CCH III

PROGRAMME AREA: MENTAL HEALTH

GOAL: Improve and maintain the mental health of the Caribbean Population

OBJECTIVE / PURPOSE: Mental Health Services in Member States Strengthened

SUB-PRIORITIES	OBJECTIVES/ PURPOSE	NATIONAL EXPECTED RESULTS	INDICATORS	OPPORTUNITIES FOR JOINT REGIONAL ACTION STRATEGIES	INSTITUTIONS	JUSTIFICATION
1. Development of a Regional Mental health Policy and Action Plan and Legislation.	1.1 To strengthen the mental health strategic planning process in the region.	1.1.1 Update and finalize national strategic plan for mental health in the context of the Regional Mental Health Framework	1.1.1.1 A document outlining the national strategic objectives and priority areas for action by 2012	Development of regional mental health policies and plan.	CCS PAHO UWI	Mental health services in the Caribbean have traditionally centered around mental hospitals where the primary treatment focus was custodial care. However since the mid 1970s through various health sector meetings recommendations have been made to move towards the introduction of community mental health services. Further in the 2001 Nassau Declaration the CARICOM Heads of
	1.2 To support the establishment of national policies, programs and legislations	1.2.1 Review and revise MH policy, legislation and plans	1.2.1.1 A document detailing identified gaps in policy, legislation and plans for all Member States developed by December 2012	Development of legislation and human rights compatible with regional & international standards and current mental health norms	CCS PAHO UWI – Faculties of Law and Psychiatry	

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	1.3. To increase the evidence for decision making in Mental Health programs	1.3.1 Mental Health Information system established & integrated into the general health system.	1.2.1.2. Revised mental health policies, plans and legislations in place in all Member States by 2012 1.3.1.1 Database of homeless mentally ill persons and substance abusers developed by 2012	Define regional indicators for monitoring mental health wellness and disabilities. Organize mechanisms for completing the WHO Mental Health Atlas Develop regional support mechanism for review and analysis of national information		Government identified mental Health along with Chronic Non-Communicable Disease and HIV/AIDS for priority action in the health sector. This recognition was highlighted because of the impact these conditions would have on the development of the region. During the ensuing years several efforts were made with the support of the PAHO/WHO, national governments and the CARICOM Secretariat to develop a regional mental health plan to guide national programs and conduct various capacity

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						enhancement initiatives. Only a few countries have made any significant progress
2. Reform of mental health services.	2.1 To develop Regional guidelines and protocols for code of ethics, continuum and standards of care for the treatment of mental disorders.	2.1.1. Regional guidelines and protocols for code of ethics, continuum and standard of care and treatment for mentally ill adapted for national application	2.1.1.1 Document stating Code of Ethics and national standards and continuum of care developed and disseminated to all countries by end 2012	Recommendations detailing gaps and actions to be taken to be circulated by CCS Development of a common code of ethics Development of common standards of care Utilization and dissemination of existing training modules for primary care and experiences within the region	CCS CCS PAHO UWI CCS PAHO UWI CHRC CCS PAHO UWI	

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	2.2 To support the integration of community mental health and primary health care programmes and services.	2.2.1 Integration of mental health and primary care and the training of primary care staff in mental health.	2.2.1.1 Mental health services fully integrated into primary health care in all Member States by 2012	Develop guidelines and recommendations Provide training for de-institutionalization of mental health facilities.		
		2.2.2 Community-based mental health care available in each country of the region	2.2.1.2 80% of primary care staff trained in mental health by 2012	Develop and disseminate common training modules		
			2.2.2.1 Each country will have services decentralized and care available for the mentally ill by 2012	Sharing successful de-institutionalization experiences		
			2.2.2.2 25% reduction in population of mental hospitals in Member states by 2012.			
	2.3 To develop and improve the	2.3.1 Increased capability and competencies in	2.3.1.2 Mental health training incorporated into	Guidelines for developing human resource plan in		

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	competencies in the health work force to appropriately and effectively care for the mentally ill and substance abusers in the community. 2.4 To improve the quality of mental health care.	the health work force to appropriately care for the mentally ill and substance abusers in the community. 2.4.1 Mental health audit instrument reviewed and adopted for utilization	the basic training curricula of health professionals in all countries by 2012. 2.4.1.2 Mental health audit implemented in all Member States by 2012	mental health developed and circulated by end 2008 Development of Medical Audit instrument and guidelines for monitoring quality of care		
3. Management and care of vulnerable or at-risks mentally ill people including Substance Abusers	3.1. Establish needs-based programs and interventions for at-risk populations.	3.1.1 Guidelines for the development of interventions/ centres for at-risk populations adapted and adopted at national levels 3.1.2 Needs based programmes/interventions for at risk populations	3.1.1.1 Appropriate guidelines adapted and in use in all countries by 2012 3.1.2.1 Substance abuse prevention and control component	Develop regional guidelines for the establishment and implementation of needs-based interventions centres for homeless or other vulnerable mentally ill individuals, including substance abusers Define and disseminate best practices already available in the region	UWI PAHO CCS UWI PAHO	

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		implemented	included in national mental health plans and programs of 50% of countries by 2012	Develop and fund pilot projects targeting vulnerable groups		
		3.2.2 Mental Health Programs established for special populations	3.2.2.1 Child and adolescent guidance and counseling clinics developed in 50% of countries by 2012	Standardised instruments developed and used to screen children and adolescents for mental disorders	UWI PAHO	
			3.2.1.2 Program developed to enhance services for geriatric population for mental disorders in 100% of countries by 2013	Develop feasible models of care for mental health in the region		
4. Public Information, Education and Communica-tion	4.1 To develop and implement information, education and	4.1.1 Programs in place to address stigma and discrimination	4.1.1.1 KAP study on mental health issues conducted in 10 countries by 2012	Development of communication strategies and advocacy messages	CCS PAHO OAS	

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	communication strategies related to mental health	against persons with mental disorders	4.1.1.2 Anti-stigma campaigns developed and conducted in at least 10 countries by end 2010 4.1.1.3 Competence based training to 100% of health care workers, based on their needs assessment in at least 10 countries by 2012 4.1.2.2 Blueprint for advocacy for mental health promotion and standards developed and disseminated by end 2012			

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		4.1.2 Consumer and family groups formed as part of advocacy strategy for mental health	4.1.2.1 Consumer and family support groups in place in all countries by 2012			