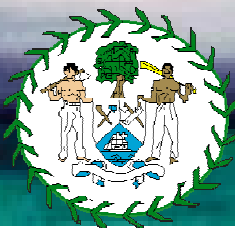




# BELIZE NATIONAL MENTAL HEALTH POLICY

GOVERNMENT OF BELIZE

2010-2015



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## Acronyms and Abbreviations

BHIS	Belize Health Information System
CAMHC	Centre for Addiction and Mental Health in Canada
CSO	Central Statistical Office
CNA	Community Nurses' Aide
DALY	Disability Adjusted Life Years
DHS	Director of Health Services
JADA	Jefferson Alcohol and Drug Center
MOH	Ministry of Health
MHA	Mental Health Association
NDACC	National Drug Abuse Control Council
NGO	Non-Governmental Organization
OT	Occupational Therapist
PNP	Psychiatric Nurse Practitioner
PNA	Psychiatric Nurses' Aide
PAHO	Pan American Health Organization
KHMH	Karl Heusner Memorial Hospital
SIB	Statistical Institute of Belize
VSO	Voluntary Service Overseas
WHO	World Health Organization
WMHD	World Mental Health Day

## ACKNOWLEDGEMENT

The development of the National Mental Health Policy was spearheaded by the Mental Health Program of the Ministry of Health, under the supervision of the Dr. Claudina Cayetano. Special thanks to the Mental Health Association and the following persons for their hard work and dedication to the process. Special thanks the Chief Executive Officer in the Ministry of Health and to Dr. Beverly Barnett, representative of the PAHO/WHO Belize Country Office, and all those who attended the consultations and provided feedback during the development of the policy.

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The development of this policy was made possible through technical and financial support from the Pan American Health Organization/World Health Organization regional, sub-regional and country offices.

# Section I

## Introduction

The Ministry of Health has since the 1990s taken steps towards strengthening the national mental health program. Over the years, the program has been transformed from one based on institutional care, to improved services and programs based on community based care. The overall objectives of the mental health program are to provide standards of psychiatric treatment and services that ensure the highest quality of care to the Belizean populace. This is achieved through the development and improvement of programs and user-friendly psychiatric services that are accessible, efficient, and cost effective and contribute to reducing the incidence of mental illnesses.

The Ministry of Health took up the challenge of developing a modern mental health policy that takes into account the human rights of persons with mental disorders, recognises links with other key health issues such as substance abuse and incorporates collaboration with other government agencies and civil society.

Since 2005, under the leadership of Dr. Cayetano, Psychiatrist, a national committee comprised of psychiatric nurses, members of the Mental Health Association, key stakeholders, with technical support from PAHO/WHO country and regional offices, worked tirelessly on revising and updating the mental health policy. It is anticipated that this policy will help to guide the advancement of mental health programs and services which promote and protect the human rights of people with mental health disorders. This is especially important since people with mental health disorders are often times exposed to a wide range of human rights violations. Unfortunately many of these violations occur in psychiatric institutions as a result of inadequate care and treatment, and, above all, inhumane living conditions.

This policy document has been prepared, in line with WHO's framework, by a local committee comprised of key stakeholders and service providers. This document will form the basis for the strengthening of the mental health services, and facilitate revision of the mental health legislation and the development of an annual plan of action for the delivery of mental health services by the Ministry of Health in coordination and collaboration with other government departments as well as civil society. It is intended that this policy will help to address the urgent need of strengthening and improving services on prevention, care and treatment of the mentally disabled.

## Country Profile

Belize is a diverse, English speaking country located in the northern hemisphere in Central America. Belize lies in the outer tropics or subtropical geographic belt and is 274 km long and 109 km wide. The total land area is 22,700 km<sup>2</sup> with a population density of approximately 13 inhabitants per square kilometre. The country is flat and swampy on the coast, with low mountains in the interior. A former British colony, the country is considered to be a link between the Caribbean and Central America

The 2007 mid year population estimate was 291,800 inhabitants (147,400 males and 144,400 females). The demographic profile is of a young population: 40.9% is 14 years and under with 51.9% 19 years and over. Statistical Institute of Belize (SIB), formally Central Statistical Office (CSO). Belize has an open economy based primarily on agriculture and services (tourism). One of the main attractions for foreign investment is the stability of the currency. The Belize dollar (BZ\$) has been pegged to the United States dollar (US\$) since 1976 at an exchange rate of US\$1.00 to BZ\$2.00.

According to the 2000 census, Mestizos comprise the major group constituting approximately 48.7% of the population, with Creoles estimated at 24.9%. Other ethnic groups are the indigenous people (Mopan, Yucatec and Ketchi) (10%), Garifuna (6.1%), East Indian (3.0%), Mennonites (3.6%), and other smaller groups (3.3%), including Caucasian/White and Chinese. Roman Catholicism is the major religion. (CSO, 2001). While English is the Official Language, Spanish is widely spoken and is now considered the first language of many, especially Mestizos.

According to the National Health Information System, the GDP per capita income for 2003 was BZ\$7,208 or US\$3,604 of which 2.4% is spent on health. The National Human Development Report 2002 states that private expenditure on health was approximately 0.5% in 1998. The literacy rate is noted as 76.5 - 76.1 for males and 76.9 for females (Statistical Institute of Belize, formerly Central Statistical Office, 2000). Life expectancy is 73.5 for females and 66.7 for males (2000).

According to the WHO Comparative Risk Assessment of 2002, which categorises countries on the basis of high, medium or low levels of adult and infant mortality, Belize is in Region B, which means low child and low adult mortality. However, child and maternal mortality rates are still of some concern. Similar to the Caribbean countries, there is a transition from communicable disease to non-communicable disease. Diabetes, hypertension, cancers and road traffic injuries are the leading cause of death and disability in the country. Communicable diseases such as HIV, dengue, malaria are some of the emerging and re-emerging health issues are priority public health concern. Social determinants of health, such as poverty, gender, geographic and socio-economic results in health inequities, a situation the country is trying to address.

## Epidemiology

There is a paucity of epidemiological data on mental illnesses in Belize in internationally accessible literature. McClusky (1999) conducted an ethnographic study on domestic violence against rural Belizean women of Mayan origin. *An Anthropological and Epidemiological Overview of Mental Health* in Belize was conducted in 1993, by various persons: Jason Bonander and Robert Khon from Brown University, Belito Arana from Belize, and Itzhak Levav from PAHO. The article presented a preliminary overview of the mental health needs and resources in Belize using historic, demographic, epidemiologic, and ethnographic methods to survey both the needs and societal resources available to the ethnically heterogeneous population of the country.

A recent survey on alcohol use in Belize, GENACIS (Gender, Alcohol and Culture) revealed that the proportion of drinkers of alcohol in Belize is quite high, particularly among men. Among drinkers, the average amount consumed is also high, again particularly among men. Male drinkers consume 3 to 4 times as much alcohol as females, and these high levels of use have implications for individual health which must be addressed (GENACIS 2006). The Principal investigator was Dr. Claudina Cayetano, Psychiatrist, Belize. The Statistical Institute of Belize (SIB) was the executing agency, and the PAHO/WHO Division of Drug and Alcohol in Washington, DC provided the majority of the funding. Technical support and some additional funding came from the Centre for Addiction and Mental Health in Canada (CAMH).

The leading causes of consultations related to mental health services in 2005 were psychotic disorders, secondary to the use of substances, mainly marijuana. Clinical depression was another common disorder, followed by anxiety disorders, problems of domestic violence, and stress-related disorders.

In 2005, 12,318 patients were seen at various psychiatric units throughout the country and in 2006 the number increased to 14,556. Of the total number of patients seen in 2005, 26.8 % were new patients; 73.2% were old or returning patients. Slightly more than one-fourth of all patients were seen for schizophrenia/psychotic disorder (26%), followed by mood disorders (19.5%), and “associated” conditions (11.6%). Nationwide, 6.8% of individuals were seen for relational problems and 6.7% for anxiety disorders. Documented patient visits for problems related to abuse (1.2%) and substance-induced disorders (3.5%) were relatively small, though anecdotal accounts of the devastating, long-term effects of these conditions on individuals and families are plentiful, and evidence of the confounding of each is well established (Kohn, et al., 2005). The number of children seen (2.6%), and older adults (0.7%) treated, reflects the growing identification of mental conditions among the youngest and oldest members of the population.

## Situational Analysis

### A. MENTAL HEALTH REFORM IN BELIZE<sup>1</sup>

Belize is facing a number of important challenges that affect the health and well-being of its population, including high poverty levels, susceptibility to natural disasters, and a human resources crisis in the health sector. These challenges add to the public health concern of treating and preventing non-communicable diseases such as mental health disorders. It is estimated that at least 25,000 adults in Belize are likely to be affected by mental disorders including psychotic disorders, depression, anxiety disorders, and substance abuse (World Mental Health Survey, 2004). However, only 49% of adults who suffer from mental disorders receive any form of treatment, reflecting a substantial treatment gap in the population.

In order to bridge the treatment gap and provide adequate mental health services, the MOH of Health has reformed its mental health program. In the past mental health services in Belize have focused primarily on institutional psychiatric care and care for the severely mentally disabled. Today, mental health services are steadily shifting to include treatment in the community. In the early 1990s the Ministry of Health trained Psychiatric Nurse Practitioners to provide services within the community. Through this program the National Mental Health Program provides outreach mental health services at the primary care level. Since Psychiatric nurses are available in each district hospitals, outpatients care has increased, while inpatient care has decreased. Other key achievements resulting from mental health reform have s included the establishment of a psychiatric Unit at the Western Regional Hospital and the operation of a Day Hospital at one of the major Poly-clinic in Belize City, two acute inpatient beds within the national referral hospital, and the downsizing of the Psychiatric Hospital.

To continue to strengthen mental health services, the Ministry of Health plans to improve the delivery of mental health services at every level of care, strengthen the mental health unit, develop comprehensive mental health services in each of the district hospitals, and to update the mental health legislation to protect the rights of people with mental disorders. The integration of mental health services with other key programs such as those dealing with substance abuse, and related programmes provided by other government agencies and civil society is also critical as these areas have not yet been included in mental health reform.

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<sup>1</sup> WHO (2009) Prioritizing Mental Health Services in the Community



## **B. THE NATIONAL MENTAL HEALTH PROGRAM**

While no studies have been conducted to determine the impact of mental disorders in the country, and the extent of the problem, it appears that there is has been an increase of mental disorders. Mental disorders due to substance abuse are more prevalent, and further complicates care and treatment especially as there are few adequate rehabilitation services in country. In general, the mental health services in Belize have been fragmented even though efforts have been made to strengthen the health component. The Mental Health programs works in isolation from the National Drug Abuse and Control Council, and other government agencies that affects the daily lives of people who are mentally ill.

The Mental Health Program (MHP) aims to promote mental health, prevent mental illness, and serve the needs of persons with mental disorders, enhancing their quality of life and creating networks that guarantee the delivery of care within the community. Each of the programs at the Ministry of Health is headed by a Technical Advisor dedicated to the coordination and administration of the program. Thus, the MHP is required to have a dedicated technical advisor but due to limited resources the current clinical psychiatrist, also functions as the technical advisor. Recently the Ministry of Health created a mental health coordinator post at the Ministry to assist the technical advisor with the coordination of the program.

Administration of the MHP is consistent with the national decentralized approach. Under the Health Sector Reform program, the administration of health services is divided into four regions, and each region has a regional manager who serves as the focal point for all health operations, including mental health.

Over the last decade the MHP has been steadily expanding the quality, accessibility, and range of services that it provides. Today there is a mental health clinic in every district that is manned by Psychiatric Nurse Practitioners (PNPs). The district clinics, along with the Acute Psychiatric Unit in Belmopan, have reduced reliance on the Rockview Mental Health Hospital (Rockview) since emphasis is now on community care more so than custodial care.

The purpose of the Belize Mental Health Program is to provide high quality mental health care so that the population of Belize can achieve the best mental health status possible. This will be achieved through the development and improvement of programs and user-friendly psychiatric services that prevent and reduce the incidence of mental illness and that are accessible, efficient, and cost-effective.

## **C. Other Services**

The Mental Health Program provides services to mental health patients with limited coordination and collaboration with other agencies such as the National Drug Abuse and Control Council, government ministries including the Ministries of Human Services, and National Security. .

## **SECTION 2**

# **NATIONAL MENTAL HEALTH POLICY**

### **1.0 Introduction**

Mental disorders cause significant disability and social inclusion; they attract stigma and discrimination that deters effective care and treatment and increase mortality. Given the increase in mental disorders currently being diagnosed in the country and the need for a multi-faceted approach to addressing the needs of the mentally disabled, there is an urgent need to develop a national Mental Health Policy. This policy details the collaboration and coordination with government agencies and civil organizations required to improve the mental well-being and quality of care for mental patients.

### **2.0 Vision**

Improvement and maintenance of the mental health of the entire population of Belize, with promotion of mental health and prevention of mental disorders, especially among the more vulnerable population, with due regard for the human rights and fundamental freedoms of all persons.

### **3.0 Mission**

Provision of integrated, comprehensive and accessible mental services to the entire population of Belize, focusing illness on promotion, prevention, early detection, treatment and rehabilitation, and emphasizing community-based services and respect for the human rights of the mental ill and their care providers.

### **4.0 Objectives of the Mental Health Policy**

The National Mental Health Policy will:

- I. Promote and protect the human rights of people with mental disorders, allowing them to participate meaningfully in society.
- II. Promote the mental health and well-being of the Belizean populace and where possible, prevent the development of mental health problems and illnesses
- III. Establish quality community-based mental health care as the foundation for effective care and support, and integrate mental health care into primary, secondary and tertiary levels of the health care system.
- IV. Provide acute psychiatric care within general hospitals and provide effective rehabilitation services in community settings.

- V. Through Information, education and communication reduce the effects of stigma and discrimination.
- VI. Promote prevention programs with special emphasis on substance abuse
- VII. Advocate for adequate financial support for improvement of mental health services.
- VIII. Offer equitable access to quality treatment (availability of medications, qualified staff, and treatment free at the point of provision) for the population.
- IX. Provide quality and specialized services to identify and treat childhood mental disorders.
- X. Strengthen the collection, analysis, and use of mental health information for evidence-based decision-making at all levels and for monitoring and evaluation of relevant programs and services.
- XI. Strengthen decentralization of decision-making, resources and services for mental health care, allowing for greater participation at the primary and community levels.
- XII. Implement promotion and prevention programs for at-risk populations and the general population in understanding the impact of social and environmental factors on mental health.
- XIII. Forge strong partnerships with key stakeholders, and work closely with the Mental Health Program of the Ministry of Health in the Implementation of a strong mental health program which will address prevention, treatment, and support of the mental ill.

## **5.0 Values and Principles**

The values and principles identified are those considered to be relevant to the delivery of quality mental health services. These include human rights, accessibility and equity, integration of mental health care into general primary health care, community-based care, mental health promotion, prevention of mental disorders, and inter sectoral collaboration.

Mental health services should be provided based on the following values and principles:

### **5.1 Human Rights**

The promotion of mental health and the prevention, care, treatment and support of mental disorders in the general population should be provided in line with the individual's basic human rights as established in the Constitution of Belize and international/regional human rights treaties ratified by Belize.

- People with mental disorders shall enjoy full human rights, including the right to appropriate health care, privacy, confidentiality shelter and employment and freedom from discrimination,

exploitation, harm, abuse and unlawful restraint and due process of law supported by judicial guarantees.

- Mental health treatment and care shall promote and protect the autonomy and liberty of people with mental disorders.
- People with mental disorders have the right to be treated in the community and 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 in a manner consistent with accepted international standards.
- Care delivered to people with mental disorders and their medical records shall be strictly confidential. However there are situation where this information may be shared, particularly in cases where not sharing the information may result in possible danger to the patients or to others.

## **5.2 Accessibility and Equity**

People with mental disorders may require deliberate intervention due to the longstanding and pervasive stigma held by the public, professionals, and policy makers against the mentally ill.

- Services of the highest quality shall be accessible to all people regardless of their geographical location, economic status, gender, race, age, social condition, mental or physical disability, sexual orientation, religion, HIV/AIDS status, and health status.
- People with mental disorders shall not be subjected to discrimination on the basis of their mental illnesses.
- Mental health services shall have parity with general health services and other relevant programs.
- Timely and appropriate mental health services shall be available in all districts of Belize and across all levels of care (primary, secondary and tertiary levels and at the community level).

## **5.3 Integration of Mental Health Services**

Mental health services should be integrated into the general primary health care system. This will guarantee one entry point for a comprehensive and continuous serve for patients and their family.

Persons with acute mental disorders should be admitted to and treated in general hospitals. The service provided should be of the highest standards administered by trained personnel and include provision of appropriate medications.

Linkages will be forged with Ministry of Human Services and other organizations to ensure that adequate community support is provided.

## **5.4 Decentralization and Community Care**

Authority, resources, and services are being decentralized with more emphasis on primary and community care. This ensures a higher level of participation in the decision-making process and greater accessibility.

- Inpatient care shall be accessed only after all alternatives for community care have been exhausted.
- People with mental disorders shall be cared for using the least restrictive form of care and as close to their own homes and communities as possible. Active family involvement should be encouraged and facilitated.
- Community-based rehabilitation activities shall be provided to reduce disability and improve the quality of life of consumers of mental health services. These shall include non-discriminatory employment opportunities for people with mental disorders.
- Rehabilitation and recovery services shall take place within the communities.

## **5.5 Prevention**

There are various social factors that can contribute to mental conditions. Therefore, some mental health problems and illnesses can be prevented through early identification and treatment.

- Prevention will focus on drug abuse
- Screening services shall be available and provided for vulnerable populations.
- Education and sensitisation programs shall be designed and integrated into existing health, social, and educational services in order to help people to make better personal choices and reduce risk-taking.
- Services shall promote therapeutic patient-centred care and should move away from reliance on custodial care

## **5.6 Inter-Sectoral Collaboration**

Building and maintaining strong partnerships is essential for the strengthening of mental health services. As a result, it is anticipated that:

- Mental health services shall work jointly with other sectors and organizations such as the social services network, criminal justice system, housing, education, labour department, NGOs, National Drug Abuse Control Council, National Council on Ageing, international agencies, and other relevant agencies.
- 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.
- Coordination and collaboration with private, public, local, national, regional and international organizations and agencies shall be strengthened in order to ensure the optimal mobilization and utilization of resources.

## **6.0 Principal Areas and Strategies for Action**

The following areas for action are set as priorities and strategies to address the various objectives identified.

### **6.1 Coordination**

In order to assure the development and continuity of the various Mental Health programs at the local and regional levels, it is necessary to:

- Strengthen the coordinating unit for mental health in MOH,
- Create a post of technical advisor in mental health in the MOH, and
- Have a cost centre allocated for all finances related to mental health activities

### **6.2 Legislation**

Mental health legislation shall consolidate and guarantee that the dignity of people with mental disorders is preserved and that their fundamental human rights be protected. Updating legislation will be a useful and effective instrument to improve the situation of people with mental disorders and is essential to ensure the protection of the mentally ill against human rights violations, as well as to ensure the promotion of autonomy, liberty and access to health care

The legislation shall be updated using recommendations developed by a cross section of Belizean stakeholders and experts in Mental Health based on human rights and fundamental freedom of people with mental disorders.

### **6.4 Provision and organization of services**

Proper provision and organization of the services will allow the achievement of objectives and also the delivery of effective and equitable mental health interventions to vulnerable populations.

- To develop and promote comprehensive mental health services in each of the districts to the general population. This will extend acute care within all general hospitals, emergency services, outpatient services and psychosocial rehabilitation. These services will represent a continuum from primary care to specialized services. This will allow patients to be treated within their community, closer to where they live.
- To plan and run appropriate facilities to provide mental health care in the community based on patients' needs, and to close down Rockview Hospital.
- To plan and implement a referral system that facilitates timely care of the physical health needs of those with mental disorders.

## **6.4.1 Inpatient Services**

### *i. Child and adolescent services*

The mental health services will provide support and services at every level of the system that are more responsive to the needs of children and adolescents with serious emotional disturbances at every level of the system. If in-patient intervention becomes necessary, children and adolescents will be placed in age-appropriate health facilities.

### *ii. Services for adults*

If inpatient treatment becomes necessary the client will have timely access to an appropriate hospital bed in the least restrictive environment, depending on history and on level of assessed risk.

## **6.4.2 Outpatient Services**

### *i. Child and adolescent services*

Families will be centrally involved in the coordination of care for their children and adolescents. A system of care will be established within and across sectors (Education, Health, Social Services) that includes mechanisms to promote communications and referrals among professionals such that children and families receive appropriate services regardless of how and where they seek help and irrespective of the nature of their problems.

### *ii. Services for adults*

Adults are to have access to mental health services that suit their needs. Individualized health care plans are to be developed with the participation of the patients. This care plan should include action to be taken in a crisis, and should advise health care professionals how to respond if the client and carers need additional help. The care plan should be updated regularly. Mental Health education for families will be part of the services provided and patient support groups are facilitated to increase compliance and provide mutual support.

### *iii. Day services and rehabilitation*

All individuals diagnosed with a severe mental illness will receive care which promotes recovery and community reintegration, anticipates and prevents crises, and reduces risk to self and others.

Development of Day Hospitals, to provide rehabilitation services for the reintegration of the patient into the community and creation of facilities that provide life skills training programs for people with mental disorders.

The focus of mental health is towards the delivery of services in community. All district and regional hospitals will establish community-based mental health centres. The centres will

provide prevention and rehabilitation activities together with the public health team. This will include day hospitals, sheltered housing, resource centre, etc.

### **6.4.3 Psychiatric Emergencies**

In every regional and district hospital, psychiatric emergencies will be dealt with after working hours and during weekends and public and bank holidays. Emergency medications will be available at every emergency room and emergency personnel will be trained in the management of psychiatric emergencies.

### **6.4.4 Mental health response in disaster situation**

The Mental Health Program recognises that the number of persons exposed to extreme stressors is large and that exposure to disaster situations is a risk factor for mental health and social problems. The program's work on mental health in emergencies will focus on vulnerable populations that have been exposed to disasters and on capacity development for other health and non-health personnel that could play a key role in an emergency. The aim is to develop a plan for disaster preparedness and response during disasters which will detail the role of each level of responders in a community.

### **6.4.5 Forensic Psychiatry**

The mental health services will 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.

### **6.4.6 Substance Abuse Disorders**

Substance abuse is a contributing factor for many mental disorders identified. Services will be provided to patients with substance abuse disorders at all level in the society, particularly drug counseling.

- **Community-based services** - Alcohol and drug counseling and other therapeutic services will be offered at the community level on a non-residential basis, including early identification and brief interventions.
- **Detoxification services** – Services to assist persons to safely negotiate a process of substance withdrawal will be offered and will include detoxification provided in outpatient services.
- **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 present themselves for care whether it is in the community, at a mental health in-patient facility or a substance abuse treatment facility.



## **12.0 Quality Improvement**

National quality standards for mental health care will be developed in consultation with all relevant stakeholders. Facilities providing mental health services will be regularly reviewed, assessed and accredited, and competencies of all staff, including health care providers will be assessed towards these standards. Appropriate protocols, including clinical protocols and standard operating procedures will be developed.

- To develop national mental health standards for services and treatment, as well as to develop, disseminate and implement clinical guidelines and protocols.
- To monitor processes and outcomes, including information, education and other services within communities.

## **13.0 Promotion and Prevention**

Mental health promotion aims to protect, support and sustain emotional and social well-being and create individual, social, and environmental conditions that enable optimal psychological and physiological development. It will also maximize the ability of children, youth, adults and older people to realize their potential, to cope with normal stresses of life, and participate meaningfully in their communities. It will also increase awareness and understanding of mental health problems, and mental illnesses in relation to substance abuse, and thus reduce stigma and discrimination.

Mental disorder prevention focuses on reducing risk factors such as substance abuse and enhancing protective factors associated with mental well-being, with the aim of reducing risk, incidence, prevalence and recurrence of mental disorders.

Comprehensive mental health promotion and prevention strategies will be developed related to primary, secondary and tertiary prevention, and will be implemented at the community levels.

- To implement promotion and prevention activities, including mental health school programs, substance abuse counselling, prenatal counselling and life skills for stress management.
- To implement prevention programs for early recognition and treatment of people with major illnesses such as depression, suicide and schizophrenia.
- To implement interventions for persons with substance use disorders

### **6.4.7 Care for the elderly**

Older adults with mental health needs/concerns will have access to adequate and quality mental health services that provide for their needs in a way that takes account of their particular life stage.

## **7.0 Human Resources and Training**

Human resources are the most important assets of the mental health system. The improvement of quality depends on the knowledge, skills, and motivation of the people responsible for delivering these services.

- Increase the training opportunities for mental health professionals at all levels including, train alcohol and drug counsellor at the community level, traditional healers and community health workers.
- Recruit and train sufficient numbers of mental health care providers specialized at different levels of care, to be able to provide appropriate decentralized quality mental health care.
- Design of comprehensive Plan for the Development of Human Resources for the provision of Mental Health services within the health sector and other sectors.

## **8.0 Intersectoral Collaboration**

People with mental health problems have different needs that go beyond the health sector. Those needs and services can be related to sectors such as education, social services, housing, labour, police, justice, etc. Each one of these sectors has a role to play in the management of mental health issues in the community.

- Increase the level of awareness of mental health issues for all those working in fields of education, social services, police, housing, labour, police, the judiciary, and other relevant disciplines.
- Develop specific guidelines that inform roles and duties and also assure collaboration between the different institutions that provide assistance in the management of patients with mental disorders.
  - Guidelines for police involvement in mental health services
  - Manuals and protocols for psychiatric emergencies

## **9.0 Advocacy**

Advocacy is very important in mental health. It is crucial to change the negative perceptions of people about mental disorders and the mentally ill in order to achieve the objectives of this policy. Mental health service users, their families, mental health service providers and related organizations need to advocate for the rights of people with mental disorders, for improved mental health services and for broader public awareness about mental health. The Mental Health Association and the Mental Health Consumer Association are the two NGOs that have been working closely with the Mental Health Program.

- To support the development of strong mental health consumer groups to advocate for better mental health services and to be active participants in the decision making process.
- To educate and encourage consumer participation in advocacy as well as families and community members in order to better the mental health services and decrease stigma and discrimination for the mentally ill.

## **10.0 Research and Evaluation of Policies and Services**

Research and evaluation are essential aspects of mental health, to provide information on the causes of mental illnesses, the persons most at risk and the population that is affected so as to support evidence based planning and programming. There is a need in Belize to develop a research culture within the mental health system in order to better evaluate and understand the extent of mental health problems, including substance abuse disorders.

- Essential information to improve mental health services, and to guide policy and decision makers will be gathered through national research.

## **11.0 Information Systems**

Information on mental health disorders and mental illness due to ~~drug~~ substance abuse will be collected. This key data will be collected as part of the Belize Health Information System (BHIS). This will require the integration of some key indicators into the BHIS, and the standardization of data collection, processing, retrieval and analysis for mental health.

- To collect information on mental illnesses including substance abuse, that is confidential, efficient and easy to access.
- To train mental health care providers, Drug Counsellors and other relevant stakeholders in the health information system.
- To set up a routine reporting system for mental health, integrated in the general health information system\* why is this here? , at all levels of care, including community rehabilitation services and establish indicators for evaluation of services and improvement in health outcomes

## **6.3 Financing**

Adequate and sustained financing is an essential mechanism to improve mental health services to the community. The decentralization of a budget for mental health to all regions will enhance quality, accessibility and the development of a trained workforce.

- To secure a budget for mental health that will provide better quality of services at both regional and central levels.

## **ANNEX 1: DEFINITIONS<sup>2</sup>**

Mental health: The ability to function at one's optimum level in social, occupational and relational settings while taking responsibility for one's actions and their consequences. It entails staying in touch with reality, using good judgment in making decisions, and having the insight into one's mental process.

Mental disorder: An abnormal state of mind whereby the individual is not able to function, or functions partially, within the accepted values, principles, and norms of a given society at a given time in his/her life.

Mental health policy: An organized set of values, principles, objectives and areas for action to improve the mental health of a population.

Value: A cultural belief concerning a desirable mode of behaviour or end-state, which guides attitudes, judgements, and comparisons.

Principle: A fundamental truth or doctrine on which rules of conduct are based.

Areas for action: Complementary aspects of a policy that are separated for the purpose of planning.

Primary prevention: Alteration of conditions that precipitate mental disorders and behavioural problems.

Secondary prevention: Early detection and limiting the negative consequences once a psychological problem has manifested itself.

Tertiary prevention: Control of the long-term effects of chronic mental health problems.

(Definitions taken from Mental Health Policy Plans and Programmes, WHO, 2003)

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<sup>2</sup> Definitions taken from Mental Health Policy Plans and Programmes, WHO, 2003

### **ANNEX 3: REFERENCES**

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