



Summary of Proceedings

Public Hearing

Joint Select Committee on Social Services and Public Administration

Held on Wednesday November 15, 2017

[10:38 a.m. to 12:37 p.m.]

Inquiry: An inquiry into the state of mental health services and facilities in Trinidad and Tobago

Objectives of the inquiry

The objectives of the inquiry are:

- 1. To determine the prevalence of mental illness and abnormalities in Trinidad and Tobago;**
- 2. To assess the adequacy of services and facilities available to support mental health and well-being;**
- 3. To determine the adequacy of the medical practitioners who specialize in mental health care and wellness; and**
- 4. To assess the adequacy of the legislative framework that governs mental health.**

Venue: The J. Hamilton Maurice Room, Mezzanine Floor, Office of the Parliament, Tower D, the Port of Spain International Waterfront Centre, 1A Wrightson Road, Port of Spain.

Committee members

The following committee members were present:

1. Dr. Dhanayshar Mahabir – Chairman
2. Brig. Gen. (Ret.) Ancil Antoine, MP

3. Mrs. Christine Newallo-Hosein, MP
4. Mrs. Glenda Jennings-Smith, MP
5. Mr. Rohan Sinanan

Witnesses who appeared

The following officials appeared before the Committee:

Ministry of Education

- i. Mrs. Lenor Baptiste-Simmons – Permanent Secretary
- ii. Mr. Harrilal Secharan- Chief Education Officer
- iii. Ms. Amanda Pedro – Guidance Officer II
- iv. Mrs. Leticia Rodriguez-Cupid – Special Education Teacher II
- v. Mrs. Sharon Francis-Gaines – Social Work Specialist

Ministry of Health

- i. Mr. Richard Madray - Permanent Secretary
- ii. Dr. Roshan Parasram – Chief Medical Officer
- iii. Dr. Indar Ramtahal – Medical Chief of Staff, St Ann’s Hospital (Ag.)
- iv. Dr. Jacqueline Sharpe – SMO, Child and Adolescent Psychiatrist
- v. Prof. Gerard Hutchinson – Head of Psychiatry, UWI
- vi. Ms. Ashvini Nath – Manager, Mental Health Unit

Children’s Authority

- i. Mr. Hanif E.A. Benjamin – Chairman, Board of Management
- ii. Ms. Safiya Noel – Director
- iii. Ms. Christalle Gemon – Deputy Director – Care, Legal and Regulatory

Trinidad and Tobago Association of Psychologists

- i. Dr. Margaret Nakhid-Chatoor – President
- ii. Dr. Krishna Maharaj – Sr. Clinical Psychologist and Health Administrator

Key Issues Discussed

The following are the key subject areas/issues discussed during the hearing:

Ministry of Education

- i. Providing ongoing support to all students through the Student Support Services Division within the Ministry to maximise their learning potential and promote holistic development;
- ii. The development of internal synergies and collaboration within the Ministry to combat the isolation of information within Divisions;
- iii. The collaborative effort of the Division of Supervision and School Support Services Division to implement a system whereby students are referred from the classroom to professional internal staff and where necessary they may be directly referred to the relevant Regional Health Authority;
- iv. Government agencies and departments to establish and implement protocols for effective coordination, planning and service delivery. These agencies and departments include:
 - The Ministry of Gender and Child Affairs;
 - The Children's Authority; and
 - The Child Guidance Clinic (MoH).
- v. The Ministry's adherence to national laws, regulations and policies with regard to the general protection and treatment of children. In addition, the Ministry observes International Conventions which include *inter alia*:
 - The 1989 United Nations Convention on the Rights of the Child; and
 - The Convention on the Rights of a Person with a Disability;
- vi. The observation of the United Nations Sustainable Development Goals (SDGs) as it relates to education for all.
- vii. The role of Principals and Teachers in *loco parentis*. Teachers are tasked with the security and care of the student population on a day-to-day basis and are faced with increasing challenges in a rapidly developing world;

- viii. Over 230, 000 students are currently under care of the Ministry;
- ix. International models predict that typically in a student population:
 - 15% of the students are at risk of mental illnesses; and
 - 5% of students are targeted as in need of counselling or therapy;
- x. The provision of training to Teachers, School Administrative Staff, School Social Workers, Guidance Counsellors and Special Education Teachers in child needs assessment and sensitisation.
- xi. Currently there are 5 Clinical Psychologists and a team of Behavioural Specialists within the Ministry;
- xii. The existing need for timely screening of children and adolescents to identify mental illnesses/disorders;
- xiii. Understaffing and the lack of personnel to efficiently and effectively deal with the mental challenges of students;
- xiv. Financial constraints as a contributing factor for the understaffing and lack of specialist personnel within the Ministry;
- xv. Challenges faced in relation to the follow-up services provided for children who have been identified with severe symptoms of mental illness;
- xvi. The process of student assessment and interventions which begins at the level of the classroom;
- xvii. Discussions on the establishment of a school-based team to review student cases prior to referring them to the Ministry by Teachers and Guidance Councillors;
- xviii. The challenge faced by the Ministry with inadequate data as a result of privacy restrictions and the unwillingness of parents to report children that display symptoms of mental illness;

- xix. A collaborative effort between MoH, Office of the Prime Minister (Division of Gender and Child Affairs) and other stakeholders to develop a community approach strategy to mental health awareness;
- xx. The propensity for students displaying symptoms of mental challenges to not seek assistance;
- xxi. A social media marketing campaign as a strategy for improving the awareness of mental health issues among the student population.
- xxii. The initiative of the Ministry to make complete mental health screening available to Primary School students from as early as Standard 1 by the year 2020;
- xxiii. The need for greater collaboration between the MoE, MoH and the Community Police;
- xxiv. The persisting need for additional resources for the improvement of mental health services offered to children and adolescents;
- xxv. The need to specifically identify the various types of mental illness which confront the student population;
- xxvi. bullying and preparations for examinations were identified as contributing factors to stress and other mental health challenges confronting students;

Trinidad and Tobago Association of Psychologists

- xxvii. The needs of children with mental health issues are not being met by the Public health system;
- xxviii. The Ministry of Education as the first responder and key player in the provision of mental health services offered to children and adolescents;
- xxix. The need to review the providers of the various forms of clinical interventions delivered to children and adolescents;
- xxx. The need to better understand the dynamics and underlying challenges encountered by the parents and caregivers of children faced with mental challenges;

- xxxi. International reports suggest that, 20% of children and adolescents suffer from a disabling mental illness; Suicide is the third leading cause of death amongst adolescents; and that up to 50% of all mental disorders have originated from childhood and adolescence;
- xxxii. The symptoms of mental illnesses are usually misinterpreted as a phase in child development;
- xxxiii. Main types of mental illness in children and adolescents include:
- Early childhood
 - Learning disorder (Dyslexia);
 - Attention deficit hyperactivity disorder (ADHD);
 - Trauma; and
 - Anxiety disorder
 - Middle childhood
 - Conduct and behaviour disorder
 - Neurological disorders;
 - Impulse control;
 - Mood disorder;
 - Anxiety disorder; and
 - Trauma
 - Late childhood (adolescents)
 - Depression;
 - Substance abuse;
 - Suicide;
 - Mood disorder;
 - Anxiety disorder; and
 - Trauma as a result of abuse and neglect
- xxxiv. The absence of facilities for the daily treatment of children and adolescents with mental disorders and illnesses;

- xxxv. Group therapy sessions as a means to assist children and adolescents with mental health challenges. Furthermore Learning and Homework centres can be utilized as a base for Group therapy sessions;
- xxxvi. The significant delay in the implementation of the 2000 Action Plan to deal with persons with mental illnesses. It was stated that the Action Plan is now outdated owing to the development of technology and associated psychological issues such as cyber-bullying etc.;
- xxxvii. The need for a more robust system of data collection and the absence of persons to adequately record and capture data on mentally-ill children and adolescents;
- xxxviii. A 2011 Proposal Plan was drafted by the Association, however no money was allocated for the implementation of the proposed plan to assess and treat children and adolescents;
- xxxix. The Forensic Ward at the St. Ann's Psychiatric Hospital is used for the assessment/evaluation of children. The average timeframe for completion of the assessment is two (2) weeks. It was noted that the Forensic Ward also houses potentially dangerous mental patients; and
- xl. A child psychiatrist is not constantly available at the St Ann's Psychiatric Hospital. However, there are other doctors that are on call 24/7.

Ministry of Health

- xli. The global shortage of professionals in the field of Child Psychiatry;
- xlii. The development of a new model of care that is client centred and promotes recovery. This model would consider evidence based protocols and practices for mental health;
- xliii. The acknowledgement of the vulnerabilities and complexities of the child and adolescent population;

- xliv. The Ministry is seeking to provide comprehensive and integrated mental health care services, with an emphasis on rehabilitation and recovery in a community-based setting as opposed to its traditional institutional setting;
- xlv. Children under the age of 16 who have been evaluated and are in need of admission are treated at the paediatric wards. Additionally, children over the age of 16 are admitted to the psychiatric unit at the Mt Hope Hospital or provisions are made for their admission to the LFE Lewis Ward St Ann's Psychiatric Hospital or the Psychiatric Ward at San Fernando General Hospital.
- xlvi. Adolescents over the age 16 with mental illnesses referred by the court are admitted to the Forensic Ward of the St Ann's Psychiatric Hospital, the Child Guidance Clinic and outpatient clinics for assessment and treatment;
- xlvii. Absence of a children/adolescent ward at the St Ann's Psychiatric Hospital;
- xlviii. A proposal to allocate 4 beds to the Wendy Fitz-William Paediatric Ward for children and adolescents diagnosed with a mental illness or disorder by June 2018. However, consideration is also being given to the establishment of a Paediatric Psychiatric Ward;
- xlix. In 2016 a decision was made by senior doctors at the St. Ann's Hospital to discontinue the admission of children and adolescents referred by the court to the facility.
- l. The use of an American Psychiatric Association Diagnostic Statistical Manual by the Ministry to diagnose children and adolescents with mental disorders and illnesses;
- li. Child victims of domestic violence in need of psychiatric care and attention; and

- lii. In 2016, 386 children were referred to 3 outpatient clinics, however only 84 returned for evaluation.

Children's Authority

- liii. The acknowledgement of the stigma associated with mental health and ostracisms of families;
- liv. The labelling of a mentally challenged child as “a bad child”, delinquent or beyond control;
- lv. The inability to adequately manage and treat the number of high risk children living with mental illnesses;
- lvi. Over the past two and a half years the Authority has conducted intervention plans for 360 children of which 137 children presented some sort of mental illness. However, assessments are still ongoing;
- lvii. The estimated 20% of the children population with some form of mental illnesses are in need of care and protection;
- lviii. The difference between acute mental illness and children who are labelled as “beyond control”. “Beyond control” behaviour is not always a result of mental illness or disorder; and
- lix. As a result of provisions of the Children's Act 2012, children are no longer refer to as “beyond control” but as “children in need of supervision”.

Recommendations proffered during the Public Hearing

The following recommendations emanated from the discussions:

- i. The establishment of a dedicated inpatient psychiatric facility to assess and treat mentally illneassociated with the children and adolescent population;
- ii. Group therapy session as a means to assist children and adolescents. Furthermore Learning and Homework centres can be utilized as a base for Group therapy session;
- iii. That the Ministry of Education and Trinidad and Tobago Association of Psychologist collaborate to design a training module for staff and teachers to effectively identify children and adolescents with mental illnesses;
- iv. That services provided by MoH and MoE be integrated;
- v. The establishment of a child/adolescent mental health action plan; and
- vi. That adequate data be collected by the relevant stakeholders to identify children and adolescents in need.

View the Hearing

The hearing can be viewed on our YouTube channel via the following link:

<https://youtu.be/CA-Ddw64U8k>

Contact the Committee's Secretary

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Committees Unit

November 24, 2017