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 **CAPRI**

# MIND THE GAP

The Inadequacy  
of Mental Health  
Services for  
Children

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# **Mind the Gap**

## **The Inadequacy of Mental Health Services for Children**

**Caribbean Policy Research Institute (CAPRI)  
Kingston, Jamaica**

**This study is co-funded by the European Union.**

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**Lead Researcher: Toni-Ann Robinson**

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# Acronyms

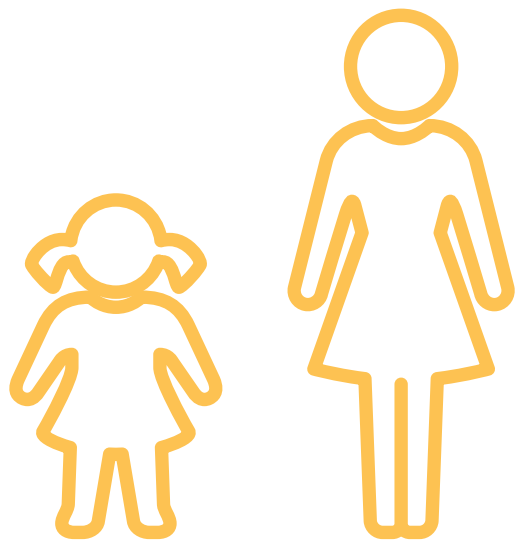
ADHD	Attention Deficit Hyperactive Disorder
CAMH	Child and Adolescent Mental Health
CCPA	Child Care and Protection Act
CGC	Child Guidance Clinics
CPFSA	Child Protection and Family Service Agency
DCS	Department of Correctional Services
FLM	Family Life Ministries
GOJ	Government of Jamaica
HFLE	Health and Family Life Education
LAC	Latin America and Caribbean
MDA	Ministry, Department and Agencies
MOEYI	Ministry of Education, Youth, and Information
MOHW	Ministry of Health and Wellness
NEHRA	North East Regional Health Authority
NGO	Non-Government Organisation
NPACV	National Plan of Action for an Integrated Response to Children and Violence
PTSD	Post Traumatic Stress Disorder
RHA	Regional Health Authority
SRHA	Southern Regional Health Authority
SERHA	South East Regional Health Authority
SWPBIS	School Wide Positive Behaviour Intervention and Support
UHWI	University Hospital of the West Indies
VSD	Victim Support Division
WRHA	Western Regional Health Authority

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## Executive Summary



Most  
**MENTAL  
DISORDERS**  
that afflict adults  
have their genesis in  
**CHILDHOOD AND  
ADOLESCENCE**



Jamaica's children are in need of more and more available, specialized, and consistent mental health services.

Most mental disorders that afflict adults have their genesis in childhood and adolescence. The first five years of life are the most critical with regard to brain development, including the development of emotional control and habitual ways of responding. Directing investments and efforts towards treatment and support in the early stages of brain development would redound to enhanced educational achievements, more positive adult outcomes, and, ultimately, boost national development.

In their homes, schools, and communities, many Jamaican children are confronted by high levels of violence and lack the engagement and guidance that are required for optimal development. This impacts the brain leading to an increased prevalence of emotional and conduct disorders, and makes children more prone to resorting to alcohol/substance abuse, high risk sexual behaviour, suicidal ideation, or aggressive behaviour as coping mechanisms.



Since the mid-2000s there has been, at the governmental level in Jamaica, a clearly stated need to better address mental wellness. However, meeting that need has been slowed by insufficient resources, poor data management, a

fragmented governance framework, archaic legislation, and a shortage of mental health professionals. This piecemeal approach, particularly as it relates to child mental health, will create an exponentially greater burden on the

**By comparing the estimated mental health burden among Jamaican children against an informed estimate of the number of children who are able to access mental health services, only 7 percent of Jamaican children's mental health needs are being met.**

nation's resources in the years to come.

This study assesses the state of Jamaica's mental health care sector, by enumerating the current level of resources available for children's mental health, and measuring that against what would be reasonably required to address the mental health challenges that have been identified, and to provide assured and consistent access to mental health care.

By comparing the estimated mental health burden among Jamaican children against an informed estimate of the number of children who are able to access mental health services, only 7 percent of Jamaican children's mental health needs are being met. This deficit in mental health services for children is due to:

Low remuneration and poor working conditions. There is only 30 percent of the requisite clinical staff complement of the principal child mental health service provider, the Child Guidance Clinics, to meet current demand. Given the easy mobility of medical professionals, as long as remuneration for mental health practitioners in Jamaica remains far below the rest of the region and North America, the staffing needs of Jamaica's mental health system will likely never be met.

Gaps in the governance structure of children's mental health services, weaknesses in the inter-agency collaboration that would optimize children's mental health service delivery, inefficient data management, and the lack of adequate resources. Suboptimal coordination and collaboration among the various ministries, departments, and agencies working in child mental health. More robust, systematized, and expansive data gathering must be prioritized if an evidence-informed strategy to address children's mental health care is to be developed. A more accurate estimate of

**Low remuneration and poor working conditions. There is only 30 percent of the requisite clinical staff complement of the principal child mental health service provider, the Child Guidance Clinics, to meet current demand.**

the prevalence and incidence of mental illness and mental disorders, through harmonized (across entities) data collection, would allow for data-driven and thus more strategic, effective, and efficient deployment of mental health resources in a more systematized triage system.

Insufficient awareness of mental health within the education system, from high school students to teachers, to school staff, including administrators. Mental health should be included in the curriculum of high schoolers and in teacher training colleges. Indeed there is a need for greater awareness of children's mental health among all state actors who interact with children.

Inadequate resources and support for evidence-driven early intervention programmes that have been proven to improve children's mental health outcomes. Where the environment is an important variable in the incidence and prevalence to mental illness, the environment in which most Jamaican children grow up is not conducive to mental well-being, and thus the need for early and preventative interventions is paramount. There are evidence-

driven programmes in Jamaica that address children's mental health needs: Reach Up, Irie Classroom Toolbox, and Child Resiliency Programme are three examples. These initiatives show that innovative, evidence-based, culturally relevant programmes can forestall some of the unmet demand for mental health services.

More resources need to be expended on child mental health in Jamaica. Accessible and affordable mental health services for children provide a preventative system that mitigates risk factors, and provides for early diagnosis and treatment. Catching children before they fall requires far more resources, particularly directed towards expanded services and hiring and training skilled personnel. These costs might be substantial, but the money "saved" by not treating emotional, psychological, psychiatric, and behaviour problems in early childhood is modest in comparison to the greater long-term costs of serious adult mental illness and/or criminal behavior, and the ill effects those have on the broader society, which exact both an economic and societal cost.

## Recommendations



- 1** Expand and scale up existing, evidence-based programmes that address children's mental health needs.

Improve child mental health data collection and management.

**2****3**

- 3** Extend the behaviour management module of the teachers' training curriculum to incorporate a mental health component.

Include mental wellness in the Health and Family Life Curriculum in schools.

**4****5**

- 5** Provide structured orientation and training for parents/guardians of children being treated in the public system.

Integrate training in mental health diagnosis and treatment in primary care, school guidance counsellors, police officers, PATH social workers, and judges.

**6****7**

- 7** Strengthen the governance system towards more structured, systematized inter-agency collaboration on children's mental health.

Increase remuneration for mental health practitioners.

**8**



# 1

## Introduction



The first

**5 years**

of life are the

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**BRAIN DEVELOPMENT**

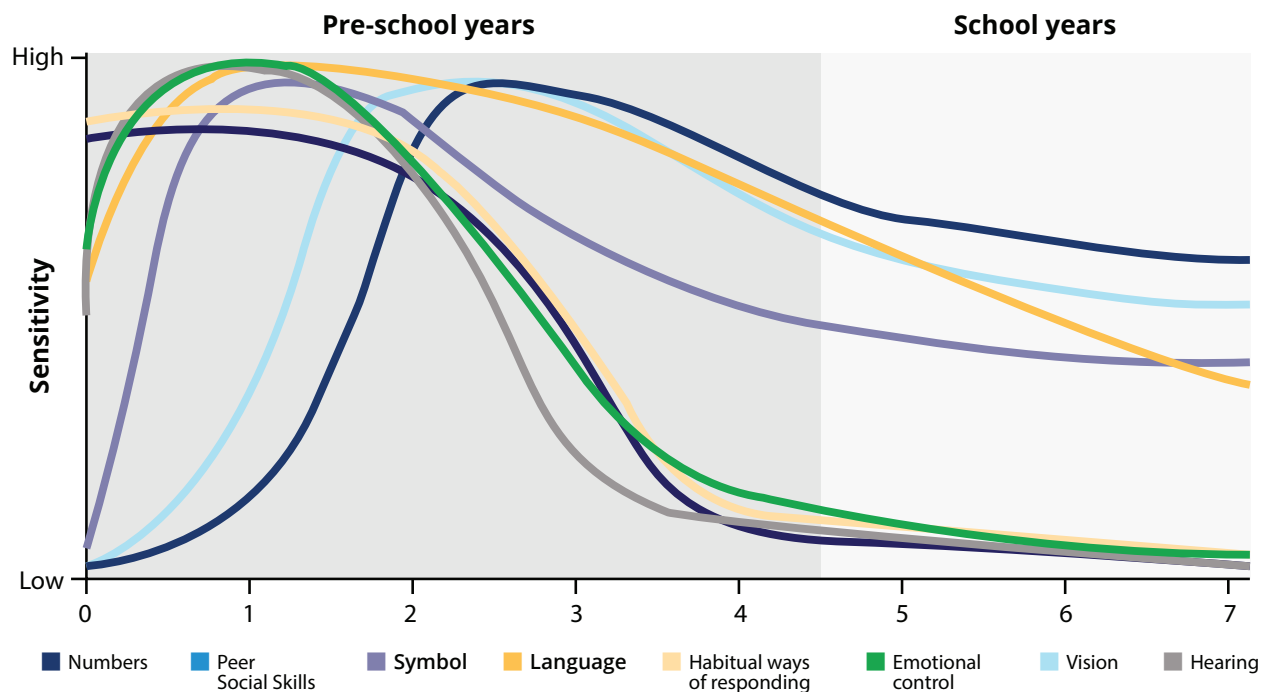
Jamaica's children are in need of more and more available, specialized, and consistent mental health services.

Most mental disorders that afflict adults have their genesis in childhood and adolescence.<sup>1</sup> The first five years of life

are the most critical with regard to brain development, including the development of emotional control and habitual ways of responding (see figure 1). Directing investments and efforts towards treatment and support in the early stages

of brain development would redound to enhanced educational achievements, more positive adult outcomes, and, ultimately, boost national development.

**FIGURE 1: Sensitive Periods in Early Brain Development**



1 H. E. Erskine et al., "The Global Coverage of Prevalence Data for Mental Disorders in Children and Adolescents," *Epidemiology and Psychiatric Sciences*, 26, no. 4 (2017):1-8, doi:10.1017/S2045796015001158.

In their homes, schools, and communities, many Jamaican children are confronted by high levels of violence and lack the engagement and guidance that are required for optimal development.



In their homes, schools, and communities, many Jamaican children are confronted by high levels of violence and lack the engagement and guidance that are required for optimal development.<sup>2</sup> This impacts the brain leading to an increased prevalence of emotional and conduct disorders, and makes children more prone to resorting to alcohol/substance abuse, high risk sexual behaviour, suicidal ideation, or aggressive behaviour as coping mechanisms.<sup>3</sup>

Despite national health authorities' commitments and the progress made towards a decentralized form of mental health care over the past 40 years,<sup>4</sup> mental health services and interventions that are geared towards the treatment and support of the nation's children have not been strategically implemented. This piecemeal approach, particularly as it relates to child mental health, will create an exponentially greater burden on the nation's resources in the years to come.

This study assesses the state of Jamaica's mental health care sector, by enumerating the current level of resources available for children's mental health, and measuring that against what would be reasonably required to address the mental health challenges that have been identified, and to provide assured and consistent access to mental health care.<sup>5</sup>

Specifically the study:

- Provides a situation analysis of child mental health in Jamaica, and of the existing provisions, public and

private, for child mental health.

- Estimates the number and proportion of children who have access to or have been exposed to mental health care in Jamaica.
- Evaluates Jamaica's situation and system against regional and international standards broadly.
- Determines what elements of successful existing child mental health interventions in Jamaica might be replicated on a larger scale, with specific regard to the shortage of resources, particularly mental health professionals.

The expected outcome is a set of policy recommendations that will bridge the identified gaps, and move the state closer to an expanded, effective, and sustainable mental health care system for children, in as short a time as possible.

## Rationale

Jamaica's Mental Health National Strategic Plan for 2020-2025 has stated a vision of children and adolescents diagnosed with and at risk of developing emotional/behavioural disorders having a family-based, culturally relevant system of care that supports optimal physical and mental health and emotional wellbeing.

Better, more consistent, and more accessible mental health care is a critical need for Jamaica's children. Children are a vulnerable sub-section of the

population who are dependent on other groups to provide them with the assistance, support, and political visibility that they need. Government institutions are best placed to provide this support. Jamaica is signatory to the Convention on the Rights of the Child which mandates the preservation of the mental health of children, particularly in Articles 23, 24, 29, and 39 which state that children:

- with mental disorders must be able to enjoy a full and dignified life;
- must have access to the highest attainable standard of care as well as facilities for same; must be exposed to an education that allows them to reach their fullest potential; and,
- that all appropriate measures must be taken to ensure a child victim's full psychological recovery and social reintegration is successfully completed.<sup>6</sup>

At the national level, Jamaica's Child Care & Protection Act (CCPA) decrees that the physical, emotional, and developmental needs of all children must be provided for, and outlines the roles and responsibilities of caregivers in the child's immediate school and community who would have responsibility to make reports if there are instances of abuse or neglect. (The Act does not specifically mention mental health care.)<sup>7</sup>

Children and adolescents are an important demographic to target as investments made in their well-being

2 "National Plan of Action for an Integrated Response to Children and Violence 2018-2023," Government of Jamaica, January 2018, Kingston, Jamaica. Henceforth referred to as "NPACV 2018-2023"

3 UNICEF, "Childhood in Jamaica: Stained by Violence," United Nations Children's Fund Jamaica, September 2019, [www.unicef.org/jamaica/media/2801/file/Violence%20Booklet\\_compressed.pdf.pdf](http://www.unicef.org/jamaica/media/2801/file/Violence%20Booklet_compressed.pdf.pdf).

4 Wendel Abel et al., "Mental Health Services in Jamaica: From Institution to Community," *Ethnicity and Inequalities in Health and Social Care* 4, no. 3 (2011): 103-111, doi:10.1108/17570981111249248.

5 See appendix 1 for detailed methodology.

6 World Psychiatric Association and World Health Organization, "Atlas: Child and Adolescent Mental Health Resources," World Health Organization, 2005, [www.who.int/iris/bitstream/handle/10665/43307/9241563044\\_eng.pdf;jsessionid=233601610A8851E93B9271BD8C320F62?sequence=1](http://www.who.int/iris/bitstream/handle/10665/43307/9241563044_eng.pdf;jsessionid=233601610A8851E93B9271BD8C320F62?sequence=1).

7 "The Child Care and Protection Act 2004," Ministry of Justice, Kingston, Jamaica, undated, [www.moj.gov.jm/sites/default/files/laws/Child%20Care%20and%20Protection%20Act\\_0.pdf](http://www.moj.gov.jm/sites/default/files/laws/Child%20Care%20and%20Protection%20Act_0.pdf).

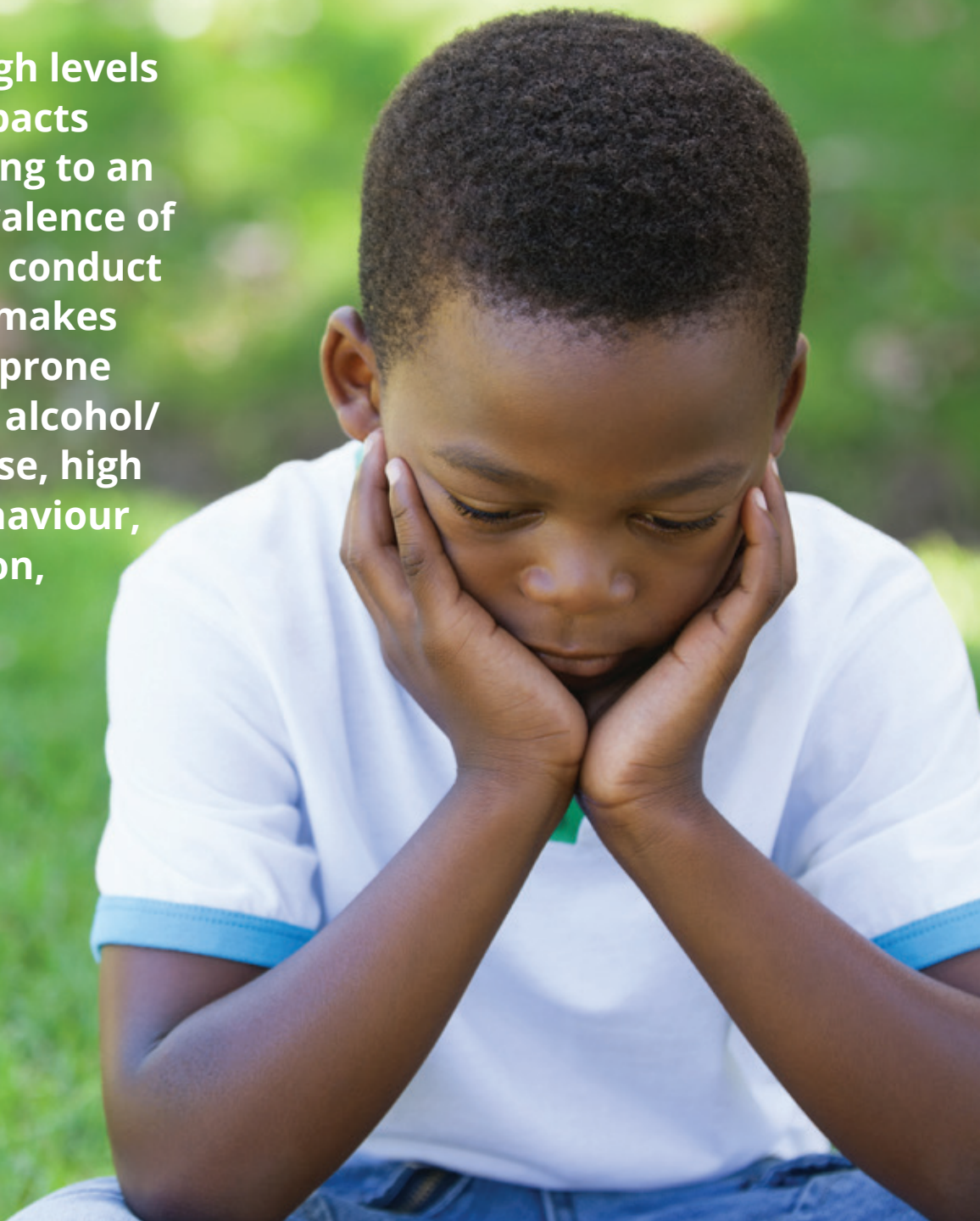
and development will redound to the nation's long-term benefit. Violence, poverty, and family dysfunction are problems which impact all people, but their effects on children are especially harmful. The internalization of violence impacts children's brains, deleteriously affecting their social-emotional as well as cognitive development, impairing them

from cultivating positive interpersonal relationships and behaviours, and thereby limiting the ability of a substantial part of the population to be effective contributors to society. Assured and consistent access to quality mental health care provides a return on the investment through conflict resolution skills and enhanced productivity.<sup>8</sup> A detailed understanding

of the nature of the resource imbalance, and the other contributing factors to the inadequacy of the current state of children's mental health care, will allow for analysis towards solutions to improve the system, and to improve mental health care for Jamaica's children.

8 PAHO, UNDP, and UNIATE, "Care for Mental Health Conditions in Jamaica: The Case for Investment. Evaluating the Return on Investment of Scaling Up Treatment for Depression, Anxiety, and Psychosis," PAHO, 2019, [https://iris.paho.org/bitstream/handle/10665.2/51834/9789275121184\\_eng.pdf?sequence=5&isAllowed=y](https://iris.paho.org/bitstream/handle/10665.2/51834/9789275121184_eng.pdf?sequence=5&isAllowed=y).

**Exposure to high levels of violence impacts the brain leading to an increased prevalence of emotional and conduct disorders and makes children more prone to resorting to alcohol/substance abuse, high risk sexual behaviour, suicidal ideation, or aggressive behaviour as coping mechanisms.**





# 2

## Child Mental Health in Jamaica: A Situation Analysis



Globally, between

**10-20%**

of children and adolescents  
ARE AFFLICTED BY A  
MENTAL DISORDER



**M**ental health is “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.”<sup>9</sup> A mental illness, or mental health disorder, is defined as patterns or changes in thinking, feeling, or behaving that cause distress or disrupt a person’s ability to function. Mental well-being implies the absence or mitigation of mental illnesses and disorders across a broad spectrum of conditions. The goal for any society is to reduce all mental health conditions and improve all people’s mental well-being.

## Estimating the Child Mental Health ‘Disease Burden’

The existing data suggests that Jamaican children are on par with global averages of children’s mental and behavioural disorder prevalence. Globally, between 10 to 20 percent of children and adolescents are afflicted by a mental disorder.<sup>10</sup> There are approximately 800,000 children and adolescents in Jamaica.<sup>11</sup> While there have been studies documenting the trends associated with Jamaican children’s risk behaviours, the studies that measure the mental health disease burden of the nation’s children have been ad hoc and cohort specific, so there is no definitive or reliable account of

the prevalence or incidence of mental health disorders among children. Thus of the 800,000 children, it is estimated by specialists in the field that approximately 20 percent or 160,000 have a mental disorder,<sup>12</sup> and 5 percent or 40,000 have serious mental disorders.<sup>13</sup> A 2014 study of 1,185 adolescents in Jamaica found that approximately 15 percent displayed depression and anxiety symptoms.<sup>14</sup>

Collating data from the Child Guidance Clinics, the primary provider of child mental health services in the public sector, should give indications of the national disease burden. However, as a clinic-based system, the data only reflects the number of children who are being treated for particular disorders. In addition, the data is not uniformly

9 WHO, *Promoting Mental Health: Concepts, Emerging Evidence, Practice (Summary Report)*, Geneva: World Health Organization, 2004, [www.who.int/mental\\_health/evidence/en/promoting\\_mhh.pdf](http://www.who.int/mental_health/evidence/en/promoting_mhh.pdf).

10 “Improving the Mental and Brain Health of Children and Adolescents,” World Health Organization, accessed November 19, 2020, [www.who.int/activities/improving-the-mental-and-brain-health-of-children-and-adolescents](http://www.who.int/activities/improving-the-mental-and-brain-health-of-children-and-adolescents). According to a 2019 study, some 30 percent of Jamaicans suffer from depression and/or anxiety. PAHO, UNDP, and UNIATE, “Care for Mental Health.”

11 “Total End of Year Population by Age (2019),” Statistical Institute of Jamaica, accessed November 17, 2020, [htstatinja.gov.jm/Demo\\_SocialStats/PopulationStats.aspx](http://htstatinja.gov.jm/Demo_SocialStats/PopulationStats.aspx).

12 “Prevalence-Mental Health Disorders among Youth,” Youth.gov, accessed May 17, 2021, [www.youth.gov/youth-topics/prevalence-mental-health-disorders-among-youth#\\_ftn](http://www.youth.gov/youth-topics/prevalence-mental-health-disorders-among-youth#_ftn).

13 Ganesh Shetty, “Mental Health Conference 2020 – Day 4,” UWI Mona- WJC, October 9, 2020, YouTube video, 1:59:15, [www.youtube.com/watch?v=27JeeMApfj8&t=5648s](http://www.youtube.com/watch?v=27JeeMApfj8&t=5648s).

14 Shelly McFarlane, et al., “Risk Behaviours and Adolescent Depression in Jamaica,” *International Journal of Adolescence and Youth* 19, no.4 (January 2013): 458-467, [doi.org/10.1080/02673843.2012.751041](https://doi.org/10.1080/02673843.2012.751041).

**Mental well-being implies the absence or mitigation of mental illnesses and disorders across a broad spectrum of conditions. The goal for any society is to reduce all mental health conditions and improve all people’s mental well-being.**

collected across the four health regions, some parishes may have lower child client visits, and in certain cases, the indicators differ, which undermines the

reliability of the data. Table one contains data collected from the Child Guidance Clinics (CGCs) across the four regional health authorities, and is a clear example

of how the data is inconsistent and thus unusable to determine prevalence or incidence.<sup>15</sup>

**TABLE 1: Proportions of selected conditions of children treated in Child Guidance Clinics, 2019 & 2020.**

	Depression	Anxiety disorders	PTSD	Schizophrenia	Conduct disorders	Psychotic disorders
SRHA (2019) <sup>16,17</sup>	14%			9%	11%	4% <sup>18</sup>
SERHA <sup>19</sup> (2019) <sup>20</sup>	7%	0.5%	2.3%	4%	12%	
WRHA <sup>21</sup> (2019)	5% <sup>22</sup>	0.3%	4% <sup>23</sup>		17%	18%
WRHA <sup>24</sup> (2020)	3.5% <sup>25</sup>	0.4%	3% <sup>26</sup>		15%	17%
NERHA <sup>27</sup> (2019)	3%	2%	2.5%		1%	1%
NERHA <sup>28</sup> (2020)	38% <sup>29</sup>	32%	13%		30%	19%

The numbers vary widely, an indication that there are inconsistencies in data collection and reporting.

While the available data from public institutions tasked to provide mental health care for children may be inconclusive in precisely indicating the nation's mental health burden for that group of children, the data that does exist affirms the presence of the gamut

of psychiatric and behavioural disorders. There are other cultural, developmental, and epidemiological factors present in the Jamaican context that further imply that mental health challenges are likely to be prevalent, factors which likely increase the existing estimates. (These will be discussed in more detail further in the report.)

There are other data that provide

evidence of the unmet need for mental health support for Jamaican children and adolescents. A survey done in 2019, which assessed broader indicators of mental and emotional wellbeing, showed that 45 percent of adolescents in Jamaica had consistently experienced anxiety symptoms ranging from feelings of nervousness, restlessness, worry, and annoyance.<sup>30</sup> Sixty percent of children in state care exhibit psychosocial problems,

15 Jamaica's public health system is administered by four regional health authorities, each with three to four parishes under its remit.

16 This pertains specifically to initial visits based on referrals, as diagnoses should be done on every referral made to the CGC. Sometimes persons do not attend client sessions after this initial session.

17 Southern Regional Health Authority, "Child Guidance Clinics Statistics," official communication, received December 04, 2020.

18 Recorded as "brief psychotic disorder".

19 Data was only available for the St. Jago Park Health Centre.

20 St. Jago Park Health Center, "Child Guidance Clinics Statistics," official communication, received April 15, 2021.

21 Western Regional Health Authority, "Child Guidance Statistics," official communication, received April 9, 2021.

22 Mood disorders.

23 Trauma-related disorders.

24 Western Regional Health Authority, "Child Guidance Statistics," official communication, received April 9, 2021.

25 This percentage refers to mood disorders, including depression.

26 This percentage refers to "trauma-related disorders."

27 North Eastern Regional Health Authority, "Child Guidance Clinics Statistics," official communication, received February 21, 2021, April 1, 2021 and April 23, 2021.

28 North Eastern Regional Health Authority, "Child Guidance Clinics Statistics," official communication, received February 21, 2021, April 1, 2021 and April 23, 2021.

29 This elevated figure may be attributable to effects of the COVID-19 pandemic and measures.

30 This study was done with a sample of 1,491 adolescents. "Ministry of Health and Wellness Anxiety Test," U-Report, 2019, [www.jamaica.ureport.in/v2/opinion/1099/](http://www.jamaica.ureport.in/v2/opinion/1099/).

and 76 percent exhibit maladjusted behaviours, including social withdrawal, aggression, and suicidal tendencies.<sup>31</sup>

Children in the criminal justice system are also in need of clinical psychotherapy and support, with approximately 76 percent exhibiting maladaptive behaviours and 71 percent having learning disorders.<sup>32</sup> There are also children, commonly denoted as “uncontrollable,” who are institutionalized by the courts on the request of their parents or caregivers. These are mainly girls and young women, who, aside from dealing with trauma in their households and communities, are now thrust into unfamiliar environments with heightened feelings of neglect and abandonment. Institutionalized and traumatized children are at a higher risk of having their cognitive development negatively affected, and the length of their institutionalization increasingly diminishes their chance of healthy development.<sup>33</sup> However, with few professionals trained and licensed to diagnose and provide care, these children do not receive adequate treatment.<sup>34</sup> Children in institutions may be more prone to suffer from Attention Deficit Hyperactive Disorder (ADHD). A study done in the United Kingdom discovered that 30 percent of young prisoners suffered from ADHD, when compared



As much as  
**80%**  
of institutionalized  
children are prone to having  
**MENTAL HEALTH  
CHALLENGES**

to 4 percent in the general population.<sup>35</sup> Evidence shows that children who suffer from ADHD symptoms are susceptible to engaging in criminal acts as young adults.<sup>36</sup> International standards show that as much as 80 percent of institutionalized children are prone to having mental health challenges.<sup>37</sup>

## Adolescents

Adolescence is a period of maturation during which there are rapid cognitive, behavioural and physical changes that are new to the developing individual.<sup>38</sup> It is characterized by an increasing indulgence in risk taking behaviours such as early alcohol/drug use and sexual exposure, bullying and other acts of aggression,

and self-harm tactics.<sup>39</sup> According to the Global School Health Survey and Rapid Situation Assessment 2017, the following trends were identified among Jamaican adolescents:

- Some 45 percent were consuming alcohol;
- Approximately 12 percent had been consistently using marijuana;
- Approximately 70 percent had tried cigarettes.
- Some 25 percent were considering suicide with approximately 18 percent having attempted the act in the last year.
- Approximately 30 percent were involved in physical fights;
- There were approximately 58 percent of respondents below the age of 14 who had had sexual intercourse.

Male students had significantly higher rates of substance usage than their female counterparts, whereas suicide ideation and attempts were higher among the female cohort. Respondents noted substances were used for stress relief, to stabilize emotions, to fit in and appear more attractive to the opposite sex, to manage grief and challenges within their family dynamic, or based on community influences.<sup>40</sup>

31 CAPRI, “Fix the Village.”

32 Delores Smith and Godwin Ashiabi, “Poverty and Child Outcomes: A Focus on Jamaican Youth,” *Adolescence* 42, no.168 (2007): 837-858.

33 Marinus H van IJzendoorn, Marian J Bakermans-Kranenburg, Robbie Duschinsky, Nathan A Fox, Philip S Goldman, Megan R Gunnar et al “Institutionalisation and Deinstitutionalisation of Children 1: A Systematic and Integrative Review of Evidence Regarding Effects on Development,” *Lancet Psychiatry*, June 2020, doi:10.1016/S2215-0366(19)30399-2; CAPRI, “Fix the Village: Governance and Accountability for Children in State Care,” Caribbean Policy Research Institute, March 2021.

34 “Focusing on the Uncontrollable Child: Recommendations to the Houses of Parliament,” Office of the Children’s Advocate, Kingston, 2013, [www.welcome.oca.gov.jm/media/RECOMMENDATIONS-TO-THE-HOUSES-OF-PARLIAMENT.pdf](http://www.welcome.oca.gov.jm/media/RECOMMENDATIONS-TO-THE-HOUSES-OF-PARLIAMENT.pdf).

35 “Tackling ADHD in young prisoners,” University of Edinburgh, Center for Clinical Brain Sciences, October 12, 2016, [www.ed.ac.uk/clinical-brain-sciences/news/news-jul-dec-2016/tackling-adhd-in-young-prisoners](http://www.ed.ac.uk/clinical-brain-sciences/news/news-jul-dec-2016/tackling-adhd-in-young-prisoners).

36 Jason Fletcher and Barbara Wolfe, “Long term consequences of Childhood ADHD on criminal activities,” *The Journal of Mental Health Policy and Economics*, 2009, 12(3), [www.ncbi.nlm.nih.gov/pmc/articles/PMC3398051/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3398051/).

37 CAPRI, “Fix the Village.”

38 “Vitals: A Quarterly Report of the Ministry of Health,” Ministry of Health and Wellness, Jamaica, 2019, [www.moh.gov.jm/wp-content/uploads/2019/05/VITALS-May-2019-FINAL.pdf](http://www.moh.gov.jm/wp-content/uploads/2019/05/VITALS-May-2019-FINAL.pdf).

39 Substance abuse among children is a mental health problem, as the data here suggests. It was beyond the scope of this study to detail the gaps and resource needs of this specific issue, beyond identifying that it too is inadequately resourced.

40 “Global School-based Student Health Survey Jamaica 2017 Fact Sheet,” WHO, 2017, [www.who.int/ncds/surveillance/gshs/Jamaica\\_2017\\_GSHS\\_FS.pdf](http://www.who.int/ncds/surveillance/gshs/Jamaica_2017_GSHS_FS.pdf).



**The existing data suggests that Jamaican children are on par with global averages of children's mental and behavioural disorder prevalence.**

Adolescents, almost by default and even without a clinical diagnosis, have mental health needs beyond the known disease burden.

## Toxic Stress

The combination of a high stress environment (toxic stress) and a lack of adequate attentive care impairs children's mental health. Toxic stress disrupts the architecture of the developing brain and can lead to difficulties in learning, memory, and self-regulation. Toxic stress is present in situations of extreme poverty, continuous family chaos, recurrent physical or emotional abuse, chronic neglect, severe and enduring maternal depression, or repeated exposure to violence in the community or within the family.<sup>41</sup> These are all characteristics

of Jamaican children's lives, particularly those in vulnerable communities.

Psychosocial functioning and psychological resilience are detrimentally affected by toxic stress. Psychosocial functioning is defined as "...a person's ability to perform the activities of daily living and to engage in relationships with other people in ways that are gratifying to him and others, and that meets the demands of the community in which the individual lives."<sup>42</sup> Closely related to the concept of psychosocial functioning is that of psychological resilience, which relates to an individual's ability to cope with stress and dysfunction both in the present and for future events through (generally) positive adaptation techniques.<sup>43</sup>

Jamaican caregiver-child relationships,

for the most part, lack the positive guidance which is integral to positive psychosocial outcomes.<sup>44</sup> Where adult support provides buffering protection against toxic stress, and where there is an absence of consistent, supportive relationships to help the child cope, children who experience toxic stress in early childhood may develop a lifetime of greater susceptibility to mental health problems (such as depression, anxiety disorders, and substance abuse).<sup>45</sup>

Jamaican children, in all socio-economic brackets, are exposed to an inordinate amount of violence and dysfunction from a variety of sources. In 2019, approximately 45 children were murdered: reflecting a rate of five per 100,000 children.<sup>46</sup> The global rate per capita is approximately 1.6 per 100,000

41 "Early Childhood Mental Health," Center for the Developing Child, Harvard University, undated, <https://developingchild.harvard.edu/science/deep-dives/mental-health/>.

42 Shubham Mehta, Pankaj Kumar Mittal and Mukesh Kumar Swami, "Psychosocial Functioning in Depressive Patients: A Comparative Study between Major Depressive Disorder and Bipolar Affective Disorder," *Depression Research and Treatment* 2014, no. 302741(2014), <http://doi.org/10.1155/2014/3027412014>.

43 Hilary Robertson-Hickling, et al., "Fostering Resilience in Children through Cultural Therapy Intervention in Kingston, Jamaica," *Journal of Healthcare for the Poor and Underserved* 20, no. 4 (November 2009): 31-35, [doi.org/10.1353/hpu.0.0208](https://doi.org/10.1353/hpu.0.0208).

44 Taniesha Burke and Leon Kucyzinski, "Jamaican Mothers' Perceptions of Children's Strategies for Resisting Parental Rules and Requests," *Frontiers in Child Psychology* 9, no.1786 (2018): [dx.doi.org/10.3389/fpsyg.2018.01786](https://doi.org/10.3389/fpsyg.2018.01786).

45 *The Science of Early Childhood Development*, 2007.

46 Jamaica Constabulary Force, "Periodic Serious Crimes Review 2019 (Preliminary)," January 1, 2020.





Given that Jamaican children are confronted in so many spheres of their lives by toxic stress, and adequate support is not available, it is likely that their psychosocial functioning is impaired, and their resilience eroded. Thus, the need for early mental health support is more widespread than the disease burden alone might indicate.

## COVID-19

Since the onset of the COVID-19 pandemic, experts have grown increasingly concerned about children's mental health. Preliminary data from several countries has demonstrated that COVID-19 is affecting the mental health of children and adolescents, and that depression and anxiety are prevalent.<sup>60</sup> Where parents and guardians are themselves contending with job losses and reduced incomes, as well as grappling with the multiple roles they have to assume during work hours as a

result of being sequestered with family members, particularly children learning from home, household stress levels have increased.<sup>61</sup> Challenges with accessing online classes and fears of falling behind in their education have affected children tremendously.<sup>62</sup> The rate of suicide ideation among children appears to have increased, which is in part attributed to separation anxiety as students have been more or less isolated for over a year. Practitioners have shared that they have been receiving daily calls from children who are thinking about taking their own lives.<sup>63</sup>

## Fiscal Resources for Child Mental Health

The government resource allocation for mental health, while inadequate to meet the country's needs, is not the lowest in the region and is in fact above the world median of US\$2.50 per capita. Jamaica

spends US\$3.40 on mental health per capita. High income countries spend as much as 20 times more on mental health than low and middle income countries.<sup>64</sup> In comparison to other countries in the LAC region, Jamaica is not at the bottom. While Barbados appears to spend the most, approximately US\$52 per capita, 9 percent of its total health expenditure,<sup>65</sup> there are countries in the region that spend far less, such as Mexico and the Dominican Republic, which have mental health spending per capita of approximately US\$1.96 and US\$0.09, respectively.

As another indicator of where Jamaica falls in the global context of prioritization of mental health, Table 2 shows selected countries' government expenditures on mental hospitals as a percentage of total government expenditures. Again Jamaica is in the middle, and far from poorly off, relatively speaking.

**TABLE 2: State expenditure on mental health hospitals – various countries.<sup>66</sup>**

Country	Year	Government expenditure on mental hospitals as a percentage of total government expenditures.
France	2017	15
Germany	2015	11.3
Rwanda	2016	10
Saint Vincent & the Grenadines	2017	10
UK	2017	9.7

oodParentingProgrammePolicyBrief.pdf.

60 Karen Dineen Wagner, "New Findings About Children's Mental Health During COVID-19," *Psychiatric Times*, October 7, 2020, [www.psychiatrictimes.com/view/new-findings-children-mental-health-covid-19](http://www.psychiatrictimes.com/view/new-findings-children-mental-health-covid-19).

61 CAPRI, "Stress Test: Impact of the Pandemic on Community and Domestic Violence," Kingston: Caribbean Policy Research Institute, 2021.

62 Livern Barrett, "Mental Health Epidemic Warning: Treatment Options Curtailed as Pandemic Cramps Services," *Gleaner*, March 21, 2021, [www.jamaica-gleaner.com/article/lead-stories/20210321/mental-health-epidemic-warning](http://www.jamaica-gleaner.com/article/lead-stories/20210321/mental-health-epidemic-warning).

63 Nadine Wilson-Harris, "COVID Child Suicide Threat," *Gleaner*, October 1, 2020, <https://jamaica-gleaner.com/article/lead-stories/20201001/covid-child-suicide-threat>

64 World Health Organization, "Mental Health Atlas 2017," 2017, [www.apps.who.int/iris/bitstream/handle/10665/272735/9789241514019-eng.pdf?ua=1](http://www.apps.who.int/iris/bitstream/handle/10665/272735/9789241514019-eng.pdf?ua=1).

65 WHO, "Mental Health ATLAS 2017 Member State Profile-Barbados," undated, [www.who.int/mental\\_health/evidence/atlas/profiles-2017/BRB.pdf?ua=1](http://www.who.int/mental_health/evidence/atlas/profiles-2017/BRB.pdf?ua=1).

66 For which comparable data was available.

Country	Year	Government expenditure on mental hospitals as a percentage of total government expenditures.
New Zealand	2016	9
Antigua & Barbuda	2016	8
Australia	2015	7.8
Saint Lucia	2016	6
Switzerland	2015	5.1
Jamaica	2015	5
Saudi Arabia	2016	4
Republic of Korea	2016	3.8
Italy	2015	3.5
Israel	2016	3.4
Singapore	2016	3
South Africa	2016	3
Costa Rica	2016	2
Haiti	2016	1.6
Ghana	2016	1.1
Brazil	2016	1
Dominican Republic	2016	0.7
Guyana	2016	0.2

**Source:** World Health Organization Global Health Observatory Data Repository

Mental health spending accounts for almost 5 percent of all health expenditures,<sup>67</sup> but there is no separate budget for child and adolescent mental health, and so this spending covers adults and children. The government of Jamaica allocated approximately US\$12 million to mental health services outside of Bellevue, Jamaica's sole specialist psychiatric

hospital, for the 2020-2021 fiscal year; remaining unchanged from the previous year.<sup>68</sup> At the regional health authority level, funds allocated for mental health are intended to cover all demographics, and treatment of psychosis is prioritized due to its link with violence.<sup>69</sup>

## Data and Evidence

There is a dearth of reliable, quality data which hinders strategic planning for service delivery. A 2016 Auditor General's Report found that there were no clear indications that data on disease prevalence was being used to inform the management of mental health services island wide.<sup>70</sup> The exact nature

<sup>67</sup> Estimate calculated by MOHW health economist, 2021.

<sup>68</sup> "Cut In Spending on Mental Health Services," *Gleaner*, February 12, 2020, [www.jamaica-gleaner.com/article/news/20200212/cut-spending-mental-health-services](http://www.jamaica-gleaner.com/article/news/20200212/cut-spending-mental-health-services). Bellevue Hospital, which does not treat children or adolescents, with 545 patients, 470 of whom have been discharged but have nowhere to go, receives approximately J\$2 billion (US\$12 million) for its operations, almost exactly the same amount which is spent on mental health for the 5,351 children and 19,723 adults currently registered as clients of state-operated services, as well as community health care services. This resource misallocation is well recognized, and a reform process has been underway for several years. Senior Official, Bellevue Hospital, phone interview, February 10, 2020.

<sup>69</sup> Senior Official, Ministry of Health & Wellness, personal interview, Zoom, November 02, 2020.

<sup>70</sup> "Auditor General's Department Performance Audit Report: Ministry of Health (MoH) Management of Mental Health Services Rehabilitation and Reintegration of

of the disease burden for children is unknown, and the government has made no commitment to undertake a nationwide survey to gather baseline data on the disease burden in country.<sup>71</sup> The unavailability of data on the current mental health care needs of the population is indicative of the inadequacy of the existing framework. The attempt to collate data from the Child Guidance Clinics above (table one) is one example of the weakness of the existing system. A related area that is lacking is the data collection process flow and the standardization of forms used across all regional health authorities.<sup>72</sup>

The CAMH Unit had commissioned a database system, PsychReport, some 15 years ago which was specifically focused on collecting data on patient records, but it had to be abandoned as a result of licensing issues as well as inoperability in the rural areas. In its 2016-17 Operational Plan, the Unit had signaled its intent to mainstream the child health development passport, issued to every child after birth by the Family Health Unit, into a digital format so the data could be tracked by the Health Informatics Unit. Each child's passport has a unique identifying number.<sup>73, 74</sup> It would be updated after every health-related visit or incident, whether by primary care providers or clinical personnel, thus recording the child's health history which would then be accessible across MDAs

**Male students had significantly higher rates of substance usage than their female counterparts, whereas suicide ideation and attempts were higher among the female cohort.**

and interventions, and would serve to eliminate duplication of effort and possible re-traumatization for the child in the recounting of their experiences. The Unit is awaiting ministerial approval to procure an open-source database similar to PsychReport.

Ad hoc measures do surface: in the Southern Regional Health Authority, a mental health practitioner designed a pseudo-database system on Microsoft Excel that provides client and disease burden information in that region. There are challenges with replicating this system across the other RHAs, however, as it is designed in such a manner that the developer must manipulate it specifically.<sup>75</sup>

Information systems boost positive patient outcomes as they minimize medical errors and enhance collaborative

care, ensuring that all levels of a triage system have access to the same patient information.<sup>76</sup> However, in the Caribbean region, health information systems remain weak and disjointed. There is no centralized and formalized database that houses client data and other pertinent indicators; for information to be collated, consultations had to be held with different stakeholders.<sup>77</sup> In Jamaica, CGCs have disaggregated information that can aid in planning and monitoring, and it is passed on to the CAMH in an electronic format,<sup>78</sup> but the frequency of the data collation, and whether or not it is used to inform decision making is unknown, which suggests it does not happen regularly. In addition, there is some trepidation with using the data gathered from the clinics to inform planning as there is the recognition that this data can provide a false depiction of the disease

the Mentally Ill," Auditor General's Department, Kingston, 2016.

71 Hon. Dr. Christopher Tufton, Minister of Health and Wellness Jamaica, "Mental Health Conference 2020 - Day 1," UWI Mona - WJC, October 6, 2020, YouTube video, [www.youtube.com/watch?v=6RijB7A8Wog](https://www.youtube.com/watch?v=6RijB7A8Wog).

72 Ministry of Health and Wellness Information Technology consultant, personal communication, June 1, 2021.

73 Senior member, Family Health Unit, Ministry of Health and Wellness, phone conversation, April 07, 2021.

74 "Operational Plan 2016-2017,"

75 Senior official, MOHW, January 2021.

76 Robert G. Fichman, Rajiv Kohli and Ranjani Krishnan, "The Role of Information Systems in Healthcare: Current Research and Future Trends," *Information Systems Research* 22, no 3 (2011): 419-428, [www.jstor.org/stable/23015587](https://www.jstor.org/stable/23015587).

77 WHO and PAHO, "WHO-AIMS Report on Mental Health Systems in the Caribbean Region," World Health Organization, 2011, [www.who.int/mental\\_health/evidence/mh\\_systems\\_caribbeans\\_en.pdf](https://www.who.int/mental_health/evidence/mh_systems_caribbeans_en.pdf).

78 Senior Official, Ministry of Health and Wellness, 2021.



burden nationally,<sup>79</sup> as was recognized earlier in the enumeration of the reports from the regions with regard to disease burden. A nationwide accounting and harmonization exercise would have to take place to successfully and efficiently plan based on evidence.

## Governance and Legislative Framework

The governance framework for mental health in general, and children's mental health in particular, is fragmented and inefficient. As an example, the two ministries that have direct oversight of child protection and children's mental health--Health & Wellness, and Education, Youth & Information--have only ad hoc and consultative engagements, generally in the design and implementation of isolated interventions.<sup>80</sup>

The legislation that undergirds the country's approach to mental illness, the Mental Health Act (1997) is outdated. It

speaks to the treatment of psychosis and other forms of severe mental disorders, but there is no acknowledgement of the more common and pervasive mental disorders such as depression or anxiety. The treatment and support of children is minimally mentioned in the legislation, with the sole reference being to the right of voluntary admission to psychiatric or outpatient facilities of disordered persons who have attained the age of sixteen, or on the recommendation of their parents or guardians.<sup>81</sup>

## Professional Resources

These systemic issues are exacerbated by the fact that, at a more practical level, the number of mental health professionals is insufficient to meet the country's children's needs. The Ministry of Health & Wellness (MOHW) is the state entity under whose mandate children's mental health pertains; their stated policies and programmes are predominantly hampered by staff shortages given the limited number of

mental health care providers, specifically those with child and adolescent training.<sup>82</sup> There are approximately 94 practicing psychologists and counsellors in Jamaica,<sup>83</sup> and 28 psychiatrists.<sup>84</sup> Of this number, only 12 clinicians provide services predominantly for children.<sup>85</sup> <sup>86</sup> Nationally, the ratio of psychiatrists to population is 1:1,582, and the ratio of community mental health officers/nurses to population is 1:306, compared with international standards of 1:150 and 1:50, respectively.<sup>87</sup> There are three Child and Adolescent psychiatrists that are formally trained to work extensively with children and adolescents, across the entire island.<sup>88</sup> In per capita terms, this means there is only one psychiatrist available for every 267,000 children. There are three general psychiatrists who have received additional training in child and adolescent psychiatry (done through a fellowship and supervision with a qualified child and adolescent specialist), but who have not completed the years of schooling nor have they received the certification, to be formally classified as child and adolescent psychiatrists.<sup>89</sup>

79 Senior Official, Ministry of Health and Wellness, 2021.

80 Senior Member, CPFSA, personal interview, Zoom, November 17, 2020.

81 "The Mental Health Act 1999," Ministry of Justice, Kingston, Jamaica, [www.moj.gov.jm/sites/default/files/laws/Mental Health Act\\_1.pdf](http://www.moj.gov.jm/sites/default/files/laws/Mental%20Health%20Act_1.pdf). A thorough examination of the governance structure, and the implications of this legislation, and other legislation, for child mental health, is beyond the scope of this study. This is elaborated on in appendix 1.

82 Maureen Irons Morgan, "Child and Adolescent Mental Health in Jamaica," Ministry of Health and Wellness, Jamaica, 2015, [www.paho.org/hq/dmdocuments/2015/morgan-child-adolescent-mental-jamaica.pdf](http://www.paho.org/hq/dmdocuments/2015/morgan-child-adolescent-mental-jamaica.pdf).

83 "Membership List," Jamaica Psychological Society, accessed November 05, 2020, [www.jampsycho.com/copy-of-membership](http://www.jampsycho.com/copy-of-membership).

84 Executive Member-Jamaica Psychiatrist Association interview.

85 Senior Clinician, Child Guidance Clinic, personal interview, Zoom, December 23, 2020.

86 This number does not include SERHA, as that data was not made available.

87 CAPRI and UNICEF, "Situation Analysis of Jamaican Children," UNICEF, 2018, [www.unicef.org/jamaica/sites/unicef.org/jamaica/files/2019-10/UNICEF\\_20180618\\_SituationAnalysis\\_web.pdf](http://www.unicef.org/jamaica/sites/unicef.org/jamaica/files/2019-10/UNICEF_20180618_SituationAnalysis_web.pdf).

88 Executive member, Jamaica Psychiatrist Association, personal interview, Zoom, December 04, 2020.

89 Executive member, Jamaica Psychiatrist Association, personal interview, November 17, 2020.



# 3

## Existing Services for Child Mental Health



The COVID-19 pandemic  
brought about a

**9%**

**DECLINE  
IN ATTENDANCE**

**AT CHILD GUIDANCE CLINICS**

In the broader Latin America-Caribbean region, Jamaica's mental health care network for children is more developed, particularly as it pertains to the availability of targeted care.<sup>90</sup> The only other Caribbean countries that have child-focused mental health services are Antigua & Barbuda, Barbados, Suriname, and Trinidad & Tobago. There are three CGCs in Trinidad and Tobago,<sup>91</sup> and one in Barbados.<sup>92</sup> In 2011, Belize, Jamaica, and the British Virgin Islands were the only countries that reported the presence of mental health professionals in primary and secondary institutions. Jamaica had the bulk of the professionals accounting for 94 percent of the regional presence.<sup>93</sup>

Relative to Jamaica's own needs, however, the system is embryonic, and the country struggles with adequately compensating

professional service providers and prioritizing resource distribution for children's mental health.

The quality of the environment where children and adolescents grow up shapes their well-being and development. Early negative experiences in homes, schools, or digital spaces, such as exposure to violence, the mental illness of a parent or other caregiver, bullying, and poverty increase the risk of mental illness.<sup>94</sup> Toxic stress can damage brain architecture and increase the likelihood that significant mental health problems will emerge either quickly or years later. Because of its enduring effects on brain development and other organ systems, toxic stress can impair school readiness, academic achievement, and both physical and mental health throughout the lifespan.

Circumstances associated with family stress, such as persistent poverty, may elevate the risk of serious mental health problems. Young children who experience recurrent abuse or chronic neglect, domestic violence, or parental mental health or substance abuse problems are particularly vulnerable.<sup>95</sup> These environmental factors are multi-sectoral, and many require long term structural and systemic societal change.

The concern here is the mental health needs of the children, many of which (the needs) arise from the environment as described above. In this regard, the provisioning for children's mental health care in Jamaica is insufficient to meet local needs. The existing interventions to address children's mental health and psychosocial development are, in

90 WHO and PAHO, "Mental Health Systems in the Caribbean Region."

91 "6th Report of the Joint Select Committee on Social Services and Public Administration on an Inquiry into Mental Health and Wellness Services and Facilities in Trinidad & Tobago," Parliament of the Republic of Trinidad & Tobago, 2018, [www.ttparliament.org/reports/p11-s4-J-20181120-SSPA-r6-MHTT.pdf](http://www.ttparliament.org/reports/p11-s4-J-20181120-SSPA-r6-MHTT.pdf).

92 Shirley D. Alleyne, "The Integration of Child Mental Health Services into Primary Child Health Care in Barbados," *Journal of the American Academy of Child and Adolescent Psychiatry* 56, no.10 (2017), doi:10.1016/j.jaac.2017.07.070.

93 WHO and PAHO, "Mental Health Systems in the Caribbean Region."

94 "Improving the mental and brain health of children and adolescents," World Health Organization, undated, [www.who.int/activities/Improving-the-mental-and-brain-health-of-children-and-adolescents](http://www.who.int/activities/Improving-the-mental-and-brain-health-of-children-and-adolescents).

95 "Early Childhood Mental Health," Center for the Developing Child, Harvard University, undated, <https://developingchild.harvard.edu/science/deep-dives/mental-health/>.

**The Child Guidance Clinics are hampered by a paucity of clinical staff, inconvenient opening hours, long waiting lists, and low client retention. These problems are especially prevalent in rural areas.**

**TABLE 3: Distribution of Clinicians per 100,000 persons across the Caribbean**

Country	Psychiatrists	Psychologists	Nurses
Anguilla	7.3	0	14.6
Antigua & Barbuda	1.1	1.2	9.3
Barbados	4	8.9	39.8
Belize	0.6	0.3	8
British Virgin Islands	3.6	18.2	14.5
Cayman Islands	8.8	21.1	24.7
Dominica	2.8	0	11.2
Grenada	1.8	0	15
Guyana	0.5	0	0.16
Jamaica	1.1	0.3	7.6
Montserrat	20.8	0	145.3
St. Kitts & Nevis	2	4	19.8
St. Lucia	1.8	3.6	18
St. Vincent & the Grenadines	2	0	11
Trinidad & Tobago	1.7	0.3	32.7
Turks & Caicos	3	3	3

**Source:** WHO-AIMS 2011



general, inadequate and not optimally implemented.

Further, these interventions are developed and implemented by a variety of actors, with inadequate coordination between them. This results in a “silo effect,” characterized by a lack of information flow between what ought to be coordinated stakeholders. There are partnerships among and collaborative efforts by relevant key stakeholders, but the interventions tend to be carried out in vacuums, more often than not are not sustained, and fail to garner the results and benefits they set out to achieve.

There are four government ministries that provide mental health care services for children, in addition to operations at the University Hospital of the West Indies, and private practitioners. For the most part, the agencies and interventions, especially those affiliated with a government ministry, rely on the Child Guidance Clinic (CGC) staff to provide specialist care. But the CGCs have challenges in responding

adequately to the demand, with chronic staff deficiencies reducing the possibility of successful outcomes. In addition, the treatment system is predominantly clinic-based which means the majority of Jamaican children are generally removed from the care network as they are either not referred to the clinics or do not keep their appointments.<sup>96</sup> Private mental health care is not a widely accessible or assured option for many Jamaican families as the cost is usually outside of most Jamaicans’ reach. In addition, it would be impossible for the private sector to provide care for all the children who cannot access public mental health care.

## Publicly-Funded Children’s Mental Health Services

The Child and Adolescent Mental Health (CAMH) unit of the Ministry of Health and Wellness is the parent of approximately 23 Child Guidance Clinics (CGCs) across the island. The Child Guidance Clinics are public

health programmes established to target children and adolescents. The CGCs collectively see approximately more than 5,000 children annually,<sup>97</sup> which is substantially lower than the estimated 160,000 children who would need psychosocial care, and as was mentioned prior, community mental health care for children is not formalized by the Ministry (in an extant context of inadequate provision of community mental health services generally). They are hampered by a paucity of clinical staff, inconvenient opening hours, long waiting lists,<sup>98</sup> and low client retention.<sup>99</sup> These problems are especially prevalent in rural areas. The clinics operate under the auspices and direction of each regional health authority. These clinics are not facilities in themselves but denote the days when mental health services are provided for children at select facilities within each parish. Only the sites in Kingston & St. Andrew and St. Catherine are open daily. Most are open once or twice monthly, and others are open up to eight days per month.<sup>100</sup> (See Table 3.)

96 Ganesh Shetty, “A Proposal for Multi-level, Multi-systemic and Multi-Modal Training for Mitigation of Severe Emotional and Behavioural Problems affecting Youth,” August 2020.

97 Senior Clinician, CGC, interview.

98 Erica Virtue, “Long Wait for Help - Child Guidance Clinics Under Stress as Thousands of Children Seek Help to Address Mental Problems,” *Gleaner*, June 30, 2013, [www.jamaica-gleaner.com/gleaner/20130630/lead/lead3.html](http://www.jamaica-gleaner.com/gleaner/20130630/lead/lead3.html).

99 Clinical Psychologist, Department of Child and Adolescent Health, University Hospital of the West Indies, personal interview, Zoom, November 20, 2020. “Islandwide Mental Health Clinic Schedules,” Ministry of Health and Wellness, Jamaica, accessed September 28, 2020, [www.moh.gov.jm/wp-content/uploads/2019/03/MOH-Mental-Health-Clinic-Schedules.pdf](http://www.moh.gov.jm/wp-content/uploads/2019/03/MOH-Mental-Health-Clinic-Schedules.pdf).

100 Ministry of Health and Wellness, Jamaica, “Islandwide Mental Health Clinic Schedules,” [www.moh.gov.jm/wp-content/uploads/2019/03/MOH-Mental-Health-Clinic-Schedules.pdf](http://www.moh.gov.jm/wp-content/uploads/2019/03/MOH-Mental-Health-Clinic-Schedules.pdf).



The pandemic has reduced attendance across all non-urgent hospitals and medical related facilities to minimize transmission of the COVID-19 virus.



**TABLE 4: Child Guidance Clinics across Jamaica, frequency of operation.**

Regional Health Authority	Parish	Location of Clinics	Number of days open per month
South-Eastern	St. Thomas	Morant Bay Health Center	4
		Yallahs Health Center	4
		Isaac Barrant Community Health Hospital	2
	Kingston & St. Andrew	Comprehensive Health Center	20
		Glen Vincent Health Center	20
	St. Catherine	Linstead Health Center	1
		St. Jago Park Health Center	20
Southern	St. Elizabeth	Black River Health Center	2
	Clarendon	May Pen Hospital	4
		Spaulding Health Center	2
	Mandeville	Mandeville Health Center	2
North Eastern	St. Ann	Alexandria Community Hospital	2
		Steer Town Health Center	8
	St. Mary	Port Maria Hospital	4
		Annotto Bay Hospital	8
	Portland	Port Antonio Hospital	8
		Buff Bay Community Hospital	2
		Manchioneal Health Center	1
Western	Trelawny	Falmouth Hospital	1
	St. James	Montego Bay Health Center	4
		Cornwall Regional Hospital	2/3
	Westmoreland	Savanna-la-mar Hospital	1
	Hanover	Lucea Health Center	1

Source: Ministry of Health & Wellness

As a clinic system almost exclusively based on referrals, each year only about 5,351 children are accessing the CGCs. The COVID-19 pandemic brought about a 9 percent decline in attendance.<sup>101</sup> The pandemic has reduced attendance across

<sup>101</sup> To be updated when SERHA sends data from KSA & St. Thomas.

all non-urgent hospitals and medical related facilities to minimize transmission of the COVID-19 virus. (See table 4.) The

clinics, through community outreach and telehealth sessions, have endeavoured to expand their care network, remain

flexible, and maintain support for their clients in the pandemic context.<sup>102</sup>

**TABLE 5: Visits to Child Guidance Clinics, 2019 & 2020.**<sup>103</sup>

	2019	2020
SERHA	2,169	1,238
St. Catherine	803	600
CGC- University Hospital of the West Indies	69	67
NERHA	1,092	522
WRHA	357	226
SRHA	2,504	1,613
<b>Total not including KSA</b>	<b>6,191</b>	<b>3,666</b>

The corporate area offers child mental health services that are not available elsewhere in the island. At the Bustamante Hospital for Children, psychiatric services are offered once weekly to inpatients by one psychiatrist.<sup>104</sup> CAMH intends to establish, through a MOU, an in-patient facility for adolescents at Department of Psychiatry at the UHWI. It also plans to open an inpatient facility at the Bustamante Hospital for Children.<sup>105</sup> These plans were first elaborated five years ago.

Even with smaller populations, the remaining regional health authorities do not provide the same level of consistent service that is present in the Corporate Area as is evidenced by the reduced opening hours for the CGCs, the absence of the required number of clinical staff,<sup>106</sup> and in some instances, the absence entirely of facilities.<sup>107</sup> In addition to this, there are instances where staff from the Corporate Area CGCs also practice in the rural areas which can affect the quality of care delivered.<sup>108</sup> As will be outlined below, staff at the clinics already have large

caseloads within their assigned parish, and adding the cases from another parish leads to staff exhaustion and burn out.

The clinics that do exist are unable to meet demand. At all clinics, emergency cases are prioritized and the waiting time for moderate to mild cases can be as long as three to six months.<sup>109</sup> Outside of the SERHA & NERHA there are no specialized staff for child and adolescent mental health provisioning, with the existing staff providing services for both adults and children.<sup>110</sup> Even in SERHA,

<sup>102</sup> CGC staff, Ministry of Health and Wellness, 2021.

<sup>103</sup> Compiled with information from St. Jago Park Health Center, "CGC statistics," 2021; Senior Official, Bellevue, May 2021; "CGC Statistics," North East Regional Health Authority, 2021; "CGC Statistics," Southern Regional Health Authority, 2020; "CGC Statistics," Western Regional Health Authority, 2021. South-Eastern Regional Health Authority, 'Child Guidance Clinic Statistics', official communication, received June 06, 2021. Senior Official, Department of Psychiatry, University Hospital of the West Indies, email communication, June 06, 2021.

<sup>104</sup> Bustamante Hospital for Children, phone conversation, April 27, 2021.

<sup>105</sup> "Operational Plan 2016-2017," Child and Adolescent Mental Health Unit, Kingston, email communication, November 27, 2020.

<sup>106</sup> Senior Official, Bellevue, phone interview, December 14, 2020.

<sup>107</sup> Senior Official, Bellevue, 2020.

<sup>108</sup> Senior Clinician, CGC, interview.

<sup>109</sup> Virtue, "Long Wait."

<sup>110</sup> Wendel Abel and Sharon White, "Baseline Study of Knowledge, Attitudes and Practice of The Mental Health Staff in Relation to Child and Adolescent Mental Health," 2009.



there is a need for seven additional clinics to meet demand. It is recommended that each client receives at minimum 12 sessions annually, but most patients only receive four sessions.<sup>111</sup>

Other weaknesses obtain in the way the CGCs are administered. The clinics operate a paper-based system (as with most services at most public health clinics), there is a lack of standardization across clinics and regions, and the management of the waiting list is sub-optimal. There may be multiple registries, and there is a lack of data integration between services. The evaluation process is unclear to parents/guardians, the information required is complicated for them to navigate, and they often don't have enough time or clarity on how to get all the necessary documents and medical evaluations. Caregivers who are already grappling with their child's mental health issues are left confused and frustrated.<sup>112</sup>

Each regional health authority carries out mental health-related (adult and child) community outreach across the parishes under its remit, providing support to schools and families and occasionally collaborating with private entities and NGOs. The outreach is mandated by the Ministry of Health and Wellness, but how it is carried out is up to each region's leadership. NERHA has hosted an annual conference for parents, children, teachers, and psychologists sharing best practice for delivering optimum care and positive environments for children. NERHA has also conducted consultations and

workshops for teachers and guidance counsellors when called upon. Thematic areas covered include effective parenting strategies and how to identify mental disorders among children. Whenever there is a crisis, such as the injury/maiming of a student through violence, death of a student or staff member, or community violence, the staff will also make home and school visits. In partnership with the Jamaica Psychological Society, the RHA has hosted online forums on issues affecting adolescence and parenting since 2020.<sup>113</sup> SRHA does outreach in the form of school and home visits, as well as offers family counselling.<sup>114</sup> WRHA does health promotional outreach through workshops, seminars, health talks at churches, school visits, corporate offices both physically and virtually.<sup>115</sup>

The Teen Hub is a collaboration between MOHW and MOEYI, located in the HalfWay Tree Transportation Center.<sup>116</sup> It was established in 2017 to serve as a non-traditional access point; it provides counselling services for students and their parents, as well as career help. In 2018, some 6,000 students accessed the Hub's services.<sup>117</sup>

Apart from the services provided and administered by the MOHW, through the RHAs, the University Hospital of the West Indies (UHWI) Department of Child and Adolescent Health has its own services to address child mental health, in the form of the Child & Family Guidance Clinic. There is one clinical psychologist on staff who provides

psychotherapeutic support to all children on the general children's ward. This same clinical psychologist also leads the Grief and Trauma Clinic.<sup>118</sup> The psychologist is supported by a team of Master's level psychology students as well as paediatric residents in training who assist with assessment and treatment activities. This clinic is also served by two developmental and behavioural paediatricians. Prior to the pandemic, the Grief & Trauma Clinic attended to, on average, five children per week for interventions.<sup>119</sup> There is a Child Guidance Clinic in the Department of Psychiatry which receives referrals for children who require clinical care and medication.

## Mental Health Practitioners Complement by Region

To give an idea of the professional resources available to provide mental health care to children, a breakdown of mental health-related staff by regional authority and CAMH-specific staff shows that even in the region where there is the greatest concentration of these resources, it is still inadequate. To respond adequately to current clinic demand, there should be a staff complement of approximately 220 clinicians across the RHAs, currently, there is a deficit of 155 clinicians.

111 Senior Official, Bellevue, May 2021.

112 Ministry of Health and Wellness Information Technology consultant, personal communication, June 1, 2021.

113 Senior official, North East Regional Health Authority, phone conversation, April 1, 2021.

114 "CGC Statistics," Southern Regional Health Authority, 2020.

115 "CGC statistics," WRHA.

116 More recent data for Teen Hub attendance was sought but not received.

117 "The Work of Teen Hub Lauded," *Gleaner*, May 27, 2019, [www.jamaica-gleaner.com/article/news/20190527/work-teen-hub-lauded](http://www.jamaica-gleaner.com/article/news/20190527/work-teen-hub-lauded).

118 The Grief and Trauma Clinic is an outpatient facility that was specifically created to address the high volumes of children who accessed the hospital who were suffering from trauma. It aims to create fast and specialized support for these children.

119 Clinical Psychologist, Department of Child and Adolescent Health, personal interview, Zoom, November 20, 2020.

**TABLE 6: Child Guidance Clinic Staff Complement - South Eastern Regional Health Authority.<sup>120</sup>**

Staff Category	Current Number	Gap for CAMH
Psychiatrists <sup>121</sup>	2	2
Psychologists	7	25
Mental Health Officers/Mental Health Nurse Practitioners <sup>122,123</sup>	02	
Psychiatric Nursing Aides	1 <sup>124</sup>	44
Social Workers	3	5
Mental Health Counsellor	1	2
Play Therapists	0	5

Source: Senior Official, Bellevue Hospital.

**TABLE 7: Child Guidance Clinic Staff Complement - Western Regional Health Authority.**

Staff Category	Current Number	Gap for CAMH
Psychiatrist	1	3
Psychologist	2	4
Mental Health Officers/Mental Health Nurse Practitioners	5 <sup>125</sup>	
Psychiatric Nursing Aides	4	22
Social Workers	5	4
Play Therapist	0	6

Source: Official, WRHA.

120 SERHA figures do not include UHWI and Bellevue Hospital.

121 There are two full time psychiatrists, two part time psychiatrists, and one sessional psychiatrist. One of the full-time psychiatrists, who is based in St. Thomas, also works with adults.

122 Mental Health Officers are nurses who work specifically with patients with mental disorders, they can assess patients and are used primarily in community health services. Mental health nurse practitioners provide more clinical care, provide psychiatric management and work closely with psychiatrists and psychologists. Psychiatric nursing aides are supervised by nurses and other clinical staff and support patients in carrying out daily tasks such as taking classes, doctor visits, and/or recreation. Officers undergo six months of training from the Ministry whereas the Nurse Practitioner has a Master's degree in Psychiatric Nursing. Psychiatric Nursing Aides act as an intermediary between the patient and more clinical practitioners and can notice subtle changes as they interact with the patients for longer periods; Mental Health Nurse Practitioner, SRHA, interview, March 2021; Senior Official, Bellevue Hospital, 2020.

123 There are two part time mental health officers. It is important to note that mental health officers do not provide services for children in all the regional health authorities.

124 This is one psychiatric nursing aide who is CAMH trained. It is highly probable that other less well trained nursing aides provide support to the Child Guidance Clinics in SERHA.

125 One for each parish with St. James having two.

**TABLE 8: Child Guidance Clinic Staff Complement - North East Regional Health Authority.**

Staff Category	Number	Gap for CAMH
Psychiatrists	2	3
Psychologists	2	5
Mental Health Nurse Practitioners	1	
Psychiatric Nursing Aides	5	1
Social Workers	3	3
Play Therapists	0	3

Source: Senior Official, NERHA.

**TABLE 9: Child Guidance Clinic Staff Complement - Southern Regional Health Authority.**

Staff Category	Number	Gap for CAMH
Psychiatrist	3	3
Psychologist	3	3
Mental Health Officers/Mental Health Nurse Practitioners	5	
Psychiatric Nursing Aides	7	6
Social Worker	2	3
Play Therapist	0	3

Source: Southern Regional Health Authority

**TABLE 10: Child Guidance Clinic Staff Complement - University Hospital of the West Indies.**

Staff Category	Number
Psychiatrist (Child & Adolescent)	1
Clinical Psychologist	1
Associate Clinical Psychologists <sup>126</sup>	2
Social Worker	1
Nurse / Nurse Practitioner	1
Psychiatry Residents in Training <sup>127</sup>	1-2

Source: Senior Official, Department of Psychiatry, University Hospital of the West Indie.

<sup>126</sup> These are sessional.

<sup>127</sup> These work on a rotational basis.

As they are dependent on the facilities and in most cases the staff at the hospitals and clinics, the CGCs are often negatively affected by the operations of the regional health authorities (RHAs). All the RHAs, apart from SERHA, have a stable triage where primary practitioners identify psychiatric patients and make referrals to the CGCs. However, even where cases are

identified monitoring is weak because of high caseloads in clinics.<sup>128</sup> All the RHAs require more staff to effectively carry out service delivery.<sup>129</sup>

## Integration of Primary Care

The integration of mental health service

delivery in primary health care alleviates the burden faced by specialist practitioners, reduces stigma & discrimination, and helps to remedy the paucity of professionals and financial resources.<sup>130</sup> The inclusion of trained primary health care practitioners creates a framework within which appropriate interventions can be developed for individuals, and it

128 Senior mental health practitioner, personal communication, May 19, 2021.

129 Senior Official, Bellevue, 2020.

130 “Mental Health Care in Primary Care: Inclusion or Illusion,” World Health Organization, 2018, [www.apps.who.int/iris/bitstream/handle/10665/326298/WHO-HIS-SDS-2018.38-eng.pdf?sequence=1&isAllowed=y](http://www.apps.who.int/iris/bitstream/handle/10665/326298/WHO-HIS-SDS-2018.38-eng.pdf?sequence=1&isAllowed=y).



At the teacher training level there is also a gap in basic mental health literacy. There is a need for additional curriculum content that would comprise tools for teachers to identify signs of mental illness in their students, knowledge on how mental disorders develop, and content towards de-stigmatization.



strengthens the continuity of care for clients as well as their families.<sup>131</sup> Where primary practitioners can administer basic level treatment, it can also yield improved access to care and cost savings.

In Jamaica, in general, medical doctors and nurses on general wards are trained in detection, referrals, and application of appropriate mental health interventions for children.<sup>132</sup> The CAMH unit has also developed a manual of common mental disorders that has been disseminated to all public clinics and hospitals island wide. It has also led capacity building sessions for practitioners specializing in the HIV/AIDs response across the island using modules under the Mental Health Gap Action Plan (mhGap) Intervention Guide (version two) which has sections that cover the treatment of children and adolescents. These practitioners also engage with patients who are not HIV-positive which is expected to expand their treatment network.<sup>133</sup> There are general practitioners who are able to deliver basic counselling services, and who have been provided with the key tenets that should be in their service delivery such as empathy, tolerance, building rapport, and gentle probing.<sup>134</sup> Still, primary practitioners are not able to deliver basic mental health care and are only able to identify and refer children to the CGCs as they are also contending with large caseloads.<sup>135</sup>

## Services delivered by the Ministry of Education, Youth & Information

The Ministry of Education, Youth and Information (MOEYI) is the principal government actor with regard to children, as they have the mandate for providing all Jamaican children's educational and education-related needs, and the principal agency for child protection pertains to that ministry. Within the ambit of education provision is guidance and counselling, and schools are an important medium through which mental health and behavioural problems are detected and addressed.<sup>136</sup>

## Mental Health Care in Schools

There are mental health resources for children in school, primarily comprising guidance counsellors. Most government educational institutions should have at least one guidance counsellor on staff.<sup>137</sup> The premise is that they are well placed to deliver first response psychosocial care and identify children who may have mental or behavioural challenges/disorders. The identification process is usually done through observation or referral by a parent/caregiver or teacher.

Guidance counsellors can provide basic psychosocial support but where the case requires more specialist help, referrals are made to the regional Guidance & Counselling Unit (GCU) (pertaining to MOEYI) who then makes referrals to the CGCs or private practitioners depending on the need.<sup>138</sup> Counsellors also provide a suite of services ranging from counselling, career advice, and educational and group guidance. There are approximately 800 guidance counsellors across the island with a student to counsellor ratio of approximately 1:116. Primary institutions, specifically those in rural areas, have fewer counsellors, whereas early childhood institutions rely on guidance counsellors from nearby primary schools to provide support.

Guidance counsellors also carry out pedagogical and coordination duties and so are not dedicated to only delivering consistent counselling services. The school curriculum is intended to cover aspects of mental wellness to allow counsellors to focus on basic psychotherapy.<sup>139</sup> Health and Family Life Education (HFLE) teachers complement guidance counsellors and impart course material which explores themes of sexuality and sex, interpersonal relationships, and positive social relationships. Having dedicated HFLE teachers deliver that curriculum should allow guidance counsellors to shift their attention to

131 Claudine Douglas et al., "Nurses' Perception of Preparedness for Moving Mental Health Care from Psychiatric to General Hospitals in Jamaica," *Pan American Journal of Public Health* 42, no.158 (2018): 1-8, [www.ncbi.nlm.nih.gov/pmc/articles/PMC6385992/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC6385992/).

132 Wendel Abel et al., "Mental Health Care in Jamaica: From Institution to Community," *Ethnicity and Inequalities in Health and Social Care* 4, no.3 (2011): 103-111, doi: 10.1108/17570981111249248.

133 Clinical Psychologist, CAMH, personal interview, February 11, 2021.

134 Abel and White, "Baseline Study."

135 Clinical psychologist, personal interview, 2021.

136 "National Education Strategic Plan," Ministry of Education, Youth and Information, Jamaica, 2011, [www.mona.uwi.edu/cop/sites/default/files/Jamaica\\_NESP\\_2011-2020.pdf](http://www.mona.uwi.edu/cop/sites/default/files/Jamaica_NESP_2011-2020.pdf).

137 It is not clear if there is one counsellor per public school, there are some schools that have no counsellors where others will have more than one. National Education Strategic Plan, 2011.

138 Senior Education Officer, MOEYI Guidance and Counselling Unit, interview, Zoom, December 15, 2020. A distinction should be made between Guidance Counsellors and Education/School Psychologists who are trained and qualified specialist mental health care providers. The limited number of the counsellors pushes them to assume some of the duties of the psychologist, even though they are only trained to provide basic level care. Psychologists would be called upon for care depending on the need and their availability.

139 "National Guidance and Counselling Policy," Ministry of Education, Youth and Information, Jamaica, 2016.

supporting the developmental needs of students, however, these teachers are not placed in every institution, and so guidance counsellors still lack the time to deliver early intervention psychosocial care.

The current HFLE curriculum does not include nor aim at providing students with a full concept of mental wellness (particularly classifying the brain as an organ, thus normalizing afflictions), nor does it explore different types of mental illnesses and treatment. It is at this developmental stage that cognitive modelling about mental health is formed and this is thus a suitable moment to introduce the concepts and provide children with the knowledge and tools to understand them. Increasing awareness of mental wellness and options for support can greatly increase help-seeking among children, which could lead to more children receiving care. This is a significant gap.<sup>140</sup>

There is an initiative underway to include mental health literacy in the grade 9 curriculum for Jamaican high schools. With support from the Pan American Health Organization (PAHO) 50 senior education officers, health and family life educators, guidance counsellors, educational social workers and curriculum development specialists received training-of-trainers in July 2020, with the expectation that this will be implemented in schools in the new academic year beginning in September 2021. The objective of this addition to the curriculum is to “enhance the understanding about mental health and mental disorders and to reduce stigma against mental illness, while helping to build the capacity to obtain and maintain good mental health.”<sup>141</sup>

At the teacher training level there is also a gap in basic mental health literacy. There is a need for additional curriculum content that would comprise tools for

teachers to identify signs of mental illness in their students, knowledge on how mental disorders develop, and content towards destigmatization. Indeed all schools’ staff should be sensitized to improve their understanding of mental health and mental illness/disorders, and be informed about basic signs and symptoms, referral systems, and stigma’s damaging influence.

There is also a team of social workers and psychologists who provide additional support based at the regional level.<sup>142</sup> The psychologists include three clinical psychologists as well as an education psychologist who are attached to the Special Education Unit, but who provide support to the Guidance and Counselling Unit when needed and upon approval from the Special Education Coordinator.<sup>143</sup>

**TABLE 11: Ministry of Education, Youth and Information Mental Health Staff Retinue.**

Staff Category <sup>144</sup>	Number
Educational Social Worker	13
Guidance & Counselling Education Officers	6
Psychologist	4

*Source: MOEYI Guidance & Counselling Unit.*

<sup>140</sup> Senior mental health practitioner, personal communication, May 19, 2021.

<sup>141</sup> “School Mental Health Literacy Training to Address Rise in COVID-19 Related Mental Health Issues,” PAHO, July 21, 2020, [www.paho.org/en/news/21-7-2020-school-mental-health-literacy-training-address-rise-covid-19-related-mental-health](http://www.paho.org/en/news/21-7-2020-school-mental-health-literacy-training-address-rise-covid-19-related-mental-health).

<sup>142</sup> “Health and Family Life Education: Teacher Training Manual,” Ministry of Education, Youth and Information, Jamaica, July 2009, [www.open.uwi.edu/hflecaribbean/sites/default/files/HFLE%20Teacher%20Training%20Manual.pdf](http://www.open.uwi.edu/hflecaribbean/sites/default/files/HFLE%20Teacher%20Training%20Manual.pdf).

<sup>143</sup> Guidance and Counselling Unit, official communication, January 20, 2021; Guidance & Counselling Unit, Region 2, email communication, March 15, 2021.

<sup>144</sup> This reflects data from regions one, two, four, and three.



## School Wide Positive Behaviour Intervention & Support Framework (SWPBIS)

The SWPBIS is a psychosocial project based on early detection, support, and intervention, that encourages teachers to model expected behaviour and praise positive behaviour in lieu of chastising or punishing negative behaviour. The intervention uses a three-tiered system: Tier One is institution wide and focuses on outlining expected behaviour with messages showcasing positive behaviour being placed around the school. Students are directly instructed in positive behaviour expectations and receive commendations from teachers, and authorities for adopting these. The students who were assessed to be at risk of developing chronic behavioural problems would be referred to Tier Two of the programme. Tier Two involves school counselling sessions, home visits, partnerships with mentorship programmes, and cultural therapy initiatives such as the Dream-a-World Initiative. Tier Three is introduced once the first two tiers have been successfully implemented and provides intensive support for those students who were unresponsive to the intervention and

require specialist care. These students are generally referred to a mental health care professional or the child's doctor.<sup>145</sup> Currently, some 286 schools are part of Tier One of the initiative, out of the approximately 1,000 public schools islandwide,<sup>146</sup> and approximately 40 schools in Tier Two.<sup>147</sup>

## The Child Protection and Family Services Agency

The Child Protection and Family Services Agency (CPFSA), which is the state agency responsible for the care and protection of children, including the 4,875 children who are wards of the state,<sup>148</sup> has approximately 124 social workers and a Psychology Unit with four staff psychologists, one per health region. (The social workers, to a limited extent, are equipped to handle and address some mental health issues.) In 2016, the Unit provided care for 1,269 children, and the social workers provided 2,956 individual sessions, and 630 group sessions. The Agency has a parenting-focused intervention which provided support for 309 parents in 2016.<sup>149</sup> There is also a Mobile Mental Health and Services Unit (Smiles Mobile) with three social workers and one of the four staff

psychologists. With approximately 1,200 new cases monthly it is impossible with this staff retinue to provide quality care to all who need.<sup>150</sup> In some instances, clients are referred to the Regional Health Authority Child Guidance Clinics for diagnostic and treatment services. The Agency has a clinical psychiatrist on retainer who periodically provides general consultative and diagnostic services for the social workers. As a result of limited funding and resources, screening and assessments are only done when a child is exhibiting a mental or conduct disorder. In 2017, Smiles was only able to assess 400 children of which 50 percent were referred for further screening.<sup>151</sup> It can be inferred that on average, approximately 23 percent of the children who receive support from the Agency are appropriately diagnosed for care.<sup>152</sup> The agency implements behaviour modification programmes,<sup>153</sup> and while these may have some benefits, they are not extended to every child under the Agency's care, but are normally reserved for persistently misbehaving children.<sup>154</sup> In January 2021, 24 clinical social workers were added to the organization's cadre, who should be able to deliver advanced counselling and support services.<sup>155</sup>

145 Rebecca Tortello, "Strictly Positive-Experiences with Student Support in Jamaica," Presentation, Web Conference on Violence and Development-Development Connections and Fundacion, 2015, [www.dvcn.org/assets/student\\_support\\_presentation.pdf](http://www.dvcn.org/assets/student_support_presentation.pdf).

146 "Education Statistics," Statistical Institute of Jamaica, accessed April 26, 2021, [www.statinja.gov.jm/Demo\\_SocialStats/Education.aspx](http://www.statinja.gov.jm/Demo_SocialStats/Education.aspx).

147 Dr. Charlene Coore-Desai, "SWPBIS Regional Statistics," email communication, February 18, 2021.

148 CAPRI, "State Care for Children in Jamaica: Governance, Accountability, and Quality of Care," Kingston, Jamaica: Caribbean Policy Research Institute, March 2021.

149 "CDA Annual Report 2016/2017," Child Development Agency, Kingston, Jamaica, 2020.

150 Sharlene Hendricks, "Social Workers Tackle Mental Health Crisis among Children," *Observer*, March 1, 2020, [www.jamaicaobserver.com/news/social-workers-tackle-mental-health-crisis-among-children\\_188417](http://www.jamaicaobserver.com/news/social-workers-tackle-mental-health-crisis-among-children_188417).

151 Data for other years was not available, so there is no comparator against which to adjudge any change.

152 This is a combination of the 2,956 individual sessions and the 400 children assessed by Smiles Mobile divided by the annual intake of 14,400.

153 The behaviour management programmes are developed for all children in the care of the CPFSA and are individualized and collaborative treatment options that involve the active participation of the children. The behaviour management programmes empower children in allowing them to assess the rationale behind their delinquency with the support of staff who provide positive interaction and guidance. Information Office, CPFSA, email communication, January 2021.

154 Executive Member, CPFSA, interview, Zoom, November 18, 2020.

155 "CPFSA Now Better Equipped to Provide Psychosocial Support to At-risk Wards of State," *Observer*, January 15, 2021, [www.jamaicaobserver.com/news/cpfsa-now-better-equipped-to-provide-psychosocial-support-to-at-risk-wards-of-state\\_212189](http://www.jamaicaobserver.com/news/cpfsa-now-better-equipped-to-provide-psychosocial-support-to-at-risk-wards-of-state_212189).

## Services delivered under the Ministries of National Security & Justice

The Department of Correctional Services (DCS) has responsibility for children who have come in conflict with the law, outside the remit of the CPFSA and the CCPA.<sup>156</sup> There are approximately 200 children in juvenile remand centers across the island,<sup>157</sup> and approximately 3,500 adult inmates. All children who enter the remand centers receive some level of psychotherapy as case managers are assigned to every child. Referrals for more serious cases are made to the psychologists and psychiatrists but the number of clinicians is inadequate to deliver appropriate care; a substantial number of the children need intensive treatment. There are four counselling psychologists providing care, supported by four sessional psychiatrists, and three case managers who adopt the role of social workers. All these clinicians also work with the adult inmates.<sup>158</sup> This staff complement serves all 4,000 people. Many of the children have severe behavioural, psychological, and psychiatric disorders, and they require far more time, mental energy, and emotional effort on the part of the clinicians, and they cannot meet all the children's (or inmates') needs.<sup>159</sup>

Other ministerial entities occasionally provide supportive mental health services to the juveniles at the DCS remand centers.<sup>160</sup> The CAMH Unit

provides psychosocial intervention for incarcerated children with serious mental disorders on an ad hoc basis; there is no standardized referral or treatment system.<sup>161</sup> There is no formal collaboration between the DCS and the CGCs even for psychiatric care, as the psychiatrists mentioned above are contracted directly to the DCS and operate when requested, which is contrary to the usual protocol amongst government entities where the clients with more serious disorders are sent to the CGCs for psychiatric care.<sup>162</sup>

The Ministry of Justice's (MoJ) Child Diversion Programme aims to divert young offenders from the criminal justice system through a rehabilitative process.<sup>163</sup> The programme seeks to avoid the institutionalization of children, and as such, the 200 children who are currently in the programme can stay in their familial homes. Once recommendations are approved by a parish committee, a risk assessment is done to ascertain the type of treatment programme in which the child is to be placed. Each child is assigned to be mentored by one of the 400 trained mentors. They are supported by a team of 18 clinicians ranging from counselling psychologists, social workers, and guidance counsellors. There is one clinical psychologist on staff who receives the more severe cases. The programme relies on the Child Guidance Clinics to provide intensive treatment as well as for the provision of medication. Currently in its third year of implementation, the programme's reach and effectiveness are forestalled by the availability of resources,

<sup>156</sup> CAPRI and UNICEF, "Situation Analysis."

<sup>157</sup> CAPRI and UNICEF, "Situation Analysis."

<sup>158</sup> Remy Evans, Psychologist, Department of Correctional Services, Zoom Interview, February 16, 2021; WhatsApp conversation, April 27, 2021.

<sup>159</sup> Evans, interview.

<sup>160</sup> CDA Annual Report 2016-2017.

<sup>161</sup> Senior member, CAMH Unit, 2020.

<sup>162</sup> Remy Evans, Zoom interview.

<sup>163</sup> "The Child Diversion Act 2018," Ministry of Justice, Jamaica, 2018, [www.japarliament.gov.jm/attachments/article/339/The%20Child%20Diversion%20Act,%202018.pdf](http://www.japarliament.gov.jm/attachments/article/339/The%20Child%20Diversion%20Act,%202018.pdf).



The Child Adolescent Mental Health Unit provides psychosocial intervention for incarcerated children with serious mental disorders on an ad hoc basis; there is no standardized referral or treatment system.

compliance level of children, as well as the inability to contract a second clinical psychologist with the requisite experience due to budget constraints.<sup>164</sup>

The MOJ's Victim Services Division (VSD) provides support to children and adolescents who are victims of crime through three counselling and mediation programmes. Its Cultural Re-socialisation Intervention Project aims to build the emotional resilience of children aged 6-18 years from inner city communities through cultural re-sensitization and behaviour modification strategies. The Children in Court project seeks to provide emotional support to child victims in the justice system with a team of counsellors and social workers. The Special Intervention Project for Schools (SIPS) intervention identifies troubled children in primary and secondary schools, predominantly in inner-city communities and provides therapeutic intervention for them.<sup>165</sup> There is one clinical psychologist supported by a team of 28 social workers. The initiative also relies on a team of trained volunteers, stationed at each police division, to provide basic care to victims.<sup>166</sup> There were 2,664 children in the assortment of interventions in 2020, down from 3,068 in 2019.<sup>167</sup>

There is no structured relationship between the Victim Support Division and other interventions mentioned above, but there is a referral process with most programmes such as with the CGCs,

the Centre for Investigation of Sexual Offences and Child Abuse, and the CPFSA, where children directly impacted by crime are referred to VSD, and VSD refers children to the other agencies based on their needs.<sup>168</sup> While there is collaboration with other ministerial programmes, there is no evidence to show that this goes beyond a referral system. Ideally, the collaboration would be done in a coordinated and more strategic manner that optimally utilized state resources.

## Private Mental Health Care for Children

Most mental health practitioners in Jamaica operate in both the public and private sectors. Of the almost one hundred clinicians who are members of the Jamaica Psychological Society it is estimated that approximately 75 percent provide services, to some degree, for children and adolescents. For most of the practitioners contacted, however, children constitute only a small percentage of their clientele, signaling that they are unable to provide targeted care for children. There are three psychiatrists exclusively in private practice.<sup>169</sup>

Private mental health care is generally priced out of the reach of most Jamaicans. One facility in Kingston, which offers private mental health care to children, has nine specialists: one school psychologist, one associate counselling psychologist,<sup>170</sup> two associate mental health counsellors,

<sup>164</sup> Staff Member, Child Diversion Programme, interview, phone call, February 05, 2021.

<sup>165</sup> "The Victims Services Division," Ministry of Justice, accessed March 15, 2021, [www.moj.gov.jm/victim-support-unit](http://www.moj.gov.jm/victim-support-unit).

<sup>166</sup> Osbourne Bailey, Victim Services Division, Zoom interview, April 13, 2021.

<sup>167</sup> Victim Services Divisions, "Intervention Statistics," email communication, April 12, 2021. The decrease is presumably due to the COVID-19 pandemic.

<sup>168</sup> Osbourne Bailey, interview.

<sup>169</sup> Executive Member, Jamaica Psychiatrist Association, interview, Zoom, December 04, 2020.

<sup>170</sup> Associate mental health practitioners have qualifications at the Masters level and operate under the supervision of licensed practitioners; "Scope of Practice for Psychologists and Counsellors in Jamaica," Jamaica Psychological Society, 2018, [www.jampsych.com/licensure454b110ca655.filesusr.com/ugd/f01432\\_ecca6167ab2f4f33a716f3b91620e0f5.pdf](http://www.jampsych.com/licensure454b110ca655.filesusr.com/ugd/f01432_ecca6167ab2f4f33a716f3b91620e0f5.pdf).



The CPFSA, which is the state agency responsible for the care and protection of children, including the 4,875 children who are wards of the state, has approximately:

124

**SOCIAL  
WORKERS**

4

**STAFF  
PSYCHOLOGISTS  
IN A PSYCHOLOGY  
UNIT**

1

**STAFF  
PSYCHOLOGIST  
PER HEALTH  
REGION**

two associate clinical psychologists, two mental health counsellors, one clinical social worker, and a play therapist, some of whom operate on a sessional basis.<sup>171</sup> The entity charges approximately J\$7,000 for consultations, and J\$6,000 for each session thereafter. Family sessions are booked at J\$6,000.<sup>172</sup> Other private mental health care entities (also in Kingston) offer sessions starting at J\$5000. For child and adolescent mental health care, the cost for a 50 to 60 minute session can be as much as J\$10,000. Some entities do endeavour to provide discounts wherever possible, however, and in some cases, pro bono work is taken on.<sup>173</sup>

One of the largest non-state services is the Family Life Ministries (FLM), which offers relatively more affordable services, with individual sessions priced at J\$4,500 and group sessions (of three or more persons) priced at J\$25,000. The church-based entity treats family therapy as individual sessions

and charges accordingly. In addition, pro bono services are offered through “duty days” where clinicians carry out services for clients who are unable to pay for treatment. Although there are two main branches, FLM has an island-wide network where clinicians can be called upon if a client is based far from the two locations.<sup>174</sup> From its two locations, FLM has 13 clinicians on staff: one clinical social worker, one clinical psychologist, and 11 counselling psychologists.<sup>175</sup>

## Other Options for Children’s Mental Health Care

Since 2015 child mental health services have been provided, at minimal cost to the user (those who can pay are asked to pay J\$1,000), through church sites throughout the island. What started out as a three-year project began its pilot across five multi-denominational church sites

in Kingston & St. Andrew, St. Catherine, Mandeville, and Montego Bay. The initiative aimed to expose children who were exhibiting behavioural problems and/or were the victims of traumatic events to experienced counsellors, and to alleviate the burden on the public health system.<sup>176</sup> A team of licensed and trained mental health practitioners, who were paid for with grant funding and hosted by the churches, provided counselling sessions as well as public education seminars for the community at each church. The clinicians delivered approximately 750 hours of counselling annually working 10 hours a week.<sup>177</sup> The initiative also provided public education workshops for members of the communities, including parents, to bolster their resilience and improve their capacity.<sup>178</sup> The initiative was to have continued after the initial three years, but the COVID-19 pandemic forestalled those plans.

171 Dr. Carolyn Jackson, “Caribbean Tots to Teens,” WhatsApp conversation, March 26, 2021.

172 “Caribbean Tots to Teens,” phone conversation, April 26, 2021. At May 31, 2021 J\$7,000 was the equivalent of US\$49. The other dollar amounts can be estimated based on that.

173 Executive member, Jamaica Psychological Society, interview.

174 Clinical Social Worker, Family Life Ministries, interview, Zoom, January 25, 2021.

175 Family Life Ministries, email communication, 2021. The organization was unable to provide data on its clients. The other private providers did not have the capacity to provide data on how many children they see per year.

176 Audrey M. Pottinger, “Strengthening of Individual, Family, Mental Health and Wellness Counselling Services through Church Sites in Jamaica,” 2015, in “Auditor General’s Department Report: Management of Mental Health Services Rehabilitation and Reintegration of the Mentally Ill,” 2016.

177 Audrey M. Pottinger, Church Site Counselling Initiative, email correspondence, February 08, 2021.

178 Pottinger, Counselling Services through Church Sites.

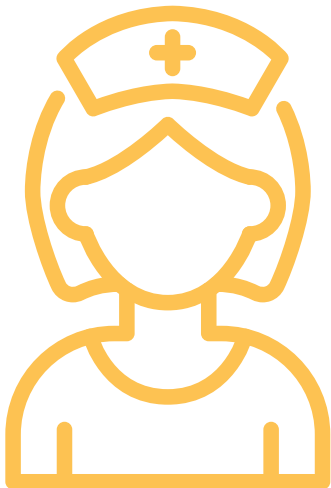






# 4

## The Inadequacy of Numbers of Mental Health Practitioners



Jamaica's health  
**WORKFORCE**  
in general suffers from  
**'brain drain'**

As the preceding account has made clear, the existing mental health services for children do not meet the demand. While there are challenges with institutional capacity, resource allocation for programmes, and inadequate inter-agency collaboration, one of the primary shortfalls is in the area of human resources. While the reasons for this may be obvious, it is still worth pointing out the specifics of why there are not enough mental health practitioners in the country. In fact, mental health services for children in the English-speaking Caribbean, for the most part, are also responding inadequately to population needs. There is a dearth of practitioners for children, and the absence of child-friendly facilities in most countries.<sup>179</sup>



## Remuneration & Working Conditions

Though Jamaica is ahead of many of its Caribbean neighbours in the distribution of practitioners to the population, the

placement of these professionals in designated medical facilities, as well as in community services, public sector mental health professionals in Jamaica are compensated significantly lower

than their Caribbean counterparts and clinicians in the United States of America (USA).<sup>180</sup> (See Table 11.)

<sup>179</sup> WHO and PAHO, “Mental Health Systems in the Caribbean Region.”

<sup>180</sup> While there are several factors that explain the differential, we use the United States here because that is the primary destination for Caribbean health care professionals.

**All regions lack appropriate facilities for sessions, with inadequate space in Southern Regional Health Authority, renovations being done to spaces in Northeast Regional Health Authority, and others being retrofitted as COVID-19 isolation wards.**

**TABLE 12: Mental Health Professionals Monthly Earnings in US\$ (Public Sector).**

Occupation	Earnings				
	Jamaica <sup>181</sup>	USA <sup>182</sup>	Cayman Islands <sup>183</sup>	Barbados <sup>184</sup>	Trinidad & Tobago <sup>185</sup>
Psychologist <sup>186</sup>	\$935-1,450	\$6,257	\$9,277	\$2,967	\$2,190
Psychiatrist	\$1,970-2,000	\$17,333		\$4,726	
Occupational Therapist	\$670-1,695	\$8,465	\$6,331	\$2,397	
Mental Health Nurses	\$1,087-1,450	\$8,650		\$2,200	

In addition to low remuneration, there is the question of the workload and working conditions for mental health practitioners in Jamaica. Globally, mental health professionals are exposed to an inordinate amount of strain,<sup>187</sup> and possible attacks to their person.<sup>188</sup> Providing psychosocial care is significantly more time consuming than other areas of medicine, but mental health clinicians are still expected to see a substantial number of clients daily. This causes burnout among clinicians and impairs their ability to provide quality

care.<sup>189</sup> Most public practitioners operate private practices which allows them to supplement their income, but which extends their workload.

There is the related challenge of providing care for children in the context of an ever-expanding caseload. Manageable caseloads are vital to the provision of quality care to clients.<sup>190</sup> Staff at the CGCs are also hard-pressed to perform their duties as they lack budgetary support from the Ministry. Adequate assessment

and treatment resources are in short supply with practitioners having to either borrow items from partnering agencies or personally procure them to carry out diagnoses and treatment. Some agencies are challenged in carrying out diagnostics and so this means that a considerable number of children nationwide are not being appropriately diagnosed and treated.<sup>191</sup> These stressors could lead to declines in productivity which can significantly impact and disrupt systems of care.<sup>192</sup> A 2009 study

181 "Government of Jamaica: Allied Health Services, Occupational Therapist series, Medical Officer series, Registered Nurse Series," shared by Ministry of Health & Wellness, 2021; No distinction is made between the different types of psychologists for the pay scale; Dr. Kai Morgan, interview, Zoom, February 22, 2021; Figures based on exchange rate of J\$148 to US\$1.

182 Heisler, "Mental Health Workforce."

183 Health Services Authority Cayman Islands, "Clinical Psychologist," accessed January 29, 2021, [www.hsa.ky/wp-content/uploads/2020/01/Advert-Clinical-Psychologist.pdf](http://www.hsa.ky/wp-content/uploads/2020/01/Advert-Clinical-Psychologist.pdf); Cayman Islands, "Jobs," accessed January 29, 2021, [www.recruitment.gov.ky/portal/page/portal/cighome/government/jobs](http://www.recruitment.gov.ky/portal/page/portal/cighome/government/jobs).

184 "Schedules of Personal Emoluments," Government of Barbados, Bridgetown, Barbados, 2020, [www.barbadosparliament.com/uploads/document/6b5e5f997bb24d5ee73d8957084918c6.pdf](http://www.barbadosparliament.com/uploads/document/6b5e5f997bb24d5ee73d8957084918c6.pdf).

185 Trinidad Joint Select Committee, 2014.

186 The figure displayed for the Cayman Islands is for a clinical psychologist educated at the PHD level. Jamaican psychologists receive their salaries based on their seniority in the field.

187 Sonia Johnson, et al., "Morale in the English Mental Health Workforce: Questionnaire Survey," *The British Journal of Psychiatry* 201, no. 3 (2018): 239-246, doi: 10.1192/bjp.bp.111.098970.

188 Interviewees gave examples of clinicians having to physically chase and restrain adult patients who suffer from advanced forms of psychosis and on occasion having to confront a weapon wielding patient who is threatening family or members of the community.

189 Dr. Kai Morgan, interview.

190 Child Welfare Information Gateway, "Caseload and Workload Management," July 2016, [www.childwelfare.gov/pubPDFs/case\\_work\\_management.pdf](http://www.childwelfare.gov/pubPDFs/case_work_management.pdf).

191 Staff Member, CAMH, Zoom Interview, February 09, 2021.

192 Steve Onyett, "Revisiting Job Satisfaction and Burnout in Community Mental Health Teams," *Journal of Mental Health* 20, no.2, (2011): 198-209, doi:



of staff members at the Child Guidance Clinics found that a substantial portion of the sample, approximately 28 percent, reported irritability, 27 percent stated that they were angry, and 25 percent were experiencing somatic symptoms. The study also found that the consistent unavailability of resources was the main challenge identified that hampered service delivery, with 80 percent of the cohort voicing their dissatisfaction.

The unsuitability and sometimes unavailability of suitable workspaces is also a deterrent for practitioners. A core element of the provision of psychosocial care is a suitably appropriate

environment for both clinicians and clients, is non-existent in some RHAs. All regions lack appropriate facilities for sessions, with inadequate space in SRHA, renovations being done to spaces in NERHA, and others being retrofitted as COVID-19 isolation wards. SERHA, with the largest population, needs additional spaces in Kingston and St. Andrew, and rehabilitation work to the facilities in St. Thomas. In addition, specialized facilities for the provision of certain types of treatment such as play therapy are not widely available, having a potentially negative impact on treatment success. In the survey mentioned above, CGC workers enumerated the occasional

absence of testing and therapy materials, the absence of play areas, as well as the lack of transportation for school visits and other outreach activities.<sup>193</sup>

All of the above-mentioned challenges and barriers are well known, and would be resolved to a considerable extent with more resources. Over the years there have been no major changes or adjustments. There are plans to revise the pay structure of psychologists in the public sector as the current pay structure is not reflective of the true scope of their roles, but no concrete measures have been taken.<sup>194</sup> As stated above, there is no separate budget for CAMH and a disproportionate share

10.3109/09638237.2011.556170.

193 Abel, KAP study.

194 Senior member, CAMH, 2021.



of the resources for mental health go to the Bellevue Hospital.

Finally, in addition to inadequate recognition of the full scope of the work that needs to be done, and a seemingly insurmountable workload, there is a stigma attached to the profession.<sup>195</sup> Locally, there is a pervasive stigma attached to mental illnesses where those afflicted by it are considered to be dangerous or are in some way extraneous to what is considered “normal” in society, and are treated similarly. This stigma also extends to the immediate family members or caregivers of the affected individual. In fact, mental health care staff also face some level of stigmatization simply because of their affiliation to the field.<sup>196</sup> This affects them in several ways, including where the stigma translates into a lack of prioritization of their needs by policy makers.

Although there has been a gradual increase in the number of mental health practitioners (for all ages) able to provide clinical care (counsellors, psychologists, and psychiatrists) over the years,<sup>197</sup> and an enlarged cadre of supportive staff in the form of mental health officers and psychiatric nursing aides,<sup>198</sup> there are concerns about the viability of the existing triage system and how effectively the staff is deployed. It then becomes challenging to adequately train and monitor new members of staff who are seeking licensure (such as psychologists and counsellors), which can in instances,

<sup>195</sup> Senior Clinician, Child Guidance Clinic, Zoom interview.

<sup>196</sup> Frederick Hickling, *Perspectives in Caribbean Psychology*, (London: Jessica Kingsley Publishers, 2013).

<sup>197</sup> Hickling, *Perspectives*.

<sup>198</sup> Claudia Gardener, “Health Ministry to Increase Complement of Psychiatric Nursing Aides,” Jamaica Information Service, October 2017, [www.jis.gov.jm/health-ministry-increase-complement-psychiatric-nursing-aides/](http://www.jis.gov.jm/health-ministry-increase-complement-psychiatric-nursing-aides/).

<sup>199</sup> “Scope of Practice for Psychologists & Counsellors in Jamaica.” Not only do psychologists and counsellors have to have the requisite qualifications, they also have to complete 2,500 hours of practice post degree conferment under the supervision of an experienced clinician.

<sup>200</sup> Senior Executive, Jamaica Psychological Society, personal communication, May 2021.

<sup>201</sup> Ministry of Health and Wellness, National Strategic Plan 2020-2025.

<sup>202</sup> “UHWI Loses Over 70 Nurses to Foreign Countries Since January,” *Gleaner*, March 1, 2021, [www.jamaica-gleaner.com/article/news/20210301/uhwi-loses-over-70-nurses-foreign-countries-january](http://www.jamaica-gleaner.com/article/news/20210301/uhwi-loses-over-70-nurses-foreign-countries-january). This number may have been higher than usual as many of their departures may have been previously stalled by the COVID-19 pandemic, and thus the exodus would be accumulated from the previous nine months.

**Mental health care staff face some level of stigmatization simply because of their affiliation to the field. This affects them in several ways, including where the stigma translates into a lack of prioritization of their needs by policy makers.**

harm clients or derail the treatment progress. There is a mechanism in place to monitor the licensing and legality of those who provide psychological care nationally, but it lacks robust monitoring as only signed logs are accepted as proof of completion of required hours,<sup>199</sup> among other gaps. Furthermore, not all ministries and agencies have supported the buy-in to this process.<sup>200</sup>

Jamaica’s health workforce in general suffers from “brain drain.”<sup>201</sup> Between January and March 2021 alone, some 70 nurses left Jamaica to take up jobs overseas.<sup>202</sup> Mental health workers are no exception. One interviewee for this study indicated that she was headhunted aggressively for more lucrative opportunities in the Caribbean, and was

heavily persuaded based on the salary package being offered. Patriotic and personal reasons weighed more heavily in her decision to remain in Jamaica.

## National Policies & Strategic Plans for Children’s Mental Health Services

The gaps and deficiencies identified thus far have long been recognized and analyzed. There are several initiatives that seek to remedy the problems identified. There are also programmes and interventions that target children’s mental health, some of which have yielded positive results. However, in a 2015 report, Jamaicans for Justice mentioned



that the problem confronting child rights in Jamaica is not “a lack of legislation but a lack of implementation.”<sup>203</sup> As it pertains to child mental health care, the issue is not so much the absence of interventions and strategies, but problems with operationalization and implementation. Across Ministries Departments & Agencies (MDAs) in four key ministries, there are several activities in progress but these lack effectiveness as financial and human resources are not strategically deployed.

## Cross-Agency Initiatives

In the provision of mental health care for children, the MOHW Child and Adolescent Mental Health (CAMH) Unit mainly plays a supportive role through its partnerships with MDAs on specific interventions. The responsibility for child welfare falls under the MOEYI, with the Child Protection and Family Services Agency (CPFSA) designated as lead agency and the MOHW more a partner.

The CPFSA reports that it enjoys a partnership with the CAMH Unit, and is invited to join the committees convened to develop the policies and action plans for service provisioning. The CGCs also depend on agencies such as the CPFSA to conduct consistent monitoring of the children in their residences.<sup>204</sup> As mentioned prior, there is also a referral system in place where the cases from the Agency are sent to the CGCs for clinical diagnosis and treatment. However, this process is not formalized and is done

outside the purview of the CAMH unit. A more structured and systematic process would see all cases requiring clinical care automatically being sent to the Unit, which would then delegate to the CGCs. This protocol was observed initially but it proved inefficient, and based on the long wait times, the decision was made to have the children referred directly to CGC psychiatrists.<sup>205</sup>

CAMH and the Guidance Counselling Unit (GCU) at the MOEYI have been involved in the implementation of the Tele-mental Health Programme, with funding and technical support from UNICEF.<sup>206</sup> The initiative has contributed to a 20 percent increase in appointments being kept across all CGCs, when compared to 2019.<sup>207</sup> Both the GCU and the CGCs interact consistently with schools, in fact, the bulk of the referrals for clients at the CGCs come from schools (prior to the COVID-19 pandemic).<sup>208</sup> This one initiative shows that proactively enhanced communication and coordination between both the GCU and CAMH Unit can facilitate the appropriate deployment of resources in both ministries, and a better accounting of the number of affected children, which can aid CAMH planning, thus possibly improving mental health service delivery across the island.

The National Plan of Action for an Integrated Response to Children and Violence (NPACV) aims to coordinate a national response for the treatment of children who have been exposed to violence and abuse. The plan speaks to the strengthening of the GOJ-level

service delivery mechanisms for the treatment, prevention, and protection of children from abuse and violence. It aims to institutionalize an effective tracking and referral system for all incidents of child maltreatment throughout all available systems. It also aims to improve the qualification and skills of all child protection staff and professionals. Ultimately, the target is a 20 percent increase in the usage of reintegration or psychological support services, and a 15 percent reduction of incidences of violence against children in targeted communities. Another target of the NPACV was the implementation of an electronic database across MDAs, including facilities that provide mental health services for children and adolescents. Mental health statistical data would be integrated in the general information system to aid service delivery.

The NPACV attempt to formalize the engagement and intersectoral collaboration among MDAs and pertinent stakeholders has not materialized. The MOHW was not specifically mentioned where the plan targets the provision of support services for children in the court system. Where the plan aimed to bolster the staff cadre at the Child Guidance Clinics, and while discussions were held, the pandemic delayed the progression of this activity.<sup>209</sup>

## Existing Child Mental Health Programmes and Interventions

Treatment of mental illness, especially in

203 “Non-Governmental Organisations Report to the UN Committee on the Rights of the Child,” Jamaicans for Justice, Kingston, [www.tbinternet.ohchr.org/Treaties/CRC/Shared%20Documents/JAM/INT\\_CRC\\_NGO\\_JAM\\_18947\\_E.pdf](http://www.tbinternet.ohchr.org/Treaties/CRC/Shared%20Documents/JAM/INT_CRC_NGO_JAM_18947_E.pdf).

204 Child Guidance Clinic staff member, Ministry of Health and Wellness, Zoom call, February 09, 2021.

205 CPFSA Executive Member, interview.

206 Senior official, Bellevue Hospital, 2021.

207 “Preliminary data,” Ministry of Health & Wellness, 2021.

208 Child Guidance Clinic staff members, interviews with author, 2021.

209 Senior Official, Ministry of Health and Wellness, phone conversation, January 26, 2021.

children, cannot be adequately considered without also considering prevention (of mental illness). Most mental disorders that afflict adults have their genesis in childhood and adolescence.<sup>210</sup> The first five years of life are the most critical with regard to brain development, including the development of emotional control and habitual ways of responding (see figure 1). Directing investments and efforts towards treatment and support in the early stages of brain development would redound to enhanced educational achievements, more positive adult outcomes, and, ultimately, boost national development.

Interventions to boost children's psychological resilience are carried out by governmental entities, non-governmental organizations, and civil society organizations, often supported by international development partners. Most of the existing initiatives are focused on children and/or parents in volatile areas in the Kingston Metropolitan Area.

## Reach Up Initiative

This initiative uses home interventions to foster early childhood development and enhance cognitive development among children in low-income communities. Reach Up is an outcome of an internationally acclaimed longitudinal study that assessed children born in adverse socio-economic surroundings. Community health aides and assigned nurses sought to boost the children's nutrition and cognitive development with the provision of supplements and psychosocial stimulation; their

development was tracked over the period of two decades. While the impact of the nutritional component was not clearly seen in the cohort, the impact of the psychosocial stimulation carried benefits even into adolescence. Up to the ages of seventeen, the participants who received psychosocial stimulation were less likely to show aggressive behaviour such as being involved in physical fights; they were also less likely to be expelled from school, and showed fewer depressive symptoms. The intervention also boosted the participants' positive social interaction which the researchers theorized would be beneficial when the cohort entered the labour market boosting their productivity.<sup>211</sup>

Reach Up was attempted to be scaled up by the Family Health Unit at the MOHW, but it was hampered by several challenges. One of the most significant of these was staff burnout, ineffective management, and a non-existent incentivization system for the community aides. The workload was too heavy for both the nurses and the community health aides, which impacted their ability to complete their visits and remain alert and engaged with the mothers and children.<sup>212</sup> The nurses were unable to manage the programme effectively given the staff and resource shortage, only being able to provide supervisory support.<sup>213</sup> The research team acknowledged the gaps and expressed plans to offer further training as the programme develops. Other countries around the world have adopted this programme and scaled it at the national level.

The programme has reached

approximately 500 families and children so far. Implementation will continue in 2021 with a view to reaching additional families. To reduce the strain on the staff, community health aides are mandated to limit the number of families in their visits and nurses are tasked to monitor the visits once per month. The pandemic has slowed the progress but has not halted operations. Parenting manuals have been developed and distributed to parents, who receive virtual visits from the aides.<sup>214</sup>

## Irie Classroom Toolbox

The Irie Classroom Toolbox is a cost-effective model of classroom management strategies that was developed to achieve two outcomes:

1. to eliminate the use of corporal punishment by teachers, and;
2. prevent the development of maladaptive behaviour in children.

In phase one of the intervention, teachers received training and were equipped with resources and strategies to deliver engaging classes and regulate classroom behaviours. This was done over a six-month period and aimed to eliminate the use of physical violence and other forms of aggression in the classroom. In phase two, the responses of the cohort were collected five years after implementation to gauge the strategies that were still being employed in the classes, and the reasons behind their use or lack thereof. These were assessed and a toolbox was developed with a suite of strategies that teachers could utilize in their classes.

210 H. E. Erskine et al., "The Global Coverage of Prevalence Data for Mental Disorders in Children and Adolescents," *Epidemiology and Psychiatric Sciences* 26, no. 4 (2017):1-8, doi:10.1017/S2045796015001158.

211 Susan P. Walker, et al., "Early Childhood Stimulation Benefits Adult Competence and Reduces Violent Behaviour," *Pediatrics* 127, no. 5 (2011): 849-857, doi: 10.1542/peds.2010-2231.

212 S. P. Walker, et al., "Implementation of Parenting Intervention through Health Services in Jamaica," *Vulnerable Children and Youth Studies* 13, no.2 (2017):127-141, doi: <https://doi.org/10.1080/17450128.2017.1395100>.

213 Walker, et al., "Early Childhood."

214 Caribbean Institute for Health Research, "Reach Up Update," email communication, February 2021.

The strategies were divided into four modules: (1) creating an emotionally supportive classroom environment, (2) preventing and managing child behaviour problems, (3) teaching social and emotional skills, and (4) individual and class-wide behaviour planning. Phase 3 saw the incorporation of the information from Phase 1 and 2 to develop a Theory of Change.<sup>215</sup> Ninety-seven early childhood institutions and 857 primary schools have received training under the initiative, exposing approximately 8,000 children under the age of six years, and 120,000 children between the ages of six to eight to teachers who have been trained to create more conducive learning environments.<sup>216</sup> In intervention schools, the initiative has contributed to a 67 percent decrease in the use of violence by teachers as a disciplinary method, and has boosted children's achievement in oral language and math reasoning.<sup>217</sup> The creators of the intervention have, using the Classroom Toolbox as proof of concept, devised a parent and home-based method.

## Child Resiliency Programme

A subsidiary of the Violence Prevention Alliance, the Child Resiliency Programme targets Grade 5 children, has been in operation since 2006, and

has branches in Kingston, Falmouth, and Montego Bay.<sup>218</sup> The model aims to create a supportive environment for the children and involves the child's parent(s), school, and community to boost the child's resilience and self-esteem. The programme has several sub-interventions namely the provision of: life skills and mentorship, sports and creative activities, academic support, parent and family counseling, teacher training and, community cohesion. Ultimately, the aim is to improve the child's coping mechanisms, social behaviours, and academic performance.<sup>219</sup> There was a total of approximately 195 children in the programme for the 2019/2020 period.<sup>220</sup> The programme works closely with the guidance counsellors from the "feeder schools" who refer children and also provide psychosocial support for the children in partnership with counsellors from the Jamaica Theological Seminary. Teachers are also trained to provide basic care, as was mentioned above. For more severe cases of delinquency and depression, referrals are made to the CGCs, but these are not frequent. After one year, the programme seeks to integrate them in existing support circles with churches, sports groups, or other organizations.<sup>221</sup> As an NGO, the programme receives external funding to carry out its work,<sup>222</sup> which has continued through the pandemic, though in adapted

modalities. The organizers distributed monthly care packages to all families under its care as well as continued its sessions via WhatsApp groups.<sup>223</sup>

An external evaluation of the Child Resiliency Project found that the programme achieved positive results in both the behaviour and attitudinal change of its participants, improvement in reading skills, and an increased knowledge of appropriate discipline by parents. The evaluation found that the programme effectively fulfilled its objective of contributing to the development of resilient attributes among participants.<sup>224</sup>

## Dream-A-World Cultural Therapy

This initiative was started in 2006 and targeted primary school aged students in a deprived urban community in Kingston which was wracked with crime, gang violence, and high school dropout rates; the cohort in question were not performing optimally in school. It was conceived and implemented by the Caribbean Institute on Mental Health and Substance Abuse, an institute of the University of the West Indies, Mona. Based on studies that indicate that the inclusion of creative arts in therapeutic services for children would promote the

215 Helen Baker-Henningham, "The Irie Classroom Toolbox: Developing a Violence Prevention, Preschool Teacher Training Programme using Evidence, Theory, and Practice," *Annals of The New York Academy of Sciences* 1419, no. 1 (May 2018): 179-200, doi:10.1111/nyas.13713.

216 Seven primary schools received the training under the research trials whereas 850 schools took part in a one day training put on by the MOEYI.

217 Caribbean Institute for Health Research, "Irie Toolbox Update", email communication, January 2021.

218 Staff member, Child Resiliency Programme, Zoom interview, February 04, 2020.

219 "Final Evaluation: The Child Resiliency Programme of the Violence Prevention Alliance 2019-2020," Child Resiliency Programme of the Violence Prevention Alliance, 2020, [www.childresiliency.org/monitoring-evaluation-reports](http://www.childresiliency.org/monitoring-evaluation-reports).

220 Child Resiliency Programme of the VPA, "Final Evaluation." ; "2019-2020- Falmouth All Age and Sam Sharpe Teachers College Annual Report," Child Resiliency Programme of the Violence Prevention Alliance, 2020, [www.childresiliency.org/monitoring-evaluation-reports/](http://www.childresiliency.org/monitoring-evaluation-reports/).

221 Staff Member, Child Resiliency, 2021.

222 Racquel Porter, "Child Resiliency Programme to Benefit from Prayer Breakfast Pledges," *Observer*, January 16, 2020, [www.jamaicaobserver.com/latestnews/Child\\_Resiliency\\_Programme\\_to\\_benefit\\_from\\_](http://www.jamaicaobserver.com/latestnews/Child_Resiliency_Programme_to_benefit_from_).

223 "Child Resiliency Programme Responds to Covid 19 with Feeding, Reading Project," *Gleaner*, May 08, 2020, [www.pressreader.com/jamaica/jamaica-gleaner/20200508/281629602443501](http://www.pressreader.com/jamaica/jamaica-gleaner/20200508/281629602443501).

224 "Final Evaluation: The Child Resiliency Programme of the Violence Prevention Alliance, 2020," MANiTOU Incorporated, NY.

development of social skills and boost their resilience, this evidence-informed intervention was carried out over a two-and-a-half-year period with a cohort of 60 children from one primary school, split evenly between a control group and an intervention group. Students in the intervention group received academic instruction in mathematics and language arts as well as in visual arts, dance, and music, and had discussions with two clinical psychologists in which they were invited to “dream up a world” and show its difference to this one. The initial pilot project cost US\$50,000 over 36 months. A scaled up project involving 100 children was initiated in four more primary schools (also in vulnerable communities) and was estimated to cost US\$300,000

over 26 months.<sup>225</sup>

The project yielded significant improvements in behaviour for the intervention group, according to the participating teachers, and a 62 percent and a 50 percent increase in literacy and numeracy respectively.<sup>226</sup> The project’s findings suggest that initiatives with minimal parental involvement and adequate funding have good prospects for success.<sup>227</sup> The project continued up until the beginning of the pandemic and had expanded to five parishes, with 1000+ students and 1000+ contact hours.<sup>228</sup> Up until the pandemic, there were 20 psychologists providing services under the initiative, in addition to four psychiatrists and four registered nurses.<sup>229</sup>

These interventions suggest that there are cost-effective ways of providing mental health care for children, beyond providing one-on-one services, in a context of resource constraints. Where the interventions are preventative, they are able to reach even more children, even with limited resources. All of the interventions were evidence-based, and carried out rigorous monitoring and evaluation, including using control groups. There were issues of staff shortages and burnout, as the Reach Up initiative showed. This is an indicator of this perennial challenge, but also a reminder of what inherent challenges exist in providing mental health care for children in Jamaica.

225 Dream-A-World Cultural Therapy for Primary School Children, Mental Health Innovation (undated), accessed May 17, 2021, [www.mhinnovation.net/innovations/dream-world-cultural-therapy-primary-school-children](http://www.mhinnovation.net/innovations/dream-world-cultural-therapy-primary-school-children).

226 Hickling, Perspectives; Robertson-Hickling, Paisley, and Guzder, “Fostering Resilience in Children.”

227 Jaswant Guzder, et al., “Promoting Resilience in High-risk Children in Jamaica: A Pilot Study of a Multimodal Intervention,” *Journal of the Canadian Academy of Child and Adolescent Psychiatry* 22, no. 2 (2013): 125-130, [www.ncbi.nlm.nih.gov/pmc/articles/PMC3647628/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3647628/).

228 Frederick W. Hickling, “Owning Our Madness: Contributions of Jamaican Psychiatry to Decolonizing Global Mental Health,” *Transcultural Psychiatry* 57, no. 1 (2020):19-31, .

229 Caribbean Institute of Mental Health and Substance Abuse, “official statistics,” email communication, April 13, 2021.









# 5

## Conclusion and Recommendations



Only

**7%**

of Jamaican children's

**MENTAL HEALTH  
NEEDS ARE BEING MET**

This study has established that the demand for children’s mental health services in Jamaica outweighs the existing provision of those services. By comparing the estimated mental health burden among Jamaican children against an informed estimate of the number of children who are able to access mental health services, only 7 percent of Jamaican children’s mental health needs are being met. There is only 30 percent of the requisite clinical staff complement of the principal child mental health service provider, the Child Guidance Clinics, to meet current demand.

Childhood and adolescence are critical stages of life for mental health, a time when rapid growth and development take place in the brain. Children and adolescents acquire cognitive and social-emotional skills that shape their future mental health and are important for assuming adult roles in society.<sup>230</sup> Half of all mental health conditions start

by 14 years of age. The consequences of not addressing mental health and psychosocial development for children and adolescents extend to adulthood and limit opportunities for leading fulfilling lives,<sup>231</sup> and can exact societal and economic costs.

A substantial number of the nation’s children are suffering or may suffer from mental and emotional disorders, and lack the appropriate support to resolve their issues. Very often, these children go through different development stages undiagnosed, and are thrust into environments with children suffering from similar afflictions, heightening their proclivity to fall into criminality. Childhood trauma and ill mental and psychosocial health persists into adulthood and impacts on outlook, relationships, and productivity. This can potentially lead to—or worsen what is already—a cyclical crisis of violence and under-performance for Jamaica.

This deficit in child mental health services is due to several factors, the overarching one being the lack of resources invested in this sector. The problems of low pay and poor working conditions are, on the surface, the most obvious. Given the easy mobility of medical professionals, as long as remuneration for mental health practitioners in Jamaica remains far below the rest of the region and North America, the staffing needs of Jamaica’s mental health system will likely never be met. The unmet demand for children’s mental health services, in the form of more child guidance clinics, more mental health professionals in the correctional services system, more psychologists working with children in state care, and more and better trained school guidance counsellors will not be resolved unless these change. More resources to the sector would substantially rectify both of these problems. Recommendations such as more child mental health clinics—several of which are clearly necessary—are

<sup>230</sup> “Improving the mental and brain health of children and adolescents,” World Health Organization, undated, [www.who.int/activities/Improving-the-mental-and-brain-health-of-children-and-adolescents](http://www.who.int/activities/Improving-the-mental-and-brain-health-of-children-and-adolescents).

<sup>231</sup> WHO, “Improving the mental and brain health of children and adolescents,” undated, [www.who.int/activities/Improving-the-mental-and-brain-health-of-children-and-adolescents](http://www.who.int/activities/Improving-the-mental-and-brain-health-of-children-and-adolescents).

**There is only 30 percent of the requisite clinical staff complement of the principal child mental health service provider, the Child Guidance Clinics, to meet current demand.**



moot while the shortage of professionals persists, as it will, unless remuneration is significantly increased.

The lack of resources is also manifest in the gaps in the governance structure of children's mental health services, weaknesses in the inter-agency collaboration that would optimize children's mental health service delivery, and inefficient data management. There is a need for more robust, systematized, and expansive data gathering, if an evidence-informed strategy to address children's mental health care is to be developed. A more accurate estimate of the prevalence and incidence of mental illness and mental disorders, through harmonized (across entities) data collection, would allow for data-driven and more strategic, effective, and efficient deployment of mental health resources in a more systematized triage system.

Better coordination and collaboration

can bolster the response to child mental health. The various ministries, departments, and agencies working in child mental health should be brought together in a coordinated, structured, information-sharing system. Included in this should be a mechanism for sustained, sequential, and consistent access to care to prevent children from re-traumatization as they move from one agency/service provider to another. This should be supported by a shared data management system (which is designed to protect children's privacy and health records).

The National Plan of Action for an Integrated Response to Children and Violence is an existing framework that, if successfully mobilized, would result in more strategic and frequent engagement and communication between the Ministry of Health and Wellness Child and Adolescent Mental Health Unit and the Child Protection and Family Services

Agency, as the lead bodies for children and mental health care. These entities would then both have greater partnership with other initiatives, providing guidance, outlining standard operating procedures among stakeholders, and ensuring the appropriate deployment of resources in implementation. This top-down approach would be complemented by a bottom-up approach, with non-governmental organizations, and psychosocial intervention actors having enhanced presence at consultations and meetings adding both anecdotal, granular, and evidence-based details and context to the discussions. A dedicated person and/or team should be tasked with this exercise.

Children's mental health needs would be better served if mental health were included in the curriculum of high schoolers and in teacher training colleges. All school staff should be provided with mental health sensitization training. Indeed there is a need for greater





awareness of children's mental health among all state actors who interact with children. Regular and standardized in-service training for all state actors who interact with children, should have at least one module on child mental health, relevant to its pertinence to that actor's role and ambit. The training would seek to provide actors with the tools and knowledge to identify children with mental disorders or behavioural problems and either to provide basic care, or be aware of where to refer the child for care. This would complement and contribute to a more efficient, data-driven referral and triage system, where children's needs could be directly met, without them having to go through unnecessary service stops, which in turn would relieve the caseloads on practitioners at the Child Guidance Clinics who receive all types of cases whether mild, moderate, or severe.

Where the environment is an important variable in the incidence and prevalence

to mental illness, the environment in which most Jamaican children grow up is characterized by toxic stress and not conducive to mental well-being, and thus the need for early and preventative interventions is paramount. This is not only a question of prioritization and of more resources, however: any such programme must be evidence-informed, ideally with a proof of concept, a pilot, a control group, and systematic monitoring, evaluation, and learning. This stringency is often, in the Jamaican context, as scarce as the resources.

There are evidence-informed programmes in Jamaica that address children's mental health needs, whether in preventative interventions or early direct treatment for children who have been identified with behaviour problems, that have been rigorously evaluated and proven effective. Reach Up, Irie Classroom Toolbox, and Child Resiliency Programme are three examples of

evidence-based, robustly measured, cost-effective programmes that serve children's mental health needs. Reach Up is particularly important because of the stage when it intervenes – the first three years of a child's life. The obstacles which hampered its smooth rollout as a scaled-up national programme delivered by the Ministry of Health and Wellness should be removed, as a priority. These initiatives show that innovative, evidence-based, culturally relevant programmes can forestall some of the unmet demand for mental health services. A programme such as Reach Up, which meets all of that criteria, if adequately resourced and implemented across the island, could be transformative for the country.

## Recommendations

While the report does account for some of the contextual factors that impinge on children's mental health, it does not seek

to make policy recommendations that would change the contextual factors that threaten to children's mental wellbeing.

The most obvious recommendation goes without saying: more resources need to be expended on and invested in child mental health in Jamaica. This is not a new recommendation, but it has not happened, and thus bears repeating. Accessible and affordable mental health services for children provide a preventative system that mitigates risk factors, and provides for early diagnosis and treatment. Catching children before they fall requires far more resources, particularly directed towards expanded services and hiring and training skilled personnel. These costs might be substantial, but the money "saved" by not treating emotional, psychological, psychiatric, and behaviour problems in early childhood is undoubtedly modest in comparison to the greater long-term costs of serious adult mental illness and/or criminal behavior, and the ill effects those have on the broader society, which also exact both an economic and societal cost. This is thus a call for greater prioritization of and more resources towards child mental health, within which, based on the study's findings, the following more specific recommendations are made:

## Programming and Services

- 1. Expand and scale up existing, evidence-based programmes that address children's mental health needs; and, using other evidence-informed programmes as proof of concept, explore low-cost initiatives, particularly those that take a preventive approach and target very young children, that can provide mental health services with low practitioner to patient/client ratio.**

This is an action for the Ministry of Health and Wellness, with financial support

from the government, and perhaps donor partners.

Reach Up is particularly important and the obstacles which hampered its smooth rollout should be removed as a priority.

## Administrative Innovations

- 2. Improve child mental health data collection and management. At the same time, the data collection process flow should be re-designed and the forms standardized to implement a clear pathway for users (children and their parents/guardians) to navigate the system.**

This is an action for the Ministry of Health and Wellness, perhaps with support from donor partners.

The School Wide Positive Behaviour Intervention and Support programme (SWPBIS) is a good foundation to build on and the data is in the process of collation. Greater usage of the child health development passport for mental health services across MDAs to minimize the duplication of efforts and client re-traumatization would also contribute to this effort.

## Training

- 3. Include mental wellness in the Health and Family Life Curriculum in schools.**

This is an action for the Ministry of Education, Youth, and Information, with requisite input from the Ministry of Health and Wellness.

The modules covered should give students an understanding of the functions of the brain and how mental disorders develop. It should also address the stigma associated with mental illnesses and outline where students can get help and support. The existing initiative to include mental health literacy in the grade 9

curriculum for Jamaican high schools, if seen through, would begin to fulfill this recommendation.

- 4. Extend the behaviour management module of the teachers' training curriculum to incorporate a mental health component.**

This is an action for the Ministry of Education, Youth, and Information, with requisite input from the Ministry of Health and Wellness.

This additional curriculum content would comprise tools for teachers to identify signs of mental illness in their students, knowledge on how mental disorders develop, and content towards destigmatization.

- 5. Provide structured orientation and training for parents/guardians of children being treated in the public system.**

This is the task of the Ministry of Health and Wellness.

In addition to assessing and treating children, the Child Guidance Clinics should, as a discrete mandate, provide patients' parents/guardians with written and other information on how the system works, what to expect, what their obligations are, and coping mechanisms for themselves and the rest of the family.

- 6. Integrate, more broadly and deeply, training in mental health diagnosis and treatment (at levels relevant to each sector) in primary care, school guidance counsellors, police officers, PATH social workers, and judges.**

This is a multi-agency initiative that should be spearheaded by the Ministry of Health and Wellness, in partnership with the Ministry of Education, Youth and Information.



## Systemic Changes

### **7. Strengthen the governance system towards more structured, systematized inter-agency collaboration on children's mental health.**

This is an action for the Ministry of Health and Wellness together with the Ministry of Education, Youth and Information.

There is an existing structure that can

be utilized: the National Plan of Action for an Integrated Response to Children and Violence (NPACV). Working within this already existing structure would also serve the important purpose of ensuring that child mental health policies and programmes are aligned with anti-violence interventions and policies.

### **8. Increase remuneration for mental health practitioners.**

This is an action for the Ministry of Finance and Planning, together with the Ministry of Health and Wellness, and the Ministry of Labour and Social Security. Until and unless this happens, Jamaica's shortage of mental health professionals will never be resolved, to the country's detriment.

# Appendix 1

## Methodology

The study aims to estimate the extent to which supply of mental health services for children meets demand, the adequacy of the child mental health care framework to meet the disease burden, and what can be done to bridge the gaps. The intent is to outline the steps to be taken to move closer toward a situation where all Jamaican children have assured access to quality mental health care.

This is done through:

A situation analysis of existing policies, programmes, and interventions that address child mental health, both public and non-governmental was done through a desk review of the available literature regarding child and adolescent mental health care. The governance framework for child mental health was discerned and key stakeholders identified through elite interviews conducted with representatives from the Child and Adolescent Mental Health Unit, Child Protection and Family Services Agency, Guidance & Counselling Unit, Early Childhood Commission, Department of Correctional Services, Child Diversion Programme, Child Resiliency Programme, Victim Services Division, Dream-A-World Cultural Therapy Programme, Jamaica Psychological Society, and the Jamaica Psychiatric Association.

An estimation of the mental health disease burden among Jamaican children through the collation of relevant, available survey data from authoritative sources.

Three types of disorders were assessed: psychotic disorders, depressive disorders, and anxiety disorders inclusive of post traumatic disorders. (Conduct disorders are also prevalent, but the study did not account for those to the same extent.)

An enumeration of the existing resources for children's mental health, including number of mental health professionals working with children (disaggregated by category), number and location of public clinics was carried out. An estimate of the number of private mental health care providers was also discerned. Comparisons were made, for the number of mental health professionals, with the English-speaking Caribbean and the United States of America.

Semi-structured interviews with public and private health practitioners that specialize in child mental health care were conducted to gather their perceptions of their ability to respond to the children's mental health needs in their scope of work, and their perceptions of what are the constraints to an ideal response.

Registries developed by professional associations such as the Jamaica Psychiatric Association and the Jamaica Psychological Society were used to acquire the names of private practitioners. Recommendations were sought from Family Life Ministries, which provides private care for interested clinicians. Eight practitioners (five psychologists, one clinical social worker, and two psychiatrists) took part in interview sessions. For public health facilities, interviews were carried out with five

practitioners (two psychologists, two psychiatrists, and one nurse) based at CGCs across the island. All Regional Health Authorities were represented in this cohort. A Knowledge, Attitudes, and Practice (KAP) survey was also administered to acquire insight on the perceptions of the remaining categories of staff members.

For all practitioners, the following were documented: referral networks with primary care practitioners, schools, and alternative practitioners, patient contact lists, continuity of care, community outreach, and treatment options specifically focusing on rehabilitation.

## Limitations

The study had the following limitations:

While recognizing that reducing endemic societal and cultural violence and violence towards children in particular, alleviating poverty, preventing unwanted teenage pregnancy (and unwanted pregnancy in general), and improving family stability and function would augur well for an environment that promotes mental well-being rather than mental illness, it is beyond the scope of this report to do more than account for these all-encompassing, multi-sectoral contextual factors. We also do not address stigma, which causes people to not look for help when they or, in this case, their children need it. The report focuses primarily on the services that are available to treat the mental illnesses that do occur in children, even while recognizing that the

contextual factors often precipitate and exacerbate them (the illnesses).

There is a general lack of data about children's mental health care in the Caribbean region for an effective comparison to be made among the countries. There was a lack of uniformity in the client data across the Regional Health Authorities which undermined the reliability of the accounting of number of children receiving care. No private establishments provided data on their

young clients which also undermined the accounting.

Regarding legislative issues, such as the Mental Health and the Child Care & Protection Act: the scope of research did not allow for a thorough analysis of the extent to which the existing legislation impacts nor adequately serves children. Other Commonwealth jurisdictions have legislation in place to accommodate the rights of parents/guardians to act in the best interest of their child and respect

the rights of the child as an individual, especially as the child develops in maturity. Other innovations in those jurisdictions include psychologists and psychiatrists being afforded certain powers to make decisions on treatment where the child and/or the parent is incapable of acting in the child's best interests.<sup>232, 233</sup> But the details of any such proposal as it would relate to the Jamaican situation would require more careful consideration before a recommendation is made.

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232 "Mental Health Act 2016: Information for Consumers Receiving Care under the Mental Health Act 2000," Children's Health Queensland Hospital and Health Service (Australia), [www.childrens.health.qld.gov.au/wp-content/uploads/PDF/cymhs/consumer-factsheet.pdf](http://www.childrens.health.qld.gov.au/wp-content/uploads/PDF/cymhs/consumer-factsheet.pdf); "Mental Health Act 2016: Information for Service Providers," Children's Health Queensland Hospital and Health Service (Australia), [www.childrens.health.qld.gov.au/wp-content/uploads/PDF/cymhs/service-providers.pdf/](http://www.childrens.health.qld.gov.au/wp-content/uploads/PDF/cymhs/service-providers.pdf/).

233 Lisa Ripon, "Legislation Relevant to Children and Young People," Young Epilepsy, undated, [www.youngepilepsy.org.uk/dmdocuments/mindthegap-ripon.pdf](http://www.youngepilepsy.org.uk/dmdocuments/mindthegap-ripon.pdf).

# Appendix 2: Estimate of Children Receiving Mental Health Care

PROGRAMME	NO. Of CHILDREN
Child Guidance Clinics (2020 figures)	3,666
Child Protection and Family Services Agency (2016 figures)	2,956 <sup>234</sup>
Department of Correctional Services	194
Child Diversion Programme	200
Victim Support Services (2020 figures)	2,664
Child Resiliency Programme	195
Reach Up Initiative	500
Dream-A-World Cultural Programme	1,000
<b>Total</b>	<b>11,375</b>

<sup>234</sup> This number is related to individual sessions led by CPFSA's social workers. Note that the Psychology Unit had provided services for approximately 1,300 persons and there were also 630 group sessions done.





# Notes



# Mind the Gap The Inadequacy of Mental Health Services for Children

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