EXCERPT OF VERBATIM NOTES OF THE EIGHTEENTH MEETING OF THE JOINT SELECT COMMITTEE ON SOCIAL SERVICES AND PUBLIC ADMINISTRATION, HELD IN THE LEVEL 2 MEETING ROOM, (IN CAMERA), AND THE J. HAMILTON MAURICE ROOM (MEZZANINE FLOOR) (IN PUBLIC), OFFICE OF THE PARLIAMENT, TOWER D, THE PORT OF SPAIN INTERNATIONAL WATERFRONT CENTRE, #1A WRIGHTSON ROAD, PORT OF SPAIN, ON WEDNESDAY, NOVEMBER 15, 2017 AT 9.49 A.M.

PRESENT

Dr. Dhanayshar Mahabir	Chairman
Mr. Rohan Sinanan	Member
Brig. Gen. Ancil Antoine	Member
Mrs. Christine Newallo-Hosein	Member
Mrs. Glenda Jennings-Smith	Member
Mr. Julien Ogilvie	Secretary
Mr. Johnson Greenidge	Parliamentary Intern
Miss Ashaki Alexis	Parliamentary Intern
Miss Vahini Jainarine	Legal Officer

ABSENT

Mr. Esmond Forde	Vice-Chairman [*Excused*]
Miss Khadijah Ameen	Member [*Excused*]

10.30a.m.: *Meeting suspended.*

10.38a.m.: *Meeting resumed.*

MINISTRY OF EDUCATION

Mrs. Lenore Baptiste-Simmons	Permanent Secretary
Mr. Kurt Meyer	Permanent Secretary
Mr. Harrilal Seecharan	Chief Education Officer
Ms. Amanda Pedro	Guidance Officer II
Mrs. Leticia Rodriguez-Cupid	Special Education Teacher II
Ms. Darlene Smith	Guidance Officer II
Mrs. Sharon Francis-Gaines	Social Work Specialist

TRINIDAD & TOBAGO ASSOCIATION OF PSYCHOLOGISTS

Dr. Margaret Nakhid-Chatoor	President, TTAP
Dr. Katija Khan	Past President, TTAP
Dr. Krishna Maharaj	Sr. Clinical Psychologist & Health Administrator, TTAP

CHILDREN'S AUTHORITY OF TRINIDAD & TOBAGO

Mr. Hanif E.A. Benjamin	Chairman, Board of Management
Ms. Safiya Noel	Director
Ms. Christalle Gemon	Dep. Dir. Care, Legal & Regulatory

MINISTRY OF HEALTH

Mr. Richard Madray	Permanent Secretary
Dr. Roshan Parasram	Chief Medical Officer
Dr. Indar Ramtahal	Medical Chief of Staff, St. Ann's Hospital
Dr. Jaqueline Sharpe	SMO, Child & Adolescent

	Psychiatrist
Prof. Gerard Hutchinson	Head Psychiatry, UWI
Dr. Celia Ramcharan	SMO, Psychiatrist, SWRHA
Ms. Ashvini Nath	Manager, Mental Health Services

Mr. Chairman: Good morning and welcome to this the Eighteenth Meeting of the Joint Select Committee on Social Services and Public Administration. This is the third public hearing pursuant to our enquiry on the state of mental health services and facilities in Trinidad and Tobago.

I would like to welcome the officials from the Ministry of Health who are here with us this morning; the Ministry of Education, the Children's Authority of Trinidad and Tobago, Trinidad and Tobago Association of Psychologists, the Association of Psychiatrists of Trinidad and Tobago.

This morning we are here to focus on the mental health services and facilities provided for children and adolescents in Trinidad and Tobago. The reason for focussing on children this morning is that our Committee has been looking at mental health issues in Trinidad and Tobago. We have undertaken site visits to institutions and we have found that there is something or some questions to be answered with respect to the facilities available for children who are experiencing mental illness. By that I mean, I will refer under the laws of Trinidad and Tobago, Chap. 46:01, it defines a child to mean a person under the age of 18 years. There was a view by Committee members upon our enquiry and our investigations that we needed to delve further into the facilities available for the mental care of children, citizens of Trinidad and Tobago under the age of 18.

I would like to welcome again our loyal listeners on the Parliament radio,

our viewers on the Parliament Channel, members of the public who follow us on the various social media sites that are the platforms available for them to communicate with us, and I want to welcome all the officials who are here with us this morning.

We have a very full house. We have a number of agencies interested in this particular problem. So it appears that there is a problem with respect to the care for the children who are experiencing mental illness. And for members of the public who have been following the work of our committee, we were also looking at an issue of school violence and bullying amongst children in the under 18 group, and these are issues which are now culminating in our investigation on how it is the children of Trinidad and Tobago are coping with the various stresses of being children and what kind of treatment facilities are available by the State to handle mental illnesses of children.

I would at this point ask the following representatives to offer brief introductions, because we would like to give all participants an opportunity to inform the Committee on what their views are on the way forward with respect to the mental health of the children of our Republic.

So I would ask the following officials to offer brief opening remarks: the Permanent Secretary of the Ministry of Health first, a familiar face to this Committee; Permanent Secretary Ministry of Education, second; the Director, Children's Authority of Trinidad and Tobago, third; the President Trinidad and Tobago Association of Psychologists, fourth; a representative of the Association of Psychiatrists of Trinidad and Tobago.

I would ask you to offer brief opening remarks, introduce yourself at the same time, and we proceed in the questioning members who are going to respond will introduce themselves at that point in time. Once you are done, members of the

Committee we will introduce ourselves, and we will proceed with the enquiry. So Permanent Secretary, Ministry of Health.

Mr. Madray: Good morning, Chairman and members, I am Richard Madray, Permanent Secretary Ministry of Health. Thank you for the opportunity to appear before you to discuss this important issue of child and adolescent mental health services.

At present, the Ministry of Health through our Regional Health Authorities has the mandate to deliver mental health services to the population. This is achieved through the following: three national services, these are located at the St. Ann's Psychiatric Hospital, the Substance Abuse Prevention and Treatment Centre and the Arima Psychosocial Rehabilitation Centre; three acute inpatient psychiatric units and wards; two extended care centres; three child and adolescent outpatient clinics; 27 adult outpatient clinics.

As the Ministry of Health seeks to continue the improvement of mental health services, a new model of care for mental health is being developed, that is client-centred and promotes recovery. This model will consider evidence based protocols and practices for mental health such as early intervention, respect for human rights and the integration of mental health into the general health care system.

Our Ministry recognizes the complexities and vulnerabilities of the child and adolescent population, and the Ministry of Health seeks to provide comprehensive integrated and responsive mental care with a special emphasis on rehabilitation and recovery in community-based settings, rather than institutionalization ultimately.

Mr. Chairman: Thank you, Permanent Secretary.

Mrs. Baptiste-Simmons: Good morning, Chairman and members. The Ministry of Education is pleased to be invited and to contribute at this meeting of the Joint

Select Committee with a special focus on the state of mental health services and facilities for children and adolescents in Trinidad and Tobago.

The establishment of the Student Support Services Division within the Ministry of Education was aimed primarily at providing and giving support for all students to maximize their full learning potential and to develop holistically within the school setting.

In fulfilment of this objective, the Ministry continues to develop internal synergies and collaborations. In this regard, the Divisions of School Supervision and Student Support Services work collaboratively to implement systems of referrals from the classroom to professional internal staff and, where necessary, direct referral from our Ministry out to specialist care by the relevant health authority or institutions.

The Divisions of Educational Planning, Education Facilities Planning and Procurement, and Curriculum Planning cooperate along with Student Support Services to plan and improve accessibility for students diagnosed with special needs.

The Ministry of Education also works collaboratively with internal partners and agencies to establish protocols for effect client service delivery. These include the Ministry of Gender and Child Affairs, the Children Authority and the Child Guidance Clinic at the Ministry of Health.

In providing an equitable quality and accessible education system for all learners, the Ministry is guided by our national laws, policies and several pieces of legislation. We also look at international conventions which include, inter alia, the 1989 United Nations Convention on the Rights of the Child, the Convention on the Rights of Persons with Disabilities. We identify with and are fully cognizant of the challenges of attaining education for all as outlined in the United Nations SDGs.

We specifically refer to Goal 3 which speaks to ensuring health and well-being, as well as Goal 4 which looks at including and ensuring inclusive quality and equitable quality education and promotion of lifelong learning opportunities for all.

As we endeavour to expand our inclusive education system at every level, the Ministry continues to develop, contextualize and implement initiatives that meet national objectives, but seek to develop our students as 21st Century citizens and learners within an ever evolving and continuously changing, learning and working environment.

In this regard, particular emphasis is placed on nation building, self-actualization, spirituality, mental and physical health, happiness and emotional wellbeing.

Mr. Chairman: Madam PS, the remarks are supposed to be brief at the opening.

Mrs. Baptiste-Simmons: I am finished.

Mr. Chairman: Very well, thank you very much.

Mrs. Baptiste-Simmons: So we look forward to the morning's proceedings.

Mr. Chairman: You will be given an opportunity to elaborate as the hearing proceeds.

Mrs. Baptiste-Simmons: You intervened at the right time; that is it.

Mr. Chairman: May I ask the Director of the Children's Authority to offer brief opening remarks to us.

Ms. Noel: Good morning Chairman and members of the Committee. My name is Safiya Noel, Director of the Children's Authority. Chairman, please allow me to introduce Mr. Hanif Benjamin our Chairman, who is actually the one that is carded to bring the remarks on behalf of the Authority.

Mr. Benjamin: Good morning, Mr. Chairman and members of the Committee, and thank you for allowing us the opportunity to delineate this morning's most

important topic as it relates to our children, more so because in less than a week we will be looking at the world's Children Universal Children's Day, and I think it is fitting that we have this conversation in relation to our children and mental health.

For far too long there has been a stigma regarding mental health, and often families are ostracized. For far too long our children have been labelled as bad child, delinquent or beyond control, and unfortunately our response has been to those different labels. We have been looking at mental health and what is going on in Trinidad and Tobago, and we have seen in various reports where one in four persons are living with mental illness. There is also a report of our children living with mental problems in our nation's schools, homes and communities. Unfortunately, we also see our inability to adequately manage and treat the high numbers of children living with said mental illnesses. The article also notes that there is one mental hospital, the St. Ann's Psychiatric Unit and 31 outpatient facilities. Notwithstanding that, however, we see in-patient care woefully lacking for our children. I beg the question then for us to delineate here what about our children.

Since the Children's Authority of Trinidad and Tobago has been delivering services to children and their family, we have noted a significant number of children presenting with mental health illnesses. It is truly worrying for our staff as they see children without a place to go. So while the Authority is working closely with other entities, we welcome the opportunity to have this conversation with the Committee and other colleagues this morning, as we forge a way forward.

Mr. Chairman: Thank you very much. We will continue the conversation. The opening remarks are supposed to be brief, two/three minutes, because the opening remark is just like the opening over, it is not the full 10 overs you have in limited cricket, just the first few balls of the over.

Could I ask the President of the Trinidad and Tobago Association of Psychologists to offer us brief remarks as well?

10.50 a.m.

Dr. Nakhid-Chatoor: Good morning everyone, Dr. Margaret Nakhid-Chatoor, president, clinical and educational psychologist. We believe that many children with mental health needs are not receiving the required professional help, and although the likelihood of receiving care increases with clinical severity, seriously emotional disturbed children are yet to receive any kind of mental health care unless from an outside provider.

One of the key players we believe in the provision of mental health services is the education sector, and for many children in this country this continues to be the sole source of care as the general health care system plays a relatively minor role in service provision for children.

In our proposals today, one must review the types of providers involved, the forms of clinical interventions delivered, how effective these services are, and the relationship between cost and outcomes.

In conclusion, we at TTAP cannot fail also to consider the continuing stigma that is attached to mental health in this country, the need to better understand the dynamics underlying help seeking by parents and caregivers, and the availability of sector choice patterns for children with mental health concerns. Thank you.

Mr. Chairman: Thank you very much for your brief remarks President of the Trinidad and Tobago Association of Psychologists. And now finally, a representative from the Association of Psychiatrists of Trinidad and Tobago.

Dr. Ramtahal: I do not think anybody is here representing that Association.

Mr. Chairman: Okay. Well then, we can then ask members of the Committee to introduce themselves briefly before we open the Committee to full hearing. On my right.

[*Introduction of members*]

Mr. Chairman: And I am Sen. Dhanayshar Mahabir, Chairman of the Committee, Independent Senator. May I first of all thank the participants here for their opening remarks, a lot was said, and I really would like to focus on, and it is open now to anyone, maybe the PS of health or a representative of the Association of Psychologists.

Under the Children Act, 2000, section 30, it says, where a child has been received into the care of the Authority and:

> …subsequently that child is determined to be mentally ill, under the Mental Health Act, and such determination results in the admission of the child to a psychiatric hospital…

That is what the Act says. What I want to get from members of the panel now is whether it is that this child can be admitted to any psychiatric hospital or are there special facilities available within the health care system of Trinidad and Tobago to treat someone under the age of 18 with mental illness in dedicated facilities or facilities dedicated for children? The question is a simple one: is there any dedicated mental health facility for the under 18 population of Trinidad and Tobago; if there is not, should there be? And should there be—the "is" there is for individuals in the Ministry of Health; "should there be" is for the professionals in the field. So maybe the Permanent Secretary in the Ministry of Health you can answer the question: is there a dedicated facility for the treatment of children who are experiencing mental health issues, mental health

problems?

Mr. Madray: All right. Thank you for the question. I will ask either Dr. Sharpe or Dr. Ramtahal to respond to that.

Mr. Chairman: Okay. And Dr. Sharpe and Dr. Ramtahal, you can also indicate the positions you hold within the Ministry of Health.

Dr. Sharpe: Good morning, I am Jacqueline Sharpe, I am a Specialist Medical Officer child licenced psychiatry in the Ministry of Health. I work with the North-West Regional Health Authority.

Mr. Chairman: Thank you.

Dr. Sharpe: The answer to your first question is, no, there are no dedicated in-patient psychiatric facilities for children under the age of 18.

To address the second part of your question: yes. Obviously we need services, in-patient services included for children and adolescents who have serious mental health issues that need to be addressed. There have been various arrangements in the past that have worked, and of course, we have children now who are in need of psychiatric care.

At this point if the children are evaluated by a psychiatrist and they need admission, if there are children under the age of 16 and the behaviours are as such that they can be accommodated on one of the wards at the paediatric hospital, then you try to make arrangements for their admission to the paediatric hospital. If they are over the age of 16, you try to make arrangements for them to be admitted either to the psychiatric unit at the Mount Hope Hospital that is run by Prof. Hutchinson's team or the children may be negotiated to go to the St. Ann's Hospital usually to the LFE Lewis unit which is a unit that is for acute care. Those are the arrangements. And in San Fernando, I believe, children may

be admitted to the San Fernando General Hospital.

Mr. Chairman: Yes. I see Mrs. Newallo-Hosein wants to come in, but if she could just hold, may I ask Dr. Chatoor to answer my second question from the perspective of the psychologist. Should there be—and the reason I ask this is simple. Children I imagine have different needs from individuals who are adults and they have different coping mechanisms and different problems in coping with the stresses of life, but that is just prejudging. In your view, professional opinion of the psychologist, is there a need to treat children in their own dedicated facilities?

Dr. Nakhid-Chatoor: All right. So current data—to answer that question, you have to consider is the need of children sufficient enough to provide these facilities. Data suggest that up to 20 per cent of children and adolescents suffer from a disabling mental illness. Suicide is the third leading cause of death among adolescents and up to 50 per cent of all mental disorders have their onset in childhood and adolescence. So with these glaring statistics, Sir, you are asking the question, is there a need? And I would just answer, of course, there is.

Mr. Chairman: Okay. You are giving a statistic of 20 per cent of children estimated internationally—

Dr. Nakhid-Chatoor: Yes.

Mr. Chairman:—can be experiencing or have experienced some form of mental illness. So that if— the population of Trinidad under 18, do you have any idea how much, what is the population of Trinidad and what 20 per cent of that could be?

Dr. Nakhid-Chatoor: I have no idea.

Mr. Chairman: Okay.

Dr. Nakhid-Chatoor: But based on my own clinical experience I would imagine that the numbers are quite great for children coming in for clinical evaluation. And many of these children, again, eh these problems go unnoticed because they always feel, again, understanding the developmental period of the adolescents, feeling that this is a phase that they are passing through and, you know, it will correct itself when it does not.

Mr. Chairman: Okay. To get the numbers in perspective, I think, around 1,800 children write the SEA exam every year, so 20 per cent of that would be close to 4,000 children. Would you say 4,000 children in Trinidad in say the SEA cohort year are experiencing some kind of mental problems on average which should be addressed?

Dr. Nakhid-Chatoor: And to answer that I would break that down into what are some of the mental issues, because you have from very mild to very severe. All right. And I would say for a rough estimate, I do not doubt that figure because especially you mentioned SEA, Mr. Chairman, you have a host of mental issues coming out of just that exam before the exam and after when people want to address these issues, the trauma associated with failure, so just that alone. Yes.

Mr. Chairman: Thank you very much. And MP Newallo-Hosein will come in and a follow-up question by Brig. Ancil Antoine.

Mrs. Newallo-Hosein: Thank you, Chair. Just to follow up on the question from Chairman. Is there an adequate number of mental health professionals to care for children under 18 years old? And if you can identify how many professionals are there in Trinidad and Tobago? Who can answer, probably you

can, Dr. Chatoor? The PS Ministry of Health.

Mr. Chairman: And while you are contemplating who will answer, MP Antoine has a follow up on that question as well.

Brig. Gen Antoine: And this is to the Ministry of Health: Is there any data of children with mental illness being referred by the courts; and if so, where are they set if the courts refer them because of mental health?

Mr. Madray: Again, with respect to the first question, I will ask Dr. Sharpe to respond.

Dr. Sharpe: The question relates to the total number of available personnel in Trinidad and Tobago or the number of personnel who are employed by the Ministry of Health and the Government?—because they are two different questions really.

Mrs. Newallo-Hosein: We have an Act, the Children's Authority Act which speaks to children receiving the requisite mental health care. I am asking: is there an adequate number of professionals, mental health care professionals who can treat with children under 18 years old? And if the answer is no, therefore, are we in breach of the Children's Authority Act because we are unable of provide the proper mental health care for our children?

Mr. Chairman: Yes. The question is: Are the requirements of the Act being adhered to with the personnel that you have or do you need more personnel to comply with the requirements of the Act? Simple.

Dr. Sharpe: The personnel in the Ministry of Health, it is not adequate because we do not have enough child licensed psychiatrists. We certainly do not have enough clinical psychologists, and we absolutely have no speech and language therapists, no occupational therapists, no people doing—

Mr. Chairman: Could you send in writing from your technical perspective what are the requirements, the professional requirements, the professional staff requirements of the Ministry of Health?—so that you in your unit will be able to comply with the Act quoted by my colleague. We would like to get that in writing. Because you are saying we have a number of therapists, but I do not know the amount that you would require. And if you quantify that we need so many therapists of this type, so many psychologists, then I think that would certainly guide the work of the Committee when it makes its recommendations.

Mr. Madray: We will certainly do so.

Mr. Chairman: Yes, please. That, I think, is critical information because what your technical officer is saying is that there is an Act, the Ministry of Health is charged with complying with the Act, but there are certain limitations, staff limitations that you have which will not allow you to discharge your functions efficiently, and given the numbers quoted by Dr. Chatoor, it means that there is certainly a critical mass which warrants treatment which is not really receiving it. So, PS, we would like to get what ideally, from your perspective as an administrator, you would like to see with respect to the professional complement of that unit which is charged with complying with the Children's Authority Act.

Mr. Madray: All right. Certainly, Chairman and member, I could also add that with respect to certain fields it is not just Trinidad and Tobago that has the challenge. The field of child psychiatry, there are global shortages in that field, and therefore, we as part of the global environment we are also affected by that. What we have done is placed before the National Scholarship Programme our areas of priority including the field of child psychiatry, and it is our hope, if not

expectation, that over the next few years there would be people who seek out those scholarship awards, and we can presumably make some difference.

Mr. Chairman: Thank you very much. PS, we are moving in the right direction of finding and crafting solutions now, because if we are short in certain areas clearly we need to be planning to ensure that we find the professionals, we cultivate them, we promote them so that they could provide the complement of staff that you need in the Ministry of Health. But MP Antoine had a question. MP, maybe you would want to raise your question again for a response, after which MP Jennings-Smith has a follow-up question on this same important matter.

Brig. Gen. Antoine: I am enquiring any data on children with mental illness being referred by the courts? And if they are referred by the courts, where are they sent or what is done with these children when they are referred by the courts?

Dr. Sharpe: The children who are referred to the courts who might get sent to St. Ann's Hospital usually these are young men and women who may be over the age of 16 who are remanded for psychiatric evaluation by the forensic unit. That is one group of children, I do not see those children, they go to St. Ann's Hospital. We also get referrals to the Child Guidance Clinic. I imagine it happens with Dr. Ramcharan in San Fernando and possibly in Tobago as well, children are referred to the outpatient services, they are evaluated and reports are written to the court. I cannot tell you the numbers off the top of my head. I do not have that information.

Brig. Gen. Antoine: But are they sent separately to a children's ward or are they put together with the adults?

Dr. Sharpe: The people who are sent to St. Ann's I think Dr. Ramtahal might be able to tell you what happens with that.

Dr. Ramtahal: Well, there is no separate children's ward for any such thing, so they are sent together with the adults in the adult forensic unit whether it is a male or female ward and they are seen there. So there is no separate children's ward for forensics or general psychiatry.

Mr. Madray: I would like to add that there are proposals that are currently being tabled for consideration to establish at the Wendy Fitzwilliam Paediatric Hospital four beds for children and adolescents as a first initiative and possibly with a ward later on. Those discussions are currently in train.

Mr. Chairman: With respect to the timeline, Permanent Secretary, the Committee is one that sets timelines because discussions can continue for quite a while without things being done. Is there a timeline at which a determination can be made for that?

Dr. Parasram: The timeline which we put forward in our submission, I believe, is June2018—

Mr. Chairman: Okay.

Dr. Parasram:—for completion of—we are allocating in the first instance four beds within the paediatric ward, so it is an integrated service. We want to get away from the whole idea of institutionalization as PS had indicated. So, we are looking at June 2018 in the first instance.

Mr. Chairman: Yes. Thank you very much. In June 2018, you may be invited and we may replay the record. Dr. Chatoor has to come in, but then after Dr. Chatoor has made her contribution, I want to raise an issue that was initially made by Dr. Sharpe. But Dr. Chatoor.

Dr. Nakhid-Chatoor: I just wanted to say that I would like Dr. Maharaj to comment on that question since he is the health administrator at St. Ann's. Thank you.

Dr. Maharaj: No. Just a correction, I not the health administrator, I am senior Clinical Psychologist at the St. Ann's Hospital. Prior to one year ago children were seen at the forensic unit of the St. Ann's Hospital. A decision was taken by the psychiatrist in charge then Dr. Vince that he would not be accepting any more children referred to his unit by the court. Prior to that year, children coming out of the court system to the St. Ann's Hospital were free to mingle with adult psychiatric patients. So at this time we do not have children coming into the forensic unit at St. Ann's Hospital.

Mr. Chairman: Dr. Maharaj, I need clarification. The forensic department, the forensic unit at St. Ann's is the one with all the barbed wires and so on that I saw when I visited. Is that where you house the criminally insane, I think they call them, and you put children in there in the past?

Dr. Maharaj: Let us not describe them as criminally insane. The children would be assessed there at times, but they would go towards elsewhere—

Mr. Chairman: Okay.

Dr. Maharaj:—which may seem to be less threatening.

Mr. Chairman: Okay. Right. Before Children's Authority comes, Dr. Sharpe I need clarification again on a point. You said that children between the ages of 16 and 18 are sent and are largely treated as adults, but according to the Children's Act a child means a person under the age of 18. Is it that under certain administrative conditions you treat 16 to 18 differently from under 16?

Dr. Sharpe: Excuse me, Sir, I did not say that children between the ages of 16

and 18 were treated as adults. I said that in some circumstances children who are remanded by the courts for psychiatric evaluation might get sent by the courts to the St. Ann's Hospital. And the people who are remanded by the courts for psychiatric evaluation and sent to St. Ann's Hospital are then seen by the forensic psychiatrists.

Mr. Chairman: Okay. It would appear to me then that you have children 16 to 18 because that is the definition of the Act, who will be basically treated with individuals, adults who are experiencing mental illness, so that is something we need to address. The Children's Authority wanted to come in at this point.

Ms. Noel: Yes. I just wanted to share with the Committee some emerging trends that the authority has seen even as it started operations two and a half years ago. So, we would have conducted some multi-disciplinary assessments which included a full psychological assessment, and we would have developed treatment plans out of those assessments. And out of the 360 treatment plans that we have been able to complete, 137 of the children out of those 360 have presented with some sort of mental illness, but that is 38 per cent of the children that we have completely assessed. Assessments are still ongoing, some referred by the courts, some through the process of our investigations we determined require assessment.

And so what we have seen in the initial trends, I mean, they cannot be established as trends as yet, but certainly emerging, it is more than 20 per cent. We have seen 38 of them particularly the children that we have found to be in need of care and protection, those that are living with mental illness are more vulnerable and many times will come to the attention of the Children's Authority.

Mr. Chairman: Okay. Thank you very much. MP Jennings-Smith, I think you had a follow up?

Mrs. Jennings-Smith: What I want to request, what I want to follow up: could I have you repeat what you just said in terms of the numbers of children that came to your attention?

Ms. Noel: Right. So, what I was saying is out of the 360 full multi-disciplinary assessments that the Children's Authority conducted in the last two and a half years, which includes a full psychological assessment, we have found that 137 out of those 360 children are living with some sort of mental illness.

Mrs. Jennings-Smith: So could we get a definition of children displaying beyond control behaviour and acute mental illness? Can you tell me what is the difference?

Mr. Benjamin: Children beyond control it is a term given by the court, based on my knowledge. It is one where a parent cannot handle and they would therefore, bring the child before a court where he will be deemed beyond control. And in instances gone by they would have been sent to a place or they would have come under supervision.

Now, when you talk about acute care in terms of mental illness, you are speaking about a child who might be experiencing some type of mental breakdown or an episode which can, in most instances, come across as an emotional or behavioural instability or dysregulation. And as a result of that, that child or those children would require acute care, and that acute care will come in the form of our hospitals or ERs.

Mrs. Jennings-Smith: So, are you saying that children who are classified as beyond control, what happens next to them?—they are separated from those that

you have just described as those suffering with acute mental illnesses symptoms. So, could you tell us, what are some of the acute mental illness symptoms that you would have experienced?

Ms. Noel: Before Chair answers, I just want to indicate that we no longer refer to the children as beyond control, they are children in need of supervision, because children that present with uncontrollable behaviour they have so many different reasons for it, it is not always that they have a mental illness, and so we associate things that are not really associated which are some of the stigma that we spoke about and the association that the psychologist spoke. So the two are not synonymous, there are various reasons why a child may present as beyond control. So, I will allow Chair now to expound on that.

Mr. Chairman: Before he does that, MP Antoine has a follow up on the same issue. MP Antoine.

Brig. Gen. Antoine: Yes. I need to get a definition on the interpretation of beyond control behaviour as it relates to children. Because you as the Children's Authority is saying that you no longer classify it that way. But then you also said that it is the courts that say beyond control behaviour. But I also want to find out who determines this categorization?—is it the parent or assessment by some sort of professional?

Ms. Noel: Right. So, what would have happed before is if it is that parents are having difficulty with their child, before they had an opportunity to come to the court and say, "I cannot control my child" and the court will deem the child as beyond control. With the passage of recent legislation the Family and Children Division Act that has since changed, which was passed in May 2017, they are now referred to as children in need of supervision. So when they come before

the courts, the courts then have to assess the reason for the children's behaviour and then make recommendations to treat with whatever the catalysts for those behaviour instead of just deeming the child beyond control without any type of assessment by all the professionals that the child may need to see. So that is what happens now, that is the transition period that we are in right now.

Mr. Chairman: Thank you very much. A follow up now from MP Newallo-Hosein.

Mrs. Newallo-Hosein: Just a follow up on that comment that you made. You have the courts assessing the child, but does anyone assess the home to determine whether the problem emanates from the home?

Ms. Noel: Well generally from me understanding, in order for a child to be assessed you have to assess the child's home, the child's environment, where the child frequents, the persons who have care and control for the child. So in assessing a child, you cannot assess a child by themselves. So in assessing a child to come to a particular conclusion, you must evaluate the child's home and all the other factors and elements and the means of the child.

Mrs. Jennings-Smith: So, could you tell us the final evaluation? Okay. So, you have determined that a child is beyond control, what happens to that child, where is that child sent to?

Ms. Noel: Okay. Again, if it is the child is found to be unable to be controlled by their parent, we then have to determine why, and that could be anything, and based on that you make the determination.

Mr. Chairman: Thank you very much. The Chair has to come in here, and I would like to shift. The things are getting very interesting, but really we need to get some solutions crafted. It is determined that there is a problem in Trinidad

and Tobago with respect to the mental health and well-being of children. It is determined, as certainly from Dr. Sharpe and Dr. Chatoor that we may not have the adequate quantity of professionals that will be required to treat with the issues for the 20 per cent of the children who may be so affected. It is determined and the assurance has been given by the Ministry of Health, by the Permanent Secretary and the Chief Medical Officer Dr. Parasram that maybe by June of 2018 if the plans are implemented, we can see a dedicated ward at the Mount Hope facility for the treatment of children. [*Crosstalk*] Well it is going to be a start. It is not yet determined that the St. Ann's Hospital is unsuitable for children or may not be the best environment for the rehabilitation. So, I need to get the professionals to let me know why the St. Ann's Hospital may not be the best.

But to redirect the line of questioning now and I want to bring in the Ministry of Education after the professionals come in. For the professionals, the psychiatrists and the psychologists, I would like if you give certainly me and members of the Committee a breakdown of the types of problems you see in Trinidad and Tobago which are experienced by the children population?

And to the Ministry of Education, the law says that everyone under the age of 16 should be in school, and we are dealing with your members, we are dealing with your charges. Within the school system you have the guidance officers, the school counsellors, the social workers, what kind of input do these guidance officers provide in assisting the professionals in Trinidad and Tobago with detecting any mental health issues which children in the school system may be experiencing?

But from the professional perspective, the psychiatrists and psychologists,

I need to get an understanding of the types of problems you commonly see when you evaluate children in need of care, mental care. The psychologists first, Dr. Chatoor.

11.20 a.m.

Dr. Nakhid-Chatoor: All right, so I am looking at priority disorders here and I would like just to break the children down into early, middle and late childhood, because they are disorders prevalent to these developmental periods. So, in early childhood we see a lot of disorders as regard learning disorders. So that children who are not doing well in school and who are brought in, let us say, for assessment, dyslexia, et cetera, they would have associative trauma connected with failing in school. So we have those learning disorders and also hyper-connected disorders like ADHD, et cetera. In middle childhood we see a lot of behavioural problems, conduct disorders and so, and in adolescents—that is why I had to break it down into three—we see a lot of depression with associated suicide, substance abuse here, and a lot of psychoses which are resulting in a lot of maladaptive behaviours. So, dependent on the developmental cycle, I would say that there are different mental disorders associated with that.

Mr. Chairman: Can I get the people from the psychiatrists as to the various types of problems you deal with regularly?

Dr. Sharpe: They psychiatrists currently use the Diagnostic Statistical Manual 5 of the American Psychiatrist Association. So, our patients would be diagnosed according to that format. I agree with doctor in that, you know, some disorders are more common at different times of the years, but certainly disruptive and the more impulse controlled disorders are common in mid and later childhood and early adolescence. We have children who have neuro developmental disorders which

include things like attention deficit cycle hyperactivity disorder, which is very common and which typically represents in mid childhood, but can sometimes now be diagnosed until later depending on whether the child has been labelled "beyond control" because of the behaviour. And when I say labelled "beyond control", quite often by their parents or by their teaching, not necessarily by the school system. Children who have mood disorders, and mood disorders can occur in mid and early childhood as well as in adolescence, so that one of the big problems in adolescence is non-suicidal self-harm as well as children who are, in fact, making suicidal attempts.

We also have children who have anxiety disorders, and anxiety disorders come across the age groups, children whose disorders are the result of trauma and stress, and at the moment we have a lot of children in Trinidad and Tobago who are not even recognized as being traumatized because they are the children of murder victims and children who are the victims of domestic violence. We know that maybe 68 per cent of children who are living in households where there is significant domestic violence will also be physically abused, or certainly may be neglected, and we also have to deal with the issue, although it is not a formal psychiatric diagnosis, it certainly in the DSM is recognized as a condition that needs psychiatric attention, and children who are abused and neglected and these are a large segment of the population, and that includes all kinds of abuse and negligence including child sexual abuse. All those children need care and attention.

Mr. Chairman: Thank you very much, Dr. Sharpe. So that they need care and attention and they will need it from professionals, so I await the response from the Ministry of Health with respect to the professional needs which the Ministry of Health currently requires to address these issues so that we can make some progress in mitigating this problem.

Now, but very important to the Ministry of Education—the Ministry of Education is discharged with the education of children, but teachers act in loco parentis when the children are in school, and I would like to know from the Ministry of Education, as the first responders—the Ministry of Health is the second, of course—are teachers at all trained? Are they given any kind of training to recognize whether a child may be experiencing some of the problems raised by the professionals? Are social workers trained to do that? And do they do it? Are the school guidance counsellors trained to recognize a child who is at risk and who may need some kind of professional counselling? Is that done? And if it is not done, should it be done? Ministry of Education.

Mrs. Baptiste-Simmons: Chair, I would like to ask Ms. Amanda Pedro to lead off with respect to the response.

Ms. Pedro: Good morning, Chairman, and all members, I am Amanda Pedro, Guidance Officer II, presently assigned the duties of manager of the Student Support Services Division. As the PS indicated at the beginning, the Student Support Services Division was instituted or established so as to provide that support for students for holistic development. Listening to Dr. Sharpe, we hear the list, the numeration of all the possible concerns. I would just put a context that at the Ministry there may be as many as over 400,000 students that we have in our care. And at Student Support Services we have various models to prepare for the need, and one of the models we used is that perhaps 15 per cent would be at risk, those that Dr. Sharpe has indicated. And 5 per cent with really—5 per cent of targeted need for counselling or therapy.

You asked about the training, the Student Support Services provides training sensitization for teachers. The Teacher Development Division also provides more intense training opportunities during the July/August, and the staff at Student

Support Services, that is the guidance officers, the school social workers, and what was not mentioned, the term, special education teachers, all provide in the districts, the educational districts and at the school level, opportunities for sensitization for the needs to detect and refer to the internal staff at SSSD. We also have clinical psychologists. We have five clinical psychologists and a team of behavioural specialists to assist us internally.

Mr. Chairman: Okay. Thank you very much, but we need the professionals who deal with children on a daily basis with these mental issues to indicate—we know that the courts refer children to you, but are you satisfied that the referrals for the other group of children who may not be involved in criminal behaviour or with any infractions of the law, whether the school system can play a greater role, or is it that you are satisfied with the role of the guidance officers and the school staff in referring the students to you? Professionals at the psychologists/psychiatrists, do you think that they could do more, or is it that there is nothing more they can do? Yes, Dr. Chatoor.

Dr. Nakhid-Chatoor: I was just going to say, in response to your question I think that the education sector provides a lot of services for children with mental disorders and mental health care needs. And one of the things I had mentioned before is that whilst we see the referrals coming to the paediatric doctors and so to these for the provision of services, there is no follow through.

You quoted a study in 2000, Dr. Mahabir, about an action plan, and that is kind of archaic and outdated, because we have 17 years and into that mix we have the advent of social media which has brought its own issues and its own concerns with children, cyber-bullying, online bullying, things like that. So, it is a kind of cocktail mix. So, I think that children implode, they implode a lot, and a lot, as Ms. Pedro said, a lot of these disorders and these mental issues go undetected and

unnoticed. When we look at facilities however, I believe that there are not enough facilities, let us say for day care, treatment of these children. Whilst there are services and whilst I think the Ministry of Education provides a lot of services, because we have guidance officers, we have the psychologists, we have the child guidance unit, things like that. We do not have places where children can go just to talk about issues.

As a psychologist, I have found what works well with children and adolescents, are services like group therapy sessions, because children sometimes do not want to talk with one on one only, they want to talk with their peer group, and I think this works well. I just want to mention here that, for example, the Ministry of Education have something like learning centres or homework centres, and these, I think, could be an excellent base if they are brought back for group therapy sessions with children. But we do not have facilities and enough personnel to deal with this.

Mr. Chairman: Okay. So to answer the question that I had posed, is that the support staff at the school system, the guidance officers, the social workers, do you think that they are doing an adequate job in identifying at-risk students so that there can be treatment at an early level? Because at one point in the discussion it was indicated that many children go undiagnosed, and if it is that they go undiagnosed, clearly they have been slipping through, there are professionals who not seeing them. The question is, can the school system do more since all children are mandated to be in school? And if they cannot do more what could be done to ensure that they actually do more in sending the at-risk students for the treatment that they need at an early stage?

Dr. Nakhid-Chatoor: And I do not think this has to do with the quality of service provided by school personnel, because many of them are professionals. I think it

has to do with the understaffing and the lack of sufficient personnel to determine. Because you said they slip through the cracks, and children do, because you have—and I think the Ministry of Education is better poised to give you that here. You have one psychologist or one guidance officer dealing with two and three schools and, again, it is the understaffing or the lack of personnel within schools to deal with the issue.

Mr. Chairman: Ministry of Education, is it possible for you to send to the Committee information on the number of students over the last five years—I do not know if you collect that data—who were identified by your guidance officers and social workers, and referred to the various agencies for assistance with mental illness?

Mr. Seecharan: Yes, Chair, we will do that. But if, with your permission, you spoke about whether the service provided by the Ministry is adequate in terms of identification of students in the context of those who may be falling through. We have recognized that one of the challenges we have is in terms of that initial screening which can highlight challenges students have and those who need support, and we are actually currently working systemically towards—it is our intention within the next two or three years to have all students in primary schools undergo that first basis screening.

We also recognize that there are some issues related to staffing and the number of persons who could adequately address some of those needs, and we are actually addressing that, but financial constraints given. But we are trying to complement the screening and the service that we provide by looking at staffing issues within the Ministry. So that we are aware that there are some gaps, and there are a number of students, as you indicated, who we miss. One of the areas where we can certainly benefit from additional support is in terms of those students who

we identified for following up services. That is an area where we have some challenge in term of once we identify, and usually it is the ones with the more severe symptoms. That service I think is important for us.

Mr. Chairman: Thank you very much, Ministry of Education. According to Ms. Pedro, your Guidance Officer II, I think she indicated that some 5 per cent of the school age population may be experiencing some acute mental disorder. Now, if the figure you told me is 400,000 students within the school system, 5 per cent would be about 20,000?

Mr. Seecharan: Can I just correct that?

Mr. Chairman: Yes.

Mr. Seecharan: The primary and secondary schools based on our data that we currently have it is more in the vicinity of 225,000, and the ECC centres we have about 36,000 to 38,000 students.

Mr. Chairman: So, maximum 250,000?

Mr. Seecharan: Yes.

Mr. Chairman: So if we are taking 5 per cent of that, that would be about what, 5,000 children?

Mr. Seecharan: It could be in that vicinity. However, as I said, we recognized currently that the numbers we are getting based on either diagnosed or suspected, may not be picking up all the students. So that as we move ahead in terms of strengthening our initial screening process and putting systems in place we expect to get a truer reflection of what exists.

Mr. Chairman: Okay. Let us just assume numbers, 10,000 students, according to the 5 per cent, whatever the population is, I simply would like to know of the 10,000 students within the Ministry of Education, how many of these? And these are students not with the mild disorders that Dr. Chatoor spoke about, but they

have serious problems. I would just like to know whether your officers are trained, or should they now be subject to some kind of training? Preliminary training so that they can identify the bulk of this 10,000 students. These, of course, because what Dr. Chatoor said is that some of these students suffer from disorders that can lead to some really serious outcomes. So that I would like to know how many of these students were referred and whether in fact there is a gap there between what your officers are doing and what in fact they can do to identify the 5 per cent seriously at-risk students within the school system.

Mr. Seecharan: Chair, you spoke about training first, and that is an ongoing process within the Ministry of Education. We have leverage and various training opportunities, top skill—our staff, and as I said, that is ongoing. One of the things, and the area that we are addressing currently is, I guess, financial constraints force you to optimize and maximize efficiency. So, we are currently looking at how we can reorganize services that we provide so that we can become more efficient. In terms of giving you a figure, I am not in a position at the time to—

Mr. Chairman: I perfectly understood. You see we are trying to identify the source of a problem which has existed in Trinidad and Tobago for quite a while, and what was indicated to me at another committee is that the people who are suffering, not only children, with mental illnesses are usually identified by lay people who think that maybe a person should be—it does not have to be a psychiatrist or a psychologist who will suggest that this is an individual who needs treatment, the people they live with, and in the case, and that is why I mentioned teachers and the officers in the school act as parents in situations where parents may not be identifying the problems, I simply was inquiring as to whether the Ministry of Education sees a role in this area so that it can pick up the 5 per cent indicated by Ms. Pedro.

Mr. Seecharan: Absolutely, Chair. I just wanted to comment, because in an earlier contribution we tried to establish numbers of specialists, those persons who would provide the service. In the Ministry of Education, mental health is one area along the spectrum that we treat with, and there was a whole list of areas that we saw. So that a layered approach—so when we spoke to basic screening it is really starting from the level of the teachers at the schools and parents in terms of providing them with ongoing training and support in terms of that early identification. We have established school-based teams who will then look at these cases that teachers may identify or suggest there is a problem, and then we have another layer where depending on that discussion, we have what they call special education persons or student support services personnel who can now intervene and determine whether—some of the things, as I said, lie along a continuum, and therefore suggested strategies and intervention can take place from the level of the teacher in the classroom. Really, it is those cases which require professional treatment are brought forward, and therefore in the consideration of the number of persons and the personnel required, I think it has—so we have to look at it in terms of the strategy at what level do we need the specialists, and we refer students outside the system as opposed to those who we need within the system.

Mr. Chairman: Yes. Thank you very much Chief Education Officer. [*Crosstalk*] We have two follow ups.

Mrs. Jennings-Smith: I really want to ask some serious questions here. Because, you see this morning we have been talking a lot about 5 per cent and world standards and stuff like that. I want to be real here. I asked a question to Ms. Noel about the number of cases that were brought to you, and you told me 360 persons over two and a half years. I want to ask the Permanent Secretary and the Chief Education Officer, tell me what systems you have in your schools? Because I

asked a question before, eh, and I want you remember these questions I asked. I asked what is the definition of beyond control, and then I heard you speak, and you quite correctly spoke about the continuum of behaviour with children, and I want you to tell me, tell me in numbers, 100, 200, 300, do not give me no percentage. Give me in hundreds, how many children in your school system have been identified as mentally-ill children, or sent to the Children's Authority, or sent to the courts and have been determined mentally-ill children? I need to get that figure in numbers.

Mr. Chairman: The question is a simple one from the member, she wants to know the amount in terms of a number that was evaluated.

Mrs. Jennings-Smith: And I can make it easier. Separate children who have been determined beyond control and children who were deemed mentally ill? The numbers.

Mrs. Rodriguez-Cupid: Okay, I am Leticia Rodriguez-Cupid, special education teacher, currently assigned duties of coordinating special education services. From the current—just to be very direct, the current referral data, this is students who are currently referred to student support services, the cases falling under mental health issues would be about 243. The numbers I have exactly is 243 students who we are currently treating with in terms of mental health. A large percentage of those have been diagnosed with ADHD. Fifty-four of them at this time have been diagnosed with various emotional behavioural disorders. We do have a number of other students who may have what we call, home morbid disorders, which will include ADHD, emotional behavioural learning disabilities. That number is not disaggregated, but that number is a lot larger, 476.

Mrs. Jennings-Smith: Mr. Chairman, so, therefore, I want to be practical and real, because we are in Trinidad and Tobago today and we are in a particular situation

financial-wise, and I heard the Chief Executive Officer make mention of that. Chief Education Officer, sorry. And I also heard reference being made to, we had to maybe wait until 2018 when we could advertise positions, to fill positions to deal with the situation at hand, and I want to know, bearing in mind what we have right now, because are we certain 2018 could facilitate the paying of salaries for these additional staff? Bearing in mind who we have and what we have right now, what plan is being made to deal with the situation at hand now? Because this is not a situation which is beyond doing. It is a very doable situation. But how are we looking at the situation at hand and making an effort or an attempt—or do not tell me a study, because that would be the next two years—to deal with this situation with these numbers at hand? Because Safiya said she had 360 and she ended up with 137 needing attention, the school system gave me even a more realistic figure. So now I am talking to the heads. I am talking to the President of the TTAP, I am talking to the Chief Medical Officer, and I am talk now also to the Chief Education Officer, tell me what can we do now to deal with the situation at hand given our present economic challenges in this country?

Dr. Nakhid-Chatoor: I would like to address that, MP Jennings-Smith, and I want to be real here. You have asked a lot of questions that I do not think there is sufficient data. Only because for a lot of these action plans to be implemented there has to be policy, there has to be law, and that is where you people come in. Dr. Mahabir has talked about an action plan 2000, 17 years have gone by, and according to Dr. Maharaj, nothing, hardly anything has been implemented. We are here to review mental health care amongst children and adolescents, hopefully to devise action plans, and hopefully so that some kind of policy and laws are implemented. The bottom line, and I am being real here, we do not have people to document. Documentation is important. Secondly, we do not have personnel in the

schools and in I imagine other professional services to provide the kinds of services needed for children. That is the real situation. I do not know if anyone else can.

Mr. Chairman: But here is something that has just come to hand. We are seeing a major slippage between the data presented by MP Jennings-Smith, and the fact that Ms. Pedro has indicated—MP Jennings-Smith, that 5 per cent of the student population may be in need of some major intervention. The 5 per cent amounting to 10,000 or 20,000. I am wondering from you Dr. Chatoor, whether in your opinion a module can be prepared by you and people in your profession, to train the social workers and the school guidance counsellors in early detection. This is a troublesome issue, but in the medical field there are paramedics who are there to deal with a patient on accident, and a doctor looks after him afterwards. Is there a module of training that you can offer to the school guidance officers and to the teachers of Trinidad and Tobago so that they can identify at an early stage the children who may be most at risk so that there is early diagnostic and early treatment, and in that way the problems do not exacerbate and continue into adulthood? Or is it that you cannot do that, such a training module cannot be created?

Dr. Nakhid-Chatoor: In 2011, Dr. Mahabir, the Association of Psychologists proposed a plan to deal with all that you have said. The reality was that no moneys were allocated and no approval given for trauma centres or anything where children were concerned. In 2011, six years have gone by, and you are asking us now, can we come up with a plan? A plan that we have done before, a plan that we have proposed the Government before—

Mr. Chairman: I am not asking you to come up. I am asking you as a professional.

Dr. Nakhid-Chatoor: Yes, we can.

Mr. Chairman: So, you can—

Dr. Nakhid-Chatoor: Give us the money and we can.

Mr. Chairman: You can take the psychologists—the school guidance counsellors and have them in a session for two hours, and you can train them to identify—[*Crosstalk*] I am looking at practical things. In two hours you can give a module. You see, as an old educator myself, I know what is possible and what is not possible, but can you offer that rudimentary training so that having undertaken that course with you they would be better prepared to identify. There may be one guidance officer in their school population, they may be in a better position simply to identify. Because you see, MP Jennings-Smith raised a very valuable point, only 300 students or so seemed to have been diagnosed, and clearly there is a problem. I am seeing Dr. Sharpe coming on, but I would ask Dr. Chatoor to come in first and then the psychiatrist, Dr. Sharpe, to come in afterwards.

Dr. Nakhid-Chatoor: I am hearing my colleagues around the table. These people are professionals, Dr. Mahabir. They have been trained in techniques. I think they—whilst we can do a good job—can also train their staff.

Ms. Pedro: Yes, we do.

Mr. Chairman: But if it is that that is the case, why is it only MP Jennings-Smith numbers are coming up, 300 and something patients. You see, the question that is coming to me is this, according to Ms. Pedro, 5 per cent of the students may be at serious risk, are we picking them up? If we are not, why?

Mrs. Jennings-Smith: But, Mr. Chairman, based on what is she saying that? What is the evidence to say that?

Ms. Pedro: Excuse me? Excuse me?

Mrs. Jennings-Smith: Yes.

Ms. Pedro: The model I am explaining suggests that the students, 5 per cent may have serious needs that require intervention. They may not be all mental health care. Some are environmental situations but they require our intervention. So I am saying that when the student support services was set up, it was set up for us to have that awareness of sensitization to teachers and parents to be able to meet those needs. So there will be a discrepancy, but it is, to my mind, a very important figure to be aware that they are children under environmental factors, social challenges that require intervention.

Mrs. Jennings-Smith: May I ask a question?

Mrs. Baptiste-Simmons: I am going to ask the senior social worker to intervene as well.

Mrs. Newallo-Hosein: Before you intervene, I just want to ask a question. The low figures that we are seeing here, is it that parents must give consent?

Ms. Pedro: Yes, privacy. Correct.

Mrs. Newallo-Hosein: So, therefore, is that reflective of the low figures, because parents have not been consenting?

Ms. Pedro: Now, we cannot say for sure, but certainly that is a factor because there are privacy concerns.

Mrs. Newallo-Hosein: Okay. And the next thing is that, understanding that teachers are being trained and so forth, but understand they are there obviously, but what initiatives have been taken by the Ministry of Health and other stakeholders to improve public awareness of mental health illnesses affecting children and adolescents, so that even the public could be aware and they could bring it to the forefront? You know, what is being done to bring public awareness?

11.50 a.m.

Ms. Pedro: Sen. Newallo-Hosein, if you would allow the social worker to address

it because we have been taking a social marketing approach and she would have some valuable insight there.

Mrs. Francis-Gaines: Good morning, Chair and Committee members, Sharon Francis-Gaines, Social Work Specialist. During the period of 2012 to presently, the social workers have been receiving referrals from students. We have received approximately 563 referrals from students with behavioural, sorry, self-harming behaviours and I have the data available. It is broken down between self-mutilation, suicide ideation and suicide by stress and it is broken down into the districts. When we saw the data, we recognized that a greater percentage of the data represented suicide ideation. As a result of that, we took an initiative where we decided to develop a strategy, an intervention because we recognized that it is a community approach as much as it is a mental health issue.

In providing a community approach we reached out to Ministry of Health, a number of our stakeholders, members from the OPM, Office of the Prime Minister, Gender and Child Affairs, we met with a couple of the stakeholders and we discussed the gap that has been identified, questions as to why our students are not reaching out. Why are they not talking? Why are they remaining among themselves, they are searching the Internet and they are getting information on self-harming behaviours. What can we do to intervene?

As social workers we have gone into the community, we have met with the parents, we have done home and family intervention and assessment, and we also felt that the parents were also keeping a lot of issues to themselves because they were unable to share. In some cases, they were challenged within terms of getting assistance; in some cases they really did not know how to. As a result of that, when we recognized that a percentage of the students were actually using the social marketing we decided to run a Social Marketing Campaign at the Ministry of

Education as one of the outline strategies. With the Social Marketing Campaign, it began on November25, 2016 and out of the data we identified approximately 25 schools—I need to check the data exactly of the number of schools—and from the schools we identified students who were willing to share preventative measures with their colleagues through social marketing and art work.

Mr. Chairman: A follow up on that, because something is very unclear to me. What is unclear to me is this, you see Ms. Pedro indicated that—and it is an international law I would imagine, 5 per cent of the student population experiences some major mental illness or some major—

Ms. Pedro: Not mental illness, but challenge.

Mr. Chairman: Some major challenge, yes. And I just would like to know of the 5 per cent experiencing this challenge, how much of the 5 per cent is identified by the social workers and the school guidance officers in the school system. Is it 1 per cent, 2 per cent or do you identify the full 5 per cent?

Mrs. Francis-Gaines: It is an integrated approach in the sense that the initial screening begins at the level of the school with the guidance officers because there are guidance officers present at most of the schools in terms of the ratio. When the screening begins the referral comes to the MDT, Multi-Disciplinary Team, in most cases and it is different for primary and it is also different to the secondary in terms of the treatment. We meet and at the meeting, through the conferencing the assessment is done and a decision is made as to the persons responsible for certain aspects of the intervention. If it is home and family—

Mr. Chairman: That is your process; that is your procedure. I would like to know of the 5 per cent, really, the 5 per cent, let us say would be 100 students in a school, it is a large school. Of the 100 students who are experiencing that major problem, mental or problem, how many of them are picked up and how many of

them are undiagnosed, because that to me seems to be the problem. If you are able to identify every one of the 5 per cent then you have been able to identify and then it goes through the process. But if you are only picking up 1 per cent then it means 4 per cent of your acute patients are undiagnosed and I really would like to know, what is the rate, realistically, you think that you are able to identify from the practice that you have? Because that is going to then flow, you see, to the Ministry of Health; from the Ministry of Education to the Ministry of Health to the Psychology Department to the various services. So I need to get that figure. Are you identifying your full—I am not talking about the other 15 per cent who have mild problems, the critical 5 per cent, how much, 1 per cent, 2 per cent or is it that you are satisfied that you are identifying the full 5 per cent of those students with major challenges? Straightforward question, I need a straightforward answer.

Mrs. Baptiste-Simmons: Chair, I understand that you need definitive, you need data and you need for us to be clear. But looking at the information provided, it has been disaggregated but when I looked at it there are gaps.

Mr. Chairman: Yeah.

Mrs. Baptiste-Simmons: Yes. We have quite a lot of gaps. In certain areas because—for example, if it is in the Port of Spain area, because it is a referral and it is a case basis, you find that the data may be more reflective of what is happening in our school system. As we go down, for example, if I pull a district, North-Eastern, I am not seeing the type of information that will—right—because whilst this is provided across a category there are too many gaps. So at this point what it needs is that, we need to be able to definitively see, as the CEO would have indicated, the screening must be done because most of our students support is by referral. It is not where we screen and we detect or we have teachers who are referring the information. It is those cases that come up to us and we see a need to

respond, we respond. So it means that our system needs to be relooked at and our data collection has to be—

Mr. Chairman: Thank you very much Madam PS. That is certainly, certainly, I think the practical way to go. The first responders in my mind ought to be the employees of the Ministry of Education and the question that I had posed to Dr. Nakhid-Chatoor I did not get a clear response and I like clear responses to my very clear questions and that is, do you think now as PS that your teachers, the teachers who are employed by the Ministry and who deal with the children on a daily basis, the social workers and the guidance officers will benefit from some kind of exposure where they would be able as part of their job description and they are trained now to discharge that function, to identify so that we can screen as early as possible the majority of the critical 5 per cent and hopefully with the progress of time we will be able to catch maybe more and more of the 20 per cent? Do you think your officers will benefit from that? If not, well they would not, then we find another mechanism. If they can, then maybe that is a solution that we could start to implement without looking at any grandiose plans; certainly things we can do at the school level on the ground so that we have a throughput that we send to the Ministry of Health because the Ministry of Health would be preparing itself to deal in time with the throughput but you cannot have all the professionals in the Ministry of Health and the people who are in need are not being identified at an early stage.

So I would like to know what your plans are and maybe you can put it in writing, you can discuss with your technical officers, discuss with your social workers, your school guidance officers as first responders, the teachers on whether in fact this is a programme, because what Ms. Pedro has indicated to me is a worrying statistics. Twenty per cent in general suffering from some kind of

disorder or some kind of problem, but 5 per cent being acute and we want at least at the beginning to pick up the 5 per cent. And I think we cannot rely on others outside the school system only. I think the school system should play a role because in law— in law, as you know the education Act says, the teacher and the principal will act as loco parentis in the absence of the parents when the children are under their charge. So I think it is something that I direct to the Ministry of Education, how you are going to address this issue of identifying more and more the 5 per cent that is at risk.

Mrs. Jennings-Smith: Mr. Chair, I just want to say as you are on the 5 per cent, you see it is a danger when we play with statistics and percentage and numbers and before we present and we generalize after based on a basic assumption, on a part study, we run into wrong calculations and assumptions. That is why I am concerned this morning when I saw the submission by the Ministry of Health and I want to really question, you know, what was the population used to come up with this particular—

Mr. Chairman: Okay. MP Jennings-Smith, I have to intervene here. We will look at the statistics and look and see whether they conform with international norm, but MP Newallo-Hosein has to leave and once she leaves we will not be quorate but we will continue taking evidence, of course, with the leave of committee members, we will continue with the taking of the evidence. So, MP Newallo-Hosein you can pose your final question before you leave and then we will continue taking the evidence.

Mrs. Newallo-Hosein: Thank you, Chair. My apologies that I do have to leave early, but just to ask the question and that is, Dr. Mahabir had indicated earlier in the statement that the children are taken to—who are being evaluated, they are taken to the forensic department in St. Ann's. And I am wondering, is there a

psychiatrist or psychologist on site at all times, 24 hours a day? And if not, how long would the child be required to wait to be evaluated? So that determines really how long the child remains in an environment that is not healthy. And if there is a case of concern, would the Ministry consider looking at the Couva Children's Hospital as a facility for the treatment of children with mental illness.

Mr. Chairman: Dr. Maharaj you can come in, yes.

Dr. Maharaj: Yes. Member Newallo-Hosein, I think she called me Dr. Mahabir. It is Dr. Maharaj, rather.

Mrs. Newallo-Hosein: Sorry, Dr. Maharaj. My apologies.

Dr. Maharaj: The employ of forensic personnel, like forensic psychologist is not at all 24 hours. It is usually 8.00 to 4.00 and we try to get an assessment done two weeks or less once the child is admitted. So that is how we have been operating in the past.

Mrs. Newallo-Hosein: So therefore, the child is in an environment that is basically unhealthy because the child is among adults.

Dr. Maharaj: I think you said it correctly, yes.

Mr. Chairman: Very well. I see Dr. Ramtahal wants to make a contribution.

Dr. Ramtahal: Yes. When the child is admitted—we have doctors on call 24 hours at St. Ann's. So the child will be seen on admission by a house officer, a junior doctor and then by the next day or morning he will be seen by a specialist. But as Dr. Maharaj said, we have been reluctant to accept the children since Dr. Vince had decided—he has resigned now—but he had decided that we had no child psychiatrist there now. As such we were not in a good position to write reports on children to the courts. So at this stage, we have not been doing the children sent by the courts. We have asked them to not send them there. But to answer your question, yes, they have been mixing with the adults in previous

years, yes, and that is not ideal.

Mr. Chairman: Okay, very well. Thank you, MP Newallo-Hosein. You are excused.

[*Ms. Newallo-Hosein exits the Committee room*]

Mr. Chairman: MP, do you have a further question.

Mrs. Jennings-Smith: Well, I really just made a statement because I find that, you know, we are going along a line of the 5 per cent and generalizing a study into another population and I feel it could be dangerous. So I think I just wanted to make a statement.

Mr. Chairman: Right, very well. Okay. Yes.

Mr. Seecharan: You asked earlier about training and whether the Ministry and the school personnel will benefit. Simple answer to that is, yes, and that is an ongoing thing that we have, but any support there will be welcomed. The other question you asked is about trying to close that gap between those we diagnose and those we miss. And the Ministry is in fact working on a strategy right now where the intention is after three years we will be down to screening every child at the level of Standard 1 in a primary school. So we are doing it on a phased basis starting with two levels at a time. But the design is that, after we go through that and make our assessments that going forward every child at the level of Standard 1 will be screened and that will certainly impact on our ability to, first of all, assess the students who are coming through and any support that is needed that is going through the system. So there is a plan within the Ministry.

Mr. Chairman: Just to follow up with respect to the screening. The screening has to be done by individuals, of course, trained in screening. And are you satisfied now that if you get your full complement of school guidance officers and social workers that with the current skill set that they have they will be able to identify

the at-risk students or do you think you need to consider how they are going to be further trained to evaluate these particular at-risk cases?

Mr. Seecharan: Ongoing training is certainly one of the things we are looking at, but you mentioned and I think we agree with you, that there is also a big role for teachers and school personnel to play in that initial screening. The current staffing we have and if we get all the positions filled will certainly augment so that if there are symptoms or signs detected in the classroom and those could manifest in many ways. It could be student performance, it could be behavioural, once that happens then there is a next level so that the student support services personnel do not necessarily have to, but we can train school personnel to do that early detection.

So we are looking at it in a systemic way so that some of those early detection, as I say, because it is along a continuum we can put strategies in place from that level, those who need further support from persons within the student support services or the clinical and behavioural and if it requires referral outside of the Ministry then we take it. So it is a multi-step, multi-layered approach that we are using. Certainly, we are looking at training. Currently, we have done some training so there are some persons within the system who can do that at the school level but we intend to have that training on a consistent and ongoing basis so that we have enough persons at the school who can be involved in that process.

Mr. Chairman: Okay. To the PS of Education and the Chief Education Officer, I know there is always a close association between the Ministry of Education, the school principals and the community police where children who are displaying anti-social behaviour or unacceptable behaviour are referred to the community police for some kind of guidance before they take them to the court system. The Children's Authority may be involved here, but I am simply wondering, is there scope for closer collaboration between the Ministry of Education and the Ministry

of Health where one of the first professionals you call in is a psychologist at the Ministry of Health to have some kind of interaction with the child. Does it currently exist or does it not exist?

Mr. Seecharan: Let me deal with the community police. The community police and that partnership whether through the programmes that they run is one that we have been working with for some time and we are continuing to strengthen. I do not want it to be misconstrued that we are using the community police to address. We have persons within the student support services who would do that initial assessment and support. We work in partnership because there is a role for the community police—we are in fact working towards strengthening the relationship between the Ministry of Health and the Ministry of Education, not just in terms of mental health, for example, healthy life style, physical fitness. So that is ongoing and we will continue to engage and collaborate if there is need. So, for example, some students where we diagnose who may require psycho-eds, we may refer to Child Guidance Clinic or psychiatric support or in some cases we are trying to also utilize—we have some provision within our budgetary allocation to outsource some of these. So we do that when it is needed.

Mr. Chairman: So I am trying to get the process clear. There is a child who has been identified as at risk and in need of treatment. The school guidance officer or the social worker will inform the school principal and does the school principal then inform the professionals at, say, Mount Hope psychology unit that we would like for you to evaluate this child, we think this child is at risk or does it go through a different—? You see I am looking at the collaboration, if any, which exists between the Ministry of Education and the Ministry of Health. Children suffer from these mental traumas all the time and going through the court system is one route, but going through the support system you have and a closer collaboration

with the Ministry of Health,, do you think you would be able to minimize time and maybe secure treatment in a quicker way if the school guidance officers and the social workers are empowered to inform the principal that I think you should talk to the psychologist as soon as possible on this one?

Mr. Seecharan: Just to clarify, in terms of referral to the courts—

Mr. Chairman: Yes. Dr. Sharpe you will come in after.

Mr. Seecharan: There are incidents which require us to report—make reports to and those would go. However, in terms of the engagement with the student support services personnel it is a collaboration with—an incident may happen at a school or there may be certain observations the principal or staff member from the school will make a referral to the student support service, the guidance officer or the special-ed person. They will then do their assessment if required, they may intervene or if required they are the ones who really take it to the next level. So there is a clearly defined referral process with the Ministry.

Mr. Chairman: Okay. Very well. Dr. Sharpe wanted to make a contribution at this point.

Dr. Sharpe: I would like just to refer to the issue of referrals. Child Guidance Clinics, there is one in San Fernando, there is one in Tobago and there is one in Port-of-Spain. The one in Port-of-Spain serves the North-West, the North-Central and the Eastern Regional Health Authority. Children who have psychological problems identified in schools are referred to those clinics. At those clinics the children have full psychiatric evaluations and treatment if indicated.

In 2017, the Child Guidance Clinic had 386 referrals from all over. Of those 386 who were interviewed for a preliminary interview, 284 of them returned for their psychiatric evaluation. Adolescent psychiatry, like psychiatry in general, is governed by medical ethics and therefore we have to have consent to do treatment.

So parents can refuse the consent. Children, for the Child Guidance Clinic, we had referrals from the Ministry of Education, the Student Support Services Division and the Child Guidance Clinic work closely together and we have a system where children in primary schools who are referred to student support services, we then collaborate. It is not every child who is identified with a psychological difficulty that needs to have a full psychiatric evaluation.

Mr. Chairman: Okay. One follow up. Are you satisfied that the 386 students/children who were evaluated represent the best percentage you can find of the acute cases? Are you satisfied with that number or do you think—given your professional experience the number can be more?

Dr. Sharpe: That 386 include children who are not at school. And I want to really raise the issue that there are several children in Trinidad and Tobago who are not in school. They are not in school because they are underage or they are not in school because they have disabilities or they are not in schools because—they are not in public schools, they are in private schools because they have developmental difficulties that the general education system does not provide for.

Mr. Chairman: Right. That is understood.

Dr. Sharpe: And they are—excuse me, Sir, they are a part of a population that has significant mental health needs. That includes several children who are on the autism spectrum and there are institutions, not government institutions that are working with that population of children, but many of those children's parents cannot afford these services. There are private psychiatric services in Trinidad and Tobago that provide some service for some of the population.

Mr. Chairman: Okay. As a professional now, yes, it is my turn to speak, as a professional, I am asking you, of the number, very simple question, 386 identified, I know they may have been identified elsewhere, do you think that we are

identifying the majority of students who need the care and the treatment or do you think we need to make much progress in identifying and detecting the children who are in need of this care? The question is, your experience is wide and it is vast, you have picked up 386 within a particular population, is that, do you think it is the optimal number or do you think we are missing a good bit? The answer is, either you agree we are missing or we are doing very well.

Dr. Sharpe: Yes, I think we are missing a segment of the population, but just to say that we need then to figure out why we are missing that.

Mr. Chairman: So then we will have to identify why we are missing.

Dr. Sharpe: Part of the population that needs to be screened are the children who attend the public health facilities. So there is developmental screening happening at the health offices. Part of the difficulty there is that there is a lack of professionals at the level of doing the diagnostic work.

Mr. Chairman: Right.

Dr. Sharpe: And if you screen and you do not have facilities to do anything more than screen well two things happen, people think, well why you are wasting my time.

Mr. Chairman: Currently you see, when I see a figure of 386 I think it is a really low figure and it does not justify the additional staff that you are speaking about. So clearly, could we get something in writing as to what the population of at-risk students who remain undiagnosed might be that will justify the increase in the staff that is warranted by the Ministry of Health. Dr. Nakhid-Chatoor you wanted to come in?

Dr. Nakhid-Chatoor: Yes, I wanted to say as I said in my opening remarks one of the key players in the provision of mental health services in this country I think it is the education sector. Teachers have become the line of defence by default. They

are the ones who recognize, they are the ones who can recommend. So to that end, because still in Trinidad and Tobago there is a stigma attached to mental health. How many parents who know that their children have mental issues would seek help, all right, because, of course, it would be stigmatized? So I do believe that because of that, teachers have become first line of defence and they should be trained as you suggested to identify, because you said 5 per cent, let us look at that figure, I think it is less than 1 per cent that we are recognizing.

Mr. Chairman: Your experience is that we are identifying less than 1 per cent and that there is scope of further identification.

Dr. Nakhid-Chatoor: Yes.

Mr. Chairman: Your recommendation is that teachers can be trained to identify up to the 5 per cent.

Dr. Nakhid-Chatoor: At least to recognize and refer because they are not trained to deal with the issue—

Mr. Chairman: To recognize—

Dr. Nakhid-Chatoor: To recognize and refer.

Mr. Chairman: And you think that there can therefore be closer collaboration between the Ministry of Health—

Dr. Nakhid-Chatoor: There has to be.

Mr. Chairman:—and say your profession in identifying the at-risk students.

Dr. Nakhid-Chatoor: Yes, and in my opening I said there needs to be service integration between the education sector and the mental health services. That is a need.

Mr. Chairman: Okay. And right now you are saying that that collaboration does not exist. What will you recommend therefore to the Committee as a possible solution, because you see my concern is the identification of all the students who

are in need of care must be identified, well not all but the majority of them and you say that it is not necessarily happening. What is your recommendation to us and to the Ministry of Education?

Dr. Nakhid-Chatoor: The first thing we know is always public health education to decriminalize the stigma attached and that is necessary. I know the public health sector, I think stated this morning, that some campaigns are being done but I think that if we are looking at the first step that is a first step. We need also to really devise a child and adolescent mental health action plan. We need that, not a general action plan, but specifically geared towards children to establish our approach to care, to utilize all our means of treatment and to put that as a priority.

Mr. Chairman: Okay. Very well. There is a follow up and then Dr. Ramtahal will come in.

Mrs. Jennings-Smith: I have a question that I want to put to the Chief Education Officer. Are you satisfied that your institution is failing in its activity to identify children beyond control, mentally challenged children or are you satisfied that you have a promising programme that seeks to deal with the reality of the conditions and the economic challenges of our country? Tell me, are you satisfied? Are you satisfied that you are getting sufficient assistance from professional bodies, external professional bodies in your plan to deal with the situation at hand given our economic circumstances?

Mr. Seecharan: You have thrown a few curve balls at me. We recognize in the Ministry and I recognize, I guess it is something that we agree with within the Ministry that there are gaps in terms of students we are picking up. Based on that we have identified a strategy that early basic screening which we believe and if it can be rolled out the way we have it planned at least every child coming into the primary school system at Standard 1 will be exposed to that initial screening and

therefore we strongly believe that can contribute to closing that gap we have identified.

12.20 p.m.

The approach that is used by the Ministry of Education is not one which deals with mental health alone but with a whole spectrum, and therefore our approach to that early screening will throw up students who have symptoms associated with mental health to other learning disabilities or challenges.

I think we have a strategy that can certainly significantly improve our ability to provide the service that we are being asked to provide. I also am convinced in terms of the support that we need, because there is also—I think several speakers spoke to the follow-up, and there is certainly the need for us to get that additional follow-up in terms of students where we may not be able to treat with directly but who may benefit from another layer of intervention. Some of the specialists and experts may be outside of the Ministry.

One can always argue that additional resources and maybe if we increase numbers, will certainly contribute, but as a Ministry we have to plan within the budgetary constraints we have, and I think certainly, what we have on the ground now with the current reality will significantly improve what we are doing.

Mr. Chairman: Thank you very much, Chief Education Officer. You indicated to us that screening is going to start relatively soon from Standard 1 all the way up to the SEA exam level. We do not know when that is going to be rolled out, or implemented. The question that was posed—and I want to reiterate from MP Jennings-Smith—is, are you now satisfied that your staff is doing all it can to identify the students at risk? Or do you think that the staff in the Ministry of Education will now need to place some kind of priority on the mental illness of children, so that the numbers identified can be more realistic and reflective of the

population of students at risk, I would imagine, in Trinidad and Tobago?

Mr. Seecharan: There are two things here: one, in terms of what we currently do and how we do it, certainly we can improve in terms of the detection and all of that. I think that with what we are planning to do, not separating, I think, and that is something that we need to look at in terms of strategy. It may not be practical for the Ministry of Education to focus on the needs of students by truncating mental health and the areas under that: special needs; learning disabilities. In other words, we have to start broad and identify the spectrum, the next level. And the next level of intervention as required can then put students into—so for example, ADHD, our strategy will identify students with ADHD or some other area.

So I do not think we need to change strategy in terms of how we are proposing to go forward but, certainly, that strategy will contribute to a higher level of identification of students who may need mental health support.

Mr. Chairman: Thank you very much. Dr. Ramtahal has one comment to make.

Dr. Ramtahal: I think some of these questions are difficult to respond to because I do not know of any country-wide epidemiological data on prevalence rates, or incidence rates of mental illnesses in children and adolescents in Trinidad and Tobago. So what is the benchmark? What are we measuring? How could we ask if somebody is succeeding at something if we do not know what are the baseline prevalence rates of these conditions in the first instance? So some of the questions are difficult to answer, really. In addition, we should be cautious about the figures we are hearing in the absence of those studies.

Mr. Chairman: Right. So we should start collecting the data. We should start collating the information because there are resource implications. The resource implications for the Ministry of Health, as indicated, is that there is the need for a number of professionals and we need to know that there is going to be the demand

for them. So that it comes back to the initial position. It has to be that ground level staff are collecting the necessary information, doing the basic rudimentary evaluations so that we could at least send for further evaluations to the professionals charged with that responsibility, the people who are most in need. Because what is of concern to me, clearly, is that there is a question on the figures provided by, say, Ms. Pedro, but without any contra-position that the figures may, of course, be less than that, or more than that.

So we do need to collect the data. We need to start at the school level since children are supposed to be in school, in my mind, and once we are able to get the professionals in the Ministry of Education to do the basic screening, as Chief Education Officer indicated, then, of course, we will understand and appreciate at the parliamentary level, the needs of the Ministry of Health and the needs of the Permanent Secretary and his Chief Medical Officer on how they have to gear up for this particular problem.

So may I just recommend, before I ask for closing comments, that the Ministry of Education seems to be the first line here. Children have to be in your institutions by law. The under 16, we ought to be in some form of education. Certainly under 12, we ought to be in primary school. That is what the law mandates. And therefore, we should be able to identify that captured group. Our professionals in the school system ought to be keenly aware of what to look for. I am not sure that they are.

Dr. Chatoor has indicated that they can be subject to some kind of treatment to make them a little bit more aware, so that they are able to identify more and more students who may be in need of care. And once we are able to do that, we will be able to address the concern of Dr. Ramtahal, and MP Jennings-Smith, that we need to get the data—the statistics—right.

We do have international standards, international norms. We hear one in five persons suffering from mental illness. Maybe one in five children are also experiencing that problem. This is just casual observation, so I think we do need to start collecting the data. And more important than the data, behind each datum point is a person, a child in need and we need to identify those children in need because, as rudimentary as they are, facilities exist in Trinidad and Tobago. Once we are able to identify the children in need—and I think I look forward to the Ministry of Education starting their screening so we would be able then to really capture the group that is in need and ensure that the problems they are experiencing are not exacerbated.

So at this point in time I will ask in this particular order, closing remarks from the panel and then I myself will close with a few words. So may I ask the Permanent Secretary, Ministry of Health, to offer some brief closing remarks on the subject under inquiry?

Mr. Madray: Thank you, Chair, and Members. The Ministry of Health commits to continuing to work with the Ministry of Education, as we already do, with respect to the training and in respect of the referrals that we have received from the Ministry of Education and the services that we provide there. We will continue to work with them to more fully integrate with that Ministry, as well as other agencies, to ensure that the quality of our services improve.

Mr. Chairman: Ministry of Education?

Mrs. Baptiste-Simmons: The Ministry of Education recognizes as first responders that we are responsible for the data in terms of understanding, as was said earlier, in terms of the baseline prevalence rate; that we also need to disaggregate the data in terms of what was said in terms of primary, ECC; the learning disorders or conduct disorders that are at primary, ECC and mid-childhood into teenagers; that

we need to understand what exactly we are treating with when we refer to mental health. We recognize again the collaboration that needs to—that we ensure collaboration between the various ministries as well as the Children's Authority; that when we identify our children who are at risk that there is follow through; that clearly we cannot continue with the referral. We need to detect and screen and we need to have an understanding within our system and plan effectively, as well as the resource allocations.

Mr. Chairman: Thank you very much, Madam Permanent Secretary. Director, Children's Authority of Trinidad and Tobago?

Mr. Benjamin: Chairman, Hanif Benjamin. We want to take the opportunity to thank this Committee for allowing us—from the discussion it is clear that greater collaboration is a must. We believe that the people sitting in this very room can, in fact, solve the challenges that we are addressing today. There is a great crisis on our hands in terms of adequate placement for our children with mental illness and we need to come up with an immediate solution for those children. At the Children's Authority there are a number of children in need of placement today and we need to collaborate to find a permanent solution to get this addressed. Thank you.

Mr. Chairman: Thank you very much, Children's Authority. The President, Trinidad and Tobago Association of Psychologists?

Dr. Nakhid-Chatoor: Many of our policies and laws are not fully in line with international human rights instruments. Implementation is often weak and persons with mental disorders and their family members are frequently marginally involved in their development. The Trinidad and Tobago Association of Psychologists will continue to work with these groups of children and family members. However, let us put into place a mental health action plan for our children and adolescents,

because after all, they are the most important asset of our society. Thank you.

Mr. Chairman: Thank you very much, Psychology Association. I have come away from this hearing/knowing more than I knew before, and the reason we conducted this public inquiry is that we looked at, in the past, the mental illnesses of people in Trinidad and Tobago and then as we inquired we found out that children provided a special case—a special case, because we did a public inquiry prior on bullying in schools and it came out at that inquiry—it is now on the public record—that bullying can lead to serious mental problems, sometimes even suicide. The curriculum of the school, sometimes can, in fact, cause much anxiety. So this is for the Ministry of Education to address, that we do have within the school system itself, schools can be a stressful place and we would want to ensure that children are able to cope and to handle the stress.

In that context, I think as first responders, as Madam Permanent Secretary indicated, there is a need for the first three first responders: social workers; school guidance officers and the teachers who are on site for the entire day with the children, be trained to monitor and evaluate simply as observers so that they will be able to identify, as first responders, children who may be having some kind of problems. It was indicated by Dr. Chatoor that is possible. That is a solution. It is possible to catch as many of the children who are at risk, as possible. I think that is the interest of the Children's Authority. Let us try to catch as many of the children in need so that we will able to have early detection and we then provide the necessary treatment as we go along.

Once we catch, then we know that the demands will be placed on the Ministry of Health for the professional staff complement as indicated by Dr. Sharpe. But we cannot know unless, as Dr. Ramtahal and MP Jennings-Smith indicated, what the numbers are. So all will go back to the Ministry of Education to

a large extent to indicate to the general population what they are picking up in the school system and the referrals that they are sending to their health professionals in the Ministry of Health. From the Permanent Secretary and the Chief Medical Officer in the Ministry of Health, it was indicated that by June of 2018 discussions are underway.

We have been able to secure many things in this Committee by putting timelines, and you will find that you would not get away with this Committee when we are vague and nebulous. We want a timeline on things which are reasonable. Things like life certificates, and so on, for the elderly, we are putting timelines to get rid of them. But with respect to a dedicated ward, I think the health professionals: Dr. Maharaj, and Dr. Sharpe, and Dr. Chatoor and the Psychologist Ramtahal, have all indicated that children with mental issues should not be mingling with the adult population. They form a separate and distinct community and we should be able to treat with them in an environment that is more amenable to their health and well-being.

So, by June of 2018, we expect maybe at the Mount Hope facility, maybe at the Couva facility—there are many facilities out there, the professionals will determine what the best site is so we have a dedicated facility for children. People may say four beds may not be adequate, but it is four more than currently exists. So that let us start and see whether we can have a dedicated facility, since it is accepted that the St. Ann's facilities may not be the best available for the treatment of children.

Dr. Sharpe has indicated that there really is a need for more professionals. We would need to identify what they are. Knowing that the problem exists, we would need to identify what these professionals are and we can start the process of manpower planning so that maybe five years down the road it would take—maybe

in the medical field—about six years to get a specialist on service. So maybe six years down the road we should gradually have the complements that we need.

And we know that there is a need for closer collaboration between the Ministry of Health, the Children's Authority, the Psychology and the Psychiatrist professions, and once we have that collaboration, maybe this forum might be an ideal way to exchange email addresses so that you will be in contact with what is happening on the ground in the various sub-units that you have, and therefore we will be able to ensure that we share the information to treat.

At this point in time before I close, I would like to advise that the Committee's Fourth Report on an Inquiry into the prevalence of sexually transmitted diseases (STDs) among school students and into the general services administered to treat STDs in Trinidad and Tobago, will be presented in the House of Representatives this Friday, November the 17th. The Report will be available for review on the Parliament's website after it is presented in the House. So out of the deliberations of today's meeting, a report will be presented, tabled in Parliament and you could be sure that there will be follow ups with respect to the progress.

This morning has been a learning experience for me and Committee members, I am sure. It has been one where we are seeing a problem and we are recommending solutions. We cannot fix all the problems at one time but I think there are certain problems which we can fix. Early diagnosis, to my mind, is the first stage in solving this problem and I leave it to the professionals who are charged with this particular—solving this problem—to handle this issue so that when we have a follow-up meeting we would be able to issue progress reports on where we are with respect to at least diagnosing and then treating the children of mental illnesses in Trinidad. So that the Parliament of Trinidad and Tobago, while the Members are voted by those who are 19 and over, the Parliament will be

responsible for those who are 18 and under, and we are sending a message to the next generation that we are here to serve them as well.

This meeting is now adjourned. I thank you all for your participation. I thank members of the public, members of the media and all those who take a keen interest in the deliberations of the work of this Joint Committee on social services.

I thank you. Good afternoon.

12.37p.m.: *Meeting adjourned.*