

Terms of Reference

National Consultancy to Revise the Suriname National Mental Health and Suicide Prevention Plans

1. Background

The Region of the Americas remains at the epicenter of the COVID-19 pandemic. By August 2021 the region had accounted for more than 86 million cases and more than 2 million deaths. In addition to being a threat to physical health, the pandemic continues to have significant impact on mental health by causing an increase in fear, depression and anxiety, worry about loved ones, job loss, financial concerns, and the impact of social separation measures (physical distancing, isolation, quarantine and working from home).

Mental health is essential to human well-being, physical health and socioeconomic outcomes. Globally, and in the Caribbean, mental health disorders account for a significant burden of morbidity and mortality. In Suriname, mental, neurological and substance uses disorders (MNS) and suicide account for 32% of all years lived with disability (YLDs), and 16% of total disability-adjusted life years (DALYs).

Additionally, suicide, which claims the lives of nearly 100,000 people per year in the Americas (corresponding to an age-standardized suicide rate of 9.25 per 100 000 in 2016, the third highest of all WHO regions), is a critical issue in these three countries, and one which must be addressed urgently. Age-standardized suicide rate in Suriname is 23.2 per 100,000 which greatly exceed the regional rate. Furthermore, Suriname is among the ten countries with the highest global suicide rates. The pandemic's growing impact on well-established risk factors for suicide, including job or financial loss, isolation and lack of social support, trauma or abuse, and barriers to accessing health, highlight the immediate public health priority of suicide and its risk factors, particularly in these three countries, which had been struggling with suicide prior to the pandemic.

Effectively meeting country needs for mental health and psychosocial support services and other humanitarian crises requires strong, coordinated national responses. These responses should be grounded in up-to-date mental health and suicide prevention policies and plans and require national leadership and multisectoral coordination to execute, as well as surveillance systems to monitor and evaluate response efforts.

In this context, developing country level capacities is becoming increasingly relevant for governments and humanitarian actors. Toward that end, PAHO will support the Ministry of Health with the strengthening of the mental health response in Suriname through the revision of the Mental Health Plan (2016-2020) and Suicide Prevention Plan (2016-2020).

To effectively do so, PAHO is seeking the services of a consultant to support its efforts in Suriname by revising the most recent Mental Health Plan (2016-2020) and Suicide Prevention Plan (2016-2020).

2. Purpose of assignment

The purpose of this assignment is to revise the National Mental Health Plan (2016-2020) and Suicide Prevention Plan (2016-2020).

3. Tasks

- 3.1. Prepare a workplan and methodology, for the revision of the National Mental Health Plan (2016-2020) and Suicide Prevention Plan (2016-2020).
- 3.2. Develop a revised National Mental Health Plan and Suicide Prevention Plan based the evaluation of the achievement of goals and implementation of activities as part of the National Mental Health Plan (2016-2020) and Suicide Prevention Plan (2016-2020), identified priorities, gaps and new and emerging strategies and evidence-based interventions.
- 3.3. Present the draft National Mental Health Plan and Suicide Prevention Plan to stakeholders for feedback and to inform final revisions.

3. Timeframe

27 September 2021 to 26 November 2021.

4. Accountability, collaboration and working conditions

- The contractor will report to the PAHO National Consultant Non-Communicable Diseases and Mental Health.
- The contractor will work in close collaboration with the Mental Health focal point, Ministry of Health.
- The contractor will work from an independent space.

5. Deliverables and payment

| Tasks | Deliverable | Payment |
|---|---|---------|
| Prepare a workplan and methodology, for the revision of the National Mental Health Plan (2016-2020) and Suicide Prevention Plan (2016-2020). | Workplan and methodology 4 October 2021 | 15% |
| Develop a revised National Mental Health Plan (2022-2030) and Suicide Prevention Plan based on the evaluation of the achievement of goals and implementation of activities of the National Mental Health Plan (2016-2020) and Suicide Prevention Plan (2016-2020), identified priorities, gaps, new and emerging strategies and evidence-based interventions. | Draft National Mental Health Plan 25 October 2021 | 35% |
| | Draft National Suicide Prevention Plan 12 November 2021 | 30% |
| Present the draft National Mental Health Plan and Suicide Prevention Plan to stakeholders and finalize revision of plans based on feedback received. | PPT of presentation, report of stakeholders meeting and one electronic copy, in word, of each finalized plan duly approved by the Ministry of Health . 26 November, 2021 | 20% |

6. Qualifications and experience

The consultant should possess:

- An advanced university degree from a recognized university (Master's level or above in psychiatry, psychology, social work or a degree equivalent to what is required to carry out this activity).
- Minimum of 5 years of experience in assessment, development and implementation of policies, strategies, and action plans in the area of mental health.
- Knowledge of the Health System and relevant stakeholders in Suriname
- Strong writing skills in English with a clear, straightforward writing style
- Strong communication skills for achieving consensus amongst multiple stakeholders
- Good knowledge of English and Dutch.