

DRAFT CCH III

|

MEN TAL HEALTH

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

OBJECTIVE/PURPOSE: Mental Health Services in Member States Strengthened

SUB-PRIORITIES	OBJECTIVES/PURPOSE	NATIONAL EXPECTED RESULTS	INDICATORS	BASELINE INFORMATION	OPPORTUNITIES FOR JOINT REGIONAL ACTION STRATEGIES	INSTITUTIONS	JUSTIFICATION	BUDGET
<p>1. Development of a Regional Mental health Policy and Action Plan and Legislation.</p>	<p>1.1 To strengthen the mental health strategic planning process in the region.</p> <p>1.2 To support the establishment of national policies, programs and legislations</p>	<p>1.1.1 Update and finalize national strategic plan for mental health in the context of the Regional Mental Health Framework</p> <p>1.2.1 Review and revise MH policy, legislation and plans</p>	<p>1.1.1.1 A document outlining the national strategic objectives and priority areas for action by 2010</p> <p>1.2.1.1 A document detailing identified gaps in policy, legislation and plans for all Member States developed by December</p>		<p>Development of regional mental health policies and plan.</p> <p>Development of legislation and human rights compatible with regional & international standards and current mental health norms</p>	<p>CCS PAHO UWI</p> <p>CCS PAHO UWI – Faculty of Law & Psychiatry</p>	<p>Mental health services in the Caribbean have traditionally centered around mental hospitals where the primary treatment focus was custodial care. However since the mid 1970s through various health sector meetings recommendations have been made to move towards the introduction of community mental health services. Further in the 2001 Nassau Declaration the CARICOM</p>	

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	1.3. To increase the evidence for decision making in Mental Health programs	1.3.1 Mental Health Information system established & integrated into the general health system.	2010 1.2.1.2. Revised mental health policies, plans and legislations in place in all Member States by 2012 1.3.1.1 Database of homeless mentally ill persons and substance abusers developed by 2010		Define regional indicators for monitoring mental health wellness and disabilities. Organize mechanisms for completing the WHO Mental Health Atlas Develop regional		Heads of Government identified mental Health along with Chronic Non-Communicable Disease and HIV/AIDS for priority action in the health sector. This recognition was highlighted because of the impact these conditions would have on the development of the region. During the ensuing years several efforts were made with the support of the PAHO/WHO, national governments and the CARICOM Secretariat to develop a regional mental health plan to guide national	

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					support mechanism for review and analysis of national information		programs and conduct various capacity enhancement initiatives. Only a few countries have made any significant progress	
2. Reform of mental health services.	2.1 To develop Regional guidelines and protocols for code of ethics, continuum and standards of care for the treatment of mental disorders.	2.1.1. Regional guidelines and protocols for code of ethics, continuum and standard of care and treatment for mentally ill adapted for national application	2.1.1.1 Document stating Code of Ethics and national standards and continuum of care developed and disseminated to all countries by end 2010		Recommendations detailing gaps and actions to be taken to be circulated by CCS Development of a common code of ethics Development of common standards of care Utilization and dissemination of existing training modules for primary care and experiences within	CCS CCS PAHO UWI CCS PAHO UWI CHRC CCS PAHO UWI		

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	2.2 To support the integration of community mental health and primary health care programmes and services.	2.2.1 integration of mental health and primary care and the training of primary care staff in mental health. 2.2.2 Community-based mental health care available in each country of the region	2.2.1.1 Mental health services fully integrated into primary health care in all Member States by 2010. 2.2.1.2 80% of primary care staff trained in mental health by 2010. 2.2.2.1 Each country will have services decentralized care available for the mentally ill by 2010 2.2.2.2 25% reduction in population of mental		the region Develop guidelines and recommendations Provide training for de-institutionalization of mental health facilities. Develop and disseminate common training modules Sharing successful de-institutionalization experiences			

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	<p>2.3 To develop and improve the competencies in the health work force to appropriately and effectively care for the mentally ill and substance abusers in the community.</p> <p>2.4 To improve the quality of mental health care.</p>	<p>2.3.1 Increased capability and competencies in the health work force to appropriately care for the mentally ill and substance abusers in the community.</p> <p>2.4.1 Mental health audit instrument reviewed and adopted for utilization</p>	<p>hospitals in Member states by 2012.</p> <p>2.3.1.2 Mental health training incorporated into the basic training curricula of health professionals in all countries by 2012.</p> <p>2.4.1.2 Mental health audit implemented in all Member States by 2012</p>		<p>Guidelines for developing human resource plan in mental health developed and circulated by end 2008</p> <p>Development of Medical Audit instrument and guidelines for monitoring quality of care</p>			
3.Management and care of vulnerable or	3.1. Establish needs-based programs and	3.1.1 Guidelines for the development of	3.1.1.1 Appropriate guidelines		Develop regional guidelines for the establishment and	UWI PAHO		

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<p>at-risks mentally ill people including Substance Abusers</p>	<p>interventions for at-risk populations.</p>	<p>interventions/ centres for at-risk populations adopted and adapted at national levels</p> <p>3.1.2 Needs based programmes/interventions for at risk populations implemented</p> <p>3.2.2 Mental Health Programs established for special population</p>	<p>adapted and in use in all countries by 2012</p> <p>3.1.2.1 Substance abuse prevention and control component included in national mental health plans and programs of 50% of countries by 2012</p> <p>3.2.2.1 Child and adolescent guidance and counseling clinics developed in 50% of</p>		<p>implementation of needs-based interventions centres for homeless or other vulnerable mentally ill individuals, including substance abusers</p> <p>Define and disseminate best practices already available in the region</p> <p>Pilot projects for vulnerable groups</p> <p>Standardised instruments develop and used to screen children and adolescents for</p>	<p>CCS UWI PAHO</p> <p>UWI PAHO</p>		

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			<p>countries by 2010</p> <p>3.2.1.2 Program developed to enhance services for geriatric population for mental disorders in 100% of countries by 2013</p>		<p>mental disorders in</p> <p>Develop feasible models of care for child and adolescence mental health in the region</p>			
<p>4. Public Information, Education and Communication</p>	<p>4.1 To develop and implement information, education and communication strategies related to mental health</p>	<p>4.1.1 Programs in place to address stigma and discrimination against persons with mental disorders</p>	<p>4.1.1.1 KAP study on mental health issues conducted in 10 countries by 2010</p> <p>4.1.1.2 Anti-stigma campaigns developed and</p>		<p>Development of communication strategies and advocacy messages</p>	<p>CCS PAHO OAS</p>		

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		4.1.2	<p>conducted in at least 10 countries by end 2012</p> <p>4.1.1.3 Competence based training to 100% of health care workers, based on their needs assessment in at least 10 countries by 2012</p> <p>4.1.2.2 Blueprint for advocacy for mental health promotion and standards developed and disseminated by end 2010</p> <p>4.1.2.1</p>					

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