



Antigua & Barbuda National Mental Health Policy

Ministry of Health – 2013

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1. INTRODUCTION

Country Profile

The Caribbean Community nation (CARICOM) of Antigua and Barbuda is made up of three islands: Antigua, Barbuda and the small uninhabited rocky island of Redonda. Antigua and Barbuda has a relatively flat topography and is located in the Leeward Islands Group, in the eastern Caribbean. The country's total area is 441.6 km² with Antigua measuring 280 km²; Barbuda 160 km²; Redonda measures 1.6 km² (Reference). The 2011 population census preliminary results shows that there are 83, 278 residents, 40,007 males and 43,271 females (Reference). Antigua and Barbuda gained full independence in 1981. St. John's is the capital and main commercial center. The currency, the Eastern Caribbean dollar, is pegged to the United States dollar at US\$1= EC\$2.70. The economy experiencing negative growth, and depends mainly on tourism, construction, hotels, and the housing sectors.

The literacy rate is estimated to be 85.2%, while a 2007 study suggests that 18.3 % of the population lives in poverty (Reference).

The provision of health care is organized according to the British Westminster model and is headed by the Minister of Health who is a member of the governing Cabinet. The Ministry of Health has responsibility for the coordination of the health service delivery in hospitals and clinics.

The health care services are provided both by public and private institutions. The country is divided into six medical districts and a District Medical Officer is appointed to provide medical services in each district. The provision of primary health care is delivered through health centers that are located within 3.2 km radius of every major community.

The World Health Organization (WHO) (2001) defines mental health as '**...a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community**', indicating that mental health is fundamental to the well-being of individuals, families, communities and the population in general. Mental health has implications for learning, developing healthy relationships, productivity, success and economic development. Conversely, mental health problems and mental illness can result in dysfunction, low productivity, poverty, and social problems.

The History of Mental Health in Antigua & Barbuda is quite common to the evolution of Mental Health in other British Administered Caribbean territories in the 1800's. The British employed the use of "Asylums" or as is commonly referred to in our nation as "Mad Houses" or "Crazy House", to seclude the mentally ill away from mainstream society for a duration of time or even for life! This approach was neither scientific nor humanitarian.

Mental health and mental illness can be viewed as existing along a continuum, and at any given time any individual can be anywhere along this continuum. Genetics, our social situation, life events, age or stage in life can determine one's state of mental

wellness or unwellness. This population health framework view of mental health takes into account the varied and complex issues which can influence mental health, and underpins the Ministry of Health's thrust in reforming mental health's services in Antigua & Barbuda. The reformed mental health system will attempt to provide services, which are integrated into general health care, and will focus on individual needs and differences as well as the needs and differences in communities. In addition the reformed system shall adopt a lifespan approach, with special attention paid to the specific needs of all ages from early childhood to old age.

SITUATIONAL ANALYSIS

Organization of Mental Health Services

Clarevue Hospital

There is one mental health Hospital with a 132 adult beds. There are no beds reserved for children and adolescents. Assessment and treatment protocols were available at the Clarevue Hospital. At the end of 2011, one hundred and two (102) patients were admitted at the Clarevue Hospital. Females accounted for 33% (34). Three patients under the age of 17 years were admitted in 2011. In the assessment year, one hundred and twelve (112) discharges were classified with the following diagnoses: drug induced disorders (21%); schizophrenia, schizotypal and delusional disorders (39%); mood (affective) disorders (20%); suicide attempts (3%); and other mental illnesses (7%). Of the discharges, 30% (34) were females. Psychosocial interventions were introduced in 2011. The Mental Hospital had a least two psychotropic medicine of each therapeutic class (antipsychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic) available in the facility.

Mental health outpatient facilities

Psychiatric outpatient services are offered daily at the Clarevue hospital and monthly at 7 primary health care centers and the prison. Psychiatric services are also provided for other governmental and NGO institutions such as, The Amazing Grace Foundation, the Boys Training School, Adele School and the Sunshine Home for Girls. In addition, the Child and Family Guidance Center, a non-governmental agency, provided diagnosis, care and treatment to children (5-18 years) and their families who experienced emotional problems, mental health problems, and/or physical abuse or similar events. At present the centre's operations are dormant. All seven primary health care centres have access to mobile mental health teams to conduct home visits and provide care in the community; prisoners are treated in the prison complex. In 2007, 174 persons were assessed and treated through the seven primary health care centers and the prison for a total of eight hundred and seventy-six user contacts. Ninety-six (55%) were females. Nine percent (15) had mental and behavioral disorders due to psychoactive substances; 66% (114) had schizophrenia and other related disorders; 13% (23) had mood (affective) disorders; 6% (11) had neurotic, stress-related and somatoform 17 disorders; 2% (3) had disorders of adult personality and behavior; and 5% (8) had other related mental illnesses. Quantitative data from the Child and Family Guidance Center were not available. However, through formal correspondence, it was noted that children between the ages of 5-18 years were referred for the following conditions: withdrawal, depression,

abuse (physical, emotional, sexual), neglect; maladaptive behavior related to drug or substance abuse; attention deficit hyperactivity disorder (ADHD); teenage pregnancy; mental health issues (bipolar disorder, generalized anxiety disorder (GAD), and schizophrenia).

Day Treatment facilities

The Clarevue Hospital operated a walk-in, day treatment facility for a few mentally ill patients. In 2007, three males and one female used the facility solely for “day support” services. Presently, the service has been discontinued.

Community-based psychiatric inpatient unit

There is no community-based psychiatric inpatient unit. However, persons with acute mental illnesses have been treated at the Mount St. John’s Hospital although the hospital has no designated beds for psychiatric patients.

Community residential facilities

Crossroads is privately-run, 32-bed residential facility specifically for people with substance abuse (including alcohol) problems. Although it caters mostly to persons from the United States, spaces are reserved for Antiguan citizens. Amazing Grace is an 10-bed residential facility for persons with disabilities, particularly those with mental needs.

Legislation

The Mental Treatment Act is dated 1 October 1957. It is enshrined in the Revised Laws of Antigua and Barbuda 1992, Chapter 274. Some of the issues addressed in the Act relate to: Adjudication of persons of unsound mind; Mental Hospital; interim orders; criminals of unsound mind; and treatment of voluntary patients at an institution. The Act does not address: access to the least restrictive care; rights of mental health service consumers, family members and other care givers; accreditation of professionals and facilities; mechanisms to oversee involuntary admission and treatment practices; mechanisms to implement the provisions of the mental health legislation.

Human Resources

The human resources cadre in mental health is limited and concentrated in the mental hospital, with multiple tasks and limited opportunities for continuous education. Primary care practitioners and other non-specialized staff are not involved in mental health care provision. All mental health services in the public sector are provided by the Medical Superintendent and staff of the Clarevue Hospital, primary health care physicians, community mental health nurses, and ancillary staff. There is no occupational therapist assigned to either the Clarevue Hospital or the primary health care centres. However, there is one social worker assigned to the Clarevue Hospital.

Financing of Mental Health services

In 2012, the Ministry of Health’s budget on mental health services is EC\$4,576,333, representing approximately 5% of the total projected annual health budget. The appropriation for the Clarevue Hospital is subsumed under “mental health services,” and is not listed as a line item therein. For 2011, the revised budgetary allocation for mental health was higher at EC\$4,672,717.

Human Rights

The Government of Antigua and Barbuda is party to Human Rights Conventions and other international treaties and agreements germane to human rights and is committed to ensure the protection of human rights of persons with mental disorders.

Management and Coordination

There is no mental health policy to set priorities, reduce the burden of mental disorders in the population, and protect the human rights of persons with mental illness. There is no mental health plan to define and monitor objectives, strategies, timelines, and resource requirements for delivery of mental health services.

The present National mental health Policy has been developed in response to the inadequacies of our current system in meeting the mental health needs of the Antiguan & Barbudan population and represents an attempt for the first time to coordinate and deliver care through national community-based activities and not only through the Clarendon Psychiatric Hospital as a stand-alone institution.

2. VISION

Antiguans & Barbudans will have access to a mental health system that provides scientifically based support and treatment, promotes mental wellness and recovery from mental ill health.

3. MISSION

To provide an integrated approach to the delivery of high quality Mental Health Care, that is evidence-based, with an equitable mental health care system that upholds human rights, is community focused and delivered by trained professionals, working with dedicated, and motivated personnel.

4. VALUES AND PRINCIPLES

The following values and principles shall guide the National Mental Health Policy and Plan for Antigua & Barbuda:

a. Equity and Accessibility

Services shall be affordable and accessible to all people, regardless of age, gender, race/ ethnicity, sexuality, geographical location, socio-economic status, religion, health status and mental or physical disability.

Mental health services shall have parity with and be integrated within general health services at the primary, secondary and tertiary levels.

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Timely and appropriate mental health services shall be available across the life span and across all levels of care (primary, secondary, and tertiary).

b. Human Rights

People with mental disorders shall enjoy full human rights protection, including but not limited to the right to appropriate health care, shelter, employment, legal representation and freedom from discrimination, exploitation, harm, abuse and unlawful restraint.

Mental Health treatment and care should be provided in the most effective, least restrictive and least intrusive manner,.

People with mental disorders, due to their particular vulnerability to human rights violations, may require specific legal and quasi-legal frameworks and safeguards to ensure that their human rights are promoted and protected.

c. Quality Services

Services shall reflect the highest standard possible according to current scientific knowledge and the resources available.

d. Evidence-Based Care

Scientifically validated evidence shall be the primary source of information used to inform decision making for services and interventions and when not available, commonly accepted “best practices” may be utilized.

Ongoing validation of services and interventions shall be implemented and used to refine services and interventions and to inform resource allocations.

e. Community Involvement and Participation

Mental health services shall be available in the communities in which people live, work and receive other services.

Service users, their families as well as providers shall be encouraged to participate in the critical process of the ongoing evaluation of mental health services.

Families and communities shall be encouraged to participate in mental health education programs.

f. Rehabilitation and recovery

Mental Health services shall be designed with a focus on rehabilitation and recovery within communities.

Services shall promote therapeutic patient-centred care and move away from reliance on custodial care,

g. Inter-sectorial Collaboration

Mental health services shall be appropriately linked to other sectors (such as social services, criminal justice system, housing, education, employment, religious etc.)

Services shall be designed to connect with and utilize complementary care providers, and to integrate all available, evidence-supported facets of health care and prevention.

Collaborative links with local, national, regional and international institutions, organizations and agencies should be promoted.

h. Mental Health Prevention and Promotion

Some mental health problems and illnesses can be prevented through specific prevention programs and early identification and treatment. Therefore rigorous screening services shall be provided for people across their lifespan. In parallel, programs targeting particularly vulnerable population groups will be defined and implemented, in conjunction with education and sensitisation programs designed to help people in making better personal choices.

5. OBJECTIVES

The objectives of the mental health policy are:

1. To ensure that everyone in Antigua and Barbuda has access to mental health care that is affordable, equitable, accessible, and of adequate quality.
2. To provide comprehensive mental health care integrated into general health care for the prevention, early identification, treatment, rehabilitation, effective reintegration of clients, and continuity of care.
3. To ensure the development of comprehensive services for alcohol and substance abuse.
4. To further develop human resources involved in mental health service provision.
5. To protect the human and constitutional rights of the mentally ill.
6. To implement programs for mental health promotion and the prevention of mental disorders, in conjunction with public education and awareness initiatives aimed at the reduction of stigma associated with mental illness.

6. PRIORITY AREAS FOR ACTION

PRIORITY AREA 1: Access to Mental Health Care

Objective: To Ensure That Everyone in Antigua and Barbuda has Access to Mental Health Care that is Affordable, Equitable, Accessible, Ensuring Continuity of Care and of Adequate Quality

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In the provision of mental health services, the Government of Antigua and Barbuda shall ensure that persons in need of those services, their relatives and the community in general encounter care offered by services that are an integral part of the public health system, and integrated into general care. Through this integration the government will ensure equitable geographic distribution of services in the community for outpatient and inpatient care, as well as rehabilitation or other more specific services.

The integration renders easier coordination and continuity of care, and ensures that the different needs (medical, psychological, social) of persons with mental disorders can be met.

Provision of high quality care requires the application of cost-effective, evidence-based mental health practices at all service levels. In order to ensure this quality, the government will:

- Develop and Implement national quality standards for mental health care services, and health human resource training requirements. Develop and implement research, monitoring and evaluation strategies.

PRIORITY AREA 2: Integrated Mental Health Care

Objective: To Provide Comprehensive Mental Health Care Integrated into General Health Care for the Early Identification, Treatment, Rehabilitation and Effective Reintegration of Clients

a. ORGANIZATION OF SERVICES

The delivery of mental health care will be done primarily through community-based services, reducing the burden from Clarevue Psychiatric Hospital. The process will be accomplished over a period of 5 years. The new services will represent a continuum from primary care to highly specialized services. This approach will necessitate new relationships between mental health services and the wider health sector.

The Government will ensure the elaboration of a plan for de-institutionalization, to ensure that all phases of the required process are done in coordination with all relevant actors and in the most appropriate way.

Primary Health Care (PHC) will become crucial in attempting to meet the specific needs of individuals. Through appropriate training on key mental health issues, PHC staff will be able to identify and treat some of the most common mental disorders. The mental health care system will provide opportunities for people to address their mental health concerns within a spectrum of care ranging from prevention to recovery and relapse-prevention. Annex 1 provides a list of services across the spectrum, which will meet needs of different groups across the lifecourse.

The mix of services should be based on need. Various models of integrated service delivery will be explored. These will be continually monitored and evaluated to inform future decision-making.

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In the immediate future, the country will be divided into eight (8) health districts with a mix of health care facilities categorized by the supports and services they will provide (see Annex 1).

The Mental Health team will comprise:

- Psychiatrist
- Physician
- Pediatrician
- Pharmacist
- Mental Health Nurse
- Mental Health Aide
- Mental Health Counselor
- Psychologist
- Social Worker
- Drug Counselor
- Nutritionist
- Holistic Practitioner
- Immigration/Police Officer

The Psychiatrist will lead the Mental Health Team and provide clinical supervision on a District and Hospital level.

The work of the mental health team will be coordinated with the primary health care team and other professionals from the Police and Ambulance services and other disciplines and sectors. Referral and counter-referral system will be revised, updated and strengthened.

Any individual who contacts their district health care team for a mental health concern shall

- have their mental health needs identified and assessed
- be offered treatment and where necessary referral to specialist services
- be able to access services twenty four-hours a day.

(See Annex 1 for Essential Service Components)

b. FINANCING

The Government's vision for integrating mental health services into general health care will be delivered through a clear program of investment.

- Equitable allocation of financing for mental health (as a priority health area) within the overall health budget shall be established
- Flexible mechanisms to transfer resources (financial and human) from different mental health facilities should be identified.
- There will be early investment to begin the process of reform in the reorganization of a new mental health system (for instance transfer and refurbish existing facilities to be used a mental health centres, revision of legislation)
- There will be immediate investment in the development of the mental health human resource capacity through a major program of training, recruitment and retention policies.

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- Funding will be actively sought from local, national, regional, and international sources, such as the Pan American Health Organization and other bilateral and multilateral organizations.

Accountability

The Ministry of Health will establish an accountability framework for managing resources allocated to mental health services. Measures of success shall include wellness, social functioning and quality of life as well as direct outcomes such as symptom reduction.

c. ESSENTIAL DRUG PROCUREMENT AND DISTRIBUTION

A sustained supply and distribution of essential psychotropic medications (the most effective and most tolerable medications for the treatment and management of mental disorders) should be affordable and consistently available and accessible to all persons with mental disorders at all levels of the health care system.

- The government will ensure that there is a sustained supply of essential psychotropic drugs, protection of budgets and distribution networks for these medications and updating of essential medication formularies to reflect population needs and evidence-based pharmacotherapy.
- Protocols for the appropriate use of psychotropic medication will be established.
- Health care staff at all levels of care will be properly trained in medication administration and monitoring.
- Mechanisms will be developed to ensure that access to laboratory services for the monitoring and evaluation of persons receiving pharmacologic therapy are timely and appropriate, in particular for the evaluation and monitoring of blood levels and other biological indices for safe administration and use (i.e., lithium, carbamazepine, antipsychotics, tricyclic antidepressants, etc).
- A transparent monitoring system shall be designed and put in place to track the use of psychotropic medication by health care staff, to safeguard against misuse and abuse

d. INFORMATION SYSTEMS

A mental health information system will be developed and integrated within a national health information system that captures essential health data from all levels of the health care system. Data collated through the mental health information system will be used to monitor and evaluate mental health services. The preservation of confidentiality and security of the stored data will be a priority.

e. INTER-SECTORAL COLLABORATION

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Development of mental health care and support services, and the design and implementation of mental health programs necessitate collaborative partnership of multiple sectors. Indubitably, inter-sectoral collaboration is essential to the provision of comprehensive, uninterrupted continuity of care. Consequently, in addition to health, other sectors have central roles to play. This includes but not limited to, social welfare; education; housing; labour, criminal justice, employment, the voluntary sector, private service providers, and faith-based organizations.

The Ministry of Health will therefore Introduce a case management system for the overall coordination of client care across various agencies to facilitate the delivery of an array of medical, self-help, social, supportive, and rehabilitative services designed around the needs and desires of the individual, his/her family and the community. When appropriate, policies and procedures will be developed to facilitate clear pathways for service delivery between agencies.

PRIORITY AREA 3: Comprehensive Services for Alcohol and Substance Abuse

Objective: To Ensure the Development of Comprehensive Services for Alcohol and Substance Abuse

Appropriate and comprehensive services that will consider the needs of people (youth, adults and older adults) whose primary diagnosis is related to alcohol and/or drug abuse are expected to be developed in coming years.

Community-Based Services – Alcohol and drug counseling and other therapeutic services will be offered at the community level on an outpatient basis. These may include:

- Assessment and treatment planning
- Individual and group time-limited treatment
- Case management services

Residential Services and Treatment – Residential rehabilitative treatment shall be provided at the facilities designated for this purpose. Treatment programs based on evidence-based models will be of duration of time and intensity depending on clients needs.

Detoxification Services – Services to assist persons to safely negotiate a process of substance withdrawal and will include:

- Medical detoxification provided in an in-patient medical facility where potential physical and other complications are medically managed.
- Medical and non-medical interventions provided at a designated residential facility.

Dual-diagnosis – People with a dual diagnosis of mental illness and drug/alcohol problems shall be assessed and have their needs met wherever and whenever they

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present themselves for care, whether it is in the community, at a mental health in-patient facility or a substance abuse treatment facility.

Liaison/referral system and case management services shall be developed to coordinate the care of such individuals.

PRIORITY AREA 4: Mental Health Service Provision

Objective: To Further Develop Human Resources Involved in Mental Health Service Provision

Availability of appropriately trained human resources is essential to the provision of quality mental health care. The Health sector's human resources with appropriate mental health competencies should be available throughout the health care system to promote the horizontal integration of mental health care services and to provide community based acute and rehabilitative mental health care.

National human resource planners will be sensitised to place emphasis on the specialised mental health needs of the population in their recruitment, retention and training strategies.

Effective sustainable short and long-term human resource training strategies that promote the development of a sustainable, high quality, well-trained mental health workforce for the provision of specialised mental health services will be developed and implemented. Additionally, programs which embed mental health competencies within existing health human resources appropriate to their position in the health care system (this should include primary care physicians, district nurses, nurse assistants, prison nurses, and other health and allied health professionals) will be developed and implemented.

Training should also address non-health workers (including NGOs, criminal justice system, family members and consumers, teachers, community leaders, police officers) who are strategically placed to participate in mental health promotion, advocacy, early identification and referral, fundraising, anti-stigma campaigns, provision of support and care, and the implementation of mental health plans, programs and legislation.

The government will update and implement mechanisms for the registration, certification and monitoring of the performance of mental health professionals.

PRIORITY AREA 5: Human Rights of the Mentally Ill

Objective: To Protect the Human and Constitutional Rights of the Mentally Ill

The Constitution of Antigua & Barbuda explicitly states that every person in the country is entitled to fundamental rights and freedoms. The current constitution makes provisions for the protection of individuals from discrimination based on sex, race, place of origin, political opinions, color or creed. However, individuals with "physical or mental disability" are omitted from the definition of "discriminatory" and thereby denied this express protection.

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The current Mental Health Legislation refers to the Mental Treatment Ordinance, from 1957. The Ordinance is outdated and does not consider many international standards and conventions produced and agreed over the last ten years. Therefore, it is expected that the Ordinance will soon go through a serious revision process and a new draft produced accordingly.

Mental health services in Antigua & Barbuda will ensure the respect to the rights contained in the United Nations Resolution on the Protection of Rights of people with mental illness (resolution 46/119 of 17 December 1991) and the UN Convention on the Rights of Persons with Disabilities (resolution 61/106 of 2006), signed by this country in 2007.

The following shall be explicitly articulated:

- All persons have the right to the best available mental health care, which shall be part of the health and social care system.
- All persons with a mental illness, or who are being treated as such persons, shall be treated with humanity and respect for the inherent dignity of the human person.
- Every person with a mental illness shall have the right to live and work, as far as possible, in the community.
- A determination that a person has a mental illness shall be made in accordance with internationally accepted medical standards.
- The right to confidentiality of information concerning all persons to whom these principles apply shall be respected.
- All persons shall have information, education and training about mental health problems and mental disorders, and the treatment and services available to meet their needs.
- All persons will have the right to refuse treatment, unless subject to mental health legislation
- All persons shall participate in decisions regarding treatment, care and rehabilitation and
- All persons shall have access to a mechanism for complaints and redress

PRIORITY AREA 6: Mental Health Promotion and Prevention

Objective: To Implement Programs for Mental Health Promotion and the Prevention of Mental Disorders

Society's attitude to mental health affects the impact of mental health problems on the individual and on the community in general. Many myths and misconceptions exist which supports notions of seclusion and permanent hospitalization of the mentally ill and may prevent persons from seeking help for some issues, which can be resolved at an early stage. Such situations can only be addressed through the dissemination of information on the types and effects of mental disorders, prevalence, treatment and prevention.

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Effectively addressing the needs of the mentally ill requires advocacy by all sectors of society, including the mentally ill and by civil society organisations.

Efforts shall be made to support and promote the development of new groups and agencies (including NGOs, consumer groups, family support groups, and associations) and support the activities of existing agencies whose activities directly or indirectly impact on mental health care and services.

The government will support the meaningful participation of such organizations in all aspects of the mental health system including the planning, design, implementation, policy formulation and evaluation of mental health services.

The Ministry of Health will therefore:

- Seek commitment from relevant government and non-government agencies and organizations to incorporate mental health promotion into relevant policies and activities.
- Work with communities, groups and organizations to increase their capacity to support active participation and to foster environments that promote mental health and wellness.
- Develop initiatives aimed at raising public awareness about mental health, mental health problems and mental illness.
- Promote the accurate portrayal of mental health, mental health problems and mental illness in the media.
- Carry out KABP surveys regarding mental health in the community
- Develop educational material (e.g pamphlets, flyers) that are reader friendly
- Create information kiosk about mental health

7. CONCLUSION

The National Mental Health Policy forms the background for the development of programs and plans in areas considered to be priority to improve the mental health and well being of the people of Antigua & Barbuda. The policy will also guide improvements in the treatment, care and quality of life of people with mental health problems and mental illness.

A mental health plan for the implementation of this policy will be developed by the Ministry of Health in the near future. Specific plans, guidelines and changes in legislation will be developed to enforce the scope of this policy.

ANNEX 1 - ESSENTIAL SERVICE COMPONENTS

Services for children and adolescents (0-18 years)

While 1 in 10 children and adolescents suffer from a mental illness that causes some level of impairment, it is estimated that in any given year, fewer than 1 in 5 children and adolescents receive needed mental health treatment or services. Left untreated, mental illness in childhood and adolescence can lead to difficulties in school and a failure to develop friendships, occupational and social skills, and mental health problems in adult life.

The mental health services shall provide support and services that are more responsive to the needs of children and adolescents with serious emotional disturbances at every level of the system.

The services shall have the following features:

- Services for mentally ill or emotionally disturbed children and adolescents will be, to the greatest extent possible, delivered in age-appropriate settings; this may demand the development of dedicated specialist services.
- Families will be centrally involved in the coordination of care for their children and adolescents.
- A triage centre will be developed and system of care will be established within and across sectors (Education, Health, Public and Private Physicians, Social Services, Child and Family guidance Centre) which will include mechanisms to promote communications and adequate referrals among professionals. This will ensure that children and families receive appropriate services regardless of how and where they seek help and despite the nature of their problems.
- If in-patient intervention becomes necessary, children and adolescents will be placed in specialty designated units, which provide age-appropriate physical space, equipment and programmatic services.
- When there is need for stricter security than is available in this designated unit, the individual will be placed in a more appropriate setting.

Services for adults (19 –60)

The adult population is vulnerable to mental problems due to the varied and multiple roles they are expected to play. The mental health services shall through promotion, prevention and direct intervention to address the needs of adults with special attention on:

- Issues which affect productivity in the workplace. Employers shall be encouraged to play a role in safeguarding the mental health of the workforce by providing supportive work environments and by joining the ministry's efforts in health promotion and education initiatives.

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- Postpartum depression in women. It has been estimated that between 10% and 15% of women develop depression after childbirth. At its worst postnatal depression can result in suicide and harm to the infant. Strategies will be developed to provide support to pregnant women and new mothers.
- Clinical depression
- Issues which make adults vulnerable, such as gender-based violence, homelessness etc.
- Emergency Mental Health and Psycho-social Support - Most people who have experienced a disaster or other personal traumatic experience have normal reactions as they struggle with the accompanying disruption and loss caused by the emergency or disaster. Community outreach may be necessary to seek out and provide mental health services to individuals who may be affected by such events.
The mental health services shall liaise with the National Office for Disaster Services and other agencies to develop, implement and coordinate strategies, which will ensure that victims of disasters and other traumatic life events receive immediate, short-term crisis counseling, as well as ongoing support for emotional recovery. The mental health services shall collaborate with the relevant agencies to train persons to develop crisis counseling training and preparedness efforts in their districts.

Services for Adults with serious Mental Illness

- All individuals diagnosed with a severe mental illness should receive care, which promotes recovery and community reintegration, anticipates and prevents crises and reduces risk to self or others.
- All individuals diagnosed with severe mental illness shall have access to a care plan (written or in a format that is readily understood by the client and care-givers). This care plan should include action to be taken in a crisis, and advice health care professionals on how to respond if the client or caregivers need additional help. The care plan should be updated regularly.
- If In-patient treatment becomes necessary the client shall have timely access to an appropriate hospital bed in the least restrictive environment, depending on history and on level of assessed risk.
- Upon discharge the client is provided with an agreed-on care plan, which specifies after-care arrangements.

Clients Assessed as High Risk

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The mental health services shall develop protocols and systems to identify and as much as possible reduce the following risks.

- Risk of self-harm including, self-injury, suicidal behaviors and self-neglect.
- Risk of harming others.
- Risk of others harming people with mental illnesses (physical, sexual or psychological abuse).

In addressing these needs, appropriate service management and service delivery mechanisms backed up by appropriate legislation will be developed and implemented. Risk reduction procedures will be continually assessed at the service level (management, incident reporting, and clinical audit) as well as at the individual level through review of assessment and treatment plans.

Crisis intervention teams will be developed to deal with these situations.

The mental health workforce as well as police and emergency response personnel will receive appropriate training to respond appropriately to potentially risky situations.

Appropriate referral and communication system shall be established to coordinate responses between sectors.

Clients with serious and enduring problems

Although it is accepted that in general prolonged psychiatric hospitalization is undesirable, there is a small number of people who need such care. They include people who are seriously behaviourally disturbed and may pose a danger to themselves or others and people who despite available support are unable to live in the community. Some of these individuals need to be placed in a protected environment.

Mental Health Care in Criminal Justice System

The mental health services shall improve access to appropriate services for people with mental health problems and mental illness who are in contact with or at risk of criminal justice involvement.

Research will be conducted to identify the specific needs of individuals with mental health issues who are at risk or have histories of criminal justice involvement and match services to those needs.

Correctional/Rehabilitation Services

Adult and Juvenile correctional/rehabilitation facilities such as Prison, Boys Training School and the Sunshine Home for Girls, will be provided with mental health services when required.

- The facility will recruit and train a mental health team with resources from their annual budget. The Ministry of Health shall set service standards, and in collaboration with other relevant stakeholders, including international partners, shall provide technical support.

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- Mental Health Services shall be provided within the criminal justice system, and if in-patient services become necessary, patients should be transferred for such care according to prescribed guidelines.
- Liaison services with explicit criteria shall be developed to facilitate transfer of patient care from community to correctional facility and vice versa.

Services for older Adults (61+)

Older adults with mental health concerns shall have access to services, which provides for their needs in a way, which takes account of their particular life stage.

- Because older adults may be more likely to utilize primary care services, appropriate training must be provided to physicians and other healthcare professionals to identify mental health concerns.
- These healthcare professionals shall collaborate with, and refer to, other health professionals who have expertise in mental and behavioral concerns.
- Providers from various disciplines who serve the older adult community will work together as an interdisciplinary health care team to provide a collaborative model of care for older adults.
- The mental health team through an outreach program in the health district where they are located shall serve older adults in nursing homes.
- The workforce to serve geriatric mental health users shall be expanded to accommodate the growing number of older adults in need of services.
- Institutions providing geriatric care shall not deny persons with mental illness from accessing care.

GLOSSARY

Acute Care	Specialist psychiatric care for persons who present with severe clinical symptoms of mental illness.
Advocacy	Representing the interests and concerns of others. In mental health it usually speaks of the interests of service users.
Carer	A person who plays a caring role. They could be a family member or other close relation.
Case Management	A system which coordinates the care needs of a consumer. These may require networking across sectors – social services, health , education, the criminal justice system etc.
Consumer	An individual or family who is currently utilizing or is currently using a service.
Mental health	a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community'. (WHO)
Mental health problem	
Mental illness	A disorder diagnosed according to the classification system of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Disease, 10 th edition (ICD 10)