

## RECOMMENDATIONS OF THE CARIBBEAN CONFERENCE ON HEALTH/MENTAL HEALTH MODELS

*A major conference on Caribbean mental health priorities, known as the "Caribbean Conference on Health/Mental Health Models," was held in St. Ann, Jamaica, on 24-26 April 1983. The following account presents a summarized version of the recommendations contained in the final report of that meeting.*

### Introduction

Mental health problems have begun to rank high on the list of health priorities in most Caribbean countries, and the need to develop a systematic plan of action for the coming decades is now widely recognized, particularly in view of current fiscal and economic constraints. This report presents a series of recommendations that emerged from the Caribbean Conference on Health/Mental Health Models held in St. Ann, Jamaica, on 24-26 April 1983. The Conference itself was the product of a lengthy planning process involving the U.S. National Institute of Mental Health, the Pan American Health Organization, the University of Miami Spanish Family Guidance Center, the University of the West Indies Faculty of Medicine, and a distinguished group of advisers. The recommendations presented, product of a diverse and knowledgeable assembly of health and mental health professionals, are designed to reflect the cultural, economic, and political realities of the Caribbean.

In 1980 and 1981, discussions between the University of Miami Spanish Family Guidance Center (designated as the Miami World Health Organization Collaborating Center for Research and Training in Mental Health, Alcohol, and Drug Dependence in 1983), the U.S. National Institute of Mental Health, and the Pan American Health Organization resulted in a suggestion that the center initiate a cooperative effort with several Caribbean countries that would lead to the development of a systematic program to improve mental health services in the Caribbean. It was felt that a first effort in this direction should be a Caribbean conference on mental health.

The conference was jointly planned by the

Spanish Family Guidance Center, the Department of Psychiatry at the University of Miami School of Medicine, and the University of the West Indies School of Medicine in Kingston, Jamaica. The event was envisaged as a multidisciplinary meeting of health and mental health professionals working and living in selected countries of the Caribbean and adjacent areas. Countries and territories represented by conference participants included the following: Antigua, Bahamas, Barbados, the Dominican Republic, Guyana, Jamaica, Puerto Rico, Saint Lucia, Trinidad and Tobago, the British Virgin Islands, the U.S. Virgin Islands, and the United States.<sup>1</sup>

The first part of the conference consisted of presentations by professionals with expertise in various phases of health and mental health care in the Caribbean. The opening address was given by the Honorable Kenneth Baugh, Minister of Health of Jamaica. Other keynote speakers included Phillip Boyd, Chief of the Caribbean Community Secretariat Health Section; Eugene Brody, President of the World Federation for Mental Health; and Michael Beaubrun, past president of the World Federation for Mental Health, member of the World Health Organization Expert Advisory Panel on Mental Health, and Director of the Caribbean Institute on Alcoholism and other Drug Problems.

<sup>1</sup>Planning and direction of the conference activities was performed by an executive committee comprised of José Szapocznik, Chairman and Principal Investigator; Samuel R. Wray, Co-Chairman; Raquel E. Cohen, Technical Adviser; James N. Sussex; David Santisteban, Project Director; and William M. Kurtines, Editor. The work of the executive committee was carried out with the guidance of an advisory board comprised of Michael Beaubrun, Phillip Boyd, Eugene Brody, Aida Guzmán, Frederic W. Hickling, Frank Knight, George Mahy, Roger Rosseau, Patricia Todman, Vincente Liz Linares, and Timothy McCartney.

The second portion of the conference, besides including presentations and discussions on specific subjects, devoted considerable time to organized group discussions of health and mental health issues in four basic areas: service delivery, manpower training, manpower utilization, and policy. More precisely, a working group or task force was organized to deal with each area and to develop specific recommendations for consideration by all the conference participants. The recommendations reported below are those presented by each group and approved by the whole conference. It is believed that these recommendations reflect the essential direction sought by the participants for mental health work in the Caribbean.

## Recommendations

### *Service Delivery*

The specific recommendations of the service delivery working group sought to ensure effective delivery of mental health services and maximum use of existing resources. Those recommendations were:

- An administrative mental health post should be developed within each country, at the highest level inside the Health Ministry or Department of Health Services, and that post should be occupied by a mental health professional responsive to the country's mental health needs.
- A multidisciplinary team should be established in each country. The team, which should be sensitive to the country's mental health needs, would be responsible for organizing, monitoring, and maintaining vertical and horizontal linkages between the country's health and mental health systems.
- The practice of establishing and maintaining psychiatric units and community psychiatric services at general hospitals should be continued where it has proven effective, and should be implemented where it appears practical and consistent with current service delivery systems.
- Instead of locating mental health outpatient clinics in regional hospitals, those clinics should be decentralized and made part of primary health care centers.

- Public education programs should be established that encourage community participation in health/mental health service delivery. Particular emphasis should be given to educational programs that promote prevention of mental health problems and early intervention in such problems. In this regard, highest priority should be given to proper maternal care and its benefits for unborn children.

- A multidisciplinary center for Caribbean epidemiology and biometric studies should be established. The activities of this center should be coordinated with the current U.S. National Institute of Mental Health epidemiologic program and with the Commonwealth Caribbean Research Council. The center would assess the prevalence and incidence of disorders relating to alcohol abuse, drug abuse, and mental health problems in participating Caribbean countries; it would provide an estimate of service delivery needs in light of that assessment; and it would provide data comparisons between the Caribbean nations, as well as between the Caribbean area and the United States.

- Greater emphasis should be given to rehabilitation, job placement, and monitoring of psychiatric patients receiving mental health services.

- Mental health hospitals should be upgraded; but the numbers of available beds and patients should be carefully controlled and kept to a minimum that is consistent with the maximum feasible use of community-based resources.

### *Manpower Training*

The principal aim of the working group on manpower training was to set training priorities that would help to ensure the regional availability of appropriately trained mental health professionals and paraprofessionals. Within this context, the group emphasized the need to ensure that mental health training be responsive to the needs of the Caribbean community and consistent with the assets and resources available within the community. Accordingly, it pointed out the importance of matching training to broad community primary prevention needs and of stressing primary prevention at all levels of training.

The group also made specific recommendations regarding the introduction of mental health training into the medical curriculum and other areas. More specifically, the following matters were given high priority:

- Primary prevention concepts should receive high priority in mental health training.

- The medical curriculum should include training in mental health, as well as courses in nutrition and malnutrition, the epidemiology of mental illness, anthropology, and geriatrics.

- The new two-year preregistration period of medical graduate psychiatry at the University of the West Indies should be a required rather than an optional rotation.

- Steps should be taken at the University of the West Indies to foster links between faculties that have a common interest in teaching psychology—including the School of Education, the Social Sciences Faculty, and the Medical Faculty.

- Greater emphasis should be given to the mental health and psychiatric aspects of care as a part of basic nursing training.

- Higher priority should be given to the postbasic mental health training of people whose basic training is in nursing.

- Social work degree programs should be modified to make specific provision for a clinical option

- Priority should be given to establishing the desired proportion of professional versus paraprofessional training, so that the training of professionals (relative to paraprofessionals) will not be neglected.

- Teaching modules should be developed for training special groups (such as police officers and teachers) in mental health; such training should be available on a regional basis in a manner that will foster regional cooperation.

- Nondegree courses should be developed, and these should provide mental health training for suitably qualified nonprofessional people.

### *Manpower Utilization*

The manpower utilization group concentrated on identifying existing and developing manpower needs so as to help plan for improved delivery of mental health services. It also stressed the need to improve the effectiveness of existing manpower resource use in order to achieve full use, cost-effective use, and culturally sensitive use of the available manpower. Specific recommendations given high priority were as follows:

- A regional needs assessment should be conducted to determine current manpower needs and how to meet them.

- Proper manpower utilization estimates should be closely related to service utilization needs.

- Efforts should be made to draw more effectively on alternate manpower resources (such as church leaders and workers, community leaders, and current capabilities of the service delivery system) in order to enhance service utilization in a culturally appropriate way.

- Manpower utilization programs should be attentive to the mental health needs of mental health workers, so as to ensure the workers' health and maximum effectiveness.

- All mental health workers should adopt the same holistic concept of health in order to avoid "compartmentalization" of patients; also, a dialogue on the concept of the "whole" person should be encouraged between mental health workers and general medical workers.

- Utilization of advanced technology should be emphasized whenever it can assist in overcoming manpower shortages.

- Manpower utilization efforts should focus on making the most effective possible use of community health aides and other auxiliary workers.

- Ways of retaining mental health professionals and nonprofessionals by means of better career ladders should be systematically explored.

- The use of a multidisciplinary team approach should be encouraged in order to enhance both patient care and the self-esteem and respectability of mental health workers at all levels.

- Emphasis should be placed on the use of volunteers in screening services and in mobilizing community resources so as to help overcome manpower shortages.

- The use of radio for delivering self-help messages and providing mental health education should continue to be explored and expanded so as to enhance the effective utilization of available manpower.

- The concept of a professional-level "health care manager" should be explored as a way of linking the needs of patients with community resources.

- Additional funding should be provided in order to ensure greater staff retention and expansion of mental health manpower.

### *Policy*

The working group on policy stressed the need for policy decisions to be cognizant of the impact that those decisions have on the overall health

and welfare of Caribbean area residents. Specifically, the group made the following priority recommendations:

- The Commonwealth Caribbean Secretariat should initiate a research program, in cooperation with the University of the West Indies and the University of Miami, that will review current mental health legislation (agreed by most participants to be seriously outdated in most Caribbean countries) for the purpose of recommending new mental health legislation to policy-makers.
- Mental health should have a high priority within the health systems of the area.
- The governments should have a budget for mental health services that is independent of other institutional budgets.
- Priorities within mental health programs should include the improvement of care for chronic, noninstitutionalized psychiatric patients and improvement of perinatal services.
- The governments should try to ensure better emotional security for the elderly within the family and community, and to minimize the increasing number of aged people who are referred for institutional care.
- The territories in the area should continue to move toward use of the Caribbean Drug Formulary and toward bulk purchase of pharmaceuticals.

## Concluding Remarks

The foregoing recommendations reflect changes that have been taking place in the fields of health and mental health in the Caribbean. The planning process and the conference that provided the basis for these recommendations represented an attempt to provide an initial framework for a more comprehensive Caribbean mental health care plan of action and for dealing with matters at the interface of physical and mental health. In this context, the conference participants made a final recommendation—to have the University of Miami and the University of the West Indies jointly plan a followup conference to take place within roughly 18 months of the present meeting. This recommendation was unanimously approved at the conference's last session.

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*Source.* World Health Organization Collaborating Center for Mental Health, Alcohol, and Drug Dependence at the University of Miami School of Medicine and Faculty of Medicine, University of the West Indies; *Caribbean Mental Health Priorities: Recommendations of the Caribbean Conference on Health/Mental Health Models*, St. Ann, Jamaica, 1983.