an evidence-based approach to priority-setting in the process of mental health reform.

The State of Grenada, with a total population of 107,381, is comprised of the islands of Grenada, Carriacou, Petit Martinique and a group of small uninhabitable islands and islets. The Ministry of Health, Social Security, the Environment and Ecclesiastic Relations is responsible for the overall policy direction and management of the health sector. Grenada has a draft mental health policy (2006), a draft mental health plan (2006) and a Mental Health Act (2008). The structure of the National Estimates of Revenue and Expenditures does not include a mental health component *per se*. The appropriation for mental health care is subsumed under “Hospital Services,” in the component referred to as the Richmond Hill Institutions which is comprised of three institutions (the mental hospital, a geriatric facility, and a drug rehabilitation center). However, the allocation for the staffing at the mental hospital is explicit in the Estimates. In 2007, around 5% of the National Health Services’ budget was allocated to the Richmond Hill Institutions. The National Insurance Scheme covers all mental health problems of clinical concern. The entire population has free access to essential psychotropic medicines.

There is no mental health authority or director of mental health program with responsibility for mental health care in the State. 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 human rights for the protection of persons with mental illness.

There is an 80-bed mental hospital, a 20-bed inpatient psychiatric unit, and five primary health care centers with access to community mental health teams. All primary health care centers are physician-based. Mental health care is not integrated at the primary health care level. There is a day treatment facility for persons with substance abuse problems and a 100-bed geriatric facility. None of the mental health-related facilities have beds designated for children and adolescents. There is no forensic inpatient facility and none of the existing facilities have assigned beds for forensic clients. Inmates with psychiatric disorders are managed by the community mental health teams. Residents from Carriacou and Petit Martinique access mental health and related services in Grenada.

There is no national mental health information system and no formal mechanism for the annual reporting of mental health data. A chart-by-chart review showed that the

overwhelming number of persons treated for mental disorders carried a diagnosis of schizophrenia and related disorders (73% of persons at the mental hospital and 65% at the mental health inpatient unit). Data, by diagnoses, was not available from the primary health care centers. Psychotropic medicines are available to address the symptoms of mental illness. These include antipsychotics, antidepressants, mood stabilizers, anxiolytics, and antiepileptics. There is no risk-benefit assessment of the effects of long-term use of psychotropic drugs.

Among the 75 persons who are assigned to the mental health care delivery services, there are two psychiatrists and 16 trained mental nurses. Health regulations authorize primary health care physicians to prescribe and continue prescription for psychotropic medications. No refresher training on psychiatry/mental health related subjects was conducted for any category of mental health personnel.

There are no user/consumer or family associations. There is one advocacy group that hosted periodic activities to benefit persons with mental illness. There are some formal links between the agency responsible for mental health and the departments responsible for such areas as HIV/AIDS, criminal justice, substance abuse and the elderly. Social welfare benefits are not automatically given to a client solely because of mental disability. No programs exist to secure jobs for persons with mental disorders outside of the mental health institutions. The government promotes public education and awareness campaigns targeting the general public.

Monitoring and research activities are not promoted and no mental health professional was involved in mental health research. There are no mental health research publications in indexed journals.

The mental health service in Grenada is not markedly dissimilar to that of the other countries in the Eastern Caribbean. To highlight a few areas of similarity and differences, it is noted that Grenada is among the countries in the Sub-region that have updated their antiquated legislation and enacted or drafted a modern Mental Health Act. It is similar to many countries where the burden of care resides in the institutional environment. Consistent with other countries, Grenada does not have a mental health information system and an information-based mental health policy and plan. In terms of annual reporting of mental health data, Grenada is among the majority of countries without a system for the annual reporting of mental health data. It is among several countries without a health authority/department in the Ministry of Health to “drive” mental health activities at the highest political level. Grenada mirrors other countries where there is limited involvement of civil society and the role of the community, non-governmental agencies and other stakeholders are not clearly identified. Grenada is among most of the countries where the various forms of mass media are not used for public information campaigns.

Several priorities are identified for the next phase of the mental health reform process beginning with the appointment of a Director of Mental Health Services.

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 Grenada. Data was collected in 2009 and is based on the year 2007. One week 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. Interviews were scheduled, through the PAHO/Country Program Officer, prior to the consultant's arrival in Grenada.
3. The consultant met with representatives of the Ministry of Health to explain the purpose, benefits, and contents of the WHO/AIMS as well as the procedures and requirements for its completion.
4. Personal working sessions and interviews were held with the available respondents; not all the categories of health personnel mentioned under 1) above are available in Grenada.
5. The data was entered into the WHO-AIMS 2.2 Excel spreadsheet and discussed with the Non-Communicable Diseases and Mental Health Adviser, PAHO/WHO-Barbados Office.
6. The draft report was prepared and circulated to the national health authorities for comments and validation.
7. 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

In Grenada, there was no reporting system for mental health to respond to the need for timely, reliable, and accurate data. Consequently, with limited time, it was challenging to access data that accurately determined trends in disease occurrence, quality of care, and human resource tracking. Mental health data was not routinely collected and integrated into a national data base. The primary health care network did not have trained mental health staff or a framework to inform the type of indicators to collect to produce useful, reliable, and timely information. Although the relevant data were available at the mental hospital, it was not compiled in a log book or data base. The 2007 annual report from Mt. Gay Psychiatric Hospital did not include discharge data disaggregated by diagnoses, age, sex, gender, and length of stay. Consequently, much time was spent in a chart-by-chart review to access and organize the discharge data corresponding to 2007. For this report, the diagnoses were coded manually using the International Classification of Diseases, Tenth Revision (ICD-10). No data was available from the day treatment center for drug rehabilitation, the residential facility for youths with mental retardation, or the residential facility for the elderly.

Mt. Gay Psychiatric Hospital is the only mental hospital in Grenada.

Taking these limitations into consideration, the information reported herein best reflects the characteristics of the mental health infrastructure and service delivery mechanism in Grenada.

Introduction

The state of Grenada, commonly called the “Spice Island” of the Caribbean, includes the islands of Grenada, Carriacou, Petit Martinique, and a group of largely uninhabitable small islands and islets. It is located in the Windward Islands, the southern group of the Lesser Antilles, in the West Indies. Its geographic coordinates are 12.7° N and 61.40° W and it lies 83.8 miles north of Trinidad and Tobago and 100 miles north of Venezuela. The total land mass is 344 km². The main island of Grenada is 120 sq. miles and the islands of Carriacou and Petit Martinique are 13 sq. miles collectively. Grenada lies on the edge of a hurricane belt and its annual hurricane season lasts from June to November. It is one of the smallest independent countries in the western hemisphere. St. George’s is the capital city and the main commercial center. The currency is the Eastern Caribbean dollar and it is pegged to the United States dollar at US\$1 = EC\$2.70.

Grenada gained full independence in 1974 and the State is governed under a parliamentary system based on the British model. There is a Governor-General, Prime Minister, and a Cabinet. The bicameral parliament consists of the politically-appointed Senate and the elected House of Representatives.

Grenada continued to rely on tourism as its main source of foreign exchange. Prior to two hurricanes (2004 and 2005), the nutmeg industry was the key driver of economic growth. The agriculture sector recovered gradually, and there was an increase in Grenada’s share of the regional tourism market. In addition, strong performances in the construction and manufacturing sectors, together with the development of a viable offshore financial industry, contributed to overall economic growth.

Grenada retained memberships in several international groups and organizations. These include the Organization of Eastern Caribbean States (OECS), the Caribbean Community (CARICOM), the World Health Organization (WHO); the Organization of American States (OAS), and the United Nations.

The Ministry of Health, Social Security, the Environment, and Ecclesiastic Relations is responsible for the overall management of the health sector; it discharges its responsibilities through a centralized management system. The Minister functions as the political head, and the Chief Medical Officer is the principal technical advisor on medical services. Grenada is divided into seven health districts—six of which have a health center as their main primary care facility. Each health district is managed by a District Medical Officer.¹ The public health sector hospitals are: the General Hospital in St. Georges; Princess Alice in St. Andrews; and Princess Royal in Carriacou. The 80-bed Mt. Gay Hospital is the only long-stay mental health facility in Grenada. Mt. Gay Hospital is part of a cluster of institutions called “Richmond Hill Institutions” that includes the Richmond Home for the Elderly, and Carlton House (an alcohol rehabilitation center).

In 2007, the population, mainly of African descent, was estimated at 107,381. Approximately 50% of the State’s population is under the age of 30 years. Total fertility

¹ Pan American Health Organization. Health in the Americas 2007 Vol. II. Washington, D.C: PAHO: 2007.

rate was estimated at 2.3 children/per woman, infant mortality at 11.0 deaths per 1,000 live births, and total life expectancy at birth was 73 years. In 2008, the crude birth rate was estimated at 18.1 births per 1,000 population and the death rate at 6.31 deaths per 1,000 population.

Domain 1: Policy and Legislative Framework

Policy

Grenada's draft mental health policy was proposed in 2006. The policy is guided by seven principles: equity and accessibility; human rights; evidence-based care; quality services; integration; community involvement and participation; and cultural sensitivity. The Policy does not address human resource requirements, and financing options. The objectives of the Policy are to: 1) to reduce the burden of mental disorders; 2) promote the mental health of the population; 3) promote and protect the human and civil rights of the mentally ill; and 4) to provide equitable access to quality evidence-based mental health to all people in Grenada.

Plan

The draft five-year strategic plan for mental health was proposed in 2006. In addition to the four objectives stated in the mental health policy, the plan includes the following two additional objectives: 1) to provide mental health services which are integrated into the entire health care system; widely available in the community; cross-sectoral; and which meet the mental health needs of the population in Grenada; and 2) to assist the individual's recovery from mental disorders as a goal of all health service provision. The draft plan includes twelve strategies and it identifies the activities required for each one. The draft plan did not include financing mechanisms, time-lines, and human resource requirements. The proposed plan is premised on the fact that further discussions are imperative to refine it, identify specific targets and indicators, set time lines, among other things.

Disaster Preparedness Plan

The disaster preparedness plan, dated 2005, provides direction to the staff of the Richmond Institutions (Mt. Gay Hospital, Richmond Home, and Carlton House Rehabilitation Center) for the management of activities related to the preparedness, response, and the recovery phases of disasters. There was a Disaster Planning and Management Committee to coordinate and communicate with the Director of Hospital Services, the Ministry of Health, other sectors, and private entities in the community in the event of a disaster.

Legislation

The Mental Health Act, 2008 makes provision for the treatment and care of persons with mental disorders and connected matters. Part I, which is titled “Interpretation,” contains the definition of terms. Other parts deal with: Administration; Admission and Hospitalization of Patients; Community Mental Health Service; Protection of the Property of Patients; and General Matters. The final part, Schedule, contains 21 forms to be used, with any necessary modification, in relation to matters under the Mental Health Act. The Act does not address the accreditation of professionals and facilities.

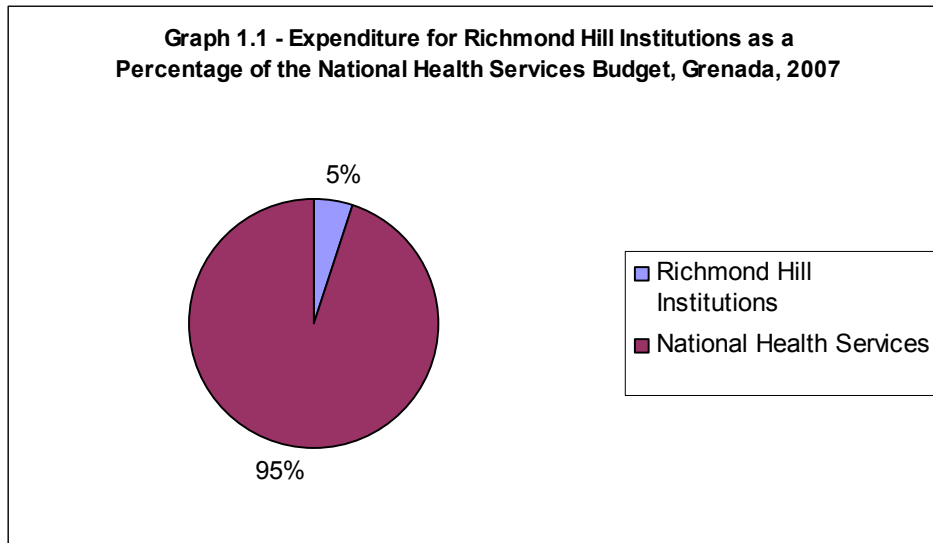
Human rights

There was no national human rights policy or human rights review body to assess the human rights protection of users of mental health services. However, the Mental Health Act endorsed human rights-oriented “procedural safeguards” that ensure a patient’s right to: legal representation; the services of an interpreter (if he/she does not speak English); a copy of all documents and evidence to be presented at any proceedings under the Act (unless in so doing it is likely to cause serious harm to the patient’s health or put at risk the safety of others); availability of all documents to a lawyer, or near relative (whichever is appropriate); request that a particular person be present at the hearing (unless that person could cause serious harm to the health of the patient or put at risk the safety of others); and to a tribunal to decide whether a decision may be published but taking into consideration the patient’s wishes, respect of patient’s privacy; the need to prevent serious harm to the patient’s health, and the need to avoid putting at risk the safety of others. None of the treatment facilities has had an external review/inspection to assess the human rights protection of users of mental health services. . Similarly, none of the mental health staff had at least a one-day training, meeting, or other type of working session on this theme.

Financing of mental health services

In the assessment year, the budgetary provision for mental health services in Grenada was incorporated into the overall “Hospital Services” budget. The budget included appropriations for St. Georges Hospital; two subsidiary community hospitals; and the Richmond Hill institutions (Mt. Gay Mental Hospital, the Richmond Hill geriatric facility; and the Carlton House, a drug rehabilitation center). The budgetary allocation for staffing at the Mt. Gay Mental Hospital was expressly reflected in the National Estimates of Revenue and Expenditure. However, the provisions for the other services were not clearly defined nor quantifiable since expenditures for these services were integrated with the overall Hospital Services’ allocation.

The actual expenditure for health services for Richmond Hill Institutions was EC\$2,614,798. It was estimated that the largest percentage went towards the operation of the Mt. Gay Hospital and the provision of mental health services. The total national health budget for the corresponding year was EC\$48,309,102.



The National Insurance Scheme covered all mental disorders and all mental health problems of clinical concern. The entire population had free access to essential psychotropic medicines.

Domain 2: Mental Health Services

Organization of mental health services

There was no mental health authority or a director of mental health program in the country. Primary health care services were organized in terms of catchment/service areas. A mental health team from Mt. Gay Hospital visited routinely the primary health care centers to provide follow-up care for non-institutionalized mentally ill patients. Residents of the islands of Carriacou and Petit Martinique received mental health care in Grenada. Mental health services were not organizationally integrated with the primary health care system.

Mental health outpatient facilities

There were no outpatient facilities exclusively for treatment of persons with mental illness. There were six primary health care centers but only five of them had access to monthly visits by a mental health team. None of the centers had a computerized data entry system. In January 2007, the five centers treated a total of 401 users and 192 were females. No data was available to provide information concerning the diagnostic profiles of these users. However, the centers reported 4,298 clinic visits; 51% (2201) were made by females.

It was estimated that around 21-50% of users received one or more psychosocial interventions. All primary health care centers had access to at least one psychotropic medicine of each therapeutic category (antipsychotic, antidepressant, mood stabilizer,

anxiolytic, and antiepileptic). No data were available on the diagnoses carried by the users who were treated through the primary health care network.

Day treatment facilities

The Carlton House, an 18-bed residential drug rehabilitation and treatment facility, operated as day-treatment facility. It was the only short-term residential treatment facility for persons with substance abuse problems. However, its operations were curtailed when the building suffered structural damage due to a hurricane in 2004.

Community-based psychiatric inpatient unit

The 20-bed community-based inpatient psychiatric unit (Rathdune), previously housed at the 198-bed General Hospital, was moved to the Mt. Gay Hospital's premises approximately six years ago. Notwithstanding, patients in need of emergency psychiatric services continued to visit the general hospital for initial assessment and triage.

Rathdune unit serves patients from Grenada, Carriacou, and Petit Martinique. None of the beds were reserved for children, adolescents or forensic patients. There was no computerized data entry system and no medical records officer. Twenty patients were discharged in 2007; five were females. The average length of stay per discharge was 8.2 days. The patients' discharge diagnoses were not coded using either the DSM-IV or the International Classification of Diseases, 10th Revision (ICD-10) classification system. For this report, a chart-by-chart review was done and the medical data was coded manually using the ICD-10. Fifteen percent (3) patients were treated for mental and behavioral disorders due to psychoactive substances; 65% (13) for schizophrenia; and 20% (4) for other mental illnesses. Approximately 21-50% of the patients received one or more psychosocial interventions. The Unit had access to at least one psychotropic medicine of each therapeutic class (antipsychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic medicines).

Community residential facilities

There were no community residential facilities in Grenada.

Mental Hospital

The 80-bed Mt. Gay Hospital is the only psychiatric hospital in Grenada. It has a total of 74.5 beds per 100,000 population. This hospital serves patients from Grenada, Carriacou, and Petit Martinique. No beds were reserved for children, adolescents, or forensic patients. The staff recalled that about 16 patients have been institutionalized in Mt. Gay Hospital for more than 10 years. Three hundred and twenty-seven patients were admitted in 2007, including 45 females. In that year, there were 294 discharges, including 35 females. Of these, 222 (76%) of the discharged patients' charts was available for review. The patients' discharge diagnoses were not coded using either the DSM-IV or the ICD-10 classification system. There was no medical records unit, medical records clerk or computerized data entry system in the hospital. A chart-by-chart review was done to

collect data for this report. The ICD-10 system was used to code manually the discharge diagnoses. Twenty-four percent (53) had mental or behavioral disorders due to psychoactive substances; 73% (161) had schizophrenia and related disorders; 3% (7) had other mental disorders. The average length of stay was 67.3 days per discharge. Six (3%) of discharged patients' charts did not contain a conclusive discharge diagnoses. Some 51-80% of patients received one or more psychosocial interventions. Mt. Gay Hospital had at least one psychotropic medication of each therapeutic class (antipsychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic medicines) available in the facility.

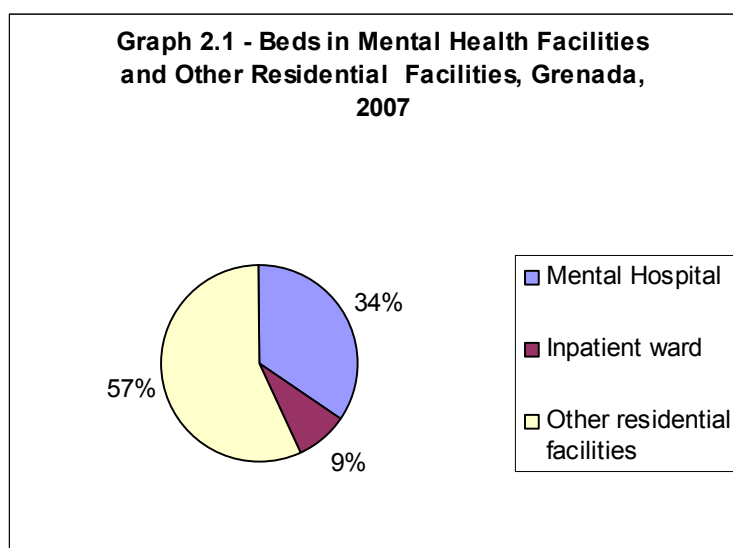
Forensic and other residential facilities

There was no forensic inpatient facility and no designated beds for forensic patients in any mental health treatment facility. A team of mental health professionals from Mt. Gay Hospital provided mental health care services to institutionalized inmates in the prison system. Youths with mental retardation, 17 years and younger, are institutionalized at the privately-run 32-bed Dorothy Hopkins Home. Notably, the majority of residents remained in that facility into adulthood. Richmond Home is a 100-bed residential facility for the elderly. Many of the residents in this facility had chronic mental illness, mental retardation, or other diagnosable mental disorders.

Human rights and equity

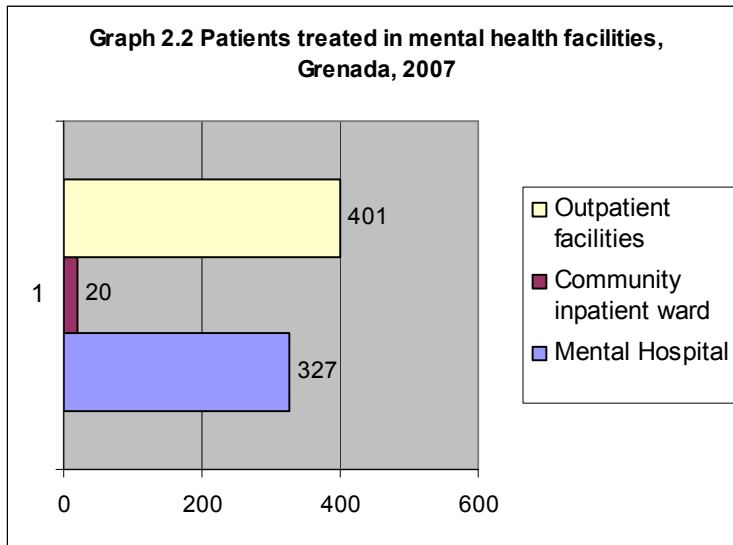
Ninety percent (18) discharged patients from the community-based inpatient unit (Rathdune), and 94% (209) of the discharges from the Mt. Gay Hospital were admitted as involuntary patients. Approximately 11-20% of the patients admitted to Mt. Gay Hospital were restrained and/or secluded. Similar data was not available for the Rathdune Unit.

Summary charts



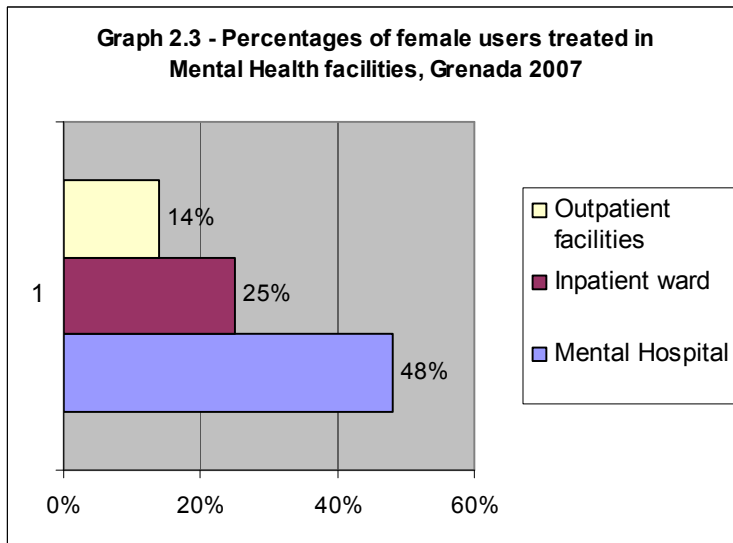
Summary for Graph 2.1

The institution that catered to the elderly and the one serving youths, 17 years and younger, with mental retardation combined to account for the majority of inpatient beds.



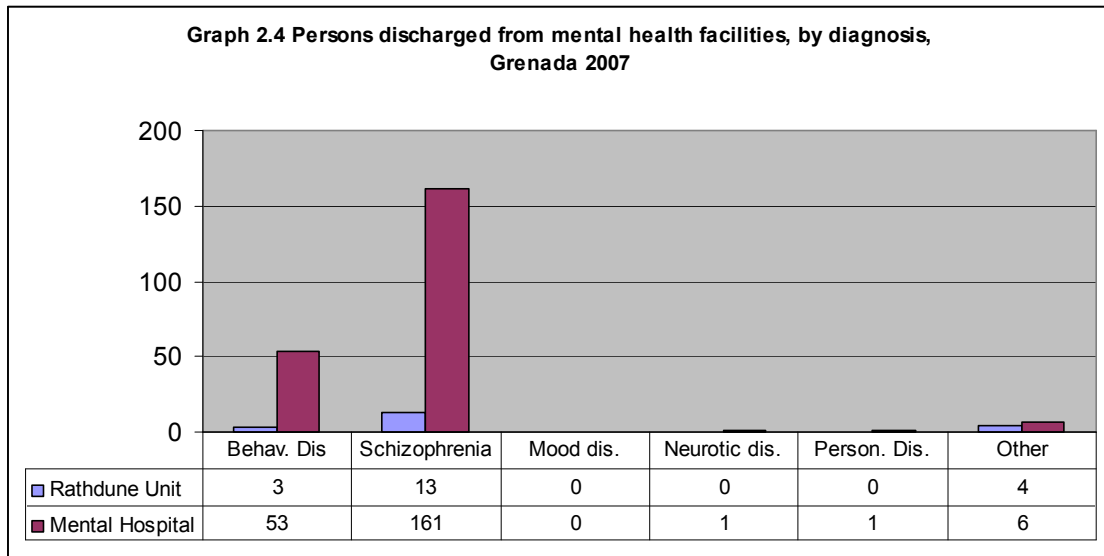
Summary for Graph 2.2

The majority of persons were treated as outpatients. The number of users treated in the outpatient primary health care centers in January 2007 was used to facilitate an approximation of the total number of persons treated in 2007.



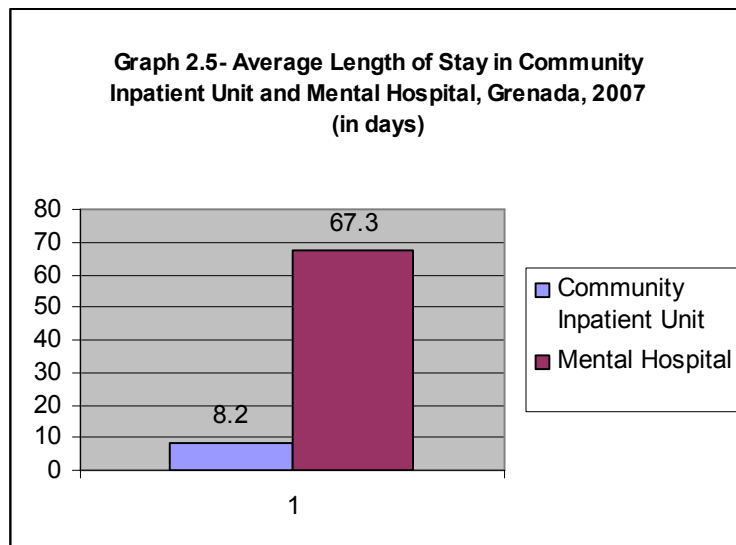
Summary for Graph 2.3

The majority of females were treated through outpatient mental health facilities. The number of female users treated in the outpatient primary health care centers in January 2007 was used to facilitate an approximation of the number of females that were treated in 2007.



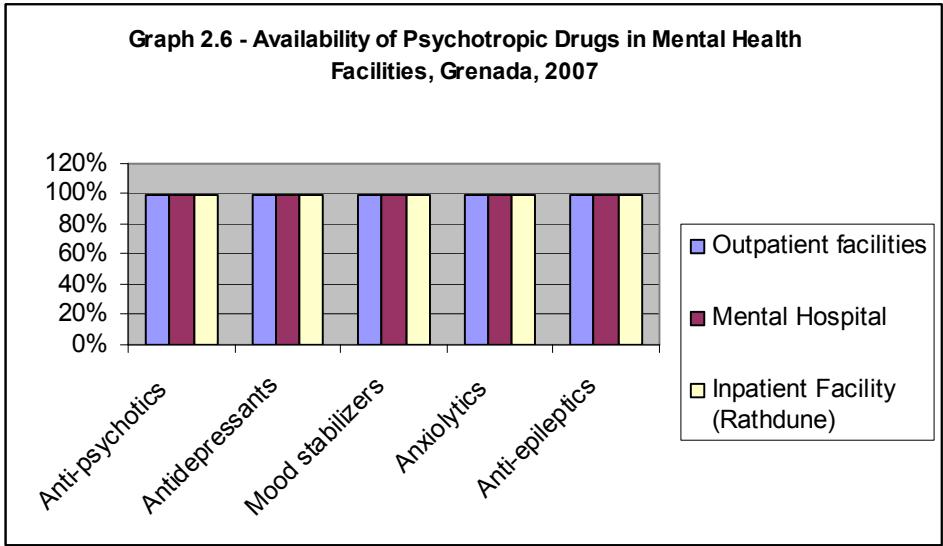
Summary for Graph 2.4

This graph represents only 76% of the total number of discharges from Mt. Gay Mental Hospital. Schizophrenia and related disorders were by far the most frequent diagnoses in both institutions. The corresponding data was not available for the primary health care centers.



Summary for Graph 2.5

The length of stay in the mental hospital was calculated based on 222 discharges accounting for a total stay of 14, 930 days. No data was available on the length of stay in the other residential facilities.



Summary for Graph 2.6

Psychotropic medicines were widely available in mental health treatment facilities.

Domain 3: Mental Health and Primary Health Care

Training in mental health care for primary care staff

Information was not available on the proportion of undergraduate training hours devoted to psychiatry and mental health-related subjects for the medical doctors. Approximately 4% of the training hours in the registered nurses' curriculum were devoted to concepts and clinical practice in mental health. No refresher training on psychiatry/mental health-related subjects was conducted for any category of mental health personnel.

Mental health in primary health care (PHC)

There were 14 primary health care physicians in the public sector. All Primary Health Care (PHC) care centers were physician-based. None of these clinics had assessment and treatment protocols for key mental health conditions. A few (1-20%) PHC doctors made an average of at least one referral per month to a mental health professional. Similarly, between 1-20% of PHC physicians interacted monthly with a mental health professional. None of the physician-based PHC facilities, or mental health facilities had interaction with a complementary/alternative/traditional practitioner.

Prescription in primary health care

Health regulations authorize PHC physicians to prescribe and continue prescription for psychotropic medications without restrictions. Nurses and non-doctor/non-nurse health care workers are not allowed to prescribe these medications. As for the availability of psychotropic drugs, almost all of the PHC centers had access to at least one psychotropic medication of each therapeutic category (antipsychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic medicines).

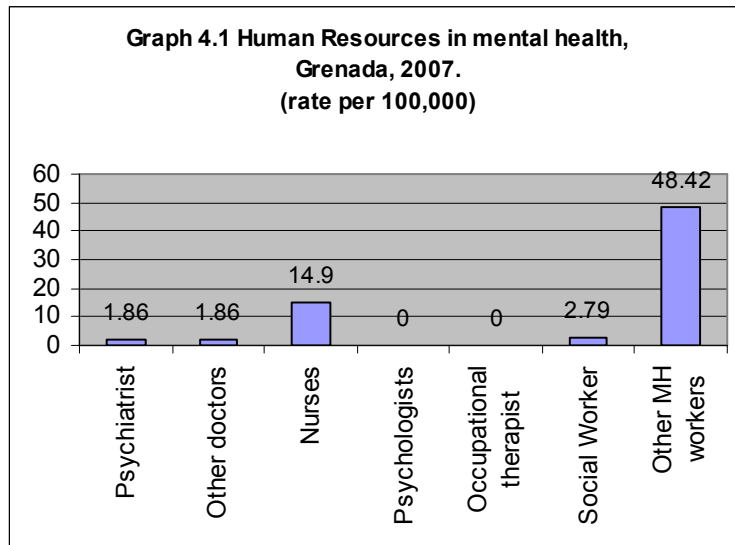
Domain 4: Human Resources

Number of human resources in mental health care

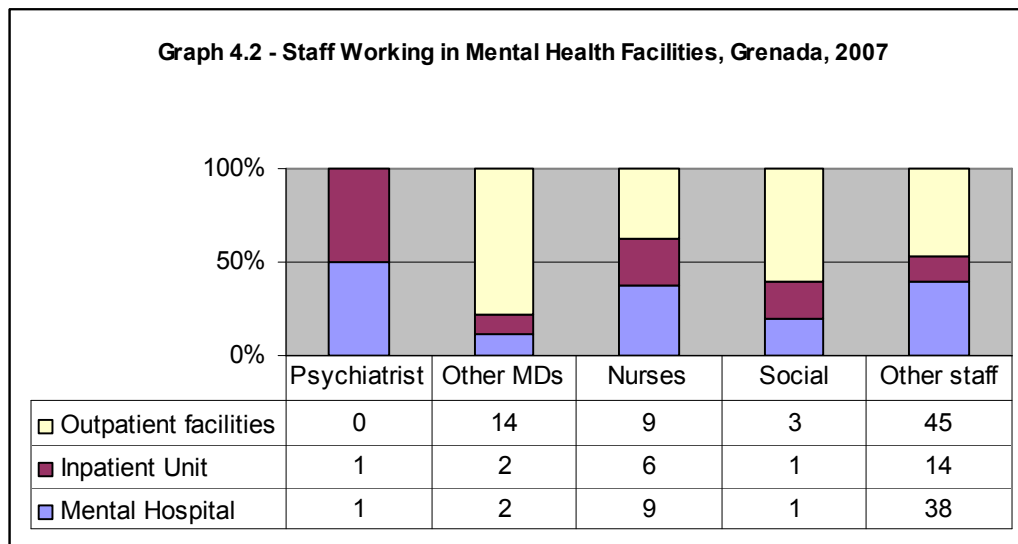
There were 75 persons dedicated to the delivery of mental health care: 2 psychiatrists, 2 medical doctors (not specialized in psychiatry), 16 mental health nurses; 3 social workers; and 52 auxiliary staff. No occupational therapist was assigned to a mental health treatment facility. In 2007, there were 6 psychologists in Grenada but none assigned to the mental health services. One psychiatrist worked only for government-administered mental health service; his time is divided between the Mt. Gay Mental Hospital, the Rathdune Inpatient Unit and the community outpatient mental health clinics. There is another psychiatrist in Grenada who is attached to the St. Georges University School of Medicine, an offshore medical school. The 2 doctors, not specialized in psychiatry, were assigned to the government mental health services and are responsible for service delivery at Mt. Gay Hospital, Rathdune Inpatient Unit, and the community outpatient mental health clinics.. Six trained mental health nurses worked in the Rathdune Inpatient

Unit, 9 in Mt. Gay Hospital, and 1 at Carlton House. One social worker was assigned to both the Mt. Gay Hospital and Rathdune Inpatient Unit, 1 to the HIV/AIDS Unit, and the other to the general hospital.

The mental hospital had 0.01 psychiatrist per bed compared to 0.05 in the community-based psychiatric unit; and 0.11 nurses per bed in the mental hospital compared to 0.30 in the community-based psychiatric unit.



One of the two psychiatrists in the island worked exclusively in an academic institution.



Note: There were a total of 9 nurses who worked *both* in the outpatient mental health clinics and the mental hospital.

Summary of Graph 4.2

There is only one psychiatrist working in the public sector who provided services in the psychiatric inpatient unit, outpatient mental health clinics, and the mental hospital. Fourteen PHC physicians, not specialized in psychiatry, worked in the PHC clinics. Two physicians, not formally trained in psychiatry, were responsible for mental health care in both the inpatient unit, outpatient mental health clinics, and the mental hospital. It should be noted that the same nine nurses, worked both in the community outpatient mental health clinics and the mental hospital. Other staff working in both the inpatient unit and the mental hospital includes community mental health workers, nurse aides, and auxiliary workers. A cadre of non-mental health staff is assigned to the primary health centers where outpatient mental health clinics were held.

Training professionals in mental health

No mental health staff attended refresher training on the rational use of drugs, psychosocial interventions, or child/adolescent mental health issues. Two nurses graduated from an academic institution in 2007. No psychiatrist emigrated to other countries within 5 years of completion of training.

Consumer and family associations

No user/consumer or family associations existed in Grenada. An advocacy group, the Friends of the Mentally Ill, hosted activities periodically to benefit patients with mental illness.

Domain 5: Public Education and Links to 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. The government promoted public education and awareness campaigns targeting the general public.

Legislative and financial provisions for persons with mental disorders

There were no legislative provisions concerning: 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 a mental disorder; c) financial provisions concerning priority in housing and in subsidized housing schemes for people with mental disorders; and d) protection from discrimination in allocation of housing for people with severe mental disorders.

Links with other sectors

Formal collaborative programs addressing the needs of people with mental health problems existed between the mental health service delivery network and the department/agency responsible for primary health care, HIV/AIDS, substance abuse, welfare, criminal justice, and the elderly. There were no programs that provided jobs for persons with severe mental disorders outside of the mental health facilities. No mental health staff was assigned to either the primary or secondary schools. A few police cadets (1-20%) participated in educational activities on mental health in the last five years. No judges or lawyers participated in similar activities. Among the population in the single prison, 6-10% of prisoners were diagnosed with psychosis, and less than 2% with mental retardation. The prison had at least one prisoner per month in treatment contact with a mental health professional inside the prison. Persons do not automatically receive social welfare benefits because of disability due to mental illness. Welfare benefits target primarily persons who fall below the established poverty line.

Domain 6: Monitoring and Research

There is a formally-defined list of individual data items that ought to be collected by all mental health facilities. Data items were not extracted and compiled in a log book or data base. The compilation and analysis of information was only possible through a chart-by-chart review at both the Mt. Gay Hospital and Rathdune inpatient unit. The mental hospital's 2007 annual report covered the number of admissions, discharges, deaths, staffing, community mental health, training and upgrading, recreational activities, physical facilities, retirements, visits, and donations. No essential statistical data on mental health activities was submitted to the government health department. No reports covering mental health was published by the government. In 2005, external consultants prepared a "Situational Analysis of Mental Health Services in Grenada." No mental health professional was involved in mental health research or was any mental health research conducted in the last five years.

NEXT STEPS IN STRENGTHENING THE MENTAL HEALTH SYSTEM

1. Appointment of a Director of Mental Health Services
2. Establishment of a patient information system
3. Finalization and implementation of the mental health legislation
4. Review the list of psychotropic drugs in the formulary
5. Training of health care providers beginning with physicians, occupational therapists, nurses, and administrative staff.
6. Revision and re-development of the mental health project in Carriacou.

The World Health Organization Assessment Instrument for Mental Health (WHO-AIMS) was used to collect information and structure the report on the mental health system in Grenada. The Assessment identifies the strengths and weaknesses of the mental health system and provides a structure for finalizing the mental health policy and plan. The Assessment also provides an evidence-based context for mental health reform.

The management of mentally ill patients falls under the ambit of the Ministry of Health. No mental health authority or post for a director of mental health program exists. There is no unique budgetary allocation for mental health services in the national health budget. The allocation is subsumed under “Hospital Services” in the component that comprises three institutions. The population accesses mental health care through a mental hospital, a psychiatric unit, specialist clinics in primary health care centers, a day treatment facility, and a geriatric facility. There are no facilities for children, adolescents, or forensic clients with mental disorders. Psychotropic drugs are available free of cost and the National Insurance Scheme covers all mental health problems of clinical concern. The majority of persons treated carry a diagnosis of schizophrenia and related disorders. There are two psychiatrists for a rate of 1.86 psychiatrists per 100,000 inhabitants. None of the human resources in mental health received training in human rights protection of users of mental health services.

There is no mental health information system, formal mechanism for the reporting of mental health data or mental health research publications in indexed journals.

The proposed next steps will begin with the appointment of a Director of Mental Health Services to spearhead other priority activities.