

WHO-AIMS

WHO-AIMS REPORT ON
MENTAL HEALTH SYSTEM
IN SAINT KITTS AND NEVIS



**World Health
Organization**



**MINISTRY OF HEALTH
SAINT KITTS AND NEVIS**

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MENTAL HEALTH SYSTEM
IN
SAINT KITTS AND NEVIS**

Report of the Assessment of Mental Health system in the Federation of Saint Kitts and Nevis using the WHO Assessment Instrument for Mental Health Systems (WHO-AIMS)

Saint Kitts and Nevis
2009

The data was collected in 2009 based on data for 2007



**MINISTRY OF HEALTH
SAINT KITTS AND NEVIS**

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MAP of St. Kitts and Nevis



The Flag of St. Kitts and Nevis



Flag Description

Divided diagonally from the lower hoist side by a broad black band bearing two white, five-pointed stars; the black band is edged in yellow; the upper triangle is green, the lower triangle is red; green signifies the island's fertility, red symbolizes the struggles of the people from slavery, yellow denotes year-round sunshine, and black represents the African heritage of the people; the white stars stand for the islands of Saint Kitts and Nevis, but can also express hope and liberty, or independence and optimism.

Acknowledgement

The World Health Organization Assessment Instrument for Mental Health (WHO/AIMS) was used to collect information on the mental health system in Saint Kitts and Nevis.

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

Direct support for the project was received from Mr. Elvis Newton, Permanent Secretary, Ministry of Health; Dr. Patrick Martin, Chief Medical Officer, Ministry of Health; Ms. Henrietta Douglas, Principal Nursing Officer, Ministry of Health; Dr. Sharon Halliday, Joseph N. France Hospital; Mr. Ericson France, Chief Pharmacist; Dr. Hazel Roberts-Williams, Director of Community-based Health Services; Ms. Cheryl Amory-Isaacs, Community Psychiatric Nurse (Saint Kitts); Ms. Seana Cuffy, Community Mental Health Nurse (Saint Kitts); Ms. Nicole Slack-Liburd, Health Planner (Nevis); Mr. Kingsley Elliott, Health Services Administrator (Nevis); Ms. Meredith Amory-Field, Community Psychiatric Nurse Manager (Nevis) and Ms. Irene Clarke, Community Psychiatric Nurse (Nevis). These persons played an essential role in the data collection, discussions, and review of this landmark assessment and to them sincere appreciation is awarded. In-country logistics and support were provided by Ms. Anneke Wilson, Country Program Officer, PAHO/ECC office (Antigua) and Mr. Clifford Griffin, Administrative Officer, Ministry of Health (Saint Kitts). Dr. Shirley Alleyne, Non-Communicable Disease and Mental Health Adviser, PAHO/WHO Barbados Office, provided support for the review and final production of the report.

The PAHO/ECC office and the national authorities in Saint Kitts and Nevis wish to thank the World Health Organization for its remarkable foresight to design this instrument to assess the mental health systems in its Member States.

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The WHO-AIMS team at WHO Headquarters includes: Benedetto Saraceno, Shekhar Saxena, Tom Barrett, Antonio Lora, Mark van Ommeren, Jodi Morris, Anna Maria Berrino and Grazia Motturi. Additional assistance has been provided by Monika Malo.

The WHO-AIMS project is coordinated by Shekhar Saxena.

Executive Summary

The Federation of Saint Kitts and Nevis encompasses a total area of 261 sq. km. It is located in the Leeward Islands in the West Indies. The total population was estimated at 50,640 in 2007—38,590 persons in Saint Kitts and 12,050 persons in Nevis.

The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) was used to collect information and format the report on the mental health system in the Federation of Saint Kitts and Nevis. The overall goal of collecting this information is to provide an objective baseline for mental health reform and a benchmark for monitoring change. The assessment will give momentum to the government's initiative to prepare a coherent and rational mental health policy, mental health plan, and legislative Act.

The Mental Health and Substance Abuse plan was drafted in 2007. The last enacted mental health Act is dated 1956; a draft Act is dated 2007. No human rights policy exists and no pertinent training conducted for mental health workers. The proposed Mental Health Act includes two human-rights oriented sections that deal specifically with ill-treatment of patients and sexual offences against patients; the proposed enforceable sanctions are included.

In 2007, approximately 1% of the Federation's current and non-recurrent expenditure was allocated to mental health services. There is no national insurance scheme that covers mental health problems of clinical concern. The entire population has free access to Community Mental Health Clinics. Also free access to any psychotropic drug, provided in the Government pharmacy, in the categories of anti-psychotic, antidepressant mood stabilizer, anxiolytic, and antiepileptic medicines. Inconsistent availability of medications at the government pharmacies results in a compliance issue. Primary health care physicians can prescribe and continue prescriptions for psychotropic drugs without restrictions.

There is no line mental health authority or director of the mental health program with responsibility for mental health services in the Federation. The Chief Medical Officer, sole psychiatrist, the community mental health team, and the Mental Health Associations drive mental health initiatives in the Federation.

The community-based approach is the strategy for delivering mental health care. In Saint Kitts, mental health clinics are scheduled in three (3) of the eleven (11) primary health care centers and Her Majesty's Prison. There are one psychological Counseling Center, and one psychological counseling clinic at the JNF Hospital outpatient department. The Federation has one 14-bed inpatient unit and none of the beds are reserved for children and adolescents. Children and adolescents with psychiatric needs are admitted to the Paediatric ward, but there is no specific designated inpatient facility or beds for them. Inmates with psychiatric disorders are assessed and treated by the community mental health team in bi-monthly-scheduled clinics in Her Majesty's Prison. There is no mental hospital, however some of the patients with mental health needs end up at the CARDIN

home, which was a home for the derelict and poor but is now a home for the elderly In Nevis, psychiatric clinic is conducted at the Alexandra hospital outpatient department and this serves as the one designated outpatient treatment facility, for persons with mental disorders.

There is no national mental health information system and no standardized formal mechanism for reporting mental health data for the Federation. Annual reports are prepared by five (5) different services: (1) A comprehensive annual report is prepared by the community mental health team in Saint Kitts; (2) A different annual report is also prepared at the Counseling service at the Joseph N. France General Hospital; (3) Still another annual report is prepared by the Counsel Centre at Greenlands; (4) Yet another annual report is prepared by the Psychiatric in-patient ward, and (5) another report is prepared by the mental health team in Nevis. The patient-related data for the inpatient unit was accessed through a review of admission/discharge log books.

There are no locally written assessment and treatment protocols for key mental health conditions. Team uses treatment protocols from other countries. The majority of persons seen for mental disorders carried the diagnosis of schizophrenia and related disorders. Almost one-half of the persons who required psychological counseling had mental problems as classified by the DSM IV criteria. Sixty-five percent of persons who received psychological counseling were female. There is no social insurance scheme that covers treatment for mental disorders and mental problems of clinical concern.

Twenty-three persons form the cadre of human resources in mental health. The sole psychiatrist is responsible for providing services in the community-based inpatient unit and the primary health care centers in Saint Kitts. In addition, she travels by ferry to conduct bi-weekly scheduled clinics in Nevis. There are six nurses with post-basic training in mental health and 2 of them are stationed in Nevis. Two masters level psychologists are assigned to the Counseling Centers. None of the mental health workers had at least two days of refresher training in the rational use of psychotropic drugs, psycho-social interventions, or child and adolescent mental health issues.

Alcoholic Anonymous serves as the only user/consumer or family associations. There is a Mental Health Association in each island. These associations coordinate public education and awareness campaigns. A week of activities is usually celebrated annually, around World Mental Health Day, with an array of activities. During 2007, there were no specific mental health-related activities that targeted children, adolescents, women, trauma survivors, and other groups. There are no specific legislative or financial provisions to benefit persons with mental disorders. The social services department assists some indigent patients with food vouchers and stipends. This arrangement is not specifically for the mentally.

Formal collaborative programs exist with the department/agencies responsible for primary health care/community health, welfare and criminal justice. The Guidance Counselors serve as the part-time or full-time mental health professionals in the primary or secondary schools. The secondary schools all have their own guidance counselors but

in the primary school system, one guidance counselor may serve as many as four (4) schools.

The community mental health nurses participated in a school-based survey on “Social factors associated with depression among high school children.” The results were not available in 2007. These results have since been published and several articles can be found in indexed journals. However outside of data collected from this study, there are no other mental health research publications.

The mental health services in Saint Kitts and Nevis bear similarity to that of other countries in the Eastern Caribbean. However, it is the only one with a community-based mental health outpatient clinic, two mental health associations, and where a consultation was held on mental health and human rights issues. Like other countries in the sub-region, the government of the Federation has identified a series of next steps towards the mental health reform process.

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 the Federation of Saint Kitts and Nevis. Data was collected in 2009, based on the year 2007.

One week was assigned for the data collection phase. (March 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 respondents: Chief Medical Officer, Permanent Secretary (Ministry of Health), Chief Pharmacist; Chief Nursing/Principal Nursing Officer, Director of Social Services, 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, and the Mental Health Focal Point. The last six positions are served by the sole Psychiatrist.
2. Interviews were scheduled, through the PAHO/Country Program Officer, prior to the consultant's arrival in Saint Kitts and Nevis.
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 Saint Kitts and Nevis.
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 Saint Kitts and Nevis, Community mental health data was not integrated into the annual statistical department in a national data base. There was no minimum data set with key mental health indicators that reflected the epidemiological trends and the scope of mental health problems in the twin-island Federation. There was no national report or research-level publication on mental health. Taking these limitations into consideration, the information reported herein best reflect the characteristics of the mental health infrastructure and service delivery mechanism in Saint Kitts and Nevis.

The use of rates was not considered since the twin-island Federation has a population that is far less than 100,000.

Introduction

Saint Kitts, the larger island, measuring 176.12 sq. km. The smaller island of Nevis measures 93.2 sq. km. Both islands are separated by a 3 km channel at their closest point. The headquarters of the Federation's government is located in Basseterre, Saint Kitts. The Federation is divided into 14 parishes: 9 divisions in Saint Kitts and 5 in Nevis. The population of Saint Kitts are called Kittitians and of Nevis, Nevisians. The total population was estimated at 50,690 in 2007—38,590 persons in Saint Kitts and 12,050 persons in Nevis. More than 90% of the population is of African descent and Christianity is the dominant religion. There are a few ethnic minorities and the Spanish speakers make up the main linguistic minority.

The Federation gained independence from the United Kingdom in 1983. The currency, the Eastern Caribbean dollar, is pegged to the United States dollar at US\$1.00=EC\$2.70. The economy is driven mainly by tourism, light manufacturing industries, and offshore banking activities. Other industries include agriculture, animal husbandry, fishing, forestry, and mining.

The head of State, Queen Elizabeth II, is represented by a Governor-General. The Constitution provides for a federal government based in Basseterre, Saint Kitts. The Constitution also provides Nevis with full autonomy through a five-seat Island Administration and guarantees its representation in the National Assembly. The National Assembly is a unicameral legislature with 11 elected members (three from the island of Nevis) and three nominated members, two of which are appointed on the advice of the Prime Minister and one on the advice of the leader of the opposition. The Prime Minister and the appointed ministers form the executive arm of government. The Federation is a member of several international organizations and agencies such as the Organization of Eastern Caribbean States (OECS), the International Monetary Fund (IMF), the United Nations (UN), and the World Health Organization (WHO).

The Ministry of Health and the Environment implements the government's health policy and programs. The Ministry is headed by a Minister who is a member of the governing Cabinet. The Chief Medical Officer serves as the principal technical adviser to the Ministry and is responsible for the coordination of the national medical services. Health care services are provided in public institutions—there was no private hospital. There are 17 community clinics and all serve catchment/service areas so that each household is within three miles of a clinic. There is a 150-bed Joseph N. France General Hospital (JNF General Hospital) in Saint Kitts and a 50-bed Alexandra Hospital in Nevis. There are one Counseling Center that is attached to the Ministry of Social, and Community Development and Gender Affairs. A counseling clinic is also ran in the outpatient department at the JNF hospital..

In 2008, the crude birth rate was estimated at 17.8 live births per 1,000 population and the crude death rate at 7.8 deaths per 1,000 population. Life expectancy at birth was 70.1 years for males and 76.0 for females. Total fertility rate was 2.3 children per woman. Infant mortality averaged approximately 15 deaths per 1,000 live births.

Between 2001 and 2005, a period when there was no consultant psychiatrist, the number of clients registered in the community mental health program remained constant at around 225 clients. Subsequently, with the services of a psychiatrist and health promotion activities, the numbers of clients showed an upward trend with 243 registered clients in 2007.

Domain 1: Policy and legislative framework

Policy

There is no mental health policy for the Federation. A mental health policy is expected in 2010. The draft policy is being reviewed in 2010

Plan

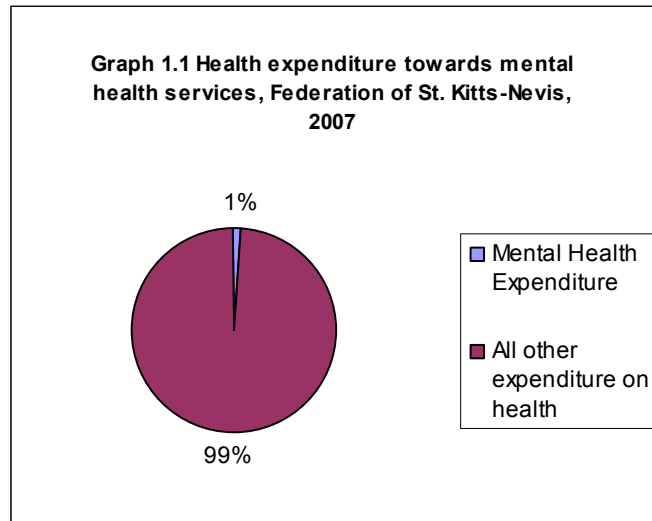
A Mental Health and Substance Abuse Plan (2008-2012) was drafted in 2007. The plan addresses five areas: Service provision and capacity management; Mental health legislation and human rights; Mental health team composition; Drug procurement, financing, and security; and Children and adolescents. Priority issues, objectives, indicators, expected results, and time-frames are defined for each area. These are intended to operationalize the goal of promoting and maintaining the mental health of the population. The draft plan does not include the development of a mental health component in primary health care, financing, and quality improvement. The modernization of the mental health laws is an explicit objective in the draft plan, and this was partially achieved in 2007. There is no disaster/emergency preparedness plan for mental health.

Legislation

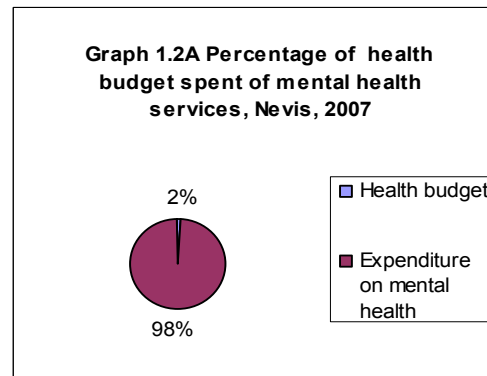
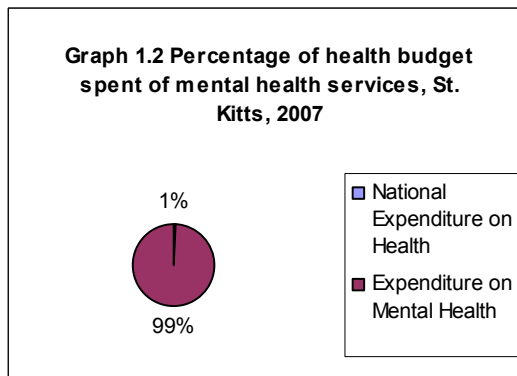
The last enacted mental health legislation is dated 1956. A draft Mental Health Act was prepared in 2002 and a second one in 2007. The following components are included: Definition of terms; Administration; Admission of patient to psychiatric facility; Management of property and affairs of patient; Approved homes; and miscellaneous items. A Schedule that describes the composition and terms of appointment of members of a proposed Mental Health Review Board is included. The draft legislation does not include the salient human rights principles for protection of persons with mental illness; accreditation of professionals and facilities; mechanisms to implement the provisions of the mental health legislation; and standardized instruments or forms.

Financing of mental health services

The overall budgetary expenditure on mental health services represented 1% of the Federation's annual health budget. An analysis by island showed that Saint Kitts appropriated approximately 4% of the current and non-recurrent expenditure for community health to mental health services. In Nevis, around 6% of the public health recurrent and non-recurrent expenditure, representing almost 2% of the Island's annual health care budget, and around 4% of its community-based health budget, was spent on mental health services. The Federation had no social insurance scheme that covered treatment for mental disorders and mental problems of clinical concern. The civil servants' insurance benefits covered all mental health disorders. The entire population had free access to essential psychotropic medicines although there was inconsistent procurement of these drugs.



The combined health budget for the two islands totaled EC\$41,259,247 of which EC\$450,583 (1%) was spent on mental health services.



The total expenditure on health in Saint Kitts was EC\$30,570,147 and, of this amount, EC\$285,101 was spent on mental health services. Nevis' total expenditure on health was EC\$10,689,100 and EC\$165,482 was for mental health services.

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 in the Federation. The draft Act (2007) contains two human rights-oriented sections that deal specifically with ill-treatment of patients and sexual offences against patients. The proposed Act states that any person in charge of a psychiatric facility or any person employed in such facility who is found guilty of ill-treating a patient and liable on summary conviction is subject to a fine of EC\$2,500 and imprisonment for 12 months and, for sexual offences, imprisonment for 5 years. None of the mental health treatment facilities ever had an external review/inspection of human rights protection of patients or had mental health staff been trained in this area.

The government of the Federation and the Pan American Health Organization (PAHO) convened a mental health consultation to ensure that the mental health service delivery programs were in keeping with internationally-defined standards especially with respect to human rights. A wide cross-section of national stakeholders participated to include sectors such as: health; education; community and social development; law enforcement; prisons; faith-based organization; and civil society.

Domain 2: Mental health services

Organization of mental health services

There was no mental health authority or a director of mental health programs in the Federation. Mental health services were organized in terms of catchment/service areas. The Chief Medical Officer, sole psychiatrist, the community mental health team, and the Mental Health Associations drive the mental health initiatives in the Federation. The 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, and the Mental Health Focal Point are all served by the sole psychiatrist.

Mental health outpatient facilities

There were no designated outpatient facilities for treatment of persons with mental illness in Saint Kitts. There was one mental health outpatient clinic in Nevis at the Alexandra hospital. The community-based approach is the main strategy for mental health care. In Saint Kitts, mental health services were delivered through weekly-scheduled clinics in 3 primary health care centers, Her Majesty's Prison, the counseling centre and the counseling clinic at outpatient department at the JNF hospital. These centers offered professional and confidential services in a variety of areas, including, but not limited to mental health related issues. The primary health care centers had access to mental health mobile clinic teams. There was no mental health outpatient facility specifically for children and adolescents. In 2007, a total of 614 persons were treated for mental health problems in the outpatient setting, 254 were females, and 20 users were in the age group 10-19 years old. Forty percent were seen in Saint Kitts, 48% in Nevis, and 12% in the counseling services. Users in Saint Kitts made a total of 1,016 visits to outpatient clinics. Of this group, 62 (26 females and 36 males) were new clients to the community mental health services. The users treated in all outpatient facilities were primarily diagnosed with schizophrenia and related disorders (37%); followed by mood affective disorders (27%); other mental disorders (17%); and mental and behavioral disorders due to psychoactive substance use (15%). Efforts were made to schedule mental health clinic visits to coincide with due dates for depots. In both St. Kitts and Nevis, the regular nurses at some primary health care centres assist with giving of depo injections. The community psychiatric nurses in addition to their home visits and social interventions, conducts occupational therapy sessions as part of the community mental health program. Fifty persons with mental disorders were referred to the counseling services. All mental health

outpatient facilities had at least one psychotropic medicine of each therapeutic class (antipsychotic, antidepressant, mood stabilizer, anxiolytic, anticholinergic, and antiepileptic).

Counseling service

The Psychological counseling service at the JNF Hospital had a case load of 200 clients of which 125 were new referrals in 2007. Sixty-five percent of the users were female. Some persons carried a psychosocial diagnosis while others were diagnosed following the DSM IV criteria.

Day treatment facilities

There was no day treatment facility, however day services are offered at the psychiatric unit at the JNF hospital

Community-based psychiatric inpatient unit

There was one 14-bed community-based psychiatric inpatient unit in the country. One hundred and twenty-eight persons were admitted to this unit; 61 were females, and one patient was 17 years old. None of the beds in this unit were reserved for children and adolescents. One hundred and thirteen patients were discharged in 2007 and the majority of discharge diagnoses fell into three categories: schizophrenia and related disorders, 50%; mental and behavioral disorders due to psychoactive substance use, 32%; and mood affective disorders, 10%. On average, patients spent 26.6 days per discharge. The unit had access to at least one psychotropic medicine of each therapeutic class (antipsychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic medicines). A few (1-20%) patients received one or more psychosocial intervention in the community-based inpatient unit. In 2007, twenty-four inpatients were referred to the Counseling Center at the JNF General Hospital.

Community residential facilities

There were no community-based residential mental health facilities in the Federation. There were three private and one public senior citizens' homes with residents that included persons with dementia and Alzheimer's disease. These four homes accounted for 152 beds; none were designated for residents with mental disorders. Data by age, sex, and diagnosis were not readily available from these homes.

Mental hospital

There is no mental hospital on the island but patients with mental health needs sometimes may end up at the CARDIN home. This was a home for the indigent poor but is now a home for the elderly.

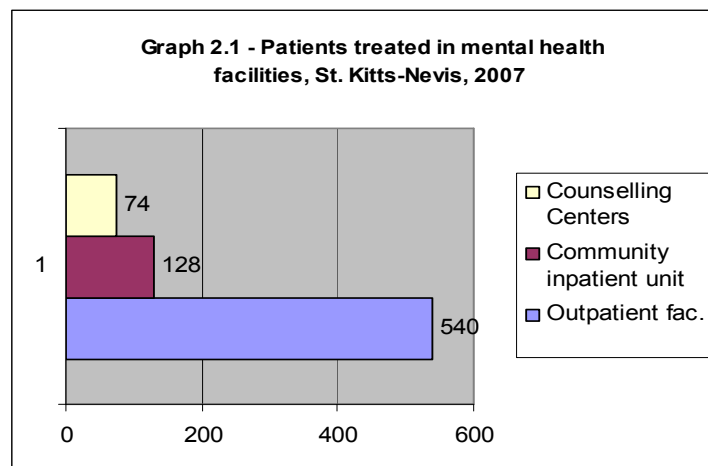
Forensic and other residential inpatient units

There were no forensic or other residential inpatient units in the country. The mentally-ill are housed in designated cells in Her Majesty's Prison. The sole psychiatrist and the mental health team conducts bimonthly clinics in the prison and also take emergency calls from there.

Human rights and equity

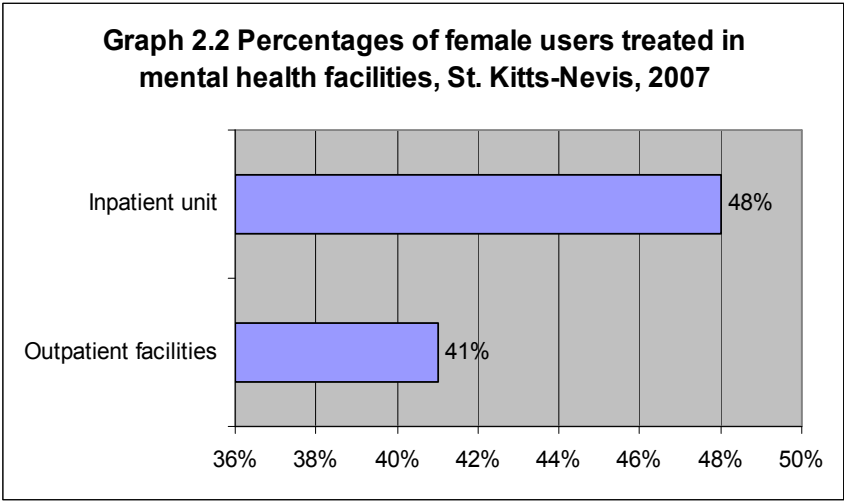
Ninety-six percent of all the admissions to the community-based psychiatric unit were involuntary. More than 20% of patients were restrained and/or secluded at least once in the community-based psychiatric inpatient unit. One hundred percent of the psychiatric beds in the country were located in the largest island (Saint Kitts).

Summary charts

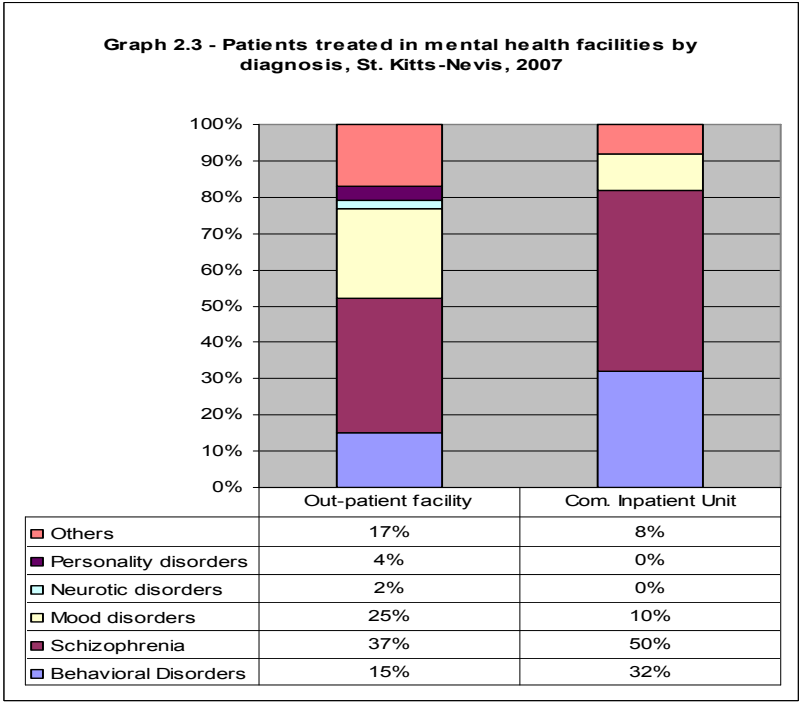


Summary for Graph 2.1

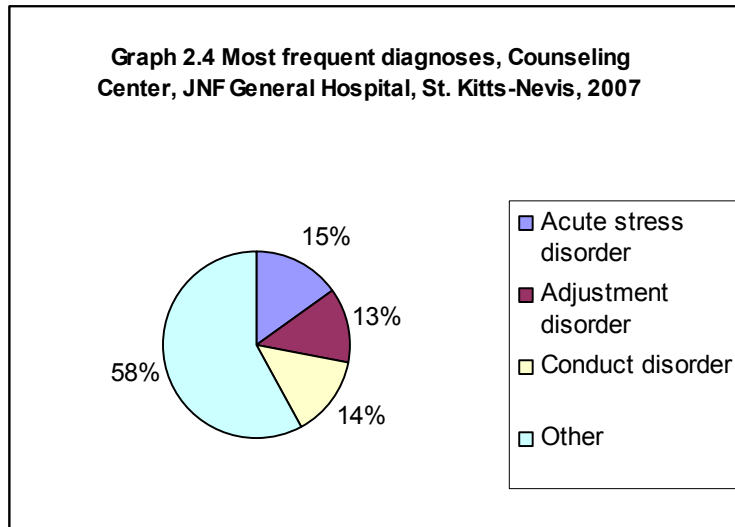
The wide range of services offered in the community setting addressed the needs of the mentally ill thereby reducing the number of persons who required institutional care. A total of 74 clients with mental disorders from both the community-based inpatient facility and the primary health care-based mental health clinics were referred to the Counseling Centers.



Summary for Graph 2.2
 The prevalence of mental disorders that required treatment did not differ greatly between men and women.

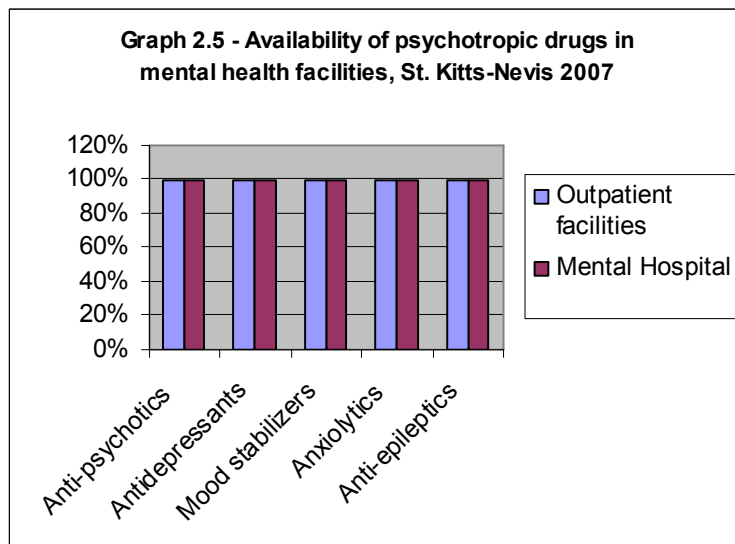


Summary for 2.3
 Schizophrenia and related disorders was the most frequently recorded diagnosis in both the community-based outpatient facilities and the community-based inpatient unit.



Summary for Graph 2.4

The data, by diagnoses, for 1 Counseling Center are displayed in Graph 2.4. Almost one-half of the 200 registered clients received psychological counseling for a mental disorder, as classified by the DSM IV criteria. Persons in the “other” category were counseled for a medical/surgical diagnosis, intimate relationship conflicts, and bereavement.



Summary for Graph 2.5

Users had access to at least one psychotropic drugs of each therapeutic category.

Domain 3: Mental health in primary health care

Training in mental health care for primary health care staff

No information was available on the proportion of undergraduate training hours that were devoted to psychiatry and mental-health related subjects for the medical doctors who were trained outside of the CARICOM Region. The curriculum for the medical doctors who were trained at the University of the West Indies, included a five-week rotation in psychiatry. Three percent of the nurses' training was devoted to mental health. Thirty-one nurses worked in the primary health care clinics and 39% of them had at least two days refresher training in psychiatry/mental health. None of the 10 primary health care doctors, or non-doctor/non-nurse primary health care workers had received at least a two-day refresher training on psychiatry/mental health. A two-day workshop on "Substance Abuse Counseling" was held in the Federation with a wide cross-section of participants.

Mental health in primary health care

Three to five hours mental health clinics are held in the primary health care centers. Depending on the location, clinics are held once per week, twice monthly, or once per month. The mental health clinics operated on an appointment system but "walk-ins" were accommodated. Three-hour assessment and treatment sessions were held twice monthly in Her Majesty's Prison by the mental health team. All new clients seen in the community mental health clinics were triaged by the community psychiatric nurses using the Mental Status Examination prior to being assessed and treated by the psychiatrist. There were no assessment and treatment protocols for key mental health conditions in the primary health care services. Referrals were made from the primary care services to a mental health professional but not on a monthly basis. There was no monthly interaction between the primary health care physicians and mental health professionals. None of the community mental health clinics interacted with a complimentary/alternative/traditional practitioner. There were no non-physician-based primary health care clinics. In Saint Kitts, the case load for home visits had 150 registered clients and a total of 1,014 home visits were made in the reference year. Many of these clients were visited twice/month because they had bi-monthly depot injections. 2006 data for Nevis showed a case-load of 256 clients with 1,504 home visits.

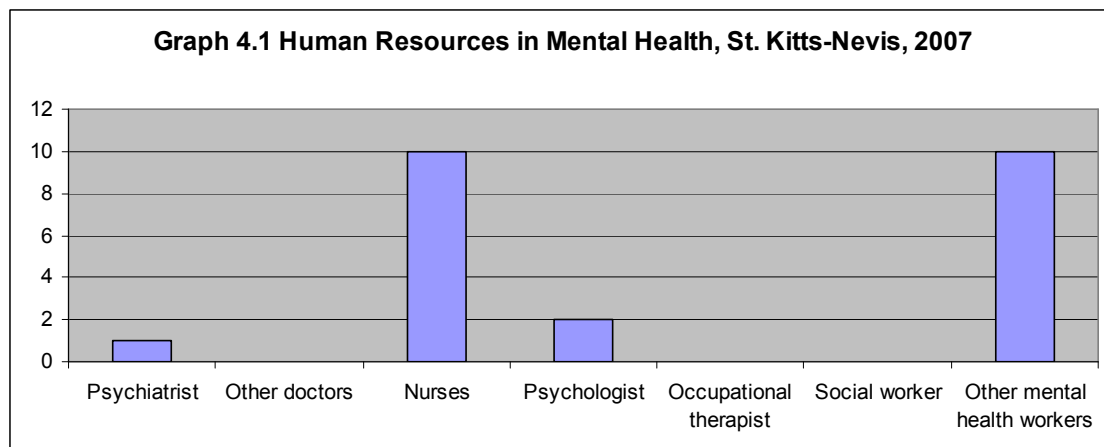
Prescription in primary health care

Health regulations authorize primary health care physicians to prescribe and/or continue prescriptions for psychotropic medications without restrictions. Primary health care nurses and non-doctor/non-nurse primary health care workers do not have this privilege. All or almost all (81-100%) of physician-based health care clinics had access to at least one psychotropic medicine of each therapeutic category (anti-psychotic, anti-depressant, mood stabilizer, anxiolytic, anticholinergic and anti-epileptic medicines).

Domain 4: human resources

Number of human resources in mental health care

The Federation had 23 persons dedicated to the mental health services. The sole psychiatrist traveled by ferry to conduct bi-weekly clinics both in Nevis. She functions as: The 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, and the Mental Health Focal Point. Basically she manages both the inpatient (consultation liaison and Psychiatric ward) and out patient community based program, as well as the child, adolescent, adult, geriatric, forensic and other mental health services. She maintains a very limited private practice. The responsibility for conducting scheduled clinics is shared among the psychiatrist, the six trained mental health nurses, and four registered nurses. Two of the trained nurses were assigned to the mental health program in Nevis. One masters level psychologist is the Director for counseling services and manages the counseling center, the other masters level psychologists runs a counseling clinic in the outpatient department at the JNF hospital as well as provide counseling service where needed for the inpatients on all wards at the JNF Hospital.



Training professionals in mental health

None of the mental health workers had at least two days of refresher training on the rational use of psychotropic drugs, psychosocial (non-biological) interventions, or child and adolescent mental health issues in the year of assessment. None of the 10 physicians working in the primary health care service had such training. No psychiatrist emigrated from the Federation within five years of training.

Consumer and family associations

The Alcoholic Anonymous represents the only user/consumer or family associations. There was a chartered Mental Health Association in Nevis. A similar Association operated in Saint Kitts and it was registered as a non-governmental agency in 2008. The Associations' members participated in the revision and amendment of the situational analysis of the Mental Health Strategic Plan and provided input in the revised draft mental health legislation. These associations did not receive funding from the government for mental health initiatives.

Domain 5: Public education and links with other sectors

Public education and awareness campaigns on mental health

The Mental Health Associations in the respective islands served as the coordinating bodies to oversee public education and awareness campaigns. There were no specific campaigns that targeted children, adolescents, women, trauma survivors, or other groups. The theme for the 2007 World Mental Health Week was “Mental Health in a Changing World: The Impact of Culture and Diversity.” Multiple stakeholders participated in the week-long activities that included a health fair, church service, radio address, public lecture, substance abuse counseling workshop, and a treat for prison inmates and the elderly.

Legislative and financial provisions for persons with mental disorders

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

Links with other sectors

Formal collaborative programs existed with the department/agencies responsible for primary health care/community health, welfare, and criminal justice. None of the 32 primary and secondary schools in the Federation had either a part-time or full time mental health professional. All schools had guidance counselors. The secondary school has full time guidance counselors, but upto four primary schools may share guidance counselors. None of the schools had school-based activities to promote mental health and prevent mental disorders. DARE programs existed in some schools but had no connection with the mental health and substance abuse team.

In the assessment year, 38 persons with mental disorders were imprisoned in Her Majesty’s Prison (35 males and 3 females). Some of these inmates were incarcerated for a number of years, serving at Her Majesty’s Pleasure. The proportion of prisoners with psychosis was estimated to be between 6-10% and less than 2% with mental retardation. The single prison had at least one prisoner per month in treatment contact with a mental health professional inside the prison. It was estimated that a few persons in the Prison Farm program (located in Nevis) had mental and/or behavioral disorders. No referral or follow-up system existed for their ongoing treatment, and monitoring. There was no alternative sentencing programme, no drug court and no random drug testing programs.

A few police officers (1%-20%) and a similar proportion of judges and lawyers participated in educational activities on mental health in the last five years. The

community-based psychiatric inpatient unit had no access to programs outside the facility that provided outside employment for users with severe mental disorders. Social benefits were available for clients because of disability due to mental disorders. This service is not specifically for them but for all persons who met the departments criteria.

Domain 6: Monitoring and research

No formally-defined list of individual data item that ought to be collected by the mental health facilities existed. Quantitative data for the community-based inpatient psychiatric unit was compiled through a review of log books for 2007. Information on the number of involuntary admissions and number of patients who were physically restrained and/or secluded was not recorded. All outpatient facilities routinely collected data on the number of users treated and their diagnoses; data was not available on the number of contacts per user.

The government received an annual “Community Mental Health Report” that describes community-based mental health activities in Saint Kitts. Annual reports are prepared by five (5) different services: (1) A comprehensive annual report is prepared by the community mental health team in Saint Kitts; (2) A different annual report is also prepared at the Counseling service at the Joseph N. France General Hospital; (3) Still another annual report is prepared by the Counsel Centre at Greenlands; (4) Yet another annual report is prepared by the Psychiatric in-patient ward, and (5) another report is prepared by the mental health team in Nevis. No national report covering mental health was published by the government.

The community mental health nurses participated in a school-based survey on “Social factors associated with depression among high school children.” The data from this resulted in at least three publications. Two of which are

Publications

Lipps, G., Lowe, G.A., Halliday, S., Morris, A., Clarke, N., and Wilson, R.N. (2009)
A Brief Report on the Association of Academic Tracking With Depressive Symptoms in High School Students in Jamaica. **Journal of Black Psychology**, Nov, 2009,
doi:10.1177/0095798409353752

Lowe, G.A., Lipps, G., Halliday, S., Morris, A., Clarke, N., and Wilson, R.N. (2009)
Depressive symptoms among fourth form students in St. Kitts and Nevis high schools.
The Scientific World JOURNAL: TSW Child Health & Human Development Sept 2009, - 9, 149–157. DOI 10.1100/tsw.2009.16.

There is no other mental health research publications in indexed journals for St. Kitts and Nevis.

NEXT STEPS IN STRENGTHENING THE MENTAL HEALTH SERVICES

Mental Health Policy

A meeting of stakeholders will be convened in August 2009 to discuss the working draft of the mental health policy. The draft mental health and substance abuse Policy was submitted by the psychiatrist to the Ministry of Health in August 2010 for further input and corrections and approval.

Mental Health Treatment Protocol

Four meetings on a treatment protocol were held in 2009. Other meetings are planned to discuss its use during Mental Health Week. The draft treatment protocol was submitted by the psychiatrist to Ministry of Health in August 2010 for corrections, additions and approval.

Mental Health Legislation

The draft legislation of 2007 exists and there is a need to secure legal experts to assist with finalization of the draft Mental Health Act.

Mental Health Media Campaign

Feature articles on mental health in the print media. Promote Mental Health Week which is scheduled for 4-10 October 2009. Media campaign occurs randomly throughout the year except during mental health week. St. Kitts and Nevis Mental Health Week occurs yearly around World Mental health Day on the 10th October. This week is packed with activities including multiple television and radio shows and a health fair.

Mental Health Day Centre

Building plans and site were approved by BNTF since 2006 for the building of a Day Centre. This has not yet materialized and is again under review by BNTF

Half Way Houses and Rehabilitation centres

No concrete plans exists for these services.

Detox Centre

Being developed and should be operational as public private partnership by end 2010

Random Drug testing

Sporadic testing among the security forces

Alternative Sentencing and Drug treatment courts:

Being discussed

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 Saint Kitts and Nevis. The Assessment provides a detailed description of the mental health delivery system and provides a context for mental health reform.

The Ministry of Health is responsible for the delivery of mental health services. There is no mental health authority or director of mental health program. Approximately 1% of the Federation's current and non-recurrent expenditure is allocated to mental health services. There is no social insurance scheme that covers treatment of mental disorders. Psychotropic medications are available free-of-charge and primary health care physicians can dispense these drugs without restrictions. Mental health services are delivered through a 14-bed inpatient unit, an outpatient treatment facility, scheduled mental health clinics in primary health care centers, and Her Majesty's Prison. There is an established psychological counseling service. No inpatient facilities exist for children and adolescents. There is one psychiatrist and six nurses with post-basic training in mental health. There is no assessment and treatment protocol for key mental health conditions. The majority of persons treated for mental disorders are diagnosed with schizophrenia.

The Assessment will: a) guide the government's initiative to prepare an information-based health policy b) provide a framework for the evaluation and approval of the draft mental health plan and legislative Act; and c) provide momentum for other actions that will enhance the mental health reform process.