PARLIAMENT
REPUBLIC OF TRINIDAD AND TOBAGO

SSPA

4th Report

JOINT SELECT COMMITTEE ON

SOCIAL SERVICES AND PUBLIC ADMINISTRATION

An Inquiry into the Mental Health and Psychosocial Services Available to the Population during the Covid-19 Pandemic (with a specific focus on measures to curb substance abuse and suicide)

THIRD SESSION (2022/2023) 12TH PARLIAMENT

OF THE REPUBLIC OF TRINIDAD AND TOBAGO

4th REPORT

OF THE

JOINT SELECT COMMITTEE ON SOCIAL SERVICES AND PUBLIC ADMINISTRATION

ON

AN INQUIRY INTO THE MENTAL HEALTH AND PSYCHOSOCIAL SERVICES AVAILABLE TO THE POPULATION DURING THE COVID-19 PANDEMIC (WITH A SPECIFIC FOCUS ON MEASURES TO CURB SUBSTANCE ABUSE AND SUICIDE)

HoR Date Laid: 27/02/2023 **Senate Date Laid: 25/02/2023**

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The Joint Select Committee on Social Services and Public Administration

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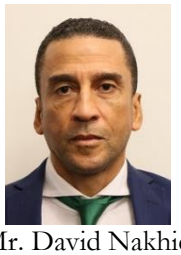

Mr. David Nakhid
MEMBER

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Committee Mandate and Establishment

1.1.1 Section 66 of the Constitution of Trinidad and Tobago declares, that not later than three months after the first meeting of the House of Representatives, the Parliament shall appoint Joint Select Committees to inquire into and report to both Houses in respect of Government Ministries, Municipal Corporations, Statutory Authorities, State Enterprises and Service Commissions, in relation to their administration, the manner of exercise of their powers, their methods of functioning and any criteria adopted by them in the exercise of their powers and functions.

1.1.2 Motions related to this purpose were passed in the House of Representatives and Senate on November 13 and 17, 2015, respectively and thereby established, *inter alia*, the ***Joint Select Committee on Social Services and Public Administration.***

1.1.3 Standing Order 91 of the Senate and 101 of the House of Representatives outline the general functions of a Committee of this nature. They are as follows:

a) "To examine Bills and review all legislation relating to the relevant Ministries, departments or bodies or as may be referred to it by the House;

b) To investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration and operations of the assigned Ministries, departments or bodies;

c) To study the programme and policy objectives of Ministries, departments or bodies and the effectiveness of the implementation of such programmes and policy objectives;

d) To assess and monitor the performance of Ministries, Departments and bodies and the manner of the exercise of their powers;

e) To investigate and inquire into all matters relating to the assigned Ministries, Departments and bodies as they may deem necessary, or as may be referred to them by the House or a Minister; and

f) To make reports and recommendations to the House as often as possible, including recommendations for proposed legislation."

Powers of the Joint Select Committee

1.1.4 Standing Orders 101 of the Senate and 111 of the House of Representatives outline the core powers of the Committee which include *inter alia*:

- to send for persons, papers and records;
- to sit notwithstanding any adjournment of the Senate;
- to adjourn from place to place;
- to report from time to time;
- to appoint specialist advisers either to supply information which is not otherwise readily available or to elucidate matters of complexity within the Committee's or Sub-Committee's order of reference;
- to communicate with any Committee of Parliament on matters of common interest; and
- to meet concurrently with any other Committee for the purpose of deliberating, taking evidence or considering draft reports.

Membership

1.1.5 The Committee comprises the following members:

1.	Mr. Paul Richards	Chairman
2.	Mr. Roger Munroe, MP	Vice-Chairman
3.	Mr. Esmond Forde, MP	Member
4.	Ms. Vandana Mohit, MP	Member
5.	Mr. Rohan Sinanan	Member
6.	Ms. Penelope Beckles	Member
7.	Mr. David Nakhid	Member
8.	Mr. Avinash Singh	Member

Change in Membership

1.1.6 The following changes were made to the Committee:

(i) Mr. Avinash Singh was appointed a Member of the Committee in lieu of Ms. Allyson West with effect from January 12th, 2022

(ii) Ms. Vandana Mohit, MP was appointed a Member of the Committee in lieu of Mr. Rudranath Indarsingh, MP with effect from November 12th, 2021.

Secretariat Support

1.1.7 The following officers were assigned to assist the Committee:

1.	Mr. Julien Ogilvie	-	Secretary
2.	Mr. Brian Lucio	-	Assistant Secretary
3.	Ms. Aaneesa Baksh	-	Researcher
4.	Ms. Nicole Brown	-	Researcher

ABBREVIATIONS

CATT	Children's Authority of Trinidad and Tobago
MOH	Ministry of Health
MOE	Ministry of Education
MSDFS	Ministry of Social Development and Family Services
SSSD	Student Support Services Division TTPS Trinidad and Tobago Police Service
TTAP	Trinidad and Tobago Association of Psychologists
TTDSF	The Trinidad and Tobago Depression and Suicide Foundation

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EXECUTIVE SUMMARY

2.1.1. At its 9th meeting held on February 16th 2021 the Committee resolved to inquire into the mental health and psychosocial services available to the population during the Covid-19 pandemic (with a specific focus on measures to curb substance abuse and suicide). The Committee agreed on the following inquiry objectives:

1. **To undertake a preliminary examination of the trends in mental health and mental illnesses during the Covid-19 pandemic;**
2. **To evaluate the efficacy of the support systems and services of the State aimed at counteracting the adverse effects of the Covid-19 pandemic on mental health and wellness;**
3. **To evaluate the adequacy of support systems and services available for persons in the areas of substance abuse and suicide prevention; and**
4. **To evaluate the mental health support provided to health care workers directly involved in rendering treatment to Covid-19 patients.**

2.1.2. The Committee acquired both oral and written evidence based on the objectives listed above. Oral evidence was received during two (2) public hearing held with various stakeholders ***(See Appendix I)*** on March 25, 2022 and April 29, 2022.

2.1.3. Some of the significant issues highlighted during the inquiry were:

i. The challenges with data gathering relevant to mental health support during the Covid-19 pandemic;

ii. The increased demand for Mental Health support services during the pandemic;

iii. The types of Mental Health support services provided to socially displaced persons during the Covid-19 pandemic;

iv. The types of Mental Health support services provided to children and teenagers during the Covid-19 pandemic;

v. Challenges experienced in the dispensation of Mental Health support services during the Covid-19 pandemic;

vi. The role performed by key State and Non-State Actors involved with providing Mental Health support services during the Covid-19 pandemic; and

vii. Solutions to challenges faced with providing Mental Health support services during the Covid-19 pandemic.

2.1.4. The Committee looks forward to reviewing the Minster's response to this Report, which becomes due, sixty (60) days after it is presented to the Houses of Parliament.

SUMMARY OF RECOMMENDATIONS

OBJECTIVE 1 RECOMMENDATIONS FOR IMPLEMENTATION

A. As part of its Ministerial Response, the Ministry of Health should provide a strategy detailing how it intends to improve its data collection and data sharing systems as well as provide an update on the development/implementation of the National Mental Health Information System;

B. Within six (6) months of the presentation of this Report, the Ministry of Health should conduct an audit of the mental health support services existing in Trinidad and Tobago and identify the key gaps in care. Thereafter, an appropriate plan of action should be formulated for treating with the gaps identified.

C. The Ministry of Health should compile a report on its key findings on the effect of the Covid-91 pandemic on mental health in Trinidad and Tobago and submit same to the Parliament.

OBJECTIVE 2 RECOMMENDATIONS FOR IMPLEMENTATION

A. The Ministry of Health should collaborate with the Trinidad and Tobago Association of Psychologists to develop a comprehensive database of Mental Health resources available to the population.

B. As part of its Ministerial Response, the Ministry of Health should provide an outline of a proposal for case management of children's mental health.

OBJECTIVE 3 RECOMMENDATIONS FOR IMPLEMENTATION

A. In light of information provided that the Ministry of Health does not interface with the family of those who have died by suicide due to those cases being handled by the Trinidad and Tobago Police Service, the two institutions should develop a protocol for referring families and associates of those who have died by suicide to mental health support services and trauma counselling.

B. The Ministry of Health in collaboration with the Ministry of Education and Community Based Organisations should develop a robust peer education and peer support system to

train individuals at the school and community level in identifying, treating and referring cases related to depression, suicide and substance abuse.

OBJECTIVE 4 RECOMMENDATIONS FOR IMPLEMENTATION

A. The Ministry of Health should collaborate with the Ministry of Digital transformation to develop a standard system to collect data on healthcare workers who access mental health support services. Having this information readily available will assist in developing optimal mental health support for healthcare workers.

B. The Ministry of Health should also develop a standardised feedback mechanism for healthcare workers to anonymously provide feedback on the quality of mental health support services received.

C. The Ministry of Health should provide continuous follow-up on healthcare workers who access mental health support services to ensure that presenting issues have been adequately monitored and treated.

INTRODUCTION

Mental Health and the Covid-19 Pandemic

3.1.1. According to a study done by Panchal et al, besides the increase in mortality and morbidity as a result of the coronavirus pandemic, countries are also experiencing a concurrent spike in mental health issues including increased rates of suicides, depression, and anxiety among their population.[1] Researchers have confirmed that these issues have been exacerbated by social isolation due to quarantine and social-distancing guidelines, fear, unemployment, and negative financial factors[2].

3.1.2. In a *Kaiser Family Foundation Health Tracking Poll* conducted in mid-July, 2020, **53% of adults in the United States reported that their mental health has been negatively impacted due to worry and stress over the coronavirus**. Many adults are also reporting specific negative impacts on their mental health and wellbeing, such as difficulty sleeping (36%) or eating (32%), increases in alcohol consumption or substance use (12%), and worsening chronic conditions (12%), due to worry and stress over the coronavirus. [3]

3.1.3. Additionally, specific population groups, such as frontline healthcare workers, are at particular risk of COVID-related psychological distress as they are faced with heavy workloads, life-or-death decisions, and risk of infection. In China, healthcare workers have reported high rates of **depression (50%), anxiety (45%),** and insomnia (34%) and in Canada, 47% of healthcare workers have reported a need for psychological support.[4]

Substance Abuse Disorder and COVID-19

3.1.4. Substance abuse disorder is a disease that affects the brain and behavioral patterns, causing a person to be unable to control their use of addictive substances like alcohol, tobacco, illegal

[1] Panchal N. , Kamal R., Cox C., and Garfield R. T*he Implications of COVID-19 for Mental Health and Substance Use.* February 10 2021. Accessed February 24, 2022. https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/
[2] David Gunnell, Louis Appleby, Ella Arensman, Keith Hawton, Ann John, Nav Kapur, et al. *Suicide risk and prevention during the COVID-19 pandemic.* The Lancet. Vol. 7:ISSUE 6, June 2020, P468-471https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30171-1/fulltext
[3] Chidambaram Priya. *The Implications of COVID-19 for Mental Health and Substance Use*. August 21, 2020. Accessed October 26, 2020. https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/
[4] WHO. *Substantial investment needed to avert mental health crisis*. News Release, May 14, 2020. Accessed November 01, 2020. https://www.who.int/news/item/14-05-2020-substantial-investment-needed-to-avert-mental-health-crisis

drugs, and prescription medication or spending more time on potentially addictive behaviours such as online gaming.[5]

3.1.5. Statistics from Canada report that 20% of the population aged 15-49 increased their alcohol consumption during the pandemic. The long-term impact of the crisis on people's mental health and in turn the mental health impact on society should not be overlooked.[6]

3.1.6. The big concern for those in treatment for substance abuse is the risk of relapse. Many of those in treatment for substance abuse rely on daily meetings or support groups like Alcoholics Anonymous. With isolation and lockdowns in place, many people aren't able to get the support they need to help battle their urge and while addiction is treatable, no one can recover alone.[7]

Suicide and COVID-19

3.1.7. Suicide risk might be increased because of negative stigma towards individuals with COVID-19 and their families. Those with psychiatric disorders might experience worsening symptoms and others might develop new mental health problems, especially depression, anxiety, and post-traumatic stress (all associated with increased suicide risk). A wide-ranging interdisciplinary response that recognizes how the pandemic might heighten risk and applies knowledge about effective suicide prevention approaches is key.

Mental Health and Psycho-Social considerations during COVID-19

3.1.8. According to a WHO survey, conducted from June to August 2020 among 130 countries, the COVID-19 pandemic h**as disrupted or halted critical mental health services in 93% of countries worldwide** amidst the increasing demand for mental health. Countries reported widespread disruption of many kinds of critical mental health services:

a. Over 60% reported disruptions to mental health services for vulnerable people, including children and adolescents (72%), older adults (70%), and women requiring antenatal or postnatal services (61%);
b. 67% saw disruptions to counseling and psychotherapy; 65% to critical harm reduction services; and 45% to opioid agonist maintenance treatment for opioid dependence;

[5] Megan McIntyre. *How Coronavirus Is Affecting the Mental Health of Millions of Americans.* Psycom. https://www.psycom.net/coronavirus-mental-health
[6] United Nations. *United Nations Policy Brief: Covid-19 And The Need For Action On Mental Health.* https://www.un.org/sites/un2.un.org/files/un_policy_brief-covid_and_mental_health_final.pdf
[7] Megan McIntyre. *How Coronavirus Is Affecting the Mental Health of Millions of Americans.* Psycom. https://www.psycom.net/coronavirus-mental-health

c. More than a third (35%) reported disruptions to emergency interventions, including those for people experiencing prolonged seizures; severe substance use withdrawal syndromes; and delirium, often a sign of a serious underlying medical condition;
d. 30% reported disruptions to access for medications for mental, neurological, and substance use disorders; and
e. Around three-quarters reported at least partial disruptions to school and workplace mental health services (78% and 75% respectively). [8]

3.1.9. Countries further reported how they have been adapting to overcome the disruptions in the mental health services: [9]

a. **116 or 89% of responding countries have reported that mental health and psychosocial support (MHPSS) response is part of their national COVID-19 response plans**. 17% of these countries have ensured full additional funding for MHPSS covering all activities;
b. 65% of responding countries have a multi-sectoral MHPSS coordination platform for COVID-19 response;
c. Almost half (51%) of responding countries reported that ensuring the continuity of all Mental, Neurological and Substance use (MNS) services was included in their national COVID-19 response plan;
d. 40% of countries reported the inclusion of some MNS services in the list of essential health services in their national response plan;
e. 70% of countries have responded by using telemedicine/tele-therapy to replace in-person consultations;
f. 68% reported measures including helplines for MHPSS and 65% reported specific measures for infection prevention and control in mental health services;
g. In low-income countries (60%), training in basic psychosocial skills for health care providers working in COVID-19 treatment centres was the preferred approach;
h. Interventions such as task sharing through building the capacity of general health workers seem to be underutilized in many countries (38%);
i. 53% of responding countries were reported to be collecting data on MNS disorders or manifestations in people with COVID-19, and two-thirds; and
j. 66% of countries reported ongoing or planned studies related to the impact of COVID-19 on mental health.

[8] World Health Organisation. *COVID-19 disrupting mental health services in most countries, WHO survey*. WHO: 2020. Accessed November 06, 2020. https://www.who.int/news/item/05-10-2020-covid-19-disrupting-mental-health-services-in-most-countries-who-survey
[9] World Health Organisation. *The impact of COVID-19 on mental, neurological and substance use services: results of a rapid assessment.* WHO: 2020, Page vi. https://www.who.int/publications/i/item/978924012455

3.1.10. On March 18, 2020, the World Health Organization (WHO) issued a communique related to mental health and psychosocial issues during the COVID-19 pandemic by addressing instructions and some social considerations for persons to cope with and prevent mental health and psycho-social issues during the pandemic[10].

COVID-19 Mental Health and Psycho-Social considerations in Trinidad and Tobago

3.1.11. The **report of the Road map to Recovery Committee** highlighted the immediate focus of the Government of Trinidad and Tobago regarding mental health services to achieve the first short-term objective. The Government will "implement a suite of social care delivery measures targeting, *inter alia,* women, and men affected by violence, elderly women living alone, female heads of households, women and men with disabilities and mental health challenges,[11]" to continue providing support to protect lives and livelihoods of citizens.

3.1.12. The **Social Sector Investment Programme (2021)[12]** highlighted that the Ministry of Health intends to shift the current model from centralized to decentralized mental health services which seek to remove the stigmatization associated with mental health. Additionally, Cabinet approved the **National Mental Health Policy (2019-2029)** in September 2019. Some of the key areas for implementation include:

a. The prevention and early detection of behavioural health and wellness issues through screening, risk identification management, analysis and diagnosis, treatment and follow-up, rehabilitative measures, counselling and interaction with families, evaluation and education for psychosis;
b. The establishment of clear referral schemes between the various levels of primary and secondary levels of care for early identification of new mental health cases, monitoring of longer-term cases, and treatment of physical health problems with mental illnesses;
c. The review and enhancement of the health infrastructure network to allow for the effective decentralization of mental health services. The network of facilities and services

[10] World Health Organisation. *Mental health and psychosocial considerations during the COVID-19 outbreak*. WHO: 2020. Accessed October 30, 2020. https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf

[11] Roadmap to Recovery Committee. *Roadmap for Trinidad and Tobago post-COVID-19 pandemic*. Ministry of Planning and Development, Trinidad and Tobago: 2020. Page 30. Accessed November 06, 2020. http://planning.gov.tt/sites/default/files/Report%20of%20the%20Roadmap%20to%20Recovery%20Committee_1st_.pdf

[12] Social Sector Investment Programme (2021). Page 37-38. https://www.finance.gov.tt/wp-content/uploads/2020/10/Social-Sector-Investment-Programme-2021.pdf

needed to support community-based care includes: acute wards in general hospitals, long-stay residential facilities in each region, day hospitals, outpatient clinics, transitional housing (complemented with supported employment), supported housing, 24- hour emergency and crisis response services, and liaison psychiatry;

d. The development of an appropriate surveillance management system with a disease and case management system to ensure continuous follow-up through re-engagement in two years with self-management; and

e. The conduct of the World Health Organisation's (WHO) Assessment Instrument for Mental Health Systems (AIMS) study from January to March 2020. This provided an assessment of the Mental Health Programmes and informed on the development of the Strategic Plan for Mental Health.

Mental Health Statistics

3.1.13. According to PAHO 's Country Report on Trinidad and Tobago on the Burden of Mental Disorders in the Americas, "mental, neurological, substance use disorders and suicide (MNSS) cause 16% of all disability-adjusted life years (DALYs) and 31% of all years lived with disability (YLDs[13])."

3.1.14. **Figure 2**[14] shows the changes in disease burden across age groups. MNSS account for more than a fourth of the total burden between 10 and 40 years of age, the largest burden of all NCDs during this period.

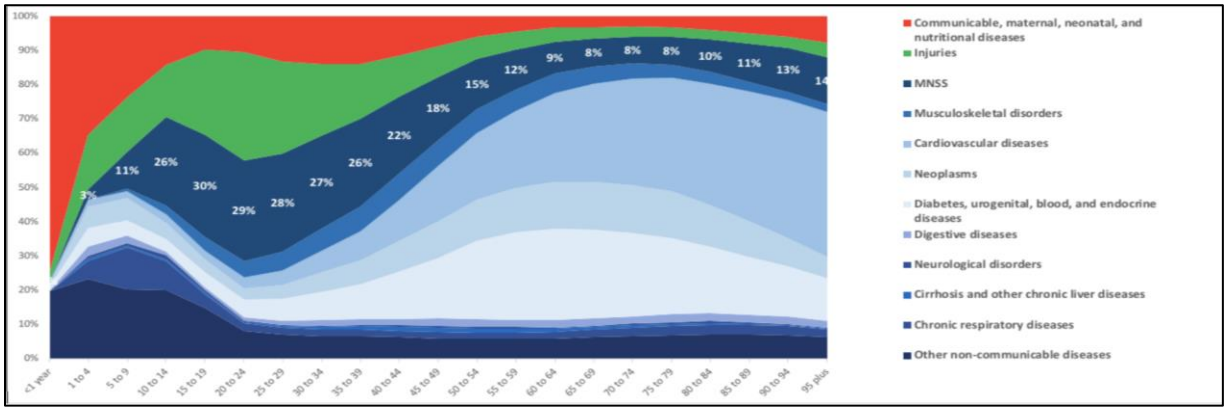

Figure 1 Burden of Disease, by disease group and age

[13] Pan Americana Health Organisation. Mental Health Country Profile- Trinidad and Tobago. https://www.paho.org/en/node/73910.
[14] Ibid.

3.1.15. **Figure 3**[15] focuses exclusively on the burden resulting from MNSS. Until 5 years old, the MNSS burden is mostly due to epilepsy (52%) and autism (42%). Between 5 and 15 years old, the burden of conduct disorders, anxiety disorders, and headaches – including migraine and tension-type- gain prominence, with 17% of the MNSS burden each.

3.1.16. Around 20 years of age, throughout youth and adulthood: common disorders (anxiety, depression, self-harm and somatic symptom disorder) account for 48% (suicide accounts for around a fourth of MNSS burden between 20 and 35 years old), headaches for 19%, substance use disorders 14% (9% due to alcohol), and severe mental disorders (schizophrenia and bipolar disorders) 7%. The elderly suffers most from neurocognitive disorder due to Alzheimer's disease, which surpasses 50% of the burden around 80 years old and remains above 70% after 85 years old.

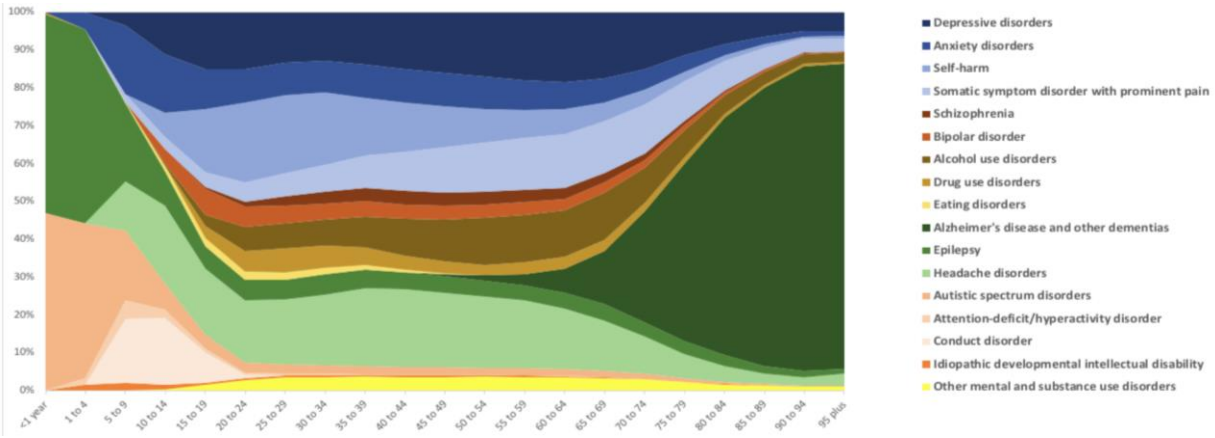

Figure 2 Burden of disease, by MNSS and age

3.1.17. According to the PAHO Country Report on Trinidad and Tobago, "**the top three disorders in terms of disability-adjusted life-years (DALYs[16])** –accounting for 40 to 55% of total MNSS burden- are not the same for men and women. **While men are mostly affected by self-harm and suicide, alcohol use disorders and headaches, women are mostly affected by headaches, depressive and anxiety disorders[17].**" Table 3 provides a breakdown of the disorders in terms of DALYs.

[15] Ibid.
[16] Disability-adjusted life years (DALYs) for a disease or health condition are the sum of the years of life lost due to premature mortality (YLLs) and the years lived with a disability (YLDs) due to prevalent cases of the disease or health condition in a population. One DALY represents the loss of the equivalent of one year of full health. See WHO definition at https://www.who.int/data/gho/indicator-metadata-registry/imr-details/158
[17] Pan Americana Health Organisation. Mental Health Country Profile- Trinidad and Tobago. https://www.paho.org/en/node/73910.

TABLE 1: DISORDERS, BY DALYS AND GENDER

Men		**Women**	
Disorder	DALYs per 100,000	Disorder	DALYs per 100,000
MNSS (all)	4979	MNSS (all)	4397
Self-harm and suicide	945	Headache disorders	993
Alcohol use disorders	578	Depressive disorders	780
Headache disorders	551	Anxiety Disorders	502
Depressive	546	Somatic Symptom Disorder with prominent pain	445
Alzheimer's disease and other dementias	390	Alzheimer's disease and other dementias	367

Related State Bodies

Ministry of Health

3.1.18. The Ministry of Health offers a range of free services for the prevention and treatment of mental illnesses to all citizens. Inpatient or outpatient treatment can include:

- Medical care (management of pre-existing medical conditions);
- Medication (where appropriate);
- Psychological Interventions (individual psychotherapy, group therapy, etc.);
- Social Work Interventions (liaison to social services, family counseling, treatment compliance support, etc.); and
- Rehabilitative Interventions (occupational therapy, creative arts therapy, memory clinic services, speech, and language therapy, etc.).[18]

Mental Health Care Services in Trinidad and Tobago

3.1.19. The St. Ann's Hospital is one of three hospitals under the purview of the North- West Regional Health Authority (NWRHA). It is the major facility providing psychiatric care within Trinidad & Tobago. Outfitted with 27 wards, the facility has a bed capacity of 887. Other services offered include physical therapy, psychosocial rehabilitation, and occupational therapy (See ***Appendix II*** for a comprehensive listing of Mental Health Care Services offered at various healthcare facilities).

[18] Ministry of Health website. Accessed November 01, 2020, http://www.health.gov.tt/sitepages/default.aspx?id=228

Conduct of the Inquiry

3.1.20. Prior to the commencement of the public hearings, the Committee issued invitations to specific stakeholders and requested written submissions based on the following objectives:

1. **To undertake a preliminary examination of the trends in mental health and mental illnesses during the COVID-19 pandemic.**
2. **To evaluate the efficacy of the support systems and services of the State aimed at counteracting the adverse effects of the Covid-19 pandemic on mental health and wellness.**
3. **To evaluate the adequacy of support systems and services available for persons in the areas of substance abuse and suicide prevention.**
4. **To evaluate the mental health support provided to health care workers directly involved in rendering treatment to COVID-19 patients.**

3.1.21. Evidence gathering for this inquiry included **two (2) public hearings** held with the stakeholders listed below on **March 25, 2022** and **April 29, 2022.**

a. Ministry of Health

b. Ministry of Education

c. Ministry of Social Development and Family Services

d. Ministry of Youth Development and National Service

e. Office of the Prime Minister- Gender and Child Affairs Division

f. The Children's Authority of Trinidad and Tobago

g. Trinidad and Tobago Association of Psychologists

h. Trinidad and Tobago Depression and Suicide Foundation

i. Elder Associates Limited

j. Lifeline

3.1.22. Subsequent to these public hearings, additional information was requested from specific stakeholders and was submitted accordingly.

3.1.23. Oral and written submissions received from the entities appearing before the Committee provided a frame of reference for the Committee's deliberations on the subject inquiry.

3.1.24. The **Minutes of the Meetings** during which the public hearings were held are attached as **Appendix III and Appendix IV** and the **Verbatim Notes** as **Appendix V and Appendix VI.**

KEY ISSUES, FINDINGS AND RECOMMENDATIONS

OBJECTIVE 1: To undertake a preliminary examination of the trends in mental health and mental illnesses during the COVID-19 pandemic.

Mental Health situational analysis of during the pandemic

4.1.1. The Ministry of Health provided statistics (as at March 15, 2022) on the number of beds available for mentally-ill patients in the public health system, the number of patients admitted to public health mental health hospitals and wards and the staffing arrangements at the various mental health facilities across Trinidad and Tobago. These have been summarised in Tables 1, 2 and 3 below.

TABLE 2 - NUMBER OF HOSPITAL BEDS

Facility	Number of Beds
St. Ann's Psychiatric Hospital	725
Arima Rehabilitation Centre	36
Substance Abuse and Prevention Treatment Centre (Caura)	17
San Fernando General Hospital	23
Eric Williams Medical Sciences Complex (EWMSC)	19
Wendy Fitzwilliam Paediatric Hospital, EWMSC	2
Scarborough General Hospital	12
New Horizons	66
Point Fortin Extended Care	40
Couva Extended Care	40
TOTAL	**980**

TABLE 3 - NUMBER OF PATIENTS ADMITTED TO PUBLIC MENTAL HEALTH HOSPITALS AND WARDS FOR THE PERIOD 2020-2021

RHA	2020	2021
NWRHA	1,630	1,676
NCRHA	501	463
ERHA	n/a	n/a
SWRHA	865	941
TRHA	307 (2020 and 2021 combined)	
TOTAL	**6,383**	

TABLE 4 - NUMBER OF BEDS, DOCTORS AND NURSES ASSIGNED TO MENTAL HEALTH PATIENTS.

Facility	Beds	Doctors	Doctor to Patient Ratio	Nurses	Nurse to Patient Ratio
St. Ann's Psychiatric Hospital	725	51	1 to 14.2	409	1 to 1.8
Arima Rehabilitation Centre	36	2	1 to 18.0	2	1 to 18
Substance Abuse and Prevention Treatment Centre (Caura)	17	2	1 to 8.5	5	1 to 3.4
San Fernando General Hospital	23	18	1 to 1.2	22	1 to 1
Eric Williams Medical Sciences Complex (EWMSC)	19	8	1 to 2.3	-	-
Wendy Fitzwilliam Paediatric Hospital, EWMSC	2	2	1	-	-
Scarborough General Hospital	12	7	1 to 1.7	27	1 to 0.4
TOTAL	**834**	**90**	-	465	-

4.1.2. The Ministry of Health indicated that it faced challenges collecting data on mental health during the pandemic. In a written submission to the Committee, the Ministry stated that it relied on anecdotal reports to ascertain that "anxiety disorders and depressive disorders are the most common reasons for consultations." Challenges with data were due to "the absence of a standardized system of collecting the diagnostic data." This challenge will be mitigated by the **National Mental Health Information System**, which the Ministry stated was in the process of being developed to capture data on reported mental health challenges broken down by gender, age and geographic location. Due to the manual system, which is currently in operation, the

Ministry was unable to provide data on admissions to mental health facilities disaggregated according to sex and age.

4.1.3. The Ministry of Health, in their written submission indicated that in March 2020 it introduced three Covid-19 hotlines. However, very few people utilised the line to report mental health concerns. The majority of calls received were related to questions about Covid-19 testing, diagnosis and quarantine protocols.

4.1.4. The **Trinidad and Tobago Association of Psychologists (TTAP), The Trinidad and Tobago Depression and Suicide Foundation (TTDSF) and Elder Associates** indicated that there has been a significant increase in demand for Mental Health Services since the onset of the pandemic.

4.1.5. TTAPP indicated that men are generally more reluctant to seek mental health care than women.

4.1.6. Some of the major factors contributing to the limited number of mental health professionals in Trinidad and Tobago are as follows:

a. There is a stigma attached to mental health issues which has created a reluctance to seek mental health services; and
b. There is a binary view of mental health that does not acknowledge the spectrum of mental health support that can be beneficial. As such, people frequently defer seeking mental health care until they have come to a point of severe crisis.

4.1.7. Typical outlets for relieving stress such as bars and outdoor recreation facilities were closed during the pandemic, leading to increased stress levels among the population, particularly male citizens.

4.1.8. The TTAP speculates that the prohibition on access to outdoor activities played a significant role in the emergence of increased demand for mental health care.

4.1.9. Elder Associates noted that the most common Mental Health issues the organisation dealt with during the pandemic related to inter-personal relationships, which was the situation

prior to the pandemic. However, there was a notable increase in the number of cases related to anxiety and depression during the pandemic.

Mental Health concerns among children

4.1.10. Statistics from the Ministry of Education (MOE) highlighted that 634 secondary level students and 22 primary level students were diagnosed with clinical depression for the period 2019-2021.

4.1.11. There has been an increase in the reports of students who were victims of cyberbullying during the pandemic, leading to concerns on the impact of bullying on children's mental health.

4.1.12. The Student Support Services Division (SSSD) of the MOE noted that it is currently functioning at approximately 50% capacity as there are 328 vacancies within the Division.

4.1.13. During a public hearing of the Committee, the Children's Authority of Trinidad and Tobago (CATT) indicated that there were 55 children under its care who were accommodated at centres in Trinidad and 6 children under the care of the CATT in Tobago. Of the children under the care of the CATT, three (3) of them received formal mental health diagnoses. Additionally, there were eight (8) children who displayed symptoms of mental health issues who were not formally diagnosed. These children without formal diagnoses were receiving treatment at health centres.

4.1.14. When the CATT becomes aware of children requiring immediate psychological attention, it will send the required referral letters to the nearest Accident and Emergency (A&E) Unit. The A&E staff then makes the decision whether the child will be admitted or transferred to St. Ann's. If a parent is non-compliant with facilitating the child's treatment, the legislation (Section 22) allows CATT to act in the best interest of the child in the absence of parental consent.

4.1.15. From the CATT, the Committee learnt that some children experienced depression and a decline in school performance during the pandemic, while other children experienced an improvement in school performance and an improvement in mental health. The factors contributing to these divergent experiences were not identified.

4.1.16. The TTAP stated that there has been a spike in toddlers presenting with Autism Spectrum Disorder symptoms. However, the association posits that this observation could be attributed

to the lack of social interaction during the pandemic restrictions where children were not able to develop at a typical pace. An accurate assessment can be made once children return to in-person school settings as the restrictions ease.

Findings

Based on the preceding evidence, the Committee's findings are as follows:

i. All stakeholders engaged reported an increase in demand for Mental Health Support Services during the Covid-19 pandemic. As such, the Committee notes that the pandemic highlighted a pre-existing need for widespread mental health support services in Trinidad and Tobago.

ii. The lack of accurate data on mental health trends during the pandemic made it challenging to assess the true state of mental health needs across all demographics. The development of the National Mental Health Information System was intended to address this issue by capturing data on reported mental health challenges broken down by gender, age and geographic location.

iii. Diverse experiences during the pandemic suggest a need for further investigation to understand the factors that contributed to some people experiencing a decline in mental health and the factors that contributed to others experiencing an improvement in mental health, particularly children engaged in online schooling.

iv. The limited number of mental health professionals available to address mental health concerns adversely affected the population's ability to access care.

v. The mental health issues affecting children have not been sufficiently documented or addressed. There is a need for greater attention paid to the long-term effects of the Covid-19 pandemic on child and adolescent mental health.

vi. The high number of vacancies in the Student Support Services Division of the Ministry of Education is concerning and must be addressed with urgency. Although the Committee is cognisant

of the resource constraints which are confronting the MoE, it should be noted that this matter was highlighted in previous reports of this Committee.

vii. Follow-up is needed to determine whether the increase in the number toddlers displaying symptoms of Autism Spectrum Disorder is as a result of confirmed diagnoses or as a result of inadequate socialisation during the pandemic.

Recommendations

Considering the foregoing, the Committee recommends the following:

A. As part of its Ministerial Response, the Ministry of Health should provide a strategy detailing how it intends to improve its data collection and data sharing systems as well as provide an update on the development/implementation of the National Mental Health Information System;

B. Within six (6) months of the presentation of this Report, the Ministry of Health should conduct an audit of the mental health support services existing in Trinidad and Tobago and identify the key gaps in care. Thereafter, an appropriate plan of action should be formulated for treating with the gaps identified.

C. The Ministry of Health should compile a report on its key findings on the effect of the Covid-91 pandemic on mental health in Trinidad and Tobago and submit same to the Parliament.

D. The Ministry of Education and the Ministry of Health should collaborate to conduct a study on the long-term effects of the Covid-19 pandemic on the mental health of children in Trinidad and Tobago.

OBJECTIVE 2: To evaluate the efficacy of the support systems and services of the State aimed at counteracting the adverse effects of the Covid-19 pandemic on mental health and wellness.

Mental Health Services Provided by Public Sector Entities

5.1.1 The Ministry of Health (MOH) provided Mental Health Support Services during the pandemic in the following ways:

- Helplines;
- Collaboration with stakeholders; and
- Providing information on mental health services via the findcarett.com website.

5.1.2 The Ministry of Social Development and Family Services (MSDFS) conducted outreach and sensitisation services on familial issues and mental health and well-being during the pandemic using the following:

- The Public Information, Education and Sensitisation Series (PIES);
- Radio and television programmes; and
- Social media platforms.

5.1.3 The MSDFS intends to expand the current outreach services with the aim of engaging communities.

5.1.4 The Ministry of Education, through the Student Support Services Support Division, has made parenting programmes available to guide parents on how to help their children to develop coping mechanisms.

5.1.5 The Gender and Child Affairs Division of the Office of the Prime Minister indicated that the draft national policy on gender and development guides the work of the Division and addresses mental health under the thematic areas of gender-based violence, health and well-being and gender and special interest groups.

5.1.6 The Gender and Child Affairs Division provided the following support services:

a. The National AIDS Coordinating Committee re-established the HIV/AIDS hotline in December 2021 to augment some of the services provided through the Ministry of Health and the Ministry of Social Development and Family Services to support people living with HIV. The hotline receives an average of 30 calls per month;
b. The Gender and Child Affairs Division developed Child Zone, an online repository of activities, media, information and mental health and other material related to child protection; and
c. The Division used both traditional and social media platforms to promote the Child Zone and collaborated with the Student Support Services Division of the Ministry of Education to introduce both the Child Zone platform and a mental health workbook to schools.

Mental Health Services and the Socially Displaced

5.1.7 The Ministry of Social Development and Family Services indicated that there are some socially displaced persons housed at the Centre for Socially Displaced Persons located at Riverside Carpark in Port of Spain who are outpatients of the St. Ann's Psychiatric Hospital.

5.1.8 Methods used to count the number of socially displaced persons in Trinidad and Tobago were not standardised and therefore figures may not be accurate.

5.1.9 The MSDFS intends to assess and relocate socially displaced persons who have mental illnesses or substance abuse disorders by the end of 2022.

Mental Health Services Provided by Private Sector Entities

5.1.10 Lifeline has been in existence since 1978. The organisation is dedicated to providing services for people who are in imminent danger of taking their own lives by making a hotline available for them to call.

5.1.11 Lifeline stated that it does not have the necessary funding to operate effectively.

5.1.12 Lifeline sees the need for a multi-agency risk assessment committee to collaborate on the provision of mental health services.

5.1.13 During a public hearing held on Friday April 29, 2022, Lifeline stated that there is a need for a multi-agency risk assessment committee to collaborate on the provision of mental health services.

5.1.14 Elder Associates has been in existence since 1993. The organisation focuses primarily on providing Employee Assistance Programme Services and other psychological services to both public and private sector entities.

5.1.15 The Trinidad and Tobago Depression and Suicide Foundation (TTDSF) was established on August 6, 2017. The organisation has not yet approached the Government of Trinidad and Tobago with requests for funding.

5.1.16 The TTDSF receives both phone calls and Facebook messages from clients. These clients are then referred to health facilities or hospitals depending on the nature of the case. TTDSF indicated that it makes 10-20 referrals per month and that it experienced a 10% increase in calls during the Covid-19 pandemic. Activity on the organisation's Facebook page also increased during the pandemic.

Gaps in Mental Health Service Delivery

5.1.17 The MSDFS identified the need to conduct a national survey of the population to determine the substance abuse and mental health issues that prevail in Trinidad and Tobago.

5.1.18 The Gender and Child Affairs Division, Office of the Prime Minister indicated that there was no facility for children who need long-term mental health services. The Gender and Child Affairs Division was working with the Ministry of Health to establish such a facility. In the interim, Cabinet had agreed that some provision will be made at Mount Hope for a limited number of beds for children who need long-term mental health services.

5.1.19 Elder and Associates faced challenges with not being able to provide face-to-face services during the pandemic. However, the virtual platform used improved the level of accessibility of the services to people who would not have previously been able to access the services.

5.1.20 The TTDSF and other stakeholders agreed that in order for the population to become more accepting of receiving Mental Health Services, the stigma surrounding Mental Health needs to be addressed.

5.1.21 Stakeholders also agreed that more guidance counsellors and mental Health professionals are needed in schools and work places.

Findings

Based on the preceding evidence, the Committee's findings are as follows:

i. There is a need for greater collaboration across ministries and institutions to treat with mental health issues;

ii. Public and private entities need to improve collaboration in order to maximise both human and financial resources dedicated towards mental health;

iii. There must be a clearer understanding of roles, responsibilities and protocols, particularly when dealing with case management of children's mental health;

iv. There is also a need for improved data collection systems across Ministries and other institutions dealing with mental health issues;

v. The pandemic provided an opportunity to identify the mental health needs of the population in general and to engage under-represented and vulnerable groups such as children and socially displaced persons; and

vi. The mental health needs of socially displaced persons have not been adequately addressed.

Recommendations

In light of the foregoing, the Committee recommends the following:

A. The Ministry of Health should collaborate with the Trinidad and Tobago Association of Psychologists to develop a comprehensive database of Mental Health resources available to the population.

B. As part of its Ministerial Response, the Ministry of Health should provide an outline of a proposal for case management of children's mental health.

C. The Ministry of Health should collaborate with the Ministry of Digital Transformation to develop ICT-based solutions to improve data collection regarding mental health in Trinidad and Tobago. Areas of focus should include:

i. **Demographic data such as age, gender and geographic distribution of mental health issues;**
ii. **Distribution of human, infrastructural and financial resources allocated to mental health across both the public and private sector;**
iii. **Consolidation of observations on mental health trends made by both public and private sector practitioners;**
iv. **Platform for streamlining the referral system; and**
v. **Platform for case conferencing to manage patients that require intervention from multiple practitioners in the healthcare, social welfare network and school system.**

OBJECTIVE 3: To evaluate the adequacy of support systems and services available for persons in the areas of substance abuse and suicide prevention.

Public Sector Response to Substance Abuse and Suicide Prevention

6.1.1 The Gender and Child Affairs Division of the Office of the Prime Minister is in the process of establishing two drug rehabilitation community residences for boys in Tobago. The Division has also partnered with New Life Ministries Drug Rehab to undertake a pilot project with respect to substance use and abuse by children in schools.

6.1.2 Based on information provided by the Ministry of Education, nine students died by suicide in the period 2019-2021.

6.1.3 The Ministry of Education indicated that substance abuse amongst students on a school compound should be reported by the principal to the School Supervisor, who then reports it to the district offices.

6.1.4 Data collection on substance abuse among school-aged children was challenging as teachers were unable to accurately observe the students' behaviour in the virtual environment.

6.1.5 Statistics from the Ministry of Health (via the Trinidad and Tobago Police Service) for the period 2019-2021 showed that there was an increase in the number of people dying by suicide during the pandemic period. Table 5 below provides an overview of these deaths broken down by age and gender.

TABLE 5 - DEATHS BY SUICIDE: 2019- 2021

	2019		2020		2021	
	Gender					
Age Group	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**
Under 15	0	1	1	1	3	1
15-19	5	3	2	2	3	1
20-24	7	1	7	5	8	2
25-29	10	0	3	3	7	4
	2019		**2020**		**2020**	

Age Group	**Male**	**Female**	**Male**	**Age Group**	**Male**	**Female**
30-34	9	2	5	1	17	1
35-39	8	2	12	1	18	0
40-44	2	0	8	3	9	3
45-49	11	0	7	1	12	3
50-54	8	0	4	1	12	0
55-59	5	1	10	0	4	2
60+	10	3	18	3	14	0
Unknown	4	0	6	0	3	1
Sub Total	**79**	**13**	**83**	**21**	**110**	**18**
Total	**92**		**104**		**128**	

6.1.6 Data on admission for the NCRHA for 2020 and 2021 for suicide attempts, substance related mental disorders and severe depression has been highlighted in Table 6 below.

TABLE 6 - NCRHA MENTAL HEALTH STATISTICS FOR 2020-2021

	Suicidal Attempts	**Substance Related Mental Disorders**	**Severe Depression**
2020	56	66	180
2021	88	59	46

6.1.7 The trends of the statistics indicated that there were more males who completed suicides in comparison to females. However, there were more females than males who attempted suicides.

6.1.8 The MOH provided the following suggested causation factors for suicides:

i. Substance use related-conditions;
ii. Relationship breakdowns;
iii. Previous history of mental illness;
iv. Social challenges;
v. Financial challenges; and
vi. Interpersonal conflicts

6.1.9 Deaths by suicide are reported to the Trinidad and Tobago Police Service (TTPS) and as such, the MOH does not interface directly with the family of the deceased.

6.1.10 The National Alcohol Drug Abuse Programme (NADAP) engages with students in communities to prevent substance abuse disorders.

6.1.11 There was an increase in the number of persons requesting the services of NADAP during the pandemic period.

Private Sector Response to Substance Abuse and Suicide Prevention

6.1.12 Lifeline reported to the Committee that in 2019, its suicide prevention hotline received six calls per day. From 2020-2022, that number increased to between 10 and 30 calls per day.

6.1.13 The length of time spent on those calls ranged from one minute up to seven hours.

6.1.14 The average length of a call was 30 minutes and the prevailing reason for those calls was suicide prevention. The age range was 20-78 years old with 82% of callers being less than 40 years old; 65% of callers were male.

Findings

Based on the preceding evidence, the Committee's findings are as follows:

i. There is not enough data on suicide and substance abuse in Trinidad and Tobago. This has created an environment where not enough data-driven actions taken to inform the response to suicide and substance abuse;

ii. There needs to be greater communication between the Ministry of Health and the Trinidad and Tobago Police Force with regard to support for families of people who die by suicide;

iii. Funding to support suicide prevention and substance abuse is inadequate;

iv. Root causes of substance abuse and suicide need to be addressed. Strategies for preventing suicide and substance abuse need to form a more central role in the response to these issues;

v. State funding is inadequate to support NGOs dedicated towards the prevention of suicide and substance abuse; and

vi. Though Covid-19 exacerbated substance abuse and suicidal behaviour, the pandemic also provided an opportunity for mental health issues regarding suicide and substance abuse to receive much-needed attention and provides opportunities for developing long-term prevention strategies.

Recommendations

In light of the foregoing, the Committee recommends the following:

A. The Ministry of Health should collaborate with the University of the West Indies, St. Augustine Campus and other tertiary institutions to conduct research on substance abuse and suicide trends, prevention and solutions. This research will then help to create data-driven policies. Research subjects should include:

i. Root causes of suicide and substance abuse in Trinidad and Tobago;
ii. Assessment of protocols to both prevent and treat substance abuse and suicide ideation; and
iii. Culturally appropriate and relevant methodologies for counteracting suicide and substance abuse.

B. In light of information provided that the Ministry of Health does not interface with the family of those who have died by suicide due to those cases being handled by the Trinidad and Tobago Police Service, the two institutions should develop a protocol for referring families and associates of those who have died by suicide to mental health support services and trauma counselling.

C. The Ministry of Health in collaboration with the Ministry of Education and Community Based Organisations should develop a robust peer education and peer support system to train individuals at the school and community level in identifying, treating and referring cases related to depression, suicide and substance abuse.

OBJECTIVE 4: To evaluate the mental health support provided to health care workers directly involved in rendering treatment to COVID-19 patients.

Mental Health Support Services Provided to Healthcare Workers by the Ministry of Health

7.1.1 In a written submission, the Ministry of Health indicated that it identified frontline Healthcare workers as being a high-risk group for pandemic related mental health challenges. On March 20, 2020 a plan for the provision of mental health support to these workers was completed and a multidisciplinary cohort of mental health workers from across all five (5) RHAs received training in the provision of tele-mental health services and shortly thereafter, implementation began. These services were amended as needed in response to changing needs through the course of the pandemic.

7.1.2 The Mental Health Services made available to healthcare workers by the Ministry of Health have been summarised in Table 7 below:

TABLE 7 – MENTAL HEALTH SERVICES PROVIDED TO HEALTHCARE WORKERS BY REGIONAL HEALTH AUTHORITIES

	EAP Service		Multidisciplinary Mental Health Team	Tele Mental Health	Virtual Mental Health (video)	In-Person Mental Health Services	Mental Health Promotion Outreach
	External	Internal					
TRHA	✓		✓	✓		✓	
NWRHA		✓	✓	✓		✓	✓
NCRHA	*	*	✓	✓		✓	✓
ERHA	✓			✓		✓	✓
SWRHA	*	*	✓	✓	✓	✓	

**Health workers access mental health services through the Multidisciplinary Mental Health Team and clinics.*

7.1.3 Regarding the number of healthcare workers who accessed mental health services for the period 2020-20221, the Ministry of Health provided the following information:

North Central Regional Health Authority (NCRHA):

NCRHA Healthcare workers that accessed the services in 2020 and 2021					
	Caura Hospital	Couva Multi-Training Facility	Arima General Hospital	Stress Relief Mount Hope	Stress Relief Chaguanas
2020	-	24	-	-	95
2021	350	415	279	134	35

** 39 group sessions were conducted in Caura for the period Oct - Dec 2021*

** 13 group sessions were conducted in Couva for the period Oct - Dec 2021*

** 10 group sessions were conducted in Arima General Hospital for the period Oct - Dec 2021*

** For the period Jan - Mar 2021, clients were not separated to attain a staff only figure.*

- Unable to attain staff figures for Caura, Arima and Stress Relief Mount Hope for 2020

Eastern Regional Health Authority

ERHA

Type of Cases	August 2020 to July 2021	August 2021 to December 2021
# of registered cases	76	55
# of registered clients	87	58
# of continuing cases	67	15
# of continuing clients	78	15

North -West Regional Health Authority (NWRHA):

i. In 2020, a total of 154 new clients accessed the service; 205 employees accessed the various educational/group sessions; 638 employees who were on quarantine were contacted and provided with psychosocial support; and

ii. In 2021, a total of 283 new clients accessed the service; 544 employees accessed the various educational/group sessions; 907 employees who were on quarantine were contacted and provided with psychosocial support.

South West Regional Health Authority

i. Number of Staff accessing Tele-Mental Health service – 47; and

ii. Number of Staff accessing Onsite Mental Health Support (commenced in July 2021) - 10

Feedback on Mental Health Services Provided

7.1.4 The following systems existed to obtain feedback from health care workers and auxiliary staff on the quality, reliability and effectiveness of the support systems that were provided:

i. **ERHA** - Provider feedback, Survey of EAP services, client feedback system through Quality department, complaints through a toll free number (both for staff and clients) 800-ERHA;

ii. **NCRHA** - There were no formal systems to obtain feedback. However, liaisons and mental health staff engaged in staff sessions to ascertain needs and responses to interventions;

iii. **NWRHA** - The EAP department utilises a client feedback form to determine the usefulness of its services as well as areas of need for improvement. In addition, collaboration is maintained with the Occupational Health Department, Quality Department, Health Policy, Research, Planning and Development Department, the Mental Health unit for the delivery and enhancement of services provided; and

iv. **SWRHA** - The SWRHA implemented the Customer Solutions Desk to facilitate feedback from internal staff. Staff internal satisfaction survey are completed by the Quality Improvement Department. The findings from the survey are shared with the HODs for improvement. Staff can provide their feedback through various mediums: face to face with a Customer Relations Officer, via email, via telephone.

7.1.5 Feedback from NWRHA indicated that services provided are timely, efficient and commendable. There is a great level of satisfaction regarding the confidentiality of the service. Interaction with Counsellors is welcoming and pleasant. Feedback from other RHA's was not provided in the Ministry's submission.

Findings

Based on the preceding evidence, the Committee's findings are as follows:

i. The Committee commends the Ministry of Health on responding to the Mental Health needs of healthcare workers;

ii. The medical profession is one that is noted for high levels of stress and exposure to trauma. Notwithstanding resource constraints, the systems implemented to address mental health needs of healthcare workers should be expanded and sustained beyond the pandemic response;

iii. There is a need for consistent engagement of Employee Assistance Programmes to continually assess the Mental Health of healthcare worker; and

iv. Data collection on Mental Health support provided to healthcare workers was not standarised across the various Regional Health Authorities.

Recommendations

In light of the foregoing, the Committee recommends the following:

A. The Ministry of Health should collaborate with the Ministry of Digital transformation to develop a standard system to collect data on healthcare workers who access mental health support services. Having this information readily available will assist in developing optimal mental health support for healthcare workers.

B. The Ministry of Health should also develop a standardised feedback mechanism for healthcare workers to anonymously provide feedback on the quality of mental health support services received.

C. The Ministry of Health should provide continuous follow-up on healthcare workers who access mental health support services to ensure that presenting issues have been adequately monitored and treated.

Your Committee respectfully submits this Report for the consideration of the Parliament.

Mr. Paul Richards
Chairman

Mr. Esmond Forde, MP
Vice-Chairman

Mr. Avinash Singh
Member

Mr. David Nakhid
Member

Ms. Vandana Mohit, MP
Member

Mr. Roger Munroe, MP
Member

Mrs. Pennelope Beckles, MP
Member

Mr. Rohan Sinanan
Member

January 17, 2023

APPENDICES

Appendix I – List of officials who appeared and provided oral evidence

Name of Official	Portfolio	Organization
Public Hearing Held on March 25, 2022		
Mr. Asif Ali **Ms. Melanie Noel** **Dr. Hazel Othello** **Ms. Keisha Lewis** **Mrs. Lyra Thompson-Hollingworth** **Professor Gerard Hutchinson**	Permanent Secretary Ag. Deputy Permanent Secretary Director, Mental Health General Manager, Mental Health NWRHA Coordinator, National Alcohol Drug Abuse Programme Head, Psychiatry Services NCRHA	**Ministry of Health**
Mrs. Lisa Henry-David **Mrs. Natalie Robinson-Arnold** **Mrs. Irma Bailey-Reyes**	Chief Education Officer Ag. Social Work Specialist, SSSD Interim Supervisor, Development Assessment and Intervention Unit, SSSD	**Ministry of Education**
Ms. Jacqueline Johnson **Ms. Lisa Ifill** **Ms. Kathleen Sarkar**	Permanent Secretary Director, Social Planning and Research Assistant Director, National Family Services Division	**Ministry of Social Development and Family Services**

Name of Official	Portfolio	Organization
Public Hearing Held on April 29, 2022		
Mrs. Jacinta Bailey-Sobers **Mr. Bertrand Moses** **Dr. Tameka Romeo** **Dr. Ayanna Sebro**	Permanent Secretary Coordinator, Child Affairs Division Gender Support Lead Technical Director, National Aids Coordinating Committee	**Office of the Prime Minister – Gender and Child Affairs Division**
Mrs. Rhonda Gregoire-Roopchan **Ms. Elizabeth Lewis** **Mrs. Vandana Siew Sankar-Ali** **Dr. Krista Ali**	Deputy Director, Care Services Deputy Director Ag., Legal & Regulatory Services Assessment Manager Psychologist	**Children's Authority of Trinidad and Tobago**
Mr. Charles Collier **Mrs. Marcia Tappin-Boxill** **Dr. Karen Moore**	President Chairman, Trauma Team Chairman, Ethics and Licensure	**Trinidad and Tobago Association of Psychologists**
Ms. Kezia Worrell **Ms. Chyann Riley**	Founder Director	**Trinidad and Tobago's Depression and Suicide Foundation**
Dr. Patricia Elder **Dr. Brent Pereira** **Mr. Ronald Tagallie**	Founder/Director Clinical Director Trauma Unit Director	**Elder Associates Limited**
Lucretia Gabriel **Ms. Delores Robinson**	Chairman Creative and Executive Director, GOOTS	**Lifeline**

Appendix II – State-run mental health services available in Trinidad and Tobago.

Mental Health Facility/Service	Description of Services
North West Regional Health Authority	
Barataria Mental Health and Wellness Centre	Community based mental health care, psychiatric outpatient clinic, and mental health promotion
Pembroke Street Mental Health and Wellness Centre	Community based mental health care, psychiatric outpatient clinic, counselling services
Carenage Mental Health and Wellness Centre	Community based mental health care, psychiatric outpatient clinic, and mental health promotion, group therapy
Child Guidance Clinic	Referral and walk-in service for children up to 18 years, mental health assessment including challenging behaviour and psychological testing
Petit Valley Psychiatric Out-Patient Clinic	Psychiatric Outpatient Clinic
North Central Regional Health Authority	
Arima Psychiatric Out-Patient Clinic	Psychiatric Outpatient Clinic
Chaguanas Psychiatric Out-Patient Clinic	Psychiatric Outpatient Clinic, counselling music and art therapy, home visits
Arima Rehabilitation Centre	Psychosocial rehabilitation aims to educate clients about their illness, teach social and independent living skills and prepare clients for independent living
Substance Abuse Prevention and Treatment Centre	Provides treatment of drug/alcohol-dependent patients, gambling and sex addiction
Eric Williams Medical Sciences Complex In-Patient Clinic	Adolescent and adult psychiatry services, inpatient care for patients diagnosed with psychiatric disorders
Eric Williams Medical Sciences Complex Out-Patient Clinic	Patients referred from inpatient unit and other services within NCRHA and nationally
St. Joseph Enhanced Health Centre Liaison Clinic	Integrated primary care and psychiatry adolescent mental health services at CALM Unit.
Tacarigua Psychiatric Out-Patient Clinic	Psychiatric Outpatient Clinic, Home Visits, Counselling
Eastern Regional Health Authority	
Sangre Grande Enhanced Health Centre Community Mental Health Services	Information Desk, Psychiatric Outpatient Clinic, Rehabilitation, Home Visits, Counselling
Toco Psychiatric Out-Patient Clinic	Psychiatric Outpatient Clinic
Rio Claro Psychiatric Out-Patient Clinic	Psychiatric Outpatient Services, Injections, Counselling
Mayaro Psychiatric Out-Patient Clinic	Psychiatric Outpatient Clinic, Counselling

South Western Regional Health Authority	
San Fernando Community Mental Health Centre	Community mental health services, including mental health promotion and community outreach.
Psychiatric Outpatient Clinic	Psychiatric Social Work Services, Home Visits, Counselling, Mental health assessments, medication treatment
Substance Abuse	Provides treatment and therapeutic support of drug/alcohol-dependent patients
Memory Clinic	Rehabilitation and treatment for patients with memory loss and dementia
Ward 1 In-Patient Unit	Inpatient care for patients diagnosed with psychiatric disorders. Patients also receive occupational therapy services while warded.
South Oropouche Health Centre	Psychiatric Outpatient Clinic, Social Work Services, Home Visits, Counselling
Siparia District Health Facility	Psychiatric Outpatient Clinic, Social Work Services, Home Visits, Counselling
Area Hospital, Point Fortin	Psychiatric Outpatient Clinic, Social Work Services, Home Visits, Counselling
Cedros Health Centre	Psychiatric Outpatient Clinic, Social Work Services, Home Visits, Counselling
Princes Town District Health Facility	Psychiatric Outpatient Clinic, Social Work Services, Home Visits, Counselling
Rochard Douglas Health Centre	Psychiatric Outpatient Clinic, Social Work Services, Home Visits, Counselling
Couva District Health Facility	Psychiatric Outpatient Clinic, Social Work Services, Home Visits, Counselling
Child Guidance Clinic	The services of the child psychiatrist, psychologists, and psychiatric social workers are available to children and adolescents as well as their families
Couva Extended Care Centre	Occupational Therapy enables persons in everyday living to perform, modify or adapt their skills and activities to live healthier and more productive lives
Point Fortin Extended Care Centre	Occupational Therapy enables persons in everyday living to perform, modify or adapt their skills and activities to live healthier and more productive lives
Tobago Regional Health Authority	
Scarborough Health Centre-Mental Health Dept. (Main Community psychiatric clinic)	mental health clinic, assessment, therapeutic support for dialysis patients, group therapy
Psychiatric Treatment and Psychotherapy	Psychiatric Social Work Services, Home Visits, Counselling, mental health assessment, medication treatment

Substance abuse Clinic	Psychiatric Social Work Services, Home Visits, Counselling, mental health assessment, medication treatment
Memory/Alzheimer's Clinic	Rehabilitation and treatment for patients with memory loss and dementia
Roxborough Health Centre	Mental health outpatient clinic-psychiatric treatment and psychotherapy
Scarborough General Hospital Out-Patient and Administrative Unit	Information Desk, Assessment, Counselling and Drug Abuse Intervention, Treatment
Psychiatric Assessments and Treatment	Psychiatric Assessment/Intervention and Treatment with Consultants and Department Doctors
Psychotherapy and Counselling	Psychological Testing, Assessment and Therapy /Treatment
Occupational Therapy	Assessments/Evaluations activities in daily living and interventions in life skills training, cognitive rehab, support employment, and social and interpersonal skills training
Scarborough General Hospital In-Patient Unit	Acute psychiatric care. All types of admissions
Bethel Health Centre	Mental health outpatient clinic-psychiatric treatment and psychotherapy
Canaan Health Centre	Mental health outpatient clinic-psychiatric treatment and psychotherapy
Mason Hall Health Centre	Mental health outpatient clinic-psychiatric treatment and psychotherapy. Schizophrenia: support group (social workers)
Child and Adolescent Centre	Assessment and treatment, family intervention counselling, speech, and language therapy, occupational therapy

Appendix III– Minutes of 10th Meeting

EXCERPT **MINUTES OF THE TENTH MEETING OF THE JOINT SELECT COMMITTEE OF PARLIAMENT ON SOCIAL SERVICES AND PUBLIC ADMINISTRATION,**

HELD ON MARCH 25, 2022

This meeting was facilitated via the Zoom video conferencing program

PRESENT

Members of the Committee

Mr. Paul Richards	Chairman
Ms. Vandana Mohit, MP	Member
Mr. David Nakhid	Member
Mr. Avinash Singh	Member
Mr. Rohan Sinanan	Member

ABSENT/EXCUSED

Mr. Roger Monroe, MP	Vice-Chairman
Ms. Pennelope Beckles, MP	Member
Mr. Esmond Forde, MP	Member

Secretariat

Ms. Keiba Jacob- Mottley	Secretary (temporary)
Mr. Marcus Moses	Assistant Secretary (temporary)
Ms. Aaneesa Baksh	Researcher
Ms. Nicole Brown	Researcher

PUBLIC HEARING RE: *1st Public Hearing on an inquiry into the mental health and psy-chosocial services available to the population during the COVID-19 pandemic (with a specific focus on measures to curb substance abuse and suicide).*

1. The meeting resumed in public at 10:27 a.m.

2. The following persons joined the meeting:

Ministry of Health

1. Ms. Melanie Noel	Deputy Permanent Secretary
2. Dr. Hazel Othello	Director, Mental Health
3. Ms. Keisha Lewis	General Manager, Mental Health NWRHA
4. Mrs. Lyra Thompson-Hollingworth	Coordinator, National Alcohol Drug Abuse Programme

Ministry of Education

1. Mrs. Lisa Henry-David	Chief Education Officer Ag.
2. Mrs. Natalie Robinson-Arnold	Social Work Specialist, SSSD
3. Mrs. Irma Bailey-Reyes	Interim Supervisor, Development Assessment and Intervention Unit, SSSD

Ministry of Social Development and Family Services

1. Ms. Sheila Seecharan	Permanent Secretary
2. Ms. Loraine Reyes-Borel	Director, Social Displacement Unit
3. Ms. Lisa Ifill	Director, Social Planning and Research
4. Ms. Kathleen Sarkar	Assistant Director, National Family Services Division

Opening Statements

3. The chief officials of the aforementioned entities made brief opening remarks.

Key Issues Discussed

The following are the main issues arising from discussions with the **Ministry of Health (MOH):**

Data on Suicides

i. Statistics from the MOH for the period 2019 to 2021 showed that there was an increase in the number of persons dying by suicide during the pandemic period.

ii. The trends of the statistics indicated that there were more males who completed suicides in comparison to females, however there were more females than males who attempted suicides.
iii. The MOH provided the following suggested causation factors for suicides:
    a. Substance use related-conditions;
    b. Relationship breakdowns;
    c. Previous history of mental illness;
    d. Social challenges;
    e. Financial challenges; and
    f. Interpersonal conflicts.
iv. Deaths by suicides are reported to the TTPS, as such, the MOH does not interface directly with the family of the deceased.
v. There were challenges to data collection during the pandemic.

Substance Abuse

vi. The National Alcohol Drug Abuse Programme (NADAP) engages with students in communities to prevent substance abuse disorders.
vii. There was an increase in the number of persons requesting the services of NADAP during the pandemic period.
viii. The influence of advertising alcohol in communities with higher vulnerable populations.
ix. The need for advertising of the NADAP's services on social media platforms other than Facebook, in order to grasp the attention of the youth.

Provision of Mental Health and Psychosocial Support Services (MHPSS)

x. The MOH provided MHPSS through the following mediums:
    a. Helplines;
    b. through collaborations with stakeholders; and
    c. Information on services via the website findcarett.com.
xi. The need for additional clinical child psychologists within the public services as clinical child psychologists from Trinidad prefer to migrate to other countries or work in private establishments which offer greater benefits.

The following are the main issues arising from discussions with the **Ministry of Education (MOE):**

Substance Abuse

i. Substance abuse amongst students on the school compound is reported by the principal to the school supervisor who then reports it to the district offices.
ii. Data collection on substance abuse was a challenge as teachers were unable to accurately observe the students' behaviour due to the virtual environment.
iii. There are parenting programmes available through the SSSD to provide guidance to parents on coping mechanisms for their children.

Depression and Suicide among school students

iv. Statistics from the MOE highlighted that 634 secondary level students and 22 primary level students were diagnosed with clinical depression for the period 2019 to 2021.
v. There were nine suicides amongst students during the period 2019 to 2021.

Cyber-bullying

vi. There has been an increase in the reports of students who were victims of cyberbullying during the pandemic.

Human Resource Issues

vii. The Student Support Services Division (SSSD) is currently functioning at approximately 50% capacity, as there are 328 vacancies within the Division.
viii. The MOE has been engaging with the On-the-Job Training Programme as well as lobbying the relevant Service Commissions to assist in filling vacancies.

The following are the main issues arising from discussions with the **Ministry of Social Development and Family Services (MSDFS):**

Outreach Services

i. The Ministry of Social Development and Family Services (MSDFS) conducted outreach services and sensitisation services on familial issues and mental health and well-being during the pandemic using the following media:
    a. Public Information, Education and Sensitisation Series (PIES) Programmes;
    b. Radio and television programmes; and
    c. Social media platforms.
ii. The MSDFS intends to expand the current outreach services with the aim of engaging communities

Socially Displaced Persons

i. The differences in the procedure applied by the MSDFS for conducting street counts of the socially displaced before and during the pandemic.

ii. The discrepancy in the number of socially displaced persons highlighted by the MSDFS in their street counts and the number of socially displaced persons who are seen being provided with meals within POS during the day time.

iii. The suggestion that not all persons being provided with meals within the POS area may be street dwellers but may also include persons who are experiencing levels of poverty.

iv. The conditions and treatment of the persons at the Centre for Socially Displaced Persons (CSDP).

v. There are some socially displaced persons housed at the CSDP who are outpatients of the St. Ann's Psychiatric Hospital.

vi. The MSDFS intends to assess and relocate socially displaced persons who have a mental illness or a substance abuse disorder by the end of the year.

The need for the MSDFS to conduct a "national scan" of the population to determine the socio-economic circumstances and/or substance abuse and mental health issues that prevail in the country.

ADJOURNMENT

9.1 The meeting was adjourned accordingly at 12:21 p.m.

I certify that these Minutes are true and correct.

Chairman

Secretary

April 19, 2022

Appendix IV– Minutes of 11th Meeting

EXCERPT MINUTES OF THE ELEVENTH MEETING OF THE JOINT SELECT COMMITTEE OF PARLIAMENT ON SOCIAL SERVICES AND PUBLIC ADMINISTRATION,

HELD ON APRIL 29, 2022

This meeting was facilitated via the Zoom video conferencing program

PRESENT

Members of the Committee

Mr. Paul Richards	Chairman
Mr. Roger Monroe, MP	Vice-Chairman
Ms. Pennelope Beckles, MP	Member
Mr. Avinash Singh	Member
Mr. David Nakhid	Member

ABSENT/EXCUSED

Ms. Vandana Mohit, MP	Member
Mr. Rohan Sinanan	Member
Mr. Esmond Forde, MP	Member

Secretariat

Mr. Julien Ogilvie	Secretary
Ms. Aaneesa Baksh	Researcher
Ms. Nicole Brown	Researcher

PUBLIC HEARING RE: 2nd *Public Hearing on an inquiry into the mental health and psychosocial services available to the population during the COVID-19 pandemic (with a specific focus on measures to curb substance abuse and suicide).*

1. The meeting resumed in public at 10:25 a.m.

2. The following persons joined the meeting:

Office of the Prime Minister – Gender and Child Affairs Division

1. Mrs. Jacinta Bailey-Sobers	Permanent Secretary
2. Mr. Bertrand Moses	Coordinator, Child Affairs Division
3. Dr. Tameka Romeo	Gender Support Lead
4. Dr. Ayanna Sebro	Technical Director, National Aids

	Coordinating Committee

The Children's Authority of Trinidad and Tobago

1. Mrs. Rhonda Gregoire-Roopchan	Deputy Director, Care Services
2. Ms. Elizabeth Lewis	Deputy Director Ag., Legal & Regulatory Services
3. Mrs. Vandana Siew Sankar-Ali	Assessment Manager
4. Dr. Krista Ali	Psychologist

Trinidad and Tobago Association of Psychologists

1. Mr. Charles Collier, MA	President
2. Mrs. Marcia Tappin-Boxill, MA	Chairman, Trauma Team
3. Dr. Karen Moore	Chairman, Ethics and Licensure

Trinidad and Tobago Depression and Suicide Foundation

1. Ms. Kezia Worrell	Founder
2. Ms. Chyann Riley	Director

Elder Associates Limited

1. Dr. Patricia Elder	Founder/Director
2. Dr. Brent Pereira	Clinical Director
3. Mr. Ronald Tagallie	Trauma Unit Director

Lifeline

1. Dr. Lucretia Gabriel	Chairman
2. Ms. Delores Robinson	Creative and Executive Director, GOOTS

Opening Statements

3. The chief officials of the aforementioned entities made brief opening remarks.

Key Issues Discussed

The following are the main issues arising from discussions with **Office of the Prime Minister (Gender and Child Affairs Division):**

Overview

vii. The Gender Affairs Division is the national focal point for gender and development in Trinidad and Tobago.

viii. Its mandate includes the promotion of principles of gender equality and equity through gender mainstreaming.

ix. The draft national policy on gender and development guides the work of the Division and addresses mental health under the thematic areas of gender-based violence, health and well-being and gender and special interest groups.

Substance Abuse

x. The Gender and Child Affairs Division was in the process of establishing two drug rehab community residences for boys in Tobago.

xi. The Division had also partnered with New Life Ministries Drug Rehab to undertake a pilot project with respect to substance use and abuse of children in schools.

Challenges with Current State of Mental Health Services

xii. There was no facility for children who need long-term mental health services. The Gender and Child Affairs Division was working with the Ministry of Health to establish such a facility.

xiii. In the interim, Cabinet had agreed that some provision will be made at Mount Hope for a limited number of beds for children who need long-term mental health services.

xiv. There is a need for greater collaboration across ministries and institutions to treat with mental health issues.

xv. There must be a clear understanding of roles, responsibilities and protocols, particularly when dealing with case management of children's mental health.

xvi. There is also a need for improved data collection systems across Ministries and other institutions dealing with mental health issues.

Support services provided

xvii. The National AIDS Coordinating Committee re-established the HIV/AIDS hotline in December 2021 to augment some of the services provided through the Ministry of Health and the Ministry of Social Development and Family Services to support people living with HIV.

xviii. The hotline receives an average of 30 calls per month.

xix. The Gender and Child Affairs Division developed Child Zone, an online repository of activities, media, information and mental health and other material related to child protection.

xx. The Division used both traditional and social media platforms to promote the Child Zone and collaborated with the Student Support Services Division of the Ministry of Education to introduce both the Child Zone platform and a mental health workbook to schools.

The following are the main issues arising from discussions with **the Children's Authority of Trinidad and Tobago:**

Overview

i. The CATT is a specialised agency with responsibility for the care and protection of children who are at risk or have been victims of abuse and neglect.
ii. The organisation advocates for the rights of children and works collaboratively with partners from all sectors of the community to develop solutions to rehabilitate children
iii. The Authority has been operational for the past seven years.
iv. Children are referred to the Authority either through the courts or via direct reports made to the Authority.
v. These children often present with a wide array of mental health problems which present themselves as emotional and behavioural challenges.

Support Provided and Observations

vi. When children require immediate psychological attention, the CATT will send the required referral letters to the nearest Accident and Emergency.
vii. The decision is then made by medical staff whether the child will be warded at the hospital or transferred to St. Ann's.
viii. If a parent is non-compliant with facilitating the child's treatment, the legislation (Section 22) allows the CATT to act in the best interest of the child in the absence of parental consent.
ix. There were 55 children under the care of the CATT who were being accommodated across three centres in Trinidad and 6 children in Tobago.
x. Of these children, three of them have formal mental health diagnoses.
xi. Additionally, there were eight children who displayed symptoms of mental health issues who did not receive a formal diagnosis. These children were receiving treatment at health centres.
xii. While some children experienced challenges with cyber-bullying, other children experienced a relief from bullying that they experienced when school was held in-person. As such, the issue of bullying in the online environment needs to be viewed on a case by case basis.

xiii. Some children experienced depression and a drop in school performance during the pandemic while other children experienced an improvement in school performance.
xiv. The Authority placed importance on increasing awareness of online grooming of children.

Partnerships

xv. The CATT partners with NGOs such as the Rape Crisis Centre as well as religious organisations. These NGOs assist with providing therapeutic interventions free of charge for children
xvi. The Authority is in the process of developing MOUs and service agreements with these partner organisations.

The following are the main issues arising from discussions with **the <u>Trinidad and Tobago Association of Psychologists</u>:**

Overview

ii. The Trinidad and Tobago Association of Psychologists was established in 2000 by an Act of Parliament.
iii. The Association operates on a completely volunteer basis.
iv. There is an elected executive that works through various committees consisting of members of the Association.

Key Observations about Mental Health

v. There has been a significant increase in the volume of demand for Mental Health Services.
vi. Generally, men are more reluctant to seek mental health care when compared to women.
vii. There has been a spike in toddlers presenting with Autism Spectrum Disorder symptoms, however the association posits that this observation could be be attributed to the lack of social interaction during the pandemic restrictions. An accurate assessment can be made once children return to typical social settings as the restrictions ease.
viii. Some of the major factors contributing to the lack of mental health professionals in Trinidad and Tobago are:
    a. The stigmatisation of mental health issues has created a reluctance to seek mental health services; and
    b. There is a binary view of mental health that does not acknowledge the spectrum of mental health support that can be beneficial as such, people frequently

defer seeking mental health care until they have come to a point of severe crisis.

ix. Typical outlets for relieving stress such as bars and outdoor recreation facilities were closed during the pandemic, leading to increased stress levels among the population, particularly male citizens.

x. The TTAP believes that the prohibition on access to outdoor activities played a significant role in the emergence of increased demand for mental health care.

The following are the main issues arising from discussions with **Lifeline:**

Overview

i. Lifeline has been in existence since 1978.

ii. The organisation is dedicated to providing services for people who are in imminent danger of taking their own lives by making a hotline available for them to call

iii. In 2019, Lifeline received six calls per day. From 2020-2022, that number increased to between 10 and 30 calls per day.

iv. The length of time spent on those calls ranged from one minute up to seven hours.

v. The average length of a call was 30 minutes and the prevailing reason for those calls was suicide prevention. The age range was 20-78 years old with 82% of callers being less than 40 years old; 65% of callers were male.

Budgetary Constraints and Recommendations

vi. Lifeline does not have the necessary funding to operate effectively

vii. Lifeline sees the need for a multi-agency risk assessment committee to collaborate to provide mental health services

The following are the main issues arising from discussions with **Elder Associates:**

Overview

i. Elder Associates has been in existence since 1993. The organisation primarily provides Employee Assistant Programme Services and other psychological services to both private and public sector entities.

Key Observations

ii. There was a noticeable increase in the demand for services during the pandemic.

iii. Elder Associates faced challenges with not being able to provide face-to-face services during the pandemic. However, the virtual platform used improved the level of accessibility of the services to people who would not have previously been able to access the services.

iv. Between 2019 and 2021, there was a significant increase in the number of participants in counselling sessions.

v. The most common issues during the pandemic related to inter-personal relationships, which was the situation prior to the pandemic. However, there was a significant increase in the number of cases related to anxiety and depression during the pandemic.

The following are the main issues arising from discussions with **the Trinidad and Tobago Depression and Suicide Foundation:**

Overview

i. TTDSF was established on August 6, 2017.
ii. The organisation is committed to providing support to the citizens of Trinidad and Tobago during the pandemic.
iii. The TTDSF had not yet approached the Government with requests for funding.

Key Observations

iv. The TTDSF receives both phone calls and Facebook messages from clients.
v. These clients are then referred to health facilities or hospitals depending on the nature of the case.
vi. The TTDSF makes 10-20 referrals per month. Calls increased by 10% during the pandemic.
vii. Activity on the organisations Facebook page also increased during the pandemic.
viii. The stigma against mental health issues needs to be addressed.
ix. More Guidance Counsellors and Mental Health professionals are needed in both schools and in the workplace.

ADJOURNMENT

9.2 The meeting was adjourned accordingly at 12:45 p.m.

I certify that these Minutes are true and correct.

Chairman

Secretary

May 16, 2022

Appendix V – Verbatim Notes of 10th Meeting

VERBATIM NOTES OF THE TENTH VIRTUAL MEETING OF THE JOINT SELECT COMMITTEE ON SOCIAL SERVICES AND PUBLIC ADMINISTRATION COMMITTEE HELD (IN PUBLIC) ON FRIDAY, MARCH 25, 2022, AT 10.27 A.M.

PRESENT

Mr. Paul Richards	Chairman
Mr. Rohan Sinanan	Member
Mr. Avinash Singh	Member
Mr. David Nakhid	Member
Ms. Vandana Mohit	Member
Mr. Julien Ogilvie	Secretary
Mr. Brian Lucio	Assistant Secretary
Ms. Aaneesa Baksh	Graduate Research Assistant
Ms. Nicole Brown	Graduate Research Assistant

ABSENT

Mr. Esmond Forde	Vice-Chairman [*Excused*]
Mr. Roger Monroe	Member [*Excused*]
Ms. Pennelope Beckles	Member [*Excused*]

MINISTRY OF HEALTH

Ms. Melanie Noel	Deputy Permanent Secretary
Dr. Hazel Othello	Director, Mental Health
Ms. Keisha Lewis	General Manager, Mental Health NWRHA
Mrs. Lyra Thompson-Hollingworth	Coordinator, National Alcohol Drug Abuse Programme

MINISTRY OF EDUCATION

Mrs. Lisa Henry-David	Chief Education Officer (Ag.)
Mrs. Natalie Robinson-Arnold	Social Work Specialist, SSSD

Mrs. Irma Bailey-Reyes	Interim Supervisor, Development Assessment and Intervention Unit, SSSD

SOCIAL DEVELOPMENT AND FAMILY SERVICES

Ms. Sheila Seecharan	Permanent Secretary
Loraine Reyes-Borel	Director, Social Displacement Unit
Ms. Lisa Ifill	Director, Social Planning and Research
Ms. Kathleen Sarkar	Assistant Director, National Family Services Division

Mr. Chairman: Good morning and welcome to the viewing and listening audience to this the Tenth Meeting of the Joint Select Committee on Social Services and Public Administration. This is the committee's first hearing with stakeholders pursuant to its enquiry into the mental health and psychosocial services available to the population during the COVID-19 pandemic, with a specific focus on measures to curb substance abuse and suicide.

Members of the public, you are invited to submit your comments and questions via the Parliament's social media platforms, YouTube channel, *ParlView* via the Parliament's Facebook and Twitter feeds.

Before us today are three entities: The Ministry of Health, the Ministry of Education, and the Ministry of Social Development and Family Services. I am the committee's Chairman, Paul Richards. At this time, I would like the Committee members who are present to please introduce yourself, starting with Member Mohit.

[*Introductions made*]

Mr. Chairman: Thank you very much. Member Rohan Sinanan was with us
earlier but he had a conflicting engagement and had to excuse himself. Other members of the committee include member Esmond Forde, member Pennelope Beckles and member Roger Munroe, all of who have conflicting engagements today.

Our enquiry objectives are the following; there are four objectives in this enquiry: One, to undertake a preliminary examination of the trends in mental health and mental illness during the COVID-19 pandemic; two, to evaluate the efficacy of the support systems and services of the State, aimed at counteracting the adverse effects of the COVID-19 pandemic on mental health and wellness in the population; three, to evaluate the adequacy of support systems and services available for persons in the areas of substance abuse and suicide prevention; and four, to evaluate the mental health support provided to health care workers providing treatment for COVID-19 patients.

At this time, I will invite members of entities before us to introduce themselves, starting with the Deputy Permanent Secretary of the Ministry of Health, Ms. Melanie Noel.

Ms. Noel: Hello good morning, Chair and Committee. My name is Melanie Noel and I will have the other members of my team introduce themselves.

[*Introductions made*]

Mr. Chairman: And that is it for the Ministry of Health, all right? Thank you. Next, we invite the Chief Education Officer, Acting, Mrs.Lisa Henry-David.

[*Introductions made*]

Mr. Chairman: Thank you. And now on to the officials of the Ministry of Social Development and Family Services, starting with PS, Ms. Sheila Seecharan.

[*Introductions made*]

Mr. Chairman: Thank you all for being with us. I would like to remind you, both Committee members and officials, to direct your questions and concerns and interventions through me the Chair. We would also like to remind members to kindly activate your microphones on your devices when you are acknowledged by the Chair and to turn them off when you have concluded your contribution in that round. And, of course, we will now proceed.

Just to give you some background of the issues facing us, and some background information as provided by the Ministry of Health, in terms of mental illness in Trinidad and Tobago, Trinidad and Tobago is the third highest in the Caribbean with respect to the prevalence of mental illness with schizophrenia, mood disorders, and mental and behavioral disorders, and substance abuse. Twenty percent of T&T's population may be living with some type of mental illness, which can be treated but is not currently being treated. This is according to information provided by the MoH. In terms of depression, depression represents 13.2 per cent burden of disease in T&T accounting for 3.35 in the region, dailies in the region, and constituting the greatest percentage of total disability. It ranks fourth when compared to all courses of disability in T&T.

In 1998, the incidence of depression was found to be 5.22 per 10,000. It is estimated that globally there has been a 50 per cent increase in the number of persons living with depression, and/or anxiety between 1990 and 2013.

In terms of suicide and self-harm, it accounts for 2.1 per cent of total disability in T&T and ranks seventh highest rate of suicide in the region per capita, and the third highest in the English-speaking Caribbean, with a rate of suicide in 2017 recorded at 13.6 per 100,000, whilst the regional average was 9.8 per 100,000, which means we are ahead of the regional average.

In 2010, there were 12.2 death per 100,000; 4.6 in women and 19.6 in men, rising to 14.5 in 2015. Mortality from suicide continues to be higher in men than

women. However, according to this information, women report more suicides attempt. What is even more startling is students age 13 to 15 surveyed in 2011 reported that 17 per cent of them seriously considered

attempting suicide in the past 12 months, when the scan was taken, while 14.4 actually attempted suicide one or more times during the same period.

In 2015, suicide was reported to be the second leading cause of premature death adolescence ages 15 to 29, globally. So that is really striking information.

In terms of alcohol and substance abuse, alcohol and substance abuse accounts for 1.2 per cent in total disability in our country, and 6.9 burden of disease in Latin America and the Caribbean. The recorded consumption of alcohol, and let me just put alcohol, per capita, increased from 5.8 in 2003 to 6.4 in 2010 and 7.9 in 2016. In a recent survey, 86.5 per cent of students surveyed reported they had their first drink of alcohol before the age of 14 and 23.8 per cent reported drinking so much they were really drunk, in their own words, one or more times during their lives. The use of alcohol and substances before the age of 14 is associated with an increased risk of developing alcohol substance abuse disorder in adulthood.

And just to identify, we are dealing with very sensitive topics here and we have all seen what is in the news media recently in terms of the tragic reports, the reports of tragic suicide. So we are going to try to be as sensitive as possible because this is being broadcast and we know that there are vulnerable populations and persons looking on.

In terms of deaths by suicide, in 2019, there were 92 reported suicides, 79 men and 13 women. In 2020, it went up to 104, comprising 83 male and 21 females. And in 2021, it went up to 128, which included 110 males and 18 females. So we see that there is an increasing trend upward and part of the responsibility of

this committee, or the objective of this committee is, one, to dig deep with our stakeholders and find out what is happening that is causing this increase, and what systems are in place, how effective those systems are and also what we can do to close possible gaps.

At this time, I would like to invite the heads of the committees before us to present opening remarks, starting with the Deputy Permanent Secretary in the Ministry of Health.

Ms. Noel: Thank you, good morning, Mr. Chairman, members of the Joint Select Committee, members of the Ministries of Social Development and Family Services and education, fellow colleagues of the Ministry of Health and our viewing public. I take this opportunity to reaffirm the commitment of the Ministry of Health in the provision of mental health services, especially during this COVID-19 pandemic, for our dedicated and ever-committed health care workers and our citizens.

From the onset, the Ministry has collaborated with several Ministries and organizations. This resulted in the design, execution and coordination of a vast range of mental health and psychosocial support programmes during the pandemic; programmes that focus on mental health awareness, stress management, mental health in the workplace, employee health and wellness, psychological first aid, suicide awareness,

healthy lifestyle, healthy me, healthy you, post disaster mental health, public education, and management of loss and bereavement.

Further, several modes of training and communication were utilized to allow health workers and other citizens to benefit from the array of mental health services from virtual training and consultation sessions involving health workers, individuals and groups, the promotion of the utilization of EAP services and telemental and in-person mental health services for health workers, individuals and groups. In this regard, it is envisaged that today's proceeding would be insight full

towards enhancing the programmes and services for mental care health care during the and after the pandemic. Thank you, Mr. Chairman.

Mr. Chairman: Thank you so much. Can we go now to the Acting Chief Education Officer, Mrs.Henry-David?

Mrs. Henry-David: Good morning, Mr. Chairman. Mr. Chairman, members of the Committee, representatives of the Ministers of Health and Social Development, other members of the Ministry of Education team, members of the viewing public. The Ministry of Education is committed to the children of Trinidad and Tobago and ensuring that they are provided with educated services. In this regard, we will continue working with parents, other Ministries and stakeholders to ensure that our students benefit from necessary services inclusive of hotline services, therapeutic support, psycho-educational services and psychotherapeutic services. We will continue to work with our colleagues to ensure that our children benefit from the necessary services.

Mr. Chairman: Thank you so much. And then we go now to the Acting PS in the Ministry of Social Development and Family Services, Ms. Sheila Seecharan.

Ms. Seecharan: Good morning, Chair and members of the Committee, colleagues of the other Ministries and my fellow colleagues here at the Ministry of Social Development and Family Services.

The Ministry of Social Development and Family Services welcomes the opportunity to meet and discuss with the Joint Select Committee the important issue of mental health. Given the convenient spate of suicides in the midst of this COVID-19 pandemic, today's presentation will focus on some intervention strategies and psychosocial support initiatives being implemented by the Ministry as part of its effort in treating with the critical issue at hand.

As you are aware, the Ministry of Social Development and Family Services is mandated with the responsibility for addressing the social challenges of poverty, social inequality and social exclusion. As a result, particular emphasis is placed on developing and executing programmes and services, including psychosocial support to perfect and assist those who are classified as vulnerable, as well as marginalized groups, such as persons with disabilities, the elderly, the poor and indigent, socially-displaced persons, families, and persons living with HIV/Aids, as well as at-risk youths.

Guided by the tenets: "Helping, Empowering and Transforming Lives", the Ministry remains cognizant that mental health and psychosocial support services are essential for individuals to maintain a state of well-being in which they realize their own abilities to cope with the normal stresses of life, can work productively and fruitfully and are able to contribute to their communities.

To this end, the Ministry looks forward to today's stimulating discourse on this important global, and major problem of mental health. Thank you.

Mr. Chairman: Thank you very much. Thank you to all the groups for being here again. The approach we are taking this morning is our three committee members will be interfacing, at the start, with each of the entities before us, the Ministry of Health, the Ministry of Education and the Ministry of Social Development and Family Services, after which, that first 15-minute round, the other members of the committee will join in to ask the questions that they think are material and we will have a discussion on the particular so as to engage all our stakeholders effectively this morning.

Before I pass on to my colleague member Nakhid, let me just ask the Ministry of Health to start by giving us, from what you have seen, and I know the enquiry is really focused on what has transpired in terms of mental health, in relation to suicides and substance abuse during the pandemic. But, of course, we are seeing the trends and the trends are not dissimilar to what has happened before, one, in terms of males being more susceptible to suicide than females; and two, from my memory and research, males having a tendency also to be susceptible to substance abuse more than females, generally the population even before the pandemic. So the question to start is: Has the pandemic exacerbated that paradigm and what are the trends that you have seen before, in terms of why you think males are significantly more predisposed to attempting and, unfortunately, committing suicide than females in society, in our country?

Dr. Othello: Okay, good morning to the Chair and Committee. What the research has shown and what continues to be a trend is that males are more likely to complete the act of suicide and, therefore, suicide statistics tend to consistently show higher numbers of males. However, when you look at the entire spectrum of what we call suicide behaviour and you look at the non-suicidal self-harms as well as incomplete suicides, in other words suicide attempts that did not end someone's life, then you see a higher prevalence of females. So that the statistics for males really refer to completed suicides.

Mr. Chairman: What were the main variables during the pandemic?

Dr. Othello: During the pandemic we have not seen any changes in those trends. Those trends remain consistent. While the absolute number of completed suicides has increased over the last two-years, the actual trends have not changed.

Mr. Chairman: Has the Ministry been able to ascertain what the factors have been underlying? The recent high-profile situation seems to be economic challenges. Are there other factors that the Ministry has been able to identify in terms of these suicides in the country?

Dr. Othello: One of the difficulties with suicide is that we are never absolutely sure of the cause, because, of course, the persons whose story is being told is no longer with us. However, circumstances, information from relatives, information from friends or loved ones may give us some information as well as sometimes people leave notes. We get—the suicide statistics that we provided were received from the Trinidad and Tobago Police Service. And their data shows a large number of suspected reasons or contributing factor towards these suicides and they include financial challenges. They include social problems, interpersonal conflict, relationship breakdown, substance use-related conditions. Of course, a quite few associated with a previous history of mental illness, particularly a previous history of depression. So it is really multifactorial.

Mr. Chairman: Thank you. Member Nakhid, go ahead please.

Mr. Nakhid: Good morning to all of you. Thanks for being here. First of all, I would like to thank all of you for some of the information sent. I only got it very recently. So I would like to go off a bit off the script that has been set. And I have gotten permission to do so by the Chair.

And my first question would this, the obvious question. I am looking at some of the numbers and I saw that the numbers for the last three years here as reported were—the last two years, sorry, it should be, 2020/2021, over 300 suicides. Is that correct? As reported in the newspaper?

Dr. Othello: The data that we have for 2021 is 128. That is the most recent data that we have.

Mr. Nakhid: So are you aware that in the media it was reported in the last two years it was over 300? That is why I am asking. Are you aware of that report?

Dr. Othello: I am not aware of that.

Mr. Nakhid: Okay. Are you also—first of all I would like to state I have a sister very much into psychology and psychiatry, plus two sons studying it, so I am a bit au courant with a lot of things. And one of the concerns that I have, and Chair will know this, that came to Parliament is that the lack of a clinical psychologist, as it relates specifically to kids, to children, in dealing with children. Do you have any numbers of how many, for children, paediatric care, clinical psychologists, we have in Trinidad and Tobago, to do with mental health for children?

Dr. Othello: I do not have that number in front of me, but what I can say is that some of our facilities for children are provided by general-trained psychologists. So they may not be specifically subspecialized child psychologists because those are hard to come by in—they are just generally hard to come by. Very often, when persons train in those areas, they do not return to the Caribbean because, you know, the aspirations in First World countries are quite attractive.

And if they do return to Trinidad and Tobago, they are under no compulsion to return to the public service. They can provide their services in the private sector, if they so wish. So that the numbers of child, specifically-trained child psychologists in the public services have traditionally been low.

Mr. Nakhid: I thank you. That was very on point, and it is exactly what I thought as well, which brings me to the same question you have stated here—I have seen here that men commit the most suicides, which I also know, feel the situation.

But we have a lot of suggestions to deal with the symptoms of mental health and all of those. What is the situation with the Ministry of Health to deal with the causes, the root causes? Because I have a study here that was done in the Scandinavian countries Denmark and Norway which basically relate mental health issues to economic issues of the home, domestic issues. Now I know there may be anomalies, somebody might not like, he did not have, for example in a First World country, he did not like a bike path to ride his bike or a path to go in the mountain. I am not speaking about those anomalies. And these are not questions that are meant to put you all on the spot. I am just asking: What kind of co-operation between you fine ladies and the Ministries responsible for economic policies that could really root out the causes, the root cause of our mental health?

Because anyone can go through Port of Spain and different boroughs and you will see our bus stops now turning into half-way homes. We have homeless. I want to also include the homeless in that as swell. Have studies been made? How many of those homeless people, how many of them have mental health issues? Are we keeping a record of them as far as their mental health issues are concerned, and all of these things? I mean, it is a broader ambit than what I have seen so far in what has been submitted. So that is why I am not sticking to the script. And I would like to know are we going to get, finally, ladies to the root causes? And this is not, I know this is not your fault. This is not a blame. I am asking: Has there been any attempt to co-operate with the Ministries that would determine how the economic situation in the homes affect men more, who bear the responsibility most times, whether it is good or bad, for feeding their children, for watching their children go hungry and suffering from that, which will lead, of course, to alcoholism, drug abuse all of that, all of that we know? Correct.

Dr. Othello: Through the Chair, the social determinants of health, and in particular the social determinants of mental health are well-known and documented and there is always a cause for concern. So that, the Ministry of Health collaborates with all Ministries as opportunities present themselves and sometimes as opportunities are created, so that we can best serve the population of Trinidad and Tobago.

With respect to the specific issues raised, we are mindful of the fact that, even though a number of factors may contribute towards impaired mental health or, in the worst case scenarios, suicide that is usually a balancing act between people's adversities and their coping skills and other protective factors. So what we seek to do at the Ministry of Health, we cannot control the adversities but we can strengthen the coping skills and we can help people to strengthen the protective factors.

10.55 a.m.

Mr. Chairman: But if I could, Dr. Othello—sorry to interrupt you, but following from the question from

member Nakhid, I think that he can correct me if I am wrong, what he is trying to get at is we have the data showing upward trends in suicides, significantly more for men. And given the trends that are clear and even predating the pandemic, are there mechanisms in place even though there may not be more economic resources to identify the vulnerable groups or persons who may be going through the challenges to intervene through the Ministry of Social Development and Family Services or the Ministry of whatever, so that we can reverse the trends? I think that is where member Nakhid was aiming his question, in terms of us being responsive and proactive given the data we are seeing.

Mr. Nakhid: That is it exactly, Chairman. So the question—that is exactly it. The question basically is, we cannot keep on treating with the symptoms, we have at some point in time to direct our actions towards the causes of those systems. And the good lady said that there has been some cooperation, but I have not seen any data presented to see where we have reached as far as that cooperation is concerned between the Ministry of Health and for example, the Ministry of Social Development and Family Services, as you have said.

Is there any data to see what is the cooperation in order to reverse that trend of those causes being done? Has more been given? Has training been done? More in order to incorporate people who are on the verge of suicidal thoughts and so, being employed, improving their economic situation in order not to feel that burden, that sense of—for want of a better word, that sense of impotency in taking care of their families, their children, and therefore, their absolute silent thoughts, they are driven to alcoholism, substance abuse. Do you see where I am going, ladies?

Dr. Othello: If I understand the question that is being put to us, those issues are currently being addressed through the technical working group of our mental health and psychosocial support system. That is a system that brings together multiple agencies, several Ministries, several non-governmental organizations, several other private providers of mental health services, as well as regional organizations, and harnesses all these organizations' skill sets and resources to meet the needs that were mentioned as a result of—

Mr. Chairman: Can you be more specific? What are the kinds of programs that the technical group is working on? Because I understand the general framework approach, but I think what the member is asking is what specifically is being done and what is needed to support the success or the failure of what is being done?

Dr. Othello: Right. Okay, so some of the things that are being provided if I may find my document—because one of the most actively used resources is the access to help lines. And we have amplified that and made it more visible through the FindCareTT.com website so that people could find those resources more easily. Basically, we provide services on several levels. So at the most basic levels our stakeholders provide a wide range of social services in terms of for instance during the pandemic we provided hygiene kits, they did food distribution, they did a lot of communication, they did social media posts, and brochures providing people with essential information.

Mr. Nakhid: Excuse me. Excuse me, can we stick a pin? Chairman, sorry. I am sorry to interject on the good lady—

Mr. Chairman: Go ahead, please. Yes.

Mr. Nakhid: But since we have reached to the point of addressing the causes, I think that is where you have taken the conversation, the dialogue. I want to get specific. I mean, all the general framework as you are stating now is all well and good, but let me give you a specific example that relates to places of concern, where I am concerned about.

For example, I have gone through the East-West Corridor and I have yet to see, for example, an ad advertising alcohol in Bayshore, Goodwood, Glencoe, Victoria Gardens, but I can go through Tunapuna, St. Joseph, Mount D'or, Sangre Grande, Morvant, Laventille, and I see a multiple of ads for alcohol. Alcoholism, as we know is one of the reasons that we are here speaking about this subject. I want to know, you spoke about that cooperation, has there been some cooperation between your Ministry and the Government in order to not have these ads placed where kids see them every day, every day, where their fathers see them every day? The most disadvantaged, the most vulnerable, has there been some cooperation in order to stop these ads being placed in certain communities in Trinidad and Tobago? To you please.

Mr. Chairman: Member Nakhid, I think you are asking Dr. Othello a policy question that she is incapable of answering, and your question has to do with whether or not there is a structure in place to deal with advertising for alcohol where children can view these advertisements.

Mr. Nakhid: Not only children, Chair. Not only children, Chair.

Mr. Chairman: Well, the general public and that question is beyond the remit of Dr. Othello.

Mr. Nakhid: Well, speaking about she said that there is cooperation between her Ministry, I am giving a specific example of what can address the actual causes of mental health, Chair. And if she has no answer, is not any blame game here. If she has no answer then maybe she can say well, we will take that under advisement, and we will see what we can do. Because alcoholism as they mentioned, you mentioned and what is stated, is a serious issue with mental health in Trinidad and Tobago. It serves a non-escape temporary but it does unbelievable damage, and especially in vulnerable communities which should be our area of concern.

I am just making the point that it is obvious to all and sundry that these ads are placed in certain vulnerable communities, whereby they are not placed in other communities, clearly so. So my question is not about blaming anybody, it is just about—it is an obvious cause of distress among vulnerable sections of the society and what can be done, Chair. I mean, it definitely should be under their remit.

Mr. Chairman: Dr. Othello, do you think there is a suggestion that you can have from where you sit in terms of that sort of paradigm, where exposure to the advertisements may be driving the abuse? And I think that is what member Nakhid is asking.

Mrs. Thompson-Hollingworth: Good morning, Chair. Good morning everyone, Lyra Thompson-Hollingworth, Coordinator of NADAP. The question of advertising as you correctly stated, Chair, is a matter for policy change and possibly legislative change. However, our division, we have been actively engaged in prevention, particularly during the COVID period for vulnerable groups such as children, preschoolers, the teachers, students support services and so on, of the Ministry of Education. We have engaged in a lot of partnerships in addressing substance use and preventing early onset of substance use among children, so that the likelihood of them progressing to a substance use disorder later on in adulthood is minimized. Thank you.

Mr. Chairman: Would you be able to give us a sense of the measurement of those programmes and the number of ads you have out trying to deal with the issue of substance abuse before it takes foot? Can you give us that sort of data? How many ads? Where the ads are placed? If the ads are on social media? The effect of the ads, the interaction with the target audience?

Mrs. Thompson-Hollingworth: Yes. Yes, Chair. The ads are placed on social media through the Ministry of Health's Facebook, Instagram page and so on. We have also hosted webinars during the—

Mr. Chairman: Can I ask you a question?

Mrs. Thompson-Hollingworth: Sure, Chair.

Mr. Chairman: How many 14-year-olds do you know are going to the Ministry of Health's Facebook page?

Mrs. Thompson-Hollingworth: The 14-year-olds may not go the Facebook page but their caregivers and certainly a lot of stakeholders who interface with 14-year-olds were given the opportunity to participate, because we take a very strategic and train the trainer approach. The vision of NADAPP has been currently engaged in addressing key stakeholders and gatekeepers in order to deal with training persons in the area of substance use, that those persons who are well placed who interface with young persons are in a better position to transfer the information.

Mr. Chairman: Member Nakhid, you have three more minutes.

Mr. Nakhid: Yes, I have one more question, and I thank you for your interventions, Chair. I think it is not about—and I would like to again reaffirm to these fine ladies that it is not about blaming anyone, it is about trying to find solutions. So I hope that they take my line of questioning in the spirit that it is intended.

Now, my final question is this: since we are focused on the causes rather than the symptoms, this is where the dialogue has taken us, has there been any cooperation between your Ministry and for example, the Ministry of Education when it comes to the kids who have fallen out of the system? Has there been any data to see, the kids for example, who had no access to laptops, who were not online, who were unable to get online, which we know to be in the thousands. Has there been any data gathered at all to see how they were dealt with? What was the solution?

And this goes to the point, maybe, if they were given laptops, these kids, some of them—well, a lot of them would not have fallen out of the system. I think that it is clear. I think it is not easy. I know from my own kids who look at their colleagues and their colleagues have a laptop. Maybe it is the newest laptop and they also want that. So you could imagine the kids who would not have a laptop at all and have no access to be online. Has there been any data gathered to see what was the mental health situation of those kids, since we have gone down that road here in the dialogue? Has there been any attempt by your Ministry to have some kind of dialogue or rapport with the Ministry of Education to fix that particular problem concerning the children of Trinidad and Tobago?

Dr. Othello: The Ministry of Health has collaborated with the Ministry of Education from the beginning of the pandemic from the time we set up our MHPSS Technical Working Group. However, the specific interventions for children are provided by the division of school—the Student Support Division of the Ministry of Education, and we collaborate with them as needed. I think the questions that you are asking, the responses can be provided by the Ministry of Education.

Mr. Nakhid: And there would be data as related to that? There would be data gathered since you said you cooperated with them?

Dr. Othello: The questions that were asked by the Committee on the subject of services provided to children, the Ministry of Education would have that data.

Mr. Nakhid: I thank you very much.

Mr. Chairman: Thank you. The floor is now open. Member Mohit and member Singh, if you have question for the Ministry of Health officials, please go ahead. While they are coming, Dr. Othello and team, you indicated that the data provided here was provided by the Trinidad and Tobago Police Service, so they are the ones who would have to interface I guess with the families of the persons who would have committed suicide. Does the Ministry do debriefing through its Mental Health Division of the families, in addition to the information obtained by the TT Police Service to see what the antecedents were to this person attempting or committing suicide? And what the mental state of the other family members are to ascertain if the circumstance can contribute to other issues in the family? Is that sort of debriefing done?

Dr. Othello: The Ministry of Health does not provide actual services to the public. That is provided by the regional health authority mental health teams. And they have their doctors, and social workers, and psychologists and mental health nurses are the ones who interface with the public, and provide the care and treatment needed to suicide survivors. I want to respectfully introduce one point of clarity, if I may?

Mr. Chairman: Please do.

Dr. Othello: I want to please urge us to refrain from using the term "committed suicide". It is no longer the preferred term because when we say "committed suicide", it sounds like committed adultery, committed murder, it sounds like something criminal. So we now talk about the people dying by suicide or lives being

lost due to suicide. But we no longer use the term "committed suicide".

Mr. Chairman: I appreciate the correction and I understand the sensitivity. Thank you so much for that. In terms of those regional corporation divisions that you spoke about who are—or the regional offices that are dealing with the persons who may have died by suicide, who would have died by suicide, do you have a coordination or information gathering mechanism with them since they are actually interfacing with the persons in communities? So that that data in addition to the data that you get from the TTPS can be used by the Ministry of Health for analysis and intervention mechanisms?

Dr. Othello: One of the things that the Ministry of Health is right now actively engaged in is the setting up of a suicide surveillance system which will provide precisely that data. We are in the relatively early stages of that endeavor. We have met with the regional health authority persons, the staff members who are involved in data collection. And in doing so we found out that different bits of data is collected in different ways at different centres. So we are coordinating that so that everybody is collecting the same data, so that that data can be compiled in a systematic manner so that in the very near future we will be able to have a more systematic approach to that data collection. And that data will be able to be disaggregated in ways that could point to the specifics that we need, in order to know where to put resources and how best to provide services.

Mr. Chairman: Any questions from members Singh and Mohit for the Ministry of Health? I have a question based on the data provided through you by the TTPS. And I am seeing some trends here where the larger numbers are jumping out in the 25 to 29-year-old category, the 45- to 49-year-old category, and the 60-plus category, particularly in males. I do not know if you have been able to identify those trends. Is there analysis done on that or what may be the underlying factors that may be driving those trends? Because when you see 60-plus, in 2019 there were 10, which is about the highest two numbers; there is 45 to 49, 11; and 25 to 29, 10.

Similarly, in 2020, 60-plus is 18, the highest number. And in 2021 we see 30 to 34, and 35 to 39 being 17 and 18 respectively. And again, 60-plus, 14-plus. So there seems to a trend in persons over 60 maybe encountering some sort of challenge in their lives that may be one of the underlying factors that is driving this phenomenon. I do not know if you saw those trends in terms of the data disaggregation?

Dr. Othello: Well, we looked at the trends but we are only in March of 2022 and this is 2021 data. So there has not been time for any, you know, of the kind of analysis that would enable us to know what is driving those trends as yet. But what I can say though, is that the high prevalence of suicide within that young adult and working age adult age group is not uncommon in terms of statistics that you would find from pretty much any country.

Mr. Chairman: Do you have any data on the numbers of calls to help lines or other facilities where persons are reaching out for help and there may have been successful intervention in that regard? And have those

numbers increased during the COVID-19 pandemic? I think the anecdotal evidence is suggesting that it has increased because the Student Support Services would have told us in our interface with them in a different enquiry that those numbers to Student Support Services have increased. Have other numbers like lifeline, et cetera—agencies, I am sorry—would they have reported increased volumes to those agencies?

Dr. Othello: Yes, they have.

Mr. Chairman: Do you have that data you could share with us?

Dr. Othello: I do not have numbers in terms of agencies like Lifeline at my fingertips, but it can be requested.

Mr. Chairman: Can you supply that to the Committee in writing please? I would appreciate that very much.

Dr. Othello: That can be provided.

Mr. Chairman: Thank you so much. Thank you for your candour. We are going in now to the Ministry of Education. Member Singh, the floor is yours.

Ms. Mohit: Mr. Chairman—

Dr. Othello: Go ahead, member Mohit, sorry about that. Go ahead.

Ms. Mohit: Mr. Chairman, before we move on can I just have some information in terms of the succession of cases that may have been brought to the attention of the Ministry? And in addition to that, how have the liaison and follow-up mechanisms been with the Ministry of Social Development and Family Services, et cetera, and the different agencies required to deal with these cases?

Dr. Othello: Individual cases are not brought to the specific attention of the Ministry. As I explained before, the individual cases are dealt with on the ground by the health care providers in the communities. And that is something that is very important to mental health, that it is provided at the community level where people live and function. But in terms of collaboration, that is the very reason why the Mental Health and Psychosocial Support Network was set up to facilitate collaboration, and not just collaboration but coordination. So that we know who is doing what, where they are doing it, what services are being provided, what target groups these services are provided to. And through that we were able to determine what gaps existed in terms of service special groups, and find out what services could be provided to those groups. So that throughout the course of the last two years, we have placed a lot of attention through that coordinating mechanism on making sure that our services are provided as far as possible where they are needed.

Mr. Chairman: Mrs. Thompson-Hollingsworth, just before I go to member Singh for the Ministry of Education, has NADAPP been able to identify an increase in clientele seeking your intervention during the pandemic?

Mrs. Thompson-Hollingworth: Chair, in our interaction with the providers of treatment services, they have indicated that—a few of them have indicated that they saw an increase in the request for services. But

in terms of the work that we do at NADAPP it is focused on policy development, on prevention initiatives, and sharing prevention initiatives with others and engaging other stakeholders in carrying on the prevention work. The treatment work is actually done by other providers including the RHAs as well as other NGOs.

Mr. Chairman: And have these groups been able to tell you if the clientele demographic is veering downward in terms of the persons coming in for intervention? Because the information I would have relayed earlier on indicated that younger and younger people, teenagers, are becoming more involved with alcohol abuse from an even younger age in larger numbers.

Mrs. Thompson-Hollingworth: The COVID-19 pandemic period provided some challenges in data collection. However, we are currently engaged in getting that data for 2021 and 2020, and going forward in improving the monitoring and evaluation mechanisms in collecting that very data.

Mr. Chairman: Thank you. Member—thank you so much. Member Singh, Ministry of Education officials are in your hands.

Mr. Singh: Thank you, Mr. Chairman, and good morning to all the members in the Ministry of Education. I have a couple of questions and concerns and I would just dive straight into those. In your information submission to us, we asked the Ministry to respond over a three-year period for statistics on students diagnosed with substance abuse. However, in the submissions you indicated that there are users of marijuana, alcohol and cigarettes. So there was no information on substance abuse.

My question is, has there been an increase in the number of students who are users of the mentioned substances, marijuana, alcohol and cigarettes during the period under review? Members of the Education Ministry.

Mrs. Henry-David: Through the Chair, I would like to ask Mrs. Natalie Robinson-Arnold to respond.

Mr. Chairman: Please do. Go ahead please.

Mrs. Robinson-Arnold: Pleasant good morning everyone. We were unable to ascertain because during the last two years our children operated online learning and at home. So a lot of those information was not disclosed to the Ministry of Education. A lot of our substance abusers we find out when they are actually at physical school and they engage in the activity. At home and within their communities, it is harder to get that data.

Mr. Singh: All right. And in the process, I would like to know are principals of primary and secondary schools obligated to submit reports to the Ministry on students found using drugs on the school compound? Are those instances reported to you all at the Ministry?

Mr. Chairman: Ministry of Education.

Mrs. Henry-David: Mr. Chairman, in terms of reporting of instances of alcohol and drug abuse, those instances will come through from the various principals to the district offices. In terms of the actual compilation of that data, I am unable to say whether that is compiled anywhere. We are working on systems to

have data collection done virtually, but that is sometime, you know, some time off in completion. But if, you know, the schools would pass that information up through to the school supervisors and to head office through that portal.

Mr. Singh: Okay. Moving on. I would like in your submissions you all indicated that unfortunately, very sadly, we have lost 63 students at the secondary school level, 22 students at the primary school level, who were clinically diagnosed as being depressed. In terms of the depression over the last three years, you all further went on to indicate nine secondary schools have been reported as committing—nine secondary students, that should be, have been reported as committing suicide over the last three years. My question: Have we delved or investigated and came up with some of the reasons and/or concerns from these cases, the statistics that unfortunately made its way into the report? Did we look at these families and try to ascertain what were some of the causes? So that these things will never happen again. And you know, what are some of the steps the Ministry is doing to prevent same from happening?

Mrs. Henry-David: Through the Chair, Mrs. Arnold.

Mrs. Robinson-Arnold: Yes, thank you very much, CEO. So the Ministry has engaged in a lot of assessments with our students that were identified as having challenges. We have collaborated heavily with the Ministry of Health in assisting us in running some programmes for our identified students and their depression. We have what is called standard operating procedures for our children who have mental health issues in which the first line of intervention comes from the Ministry of Health. In the interim, while this is happening, what happens to our children is after the assessment we develop what is known as a treatment plan for our children. We engage them in individual counselling in collaboration with work with their parents. We also do teacher information sessions, so the teachers could be our first responders in the classroom so that they could identify if there are any changes or anything that may challenge our students. So we give them the skill set to help them identify those students.

During the pandemic, what happened is we had—besides individual counselling we had support groups for our children who would have mental health issues, even those that identified that may have challenges that can for psycho-educational purposes. So those were some of the programmes that we did with respect to mental health in supporting our children during COVID-19, as well as the hotline that was available for our students, our parents, that they can call 24 hours so that we can support our students as best as we can.

Mr. Chairman: Mrs. Robinson, can you give us information about what types of situations that the Ministry of Education through the Student Support Services Division would have been able to ascertain, you know, the primary causes of the student calling the hotline during the pandemic? What were their primary issues?

11.25 a.m.

Mrs. Robinson-Arnold: For our—the primary issues really were devices. Some of them, they had challenges with devices for our children. We got more calls from our parents who felt that their children were a little more depressed, they were not behaving the same because of the change. The calls came heavily—mainly from concerned parents and teachers. The social engagement changed and that created a change in their students' behaviour, as well as a lot of developmental issues occurred at that time—

Mr. Chairman: So, the disconnection from their peers—

Mrs. Robinson-Arnold: [*Inaudible*]

Mr. Chairman: You mentioned devices, the disconnection from their peers and their inability to access, I guess, their education was a primary concern to them.

Mrs. Robinson-Arnold: Most definitely.

Mr. Chairman: Okay. Member Singh, go ahead, please.

Mrs. Robinson-Arnold: And it impacted on their emotional well-being.

Mr. Singh: Thank you, Chair. [*Technical difficulties*]—if this is even reported, that parents themselves call in to these call centers for support and the issues really deal with the parents not being able to deal with some of the challenged students for various reasons, what happens in that case, so that those looking on and those hearing could find out what are some of the alternative measures that parents can utilize if they are unable to cope when they realize something is going wrong in their children's lives and even make the call for support and the parents cannot really deal with the matter themselves? What could parents out there do to be able to, you know, bring relief to situations?

Mrs. Robinson-Arnold: So, normally they can use through their school or they can call in. We have our Parenting in Education Programme which give our parents the skill set and how to understand some of the social challenges or the mental health challenges that their students—their children may be experiencing. We give them coping mechanisms—sometimes parents themselves experience that.

So, we look within the family, and as the Chair said, the root causes that would have created that challenge within the family and we have support that if there is need for further intervention and specialized intervention, we have our clinical psychologist and school psychologist in which there are—they intervene, as well as we have our external providers and our more specialized intervention from the Ministry of Health. So, we do networking, we do the referral that is necessary. If it is a financial issue, we refer to the Ministry of Social Development. So, we do that networking, so that we can best meet the needs. When our parents are in distress, our children would also be in distress, so we try to minimize as much as possible with the parent population.

Mr. Singh: Thank you. In looking at some of the statistics as well, I see that more female students than male students were diagnosed with clinical depression between the years 2020 and 2021, in particular. What specific interventions have the Student Support Services Division provided to sensitize, especially our

young girls at school, about depression and assist students to cope with or manage this depression? Because I see the statistics favour, you know—more female students tend to have these problems.

Mrs. Robinson-Arnold: So, during the pandemic, we had a lot of group sessions happening per school level because each school varies on community, plus we had a national support group on emotional intelligence, grief and loss and how to—coping and resiliency, as well as stress management for our girls, and our girls will participate in those programmes more, as well as our DAI Unit with—Ms. Bailey-Reyes is here—had a mental health programme attached for—which involved all the disciplines within Student Support Services Division to address the mental health of our students during the time.

Mr. Singh: Okay. And I know in terms of dealing with these issues at school, persons and professionals attached to the Student Support Services Division, they are very critical at this point. But I am seeing that there is currently a vacancy—328 vacancies across the unit. Are the numbers sufficient—the current establishment and the current bodies you all have, are these numbers sufficient to manage the current workload of the units?

Mr. Chairman: Ministry of Education.

Mrs. Robinson-Arnold: [*Inaudible*]—that question?

Mrs. Henry-David: Hello. Right so—

Mr. Chairman: Why does this question elicit a smile from everybody?

Mr. Singh: Almost silence, Chairman.

Mr. Chairman: Silence and a smile. A very telling smile. Mrs. Henry-David, go ahead, please.

Mrs. Henry-David: Yes. Mr. Chairman, as Mr. Singh would have indicated, we have a number of vacancies. Clearly, we do not have the staffing that we would like to have. However, the staff that is currently attached to the Ministry tries their level best in terms of the programmes, in terms of sharing resources, in terms of doing group work—

Mr. Chairman: Mrs. Henry-David—

Mrs. Henry-David: Yes.

Mr. Chairman:—with the greatest of respect, what is your staff complement now?

Mrs. Henry-David: "Umm".

Mr. Chairman: Student Support Services Division?

Mrs. Henry-David: It is—

Mr. Chairman: Ballpark.

Mrs. Henry-David: Off the top of my head, I cannot say. The different disciplines would have to answer, Natalie, can you indicate for social work? Okay. So, based on the figures that we provided, we have in terms of guidance and counselling, we have 236 members. We have—

Mr. Chairman: How many, sorry?

Mrs. Henry-David: 236.

Mr. Chairman: "Um-hum".

Mrs. Henry-David: In terms of social work, we have 127. In terms of psychologists, we have 24. And in terms of special education, I would have to do some tallying there. Right? So, I would have to provide you with that figure, Chair, because it is—I will have to do some tallying. It is about—

Mr. Chairman: So, it is about—

Mrs. Henry-David: 300-plus.

Mr. Chairman: 300 plus?

Mrs. Henry-David: Yes.

Mr. Chairman: So, you are almost 50 per cent short of your workforce complement? Would that be a general assessment that is accurate?

Mrs. Henry-David: Yeah. Pretty much.

Mr. Chairman: Ballpark. So, I am trying to figure out, given the increased load during the pandemic, based on the question member Singh asked, how are you even completing a modicum of effective interventions?

Mrs. Henry-David: Mr. Chair, because of our concern for our children, we try our best. This is what I can say to you at this point. We do not—

Mr. Chairman: I am not questioning your commitment, you know.

Mrs. Henry-David: We do not throw our hands up in the air. We continue to work with what we have. We concentrate our services on the most vulnerable. We provide generalized services at the individual class level, so they would develop programmes—and the fact that we have been in the pandemic and we have now moved a lot of services online, it gives us the opportunity, for example, to provide video sessions and so on, recorded sessions for our children, which can be administered and we use everyone in the system so that the teachers are the first point of contact with our children and they would be able to do referrals where necessary. They will be able to alert the personnel at district level as to where or which children are in most need, so that we will be able to target.

Mr. Chairman: While I agree with the—and the question or the statement was not meant in any way to impugn your commitment. You are clearly a very committed group. But in terms of any organizational structure, if you are down by half of your human resource, you cannot operate effectively.

Mr. Nakhid: But, Chairman, if I may? Then the question should be: Has there been any outreach by this committed group—as you have said and I am sure that they are—has there been any outreach to the Government or the necessary agency to have those numbers increased? Very simple.

Mrs. Henry-David: Mr. Chair, we have—I know that in one case, in terms of bringing persons back on, we had one note. We are also working with OJT, for example, to increase the number of aides, student

aides, for the children who need individualized care and attention. And we continue to work within the parameters—I know that we have on occasions advertised for specific positions that may have become vacant and our HR continues to work.

Mr. Chairman: You know, I want to make a point, make something very clear here. As we say at the start of every JSC, we are not trying to engage in a blame game. We are here trying to find answers and quite frankly, advocating for the resources you need through these medium—these media. We believe, when we bring the issue to the public attention, there may be more advocacy for people to—for the appropriate agency to supply the needs that you have.

Because clearly, I can see the commitment and I have it seen over the years because this is not the first time the Ministry of Education has come before us, and the Student Support Services Division. And I have regular interface with persons working in Student Support Services Division who are extremely committed and hard-working. Because at the end of the day, it is about the nation's children but certainly, the advocacy must continue to fill these vacancies. Because having this many vacancies in a situation where the load is continuously increasing for this division, I sometimes say a prayer Student Support Services Division because your workload is increasing all the time. The demand on your staff is increasing all the time exponentially.

So, if there is not some improvement in the mechanism through which you are getting these vacancies filled, it is going to continue to put a strain on the employees who are there, just like we saw with the healthcare workers during the height of the pandemic, and it is going to affect their effective—affect their ability to effectively intervene. And that is why we are here, to find fact-finding mechanisms to get some sort of intervention that you get the resources you need. This is not about blaming the Ministry or the Ministry officials and I just want to make that very clear. This is about really trying to get to the root of the issue and finding mechanisms for solutions. Member Singh, you can continue, please.

Mr. Singh: Thank you, Mr. Chairman. And I will close with—stemming from member Nakhid and your own submissions, Chairman—the importance and, like I said, the statistics—the sad statistics that we have lost nine secondary school students in the last three years. And if this is not critical enough for whatever mechanism is to be employed to have these vacancies filled to at least give students the fighting chance, I want to indicate that we really need to do better in terms of getting Service Commissions—the Teaching Service Commission and, by extension, all the Service Commissions to understand, one child lost is too much and we need to do everything in our authority and our power to ensure that we do not blame the death of a child, due to suicide, to being short staffed or having no personnel in terms of certain schools and certain districts.

So, it is just the end with that comment, Mr. Chairman, and to thank members—I mean, very committed—[*Technical difficulties*]—but a fact-finding mission. And it is really not to, you know, put anybody

on the spot but it is to understand what is going on, so that we could make the representation to ensure that our students have that fighting chance. Thank you, Mr. Chairman. Thank you to the Ministry of Education.

Mr. Chairman: Thank you. And I know the intervention on my part is because I saw the body language of Mrs. Henry-David. And I know sometimes it gets frustrating for you to come here and answer the questions because it seems like all the questions are coming to you. But I mean, sometimes you are the only interface we have.

I have a question for the Ministry of Education, Student Support Services Division and the Ministry of Education in general. One of the issues, globally, that leads to teenage suicide and sometimes precipitates substance abuse is the issue of bullying and in this new paradigm, online bullying. Is that one of the issues that your clients are telling you is on the increase in Trinidad and Tobago and sometimes it contributed to their depression?

Mrs. Henry-David: Mrs. Robinson-Arnold, through the Chair.

Mrs. Robinson-Arnold: Because of the virtual sphere in which our students exist during the COVID pandemic, the cyberbullying was easier to identify at that time because they were not in physical school. So, that is the only form of bullying we were able to identify during the COVID pandemic.

Mr. Chairman: So—could you repeat that please, sorry?

Mrs. Robinson-Arnold: "Oh". What I was saying is that because of the virtual sphere which our students were engaged in past two years, cyberbullying was the only form bulling we were able to identify. We had our usual programme using the RTI model, the universal, targeted and specialized model where our guidance officer will work with our students in the classroom doing universal work and then it will be referred to a social worker who will do the more targeted small group—small group intervention and if our students continue to exhibit those behaviours, our DAI, our psychologist intervenes for specialized intervention—for a specialized intervention.

Mr. Chairman: But has an increase in that because, of course, they are all online—they were all online primarily?

Mrs. Robinson-Arnold: Yes. Because that was the only way to identify the bullying.

Mr. Chairman: Okay. And thank you very much. We are going to go now to the Ministry of Social Development and Family Services. Member Mohit had to leave us. I think she has to attend the sitting of the House later on. So, member Nakhid and I would share the duties in terms of the interface with this group.

My first question is: Based on the discussion with the Ministry of Health earlier on, and prompted by member Nakhid's question, can the Ministry of Social Development and Family Services indicate what sort of outreach has been done during the pandemic, given the challenges that are faced by some families in some communities in the context of their own circumstances and its impact on their mental health and well-being?

Ms. Seecharan: Hi. Through the Chair, I would ask our Director of Family Services, Ms. Sarkar.

Mr. Chairman: Yes, go ahead, please. Thank you.

Ms. Sarkar: Yes. Good day, again, Chair. We have had a number of outreach programmes, starting with our PIES, which is the Public Information, Education and Sensitization Series, where we would have gone into the—we would engage different agencies and support groups, and reaching down to the services that the Ministry offers.

We would also have done our radio and our television programmes*, It's Family time, Let's Talk!* where we would also provide information to the general public about certain specific issues related to family and family challenges. We have also, over the past year, launched what we call our "Family Fridays" on our Facebook page and our social media pages, where we give tips on issues related to the family, including mental health, including substance abuse, in an effort to sensitize and educate the public as to what is going on.

Now, you would understand that we were not able to actually go into these communities as a result of COVID. However, we continue to try and reach out to our community liaisons just to keep them involved and make sure that persons know that the services of national family—what the services are and how we can access it. So that has been our outreach programme. We are now moving out into the communities. We will be starting a process of moving into the communities now, now that we are able to do that level of outreach.

Mr. Chairman: Now, what were the mechanisms for outreach? You used the telephone, I am guessing, during the pandemic. And I know the Ministry had been heavily involved in processing applications for grants. During the processing of those applications for grants, was it used as an opportunity to gather information on the circumstances of those families and individuals who were accessing the grants, also to see what their general circumstance was, which would have led to their needing to access the grants in the first place before the pandemic or during the pandemic or precipitated by the pandemic?

Ms. Seecharan: At the point in time, in terms of the processing of the grants, Chair, we were heavily involved in just processing the grants. Because of the quantum of the grants that we received, the applications, our aim was just to get the grants out there as soon as possible to the families in need. Because their circumstances would have indicated they needed the particular help, in terms of the food and so on, but we provided food as well. So, the economic health is what we had concentrated on at that point in time.

Mr. Chairman: Member Nakhid.

Mr. Nakhid: Yes, Chair. Just to piggyback a bit on what the Chair asked, do you have any data, given the specific regions that you spoke about—Ms. Sarkar, I think, who spoke previously. Do you have specific areas where you saw an increase in the need for those kind of support services that you mentioned, for

example, as I like to be specific, especially along the East-West Corridor, those disadvantaged communities? Do you have any data, for example, for Morvant/Laventille, Barataria, Mt. D'Or, those areas? Do you have any specific data? And—

Ms. Sarkar: I have—

Mr. Nakhid: Sorry. And that is a follow-up question to what the Chair just said. Because if you do, then maybe some data was collected regarding their mental health situation. Sorry, please go on.

Ms. Sarkar: Yes. Yes, we do have that information and it can be provided to you. We would have separated our information, our data in terms of suicide ideation, family life issues, marital problems, mental health issues, behavioural issues, life crises, parenting, domestic violence, financial issues, abuse, incest, depression. So, we do have information in terms of specific areas. I will just call a few. In the north, the ones that you would have asked about: Belmont, St. George West, Sea Lots, Morvant. And central, we would have at least just a few. In central, we have information on Couva, Freeport, Claxton Bay, Charlieville, Longdenville. In south, we would have looked at Fanny Village, South Oropouche, Barrackpore, Gasparillo, Scan Fernando and La Romaine. In the east, San Juan, Santa Cruz, Barataria, Curepe, Tunapuna, Arima, Arouca, to name a few.

So, we do have some information, some statistics available on—

Mr. Chairman: And just for clarity, that information is on persons who access the grant or persons or families and persons that you would have, through your interface with them, been able to realize there were some mental health issues that could have been present?

Ms. Sarkar: Yes. These are just specific to our National Family Services Division. And we would have received over—we would have possibly have received referrals from social welfare which would have formed part of this information that I have here.

Mr. Nakhid: This is excellent. So, now given that you have that data, can you also give the data how you followed up, that you recognized what were the problems at hand? How did you assist those same families?

Ms. Sarkar: Okay. So, once the initial call came in, we would have assigned them to a social worker depending on the area. And the social worker would then be responsible for following up—setting up a case plan or doing the necessarily referrals going forward.

Mr. Nakhid: I understand that, Ms. Sarkar. But what I am saying is that since you have the data about the families affected in those disadvantaged areas that you mentioned, then you would have the data about how you assisted those families, specifically, no?

Ms. Sarkar: Yes. We would have that information based on of the counselling—number of persons that would have been counselled, number of persons that would have been referred, number of persons that would have given advice and persons—how we would have actually dealt with the issue depending on the situation.

Mr. Nakhid: So, Chair, can I be a bit forward in asking, through you, so that we get that data to the Committee? Chair?

Mr. Chairman: Absolutely. I was going to ask if the acting—let me just get it right here—the Permanent Secretary—through the Permanent Secretary, if we can get the data that she would have been identified earlier on in terms of the areas she outlined. Sorry, not she. Ms. Borel. Is it Reyes-Borel?

Ms. Seecharan: Chair, it is Ms. Sarkar.

Mr. Chairman: Yes, if Ms. Sarkar could give us the—the Assistant Director, Family Services—if we could get information identified earlier on of those areas where intervention was sought. And also, as a related question to the Permanent Secretary, Ms. Seecharan, you indicated that you consume—maybe an appropriate word—with actually processing grants. Now, those grants would have had to have an address attached to them, I am presuming, right?

Ms. Seecharan: Yes, yes, they would, Chair.

Mr. Chairman: So, which means you actually have data on the areas that those persons were registered in or registered with you in to give us a sense of what areas in the country would have access the grants most, no or yes?

Ms. Seecharan: Yes, Chair, we do have the data. What we will have to do is to compile it and we will submit that to you.

Mr. Chairman: That will be appreciated, so we can get a sense of where the greatest demands came from in the country. So where it may be an indication of where the greatest needs are generally, that can possibly be superimposed on the information that Ms. Sarkar just gave us as to where the psychosocial intervention request came from to see if there are correlations in those datasets. Member Nakhid, go ahead, please.

Mr. Nakhid: All right. I would like to move to an issue that the Chair and I mentioned briefly before as regards to street dwellers. I see it mentioned here as street dwellers, that we know as homeless—the homeless that inhabit the nation. The first question, before I ask you about the mental challenges that they face and what arrangements that you had put in place to support this specific group during this COVID 19 pandemic, do we have any accurate data about how many, as you put it, street dwellers, we have in the country?

Ms. Seecharan: Through the Chair, I would ask our Director of the Social Displacement Unit, Ms. Reyes-Borel, to respond.

Ms. Reyes-Borel: Good day, Chair. What we—what the unit would normally do, at least annually, is to conduct a head count on the streets of Trinidad. And it is usually done within the areas where city—population city and towns, and that is what we use in terms of to determine—to use as our data on persons living on the streets. Also included when we do those counts would be the number of persons who are in the two

shelters in Port of Spain—the one shelter in Port of Spain and the other shelter in San Fernando. So that data is something that we collect to determine the number of persons that are found—

Mr. Chairman: Do you have that number with you now?

Ms. Reyes-Borel: What our late—our more—our latest count would have been March 2020. And we expect that we were doing our—we did not do a count in 2021, again, because of COVID concerns. This count is done with persons being in one vehicle driving around the city, so that was not something that was advisable. So, we do have the data for 2020.

Mr. Chairman: Could you share that with us, please?

Ms. Reyes-Borel: Yes, we can.

Mr. Chairman: But you do not have it on you now?

Ms. Reyes-Borel: No, I do not have that number in—[*Technical difficulties*]—now.

Mr. Chairman: What is it classification for—because I am presuming in some cases, you actually—do you talk to the people who you suspect are displaced and on the streets, or is it a classification criterion that you use to count that person as a socially displaced person?

Ms. Reyes-Borel: It is the classification criteria because a head count that is done in the night, we use—the person is—the head count is conducted between 11 o'clock in the night to five o'clock in the morning. So, it is persons found sleeping or in the streets at that time who would look a particular way, in terms of—and in some cases, we do know who they are, especially in the Port of Spain area. So that—

Mr. Chairman: Can I give you some anecdotal evidence? Three years ago, I did a media project where I was doing a series on socially displaced persons.

11.55 a.m.

So, I drove around Trinidad—I did not go to Tobago—for three months filming and, in some cases, interfacing with persons who, as you say, seem to be indigent, seemed to be on the street and I, "solo me-o", got up to 435 between Port of Spain, the East-West Corridor, central Trinidad, San Fernando and areas in deep south, and that is anecdotally, because I was just driving around doing the project. And I did not go into the shelter in Port of Spain, which I refuse to call a shelter, because it is a car park and should not be housing human beings, my opinion, and I did not count those people in there. So I keep collating the data that you have—

Mr. Nakhid: Mr. Chairman.

Mr. Chairman: Yes, Member Nakhid.

Mr. Nakhid: That is an opinion shared, that should not be housing human beings, and it is an opinion shared by myself as well, which brings me to the point. The Chair mentioned the figure of 435, I believe Chair?

Mr. Chairman: Yes.

Mr. Nakhid: Okay. Just to let the Committee know that your data reaches 2020, the obvious question is, you said that it involves a single vehicle—did I hear you correctly?—of somebody driving around in a single vehicle to count the heads of those who are socially displaced? Did I hear you correctly?

Ms. Reyes-Borel: Yes, we used a vehicle driving around sometimes.

Mr. Nakhid: You use a vehicle, sorry.

Ms. Reyes-Borel: Pardon?

Mr. Nakhid: Sorry. Okay.

Ms. Reyes-Borel: Yes, we drive around in a vehicle. In some of the areas, we are escorted by police.

Mr. Nakhid: Well, the obvious question, given that it is 2022, is that the most effective way to find out where the street dwellers—how many street dwellers, as you have noted, we have in the country? Because I would tell you what. I have said, anecdotally as well, but very accurately, I have said close to—right now in Port of Spain, Port of Spain and the environs—at least 600 to 700 socially displaced people. I have not reached to south/central like the Chair did. I am talking about Port of Spain and the environs.

Now, maybe you do not know, but your line Minister also came in the Parliament—I do not know if the Chair remembers this—and stated that there were 422 socially displaced people in the complete area of Trinidad and Tobago. I remember that very, very well. I disputed those numbers then, I dispute it now, because I work on the ground. The Chair just mentioned his work on the ground and his numbers. I do not think we are even close to recognizing, which brings me to the point and to the question. What special arrangement did your Ministry put in place to find out among these street dwellers, as you put it, are socially displaced? How many of those people had the support of your group to find out who were mentally ill? And how many of those that you could address appropriately? Any idea?

Mr. Chairman: Let me just add to that member Nakhid, in terms of the question you are asking. Can the Ministry officials tell us, because we were just told that the mechanism for identification is primarily visual, where persons who are identified as being on the streets between 11.00 p.m. and I think it is 5.00 a.m and 6.00 a.m. you said, were identified as someone who is socially displaced? And, in addition to how they looked, was there any interface with that person? Because I know there is a legal challenge with actually dealing with the people, which has been one of the challenges we have generally in the country. How do we know? What is the mechanism for finding out if that person has a substance abuse problem and/or a mental issue that has precipitated them being on the street?

Ms. Seecharan: Chair, let me respond initially, and then Ms. Reyes-Borel could probably add. In terms of the street count, remember we are just going around looking at persons and counting. So there are no inter-actions with the persons as such, and for those persons who are on the street between that hour, you know, that hour of the night, they are like sleeping on the payment and so on. So there is no interaction with them to determine whether they suffer from substance abuse or mental issues. However, for the persons who are

housed at CSDP, we do have records of those. So, there are a potion there. There are a number of them who are mentally challenged, and most of those persons are outpatients from St. Ann's from Ward I, and they have nowhere to go, so they are housed there.

We also have persons with substance abuse there that we are aware of, and there are other persons who we are trying to take under our Community Care Programme right now. We are trying to place them, because they are like 55 and over, and they just have nowhere to go. So, we are looking at the population within the CSDP, right now, to see what we could do to further assist them, and not just leave them there, as you said. I agree with you; it is not suitable living accommodation.

Mr. Chairman: Well, in addition to that—and this is not aimed at you—it is not suitable rehabilitation conditions, which is an added issue in that particular situation, but I know that is beyond your pay grade. Now, member Nakhid, we are running close to 12.15 p.m. Do you have any other questions for the Ministry of Social Development and Family Services or any of the groups before us and member Singh? Member Singh, any questions?

Mr. Singh: Not at this time Chair, I am good.

Mr. Chairman: Okay. I have a final question for the Ministry of Social Development and Family Services. Are there plans—because I know we are coming out of this pandemic, thank God—given what we have discussed here in the context of the enquiry objectives of looking at substance abuse and/or mental health care issues, is the Ministry of Social Development and Family Services looking at doing some sort of national scan? I know the Ministry of Planning and Development, if my memory serves me correct, identified the national census coming up. Have you had collaboration with the Ministry of Planning and Development on that census to dovetail a possible scan of the population in terms of looking at the economic circumstances and/or substance abuse and mental health issues that prevail in the country in that scan or are you doing one on your own? Are there plans to initiate that type of national scan on your own?

Ms. Seecharan: Chair, I am not aware of that, but that is a good suggestion that we will take into account.

Mr. Chairman: Which one? To do your own scan or to dovetail with the Ministry of Planning and Development?

Ms. Seecharan: To dovetail with the Ministry of Planning and Development.

Mr. Chairman: It always confuses me as to—and this is not aimed at you—that people have to come to these JSCs to get these grand ideas, when it seems like Ministries should be working together. Anyway, that is not in your ball. Any other questions, member Nakhid and member Singh, before we go to our stakeholders to start to wrap up?

Mr. Nakhid: Yes, I have one last question. Because we are talking about it, about the socially displaced, but I would like someone in the Ministry there to give the public the idea, so that they can fit it in where it should fit. What is the budget at the Ministry to deal with the socially displaced?

Ms. Seecharan: Mrs. Reyes-Borel, can you provide that data?

Mrs. Reyes-Borel: I would not have a budget for the socially displaced, given that one, the persons who are living on the streets, they are beneficiaries of a number of services and grants from the Ministry. There is also the support that is provided to NGOs for their services that they provide to persons living on the streets. So there are budgetary allocations in different parts of the Ministry that would cater for this category of persons living on the streets. The Social Displacement Unit, we do not have a specific allocation in the budget in terms of programmes. Many of our programmes are delivered through the other programmes of the Ministry.

Mr. Nakhid: Well, can I respectfully make a suggestion that that kind of—I would suggest, maybe that plan that you just said that takes place that seems to overlap and people could get lost—because in the end we are dealing with people—would it not be better to have a specific budget given the numbers that we have now, pre and post-COVID-19, to have a specific budget to deal with the socially displaced? Would that not be better so then we probably would not have a vehicle driving around between 11.00 p.m. and 5.00 a.m counting how many we have? We need something better to be in place.

Mrs. Reyes-Borel: Let me give a lil clarity in terms of that. That is a headcount that is done in the night. We also have field officers of the unit that are on the streets during the day, and they do that interface that you are speaking of in terms of being able to get a sense of talking with the client and to get what their needs are. On the streets, there cannot be a formal determination as to what a person's challenge is, because you are on the streets, and you are dependent on verbal information and what you see the person as. That needs to be done under particular conditions, and those conditions should be within a place, well what we refer to it as an assessment centre. So, it is not just that. That headcount, and that is the headcount that is done in the night, is done to determine the outset figure who we find sleeping in the night and who are also in our shelter. So that gives us our outside figure.

Yes, persons on the streets—and yes I have heard anywhere between six to 700 persons being provided with meals in Port of Spain, and that, I respectfully submit, includes persons who are also experiencing levels of poverty. They may not be street dwellers, but that is one of the ways that they access their meals. And if you were to seek to determine if they are living on the streets, they are not living on the streets. They are living—they have some sort of living accommodation.

So in terms though of the budgetary question, the fact is the NGOs that are delivering services to street dwellers, there is a specific allocation that NGOs can access to provide their services specifically to the street dwelling population. So, I disagree that the population would get lost under that kind of arrangement because, again, the services, while it may not be to say that it is a service, the funding for the NGOs is specific to the street dwellers. But persons who may be experiencing street dwelling can access anyone of our other grants including counselling, including financial accommodation, assuming that they are not

in one of the shelters. That is legitimate. That is good. As far as I am concerned, they are receiving help based on the fact that they have a need. So, I do not think they are getting lost. I do know there are challenges to responding completely to this issue of persons living on the streets, and it is something that we continue to find ways to do and meet needs as best as we can.

So, for example, during the pandemic, we did open a shelter specifically to house the persons living on the streets, given the fact that they would have had challenges. When you are living on the streets, if you get your survival from persons on the road. If persons are not on the road when all our various shops were closed and employment of our government services were closed, in terms of not so many people being out on the road, the street dweller has less opportunity for their meals, less opportunity for all persons who usually just hand them things. So, there is a specific shelter that we opened to be able to meet the needs of the street dwelling population in Port of Spain.

Mr. Nakhid: I appreciate the very detailed answer. But can you give me, at least, a number, a figure, of what you supply to the NGO or to the other entities that you outsource this care for the socially displaced? Can you give me a figure so that we place it in some context?

Mrs. Reyes-Borel: I am sure that can be provided, yes. It is through our subvention mechanisms.

Mr. Chairman: Could that be supplied in writing please?

Mrs. Reyes-Borel: Yes.

Mr. Chairman: And also for the Ministry of Social Development and Family Services, if you could give us a breakdown of the information that you do not have on you that we would have discussed earlier on, we will greatly appreciate that.

Finally, before we wrap up, just for my own curiosity, because I think many of us share the view about—I do not know what it is called—the car park that houses socially displaced persons. What is the mindset with that? And is there a schedule for maintenance, a schedule for interface with those who are housed there to make sure that they are all right so that intervention services are supplied to them? I think one of the officials indicated earlier on that many people who are outpatients of St. Ann's are in the institution only because they have no place to go? What is Ministry's general interface with that car park, because it is a car park?

Ms. Seecharan: Okay. Chair, what happened is that we do pay an NGO to manage that facility, and part of the payment is in relation to social services. They have to provide social support and interventions for the persons, the residents of that facility. We are looking at, as I said, assessing the different categories of persons there and relocating them. So some of those persons, as I said, we are looking to put them under community care. That is homes for the aged, which we will pay for. We are looking at—recently, this week, I had a meeting with officials from the Ministry of Health, in terms of the persons who are mentally challenged, the mental issues as well as the substance abuse. So, we are working to relocate those persons. Our

intention is not to leave them there.

Mr. Chairman: And there is a timeline attached to that?

Ms. Seecharan: Well, we are hoping to do it before the end of the year to have that area closed. Yes, that is what we are looking at.

Mr. Chairman: And I will tell you that I know a family who had someone who had substance abuse issues who was housed there, and I do not know if it is something that happens often, but the person died there, because they were not getting any care, and the family identified the body. It was a really tragic situation, because the standard of care that the person could not get at that institution may have a contributing factor to their eventual demise.

Just quickly, before we go, we did not get a chance to touch on—this is to the Ministry of Social Development and Family Services—in terms of the elderly care homes in Trinidad and Tobago and whatever information you have regarding how persons in those elderly care communities who are primarily elderly people, who were more susceptible to COVID fared in terms of their mental health situation. Do you have any information regarding that? Did you interface with those elderly care homes or the association that governs those homes—I think Ms. Reyes is the president of the association—regarding gathering data on that vulnerable group?

Ms. Seecharan: Chair, we have not done that, but we would look into that. It is just that during the COVID, you know, restrictions, those homes were restricted in terms of persons visiting. Even our staff, you know, they were limited in terms—because we feared for those older persons getting COVID.

Mr. Chairman: Did the Division of Ageing even make calls to actually just find out how everything was going, even if they could not visit?

Ms. Seecharan: They did make calls in terms of to verify that the persons were okay, and to verify their life because we have to pay homes based on the persons being there.

Mr. Chairman: All right, thank you. We are running out of time now.

Mr. Nakhid: I know we are running out of time, but I just have one very important question before I leave.

Mr. Chairman: Go ahead.

Mr. Nakhid: You mentioned that you pay an NGO, if I am correct. You mentioned you pay an NGO to deal with the car park/shelter for the socially displaced. Can I have the name of that NGO and the budget given to them to do so, please?

Ms. Seecharan: Sure. Can we provide it in writing or—?

Mr. Nakhid: Yes.

Mr. Chairman: Please do.

Mr. Nakhid: If you can provide it now, it would be good, because we are in a public forum, I guess for the public would be best.

Ms. Seecharan: Okay. Well, it is St. Vincent De Paul. The Society of St. Vincent De Paul, we do pay and the budget, I believe, is over 2 million.

Mr. Chairman: Annually?

Ms. Seecharan: I am sorry. I do not want to call a wrong figure, but I would provide the budget to you.

Mr. Chairman: But you already did, you know.

Ms. Seecharan: In writing.

Mr. Chairman: So, it is going to be on the newspaper tomorrow. So, please confirm it in writing.

Ms. Seecharan: Yes, I will do that.

Mr. Chairman: If it is an annual subvention and if it is specifically for the management of that location.

Ms. Seecharan: It is for the management of that location.

Mr. Chairman: Okay. Thank you very much. Okay. Thank you, member Nakhid and member Singh and the other members who had to leave us earlier. At this point, I would like to ask Deputy PS Noel from the Ministry of Health to give us your closing comments, please.

Ms. Noel: Thank you, Mr. Chairman. Mr. Chairman, members of the Committee and colleagues, thank you for your questions and feedback. Our team at the Ministry of Health will continue to work towards the ongoing enhancement of the programmes and services for mental health care during the COVID-19 pandemic, future emergencies and beyond. We thank you for your feedback and your recommendations which we will take note of. Thank you.

Mr. Chairman: Thank you so much. And Mrs. Henry-David, Acting Chief Education Officer, Ministry of Education.

Mrs. Henry-David: Mr. Chairman, thank you very much. The Ministry of Education is heartened by the concern of the Committee members for our children and, by extension, the staffing levels at the Ministry. I assure you that we are taking steps however, slowly, to have the positions filled. We will continue to do so, and we will continue with the limited staff to provide services to our children and to collaborate with our fellow Ministries and other stakeholders in order to provide services needed by all of our children. Thank you for the opportunity.

Mr. Chairman: And next we invite the Acting PS, Ms. Seecharan, Ministry of Social Development and Family Services.

Ms. Seecharan: Thank you Chair. I want to take the opportunity on behalf of the Ministry to thank yourself, colleagues from the other Ministries for the rich discussions we had this morning. We do take into account the recommendations, and I thank you for our ability to share with you some of the initiatives that we are presently undertaking in the Ministry. Thank you.

Mr. Chairman: Thank you all so much. This brings to an end this enquiry and we are happy to have had you with us. Thank you, all of those of you who interface with the Parliament's *ParlView* and social media

channels on behalf of the other members of the Committee, and those who work with us, the Secretariat who, of course, continue to provide yeoman service. I am the Committee's Chairman, Paul Richards, thank you for viewing and this enquiry is now adjourned.

12.18 p.m.: *Meeting adjourned.*

Appendix VI – Verbatim Notes of 11th Meeting

VERBATIM NOTES OF THE ELEVENTH VIRTUAL MEETING OF THE JOINT SELECT COMMITTEE ON SOCIAL SERVICES AND PUBLIC ADMINISTRATION HELD (IN PUBLIC) ON FRIDAY, APRIL 29, 2022, AT 10.25 A.M.

PRESENT

Mr. Paul Richards	Chairman
Mr. Avinash Singh	Member
Mr. Roger Monroe	Member
Mr. David Nakhid	Member
Ms. Pennelope Beckles	Member
Mr. Julien Ogilvie	Secretary
Mr. Brian Lucio	Assistant Secretary
Ms. Aaneesa Baksh	Graduate Research Assistant
Ms. Nicole Brown	Graduate Research Assistant

ABSENT

Mr. Esmond Forde	Vice-Chairman
Mr. Rohan Sinanan	Member [*Excused*]
Ms. Vandana Mohit	Member [*Excused*]

OFFICE OF THE PRIME MINISTER-GENDER AND CHILD AFFAIRS DIVISION

Mrs. Jacinta Bailey-Sobers	Permanent Secretary
Mr. Bertrand Moses	Coordinator, Child Affairs Division
Dr. Tameka Romeo	Gender Support Lead
Dr. Ayanna Sebro	Technical Director, National Aids Coordinating Committee

CHILDREN'S AUTHORITY OF TRINIDAD AND TOBAGO

Mrs. Rhonda Gregoire-Roopchan	Deputy Director, Care Services
Ms. Elizabeth Lewis	Deputy Director Ag., Legal & Regulatory Services
Mrs. Vandana Siew Sankar-Ali	Assessment Manager
Dr. Krista Ali	Psychologist

TRINIDAD AND TOBAGO ASSOCIATION OF PSYCHOLOGISTS

Mr. Charles Collier, MA	President
Mrs. Marcia Tappin-Boxill, MA	Chairman, Trauma Team

TRINIDAD AND TOBAGO'S DEPRESSION AND SUICIDE FOUNDATION

Ms. Kezia Worrell	Founder
Ms. Chyann Riley	Director

ELDER ASSOCIATES LIMITED

Dr. Patricia Elder	Founder/Director
Dr. Brent Pereira	Clinical Director
Mr. Ronald Tagallie	Trauma Unit Director

LIFELINE

Dr. Lucretia Gabriel	Chairman
Ms. Delores Robinson	Creative and Executive Director, GOOTS

Mr. Chairman: Welcome to the viewing and listening audience to this Eleventh Meeting of the Joint Select Committee on Social Services and Public Administration. This is the Committee's second hearing with stakeholders pursuant to its enquiry into the mental health and psychosocial services available to the population during the COVID-19 pandemic, with specific focus on measures to curb substance abuse and suicides.

Members of the public are invited to submit their comments on the Parliament's social media platforms, YouTube channel *ParlView*, or via our Facebook and Twitter pages.

With us today are the stakeholders: The Office of the Prime Minister - Gender and Child Affairs; the Children's Authority of Trinidad and Tobago; the Association of Psychologists of Trinidad and Tobago; Elder and Associates, Trinidad and Tobago; Trinidad and Tobago Depression and Suicide Foundation, and Lifeline.

At this time I will invite members who are with us to please introduce themselves, starting with member Beckles.

[*Introductions made*]

Mr. Chairman: Thank you members. We will have member Esmond Forde joining us in the process and we have excuses from member Vandana Mohit and member Rohan Sinanan.

The enquiry has four main objectives. One, to undertake a preliminary examination of the trends in mental health and mental illness during the COVID-19 pandemic; to evaluate the efficacy of the support systems and services of the State, aimed at counteracting the adverse effects of the COVID-19 pandemic on mental health and wellness; to evaluate the adequacy of support systems and services available for persons in the areas of substance abuse and suicide prevention; and to evaluate the mental health support provided to health care workers rendering treatment for COVID-19 patients.

At this time, I would like to invite our stakeholders and the persons leading their teams to issue brief opening remarks starting with the Permanent Secretary in the Office of the Prime Minister, Mrs. Jacinta Bailey-Sobers.

Mrs. Bailey-Sobers: Good morning again, Chair and members of the Committee, officers of the Gender and Child Affairs Division are with me and the National AIDS Coordinating Committee, Secretariat, the Children's Authority of Trinidad and Tobago and members of the public viewing the session. Gender and Child Affairs Division and the National AIDS Coordinating Committee are committed to serving the needs of society through the implementation of their respective mandates. We are happy to be a part of this session this morning to provide information and to also receive suggestions on how our services and systems may be improved.

The Gender Affairs Division is the national focal point for gender and development in Trinidad and Tobago. Its mandate includes the promotion of principles of gender equality and equity through gender mainstreaming, including the development of gender sensitive policies on programmes to promote the equitable advancement of men, women, boys and girls in all spheres of development. The draft national policy on gender and development which guides the work of the Division addresses mental health under the thematic areas of gender-based violence, health and well-being and gender and special interest groups.

The Gender Affairs Division has oversight responsibility for the national hotline for domestic violence, 800-Save, which is managed by an NGO on behalf of the Division and also oversees the sole government operated domestic violence shelter which, among other things, provide psychosocial

support to survivors. The Child Affairs Division has coordinated responsibility to ensure the rights of children are promoted, protected and respected and is guided by the *National Child Policy 2020—2030*.

The Division's work is primarily related to quality development, sensitization and education. The National AIDS Coordinating Committee and its secretariat coordinate and monitor the expanded response to HIV/AIDS, to achieve the goal of ending AIDS by 2030 in Trinidad and Tobago. The work of the committee is guided by the national strategic plan for HIV and AIDS. The National AIDS Coordinating Committee utilizes the mental health resources available through key Ministries and NGOs to support the mental health needs of persons living with HIV. And in December 2021 the committee relaunched the HIV helpline.

Mr. Chairman: Thank you very much, Mrs. Bailey-Sobers. Are you completed?

Mrs. Bailey-Sobers: Just one piece of information I would like to bring with respect to the issue of substance abuse, Chair. Just to indicate that the Division of Gender and Child Affairs is also treating with the establishment of two drug rehab community residences for boys in Tobago given that we recognize there are no such facilities for children to deal with drug use and abuse rehabilitation. And we also partnered with New Life Ministries Drug Rehab to undertake a pilot project with respect to substance use and abuse of children in school. So we could always provide a copy of that report for the Committee. Thank you.

Mr. Chairman: Please do. Thank you so much. Let us just go now to Mrs. Rhonda Gregoire-Roopchan, Deputy Director, Care Services of the Children's Authority of Trinidad and Tobago.

Mrs. Sankar-Ali: Morning, I am Vandana Siew Sankar-Ali, speaking on behalf of Mrs. Gregoire-Roopchan of the Children's Authority. Chairman Paul Richards, members of the Joint Select Committee on Social Services and Public Administration, representatives of the Division of Gender and Child Affairs and members of the viewing public, good morning. The Children's Authority of Trinidad and Tobago is pleased to have been given the opportunity to add its voice to the enquiry, particularly as it relates to the mental health of our nation's children. The Authority is a specialized agency with responsibility for the care and protection of children who are at risk or have been victims of abuse and neglect.

We advocate for the rights of children and work collaboratively with partners from all sectors of the community to develop solutions to rehabilitate children, especially those who come to our attention so that their full potential is realized. The Authority has been operational for the past seven years. During that time children have come to our attention either through the courts or via reports

made to the Authority presenting with a wide array of mental health problems which present themselves as emotional and behavioural challenges.

We are aware that the system in which we all operate has gaps. However, through an all of government approach we can improve the outcomes for our children and their families. Today we welcome the discussion in the hope that it sheds greater light on the issue of mental health which is still very much treated as a taboo subject. I thank you

Mr. Chairman: Thank you so much. Let us go Mr. Charles Collier, President of the Association of Psychologists of Trinidad and Tobago. Mr. Collier.

Mr. Collier: Thank you, Mr. Chair. Good morning and thank you to you and to the members of the Committee for the opportunity. We are really glad to be able to share some of what we in the Trinidad and Tobago Association of Psychologists collectively experienced and some of what we think may be of value in terms of the provision of mental health care and appropriate social services through the pandemic, certainly, but I think, I am being presumptuous, but I assume we are looking toward the direction that we go as a nation with respect to mental health care. I am certainly grateful to have the opportunity to participate in that process.

Mr. Chairman: Thank you so much, Mr. Collier. Dr. Lucretia Gabriel, Chairman of Lifeline. Dr. Gabriel.

Dr. Gabriel: Mr. Chairman, members of the Joint Select Committee, others present, members of the public, ladies and gentlemen. Thank you for the invitation to present this morning. I would like first and foremost to express my thanks, gratitude, to those who have supported us in our work since 1978. Lifeline is dedicated to being there for those who are in eminent danger of taking their own lives. Suicide is a spectrum and we concentrate on that extreme spectrum. We are listeners, we remain as anonymous as possible and to meet the needs of those who are in imminent danger of taking their lives and I look forward to the discussion that we will have and it will be a fruitful discussion. Thank you.

Mr. Chairman: Thank you so much Dr. Gabriel. And now on to Dr. Patricia Elder, Founder/Director of Elder and Associates of Trinidad and Tobago. Dr. Elder.

Dr. Elder: Yes, good morning. Thank you so much, Senator and Chair, for the opportunity to be here this morning— [*Technical difficulty*] but the fact that we are still alive and kicking and prepared to serve. Briefly a little bit about our organization, Elder Associates Limited. We have been around since 1993 providing primarily Employee Assistance Programme Services to the population of Trinidad and Tobago at our four locations: of course Scarborough, Tobago; Tacarigua; San Fernando and Port of

Spain. We provide EAP and other psychological services to the private and public sectors for a variety of human concerns, both related to work related issues and personal issues. Our experience over the pandemic has been quite interesting, because we have had to change how our modality of service primarily to one of virtual services. However, we noticed that the demand for services really increased over this period, even though the modality of service had changed.

So we provide not only the counselling services but also critical incident, stress debriefings where we used to go before the pandemic, on site to provide interventions for staff and for the organization as a whole. In addition, we have had the opportunity to do what we called pre-employment evaluations of law enforcement personnel and that is pretty interesting because we got to really introduce to the recruits the whole concept of mental wellness and health that would really affect their performance as officers.

So briefly that is what we are all about and we are really, really happy to be here. Our clinical director, Dr. Brent Pereira and our trauma director, Mr. Ronald Tagallie are part of our team. We thank you so very much for the opportunity to serve today and to participate, Mr. Chair.

Mr. Chairman: Thank you very much, Dr. Elder. And the last but by no means least, Ms. Kezia Worrell, founder of the Trinidad and Tobago Depression and Suicide Foundation. Ms. Worrell.

Ms. Worrell: Hi, good morning, Chair, members of the JSC as well as members of the public. My name is Kezia Worrell and my team member, Chyann and I will be presenting on behalf of Trinidad and Tobago Depression and Suicide Foundation. I would firstly like to thank God and the Parliament of Trinidad and Tobago for this opportunity to be a part of this enquiry. This foundation was established in August the 6th, 2017, and for the past few years we have been committed to relentlessly providing support to the citizens of Trinidad and Tobago especially during the pandemic. We do hope our input at this Joint Select Committee can contribute to the overall mental well-being and sustainability of our beautiful country of Trinidad and Tobago. Thank you.

Mr. Chairman: Thank you so much. Just to remind persons on the Committee and officials to please direct your questions and concerns through the Chair, myself, and also to kindly activate the microphone in your devices when you are acknowledged by the Chair and wish to make a contribution or ask a question and turn it off when you have finished your contribution. We are going to start. We have two members who will have to leave a bit early today because they have commitments later on today so we are going to start with them. But just before we do that because of the sensitivity of the

topics we are discussing today, we would like to just advise of some protocols in discussing in particular suicide in terms of not saying some phrases and opting for some other phrases which are much more productive in this kind of space.

First of all, we should not say, "successful suicide". We should say, "non-fatal" or "made an attempt". We should not say, "successful suicide", we should also say, "took their own life", "died by suicide" or "ended their own life". We should not say, "committed" or "commit suicide". We should say, "died by suicide" or "death by suicide". We should avoid the phrase at all cost "suicide epidemic". We should say "there are concerning rates of suicide" or "clusters of deaths". Because we understand that these kinds of discussions may be exposed to vulnerable groups in society and we want to be sensitive to that in our discussions here this morning. We should also be avoiding descriptions of the methods and locations of suicide and sensationalizing suicide in any way so that we are sensitive to the vulnerable populations that may be looking on.

Just to give a sense of some of the data that we are working with which is of concern are first of all provided by Lifeline which I found quite of concern: In 2019 Lifeline received six calls per day and I would like to thank Lifeline for this information. In 2019 six calls on average per day; in 2020 to 2022 that went up to 10 to 30 calls per day. The call lengths varied from one minute to, in one case I believe, to seven hours. The average length of a call was 30 minutes. The prevailing issue related to the organization was suicide preventions in those calls. The age group was between 20 and 78, with 82 per cent of the persons being less than 40 years old; 65 per cent of the persons who called were male. So that is some interesting information.

In terms of the children and these are also of great concerns as provided by the Children's Authority and we thank them for the information also. In 2020 we had a total of unfortunately 149; in 2021, 124 and 2022 to date 33, bringing it to a total of 306. There were cases of reported suicide ideation, attempts of self-harm only, 144 in 2020, three reported cases of mental health challenges. In 2021 six cases of reported mental health challenges, reported cases of suicidal ideation and attempts at self-injury, 118 in 2021 and to date in 2022 one case of a reported mental challenge and 32 cases of reported suicidal ideation or attempts of self-harm which are statistics of concern. We will start with the Office of the Prime Minister and I will defer to our colleague, member Beckles. Go ahead, please.

Ms. Beckles: Thank you very much, Chair, and let me again welcome everyone who is attending this session, as well as members of the public. And specifically to the Office of the Prime Minister - Gender and Child Affairs, and I want to refer you to your submission that stated:

The Office of the Prime Minister - Gender and Child Affairs acknowledged the imperfections

in the mental health services available to our core clients.

And that submission is on page 7. And therefore my question is, what are the main imperfections in the mental health services from the perspective of your Ministry?

Mrs. Bailey-Sobers: Thank you very much, member. Essentially when we looked at the mental health services, we, in terms of children, some of the areas of that had to do with the long term kinds of facilities for children who need mental health support services. So, as it is right now we are working with the Ministry of Health to provide that type of facility. The Cabinet has agreed that some provision will be made at Mount Hope for a few beds, but in terms of long term we will work with the Ministry of Health to set up a facility for long term care for children who have mental health issues.

One of the other areas has to do with the collaboration. We do feel that there is room for tightening collaboration between the various institutions and Ministries in respect to treating with the mental health issue. And one of the key factors has to do with ensuring that we have the robust protocols that would enable us to know who is responsible for what and who will take up that responsibility and at which point in time as the case management is done for the children.

So, those were some of the main areas and, of course, one that is a common thread through a number of the areas, has to do with the data collection and strengthening the data collection systems across the Ministries and the institutions treating with women and children in particular, because that is our remit, and of course mental health support to those vulnerable groups.

Ms. Beckles: Okay, thank you very much. And I now like to ask an additional question. So your submission indicated that the Office of Prime Minister and the National AIDS Coordinating Committee, you incorporate counselling services as one of the core services to support mental health persons living with HIV, and that is at your submission, page 4. So, can you indicate in the Office of the Prime Minister's estimation, what was the number of persons living with HIV who accessed these counselling services during the COVID pandemic? And can you indicate, do those figures represent an increase in demand for counselling services?

Mrs. Bailey-Sobers: Sure. As mentioned in my opening statement the National AIDS Coordinating Committee would have recommenced the helpline for persons living with HIV in December 2021. And to probably give a bit more detail with respect to the clients and what provisions have been made for the clients with respect to mental health services, I will ask Dr. Sebro who is the director to speak to that. Dr. Sebro.

Dr. Sebro: Thank you, PS. Morning, Minister. So with respect to the service from the perspective

National AIDS Coordinating Committee, given its current role, mental health, the psychosocial support is heavily embedded in the new HIV/AIDS policy. Beyond that we would have reestablished the HIV/AIDS hotline—health line—in December to try to augment some of the services that would be provided through the health and social Ministries to support people living with HIV. At this point and time, the service is just getting off the ground and we will get about on average about 30 calls a month at this particular point in time. The scope of the helpline is a little bit wider than psychosocial support so some of the reasons people have been accessing the helpline is varied, but this is one of our attempts to support the clients.

In addition to that, our NGO partners have been doing additional activity to support clients. We had a town hall with some of the NGOs during the COVID-19 pandemic and this was in attempt to address some of the anxieties that would have come through from the clients due to the—almost, the double trauma then, HIV and then the risk of COVID-19.

Mr. Chairman: Member Beckles, you are still muted.

Ms. Beckles: Okay. So one of the mental health initiatives of the Office of the Prime Minister - Gender and Child Affairs is that of the child zone an online repository of activities, media, information and mental health and other child protection issues, and that is at your submission page 5. So can I ask, what media platforms has the OPM - Gender Child Affairs used to promote, advertise the child zone? Did the Office of the Prime Minister - Gender Child Affairs reached out to the Ministry of Education to promote the child zone in schools? And what has been the level of response to the child zone thus far?

Mrs. Bailey-Sobers: Thank you for your question, member. I will ask the coordinator of the Child Affairs Division, Mr. Moses, to respond.

Mr. Moses: Certainly. Thank you, hon. Minister. With regard to the child zone, in terms of promotion, firstly, we have engaged in a series of promotions on all television stations including special purpose in Tobago. We have also done radio interviews. This happens every year with the major television stations and also the radio stations to promote it. We have also done our social media sponsored posts in collaboration with one of our partners, that is UNICEF, and that would target all children and also adults in Trinidad and Tobago through funding of posts that are directed towards those who need it. And this allows individuals to click on the links and then visit the child zone and other related information.

We have also been engaged with the Student Support Services Division under the Ministry of Education in collaborating on the introduction of the mental health workbook and the child zone into

schools. So guidance officers were trained during the pandemic based on the statistics that we received around the mental health and these guidance officers used the mental health workbook and also the child zone because children were attending school virtually so they were able to log on to of course the website and download the mental health workbook and used it along with teachers or guidance officers in the classroom setting. And that allowed students to engage in that.

We also printed, of course, copies, over 50,000 copies of the mental health workbook and those were distributed and are being distributed to schools nationwide. At the back of that mental health workbook there is a link to the child zone and it lists all of the areas that are critical towards the development of the children and we continue to promote it whenever we have campaigns. For example, we just concluded our Child Abuse Awareness month and had a series of interviews where children themselves were on television promoting the website. So we continue to promote it in all of those facets.

Ms. Beckles: Thank you very much. So your submission highlighted the child and adolescent mental health plan which will be implemented in 2022 and that will be done in conjunction with the Ministry of Health as indicated by your submission on page 6. So can you say, what are the objectives of that initiative and what is the proposed time line for the implementation of this initiative?

Mrs. Bailey-Sobers: The Division—first in collaborating with the Ministry of Health on this particular project which is also I believe a sub-project of the National Mental Health Policy. And we only recently started I believe, Mr. Moses, to work with the Ministry of Health to promote this through our various constituents and the agencies that the Ministry collaborates with. Mr. Moses, you want to sort of give some further information on this particular issue?

Mr. Moses: Certainly. So the plan focuses, of course, on scaling up the provision of access to our critical health care needs; reviewing the mental health policy to ensure that children's issues are also included in it; developing mechanisms and guidelines for the coordination and institutionalization of mental plans, including that of HFLE, because we believe that we can HFLE to also promote that Health and Family Life Education and of course address all issues and strategies related to mental health.

10.55 a.m.

And of course, the output of that would be the development of the essential mental health services plan which is titled The Development of a National Child and Adolescent Mental Health Strategy which of course integrates our social health policies, raises child health, integral to address

children's psychological well-being.

Mr. Chairman: Thank you. I will ask Member Beckles to put a pause there. We will come back to the Office of the Prime Minister. We are going to go now—we are managing some conflicting schedules now.

Ms. Beckles: Sure. Thank you.

Mr. Chairman: So member Munroe and the Children's Authority. We will come back to some more questions to the Office of the Prime Minister in the progress of our discussions today. So on now to member Munroe and the Children's Authority.

Ms. Beckles: Thank you very much.

Mr. Chairman: Member Munroe, go ahead please.

Mr. Munroe: Thank you very much, Chairman. Good morning to all the agencies that are before us as a committee and thank you. Good morning to the viewing and listening members of the public. Chairman, my line of questioning is directed to the Children's Authority of Trinidad and Tobago. Your submission indicated that the time frame for children requiring urgent attention at the St. Ann's Hospital was lengthened due to the requirement of children being required to have a negative PCR test. Could the Children's Authority indicate approximately how many children were affected by this delay in receiving the necessary attention?

Mrs. Gregoire-Roopchan: Good morning everyone. My name is Rhonda Gregoire-Roopchan, I am the Deputy Director, Care Services at the Children's Authority. Thank you so much for your question. I just wanted to elaborate a little more as well on the experience with respect to placement and children having to receive these tests. In order to enter our community residence as a safety measure, one of the things that we have adapted and have been complying to as much as possible is ensuring that we do the relevant tests and that causes some level of delay to be able to get the results to have children integrated within the population, and also there is need for quarantine space as well to also have children then thereafter be integrated into the population.

And to the number of children who have made attempts to enter St. Ann's facility with respect to a COVID test, that is not a number that I have at hand at the moment. I will be happy to provide that information for you in writing at a later point but I would like to say that entry into St. Ann's has to, as we have indicated in our submission, channel through the Accident and Emergency at any of the hospitals. That is part of our referral process depending on the presentation of the child, as well as through court orders which will then facilitate the placement of the child in the facility at St. Ann's that is dedicated for acute care of children.

Mr. Munroe: Okay, thank you. Could you tell me what was the approximate increase in wait time for treatment?

Mrs. Gregoire-Roopchan: The approximate wait time, are you speaking specifically to St. Ann's or at all hospitals? Clarification, please.

Mr. Munroe: Specifically, to St. Ann's.

Mrs. Gregoire-Roopchan: So the wait time for St. Ann's, it can vary between whatever time we have the positive test results to be able to go in and what usually helps us to be able to have access to this facility with quicker time is when the order is made through the court based on the child's presentation. In that case, it is very quick in terms of getting the relevant support from the relevant agencies for the test, et cetera. Beyond that, we will have to wait until there is space, and the facility is limited in space so we wait for when there is space and that can be anywhere from a couple of weeks to a month or so on average to be able to get that placement. And that placement, when we do have it, it is just for acute treatment for two weeks and the child is expected according to that treatment model, to return to community, return to the place from which we would have taken the child to receive such service.

Mr. Munroe: Okay, thank you. Next question. Your submission stated that the Children's Authority is responsible for administering psychological first aid to clients in need of this service who may be coping with a recent traumatic incident. What course of action does the CATT, Children's Authority of Trinidad and Tobago take when children are discovered to require immediate psychological intervention?

Mrs. Gregoire-Roopchan: Okay. So, thanks again for that question. When children require immediate psychological intervention, it would usually be based on three areas of enquiry that we would have done. It would have been based on the child's immediate presentation with respect to disclosures that they may have made with respect to suicide ideation or attempt. It may have been part of a multidisciplinary assessment or it may have been simply based on a presenting behaviour for the child or through the court.

And essentially what we do is make the necessary referral letters to be delivered to the Accident and Emergency Department of the nearest hospital so that we can have the child evaluated. Usually the course of action is for an evaluation to happen, there is a determination as to whether the child needs to be warded or whether a referral is made to St. Ann's for further treatment. Where it is not acute, our next course of action will be to do a written referral to the client for any of our mental health services for children, for example, the child guidance clinic, our stress clinics and so on to be

able to get that support in a less immediate way. And then of course, referrals from the court. A referral is made, written and provided along with the order of the court to be able to have access to the services for mental health. So we have covered immediate service but I have also added for your interest, children who may have less non-acute as well as court ordered intervention for mental health services.

Mr. Munroe: Thank you for that answer. But could you tell this Committee what are the requirements to administer emergency psychological aid with regard to parental consent or approval for those children?

Mrs. Gregoire-Roopchan: Okay, so I would like to clarify with respect to psychological first aid, that will be when we encounter a child that is in a trauma situation and our first steps would be to treat with the immediate needs of the child, the safety needs, the physical needs of that child and that would be part of the element for psychological first aid. There may be a parent who may be non-compliant or who may not wish to provide or to support the intervention that we require, we usually liaise with that parent and try to share information, understand their story, et cetera.

But at the end of the day, what is critical is service to the child and if it is necessary, the legislation allows us the opportunity to take steps in the best interest of the child according to section 22, and thereafter, we can seek an assessment order to have the child receive further evaluations thereafter.

Mr. Munroe: My next question is: It is my understanding that the Children's Authority of Trinidad and Tobago liaises with NGOs and other agencies to obtain resources for children and their families. Could you please indicate the names of those NGOs, the main ones and other agencies that the Children's Authority of Trinidad and Tobago partner with?

Mrs. Gregoire-Roopchan: So we have different agencies across the country that we tend to look to. Those would include religious bodies like St. Vincent de Paul. We look at areas like the Rape Crisis Society who help us tremendously to provide therapeutic intervention free of charge for children. We look at church communities as well. We look at members of the NGO community who are building budding groups with specialized services. The Authority, so we engage on a massive run through our Communications Department to liaise with these entities to bring on-board some of these services. Also, we look at ensuring that we have the pathway to develop MOUs with these agencies or service agreements so we ensure that the service that we get is one that meets the standards required for the child.

But also emerging in the Authority upon—we are currently in the review stage and approval

stage of a voluntarism policy which will allow us then to explore skilled and willing persons to come into the Authority and offer support to the children, even that we are looking at maximizing our resources and using an all-of-country approach to support children. So that policy too is on the way and it will allow us to even further reach with NGOs and other members of the public who are so skilled and have the time and willingness to support our children in that way.

Mr. Chairman: Thank you, Mrs. Gregoire-Roopchan. I know member Munroe has to leave us for a short while, he will rejoin us in a while but I am going to open the floor to the other Members, member Nakhid and member Singh. But before I do, I have a question that I hope can be answered by both the Office of the Prime Minister and the Children's Authority. It may not necessarily reside in your remit. But do you think that there are challenges— And I will start with Children's Authority because we have Mrs. Gregoire-Roopchan on the line. What are your thoughts on children being referred to St. Ann's Hospital given the stigmatization associated with St. Ann's and parents' concerns about that? And that question also to the Office of the Prime Minister, Child and Gender Affairs because I know for a fact that despite the great work that St. Ann's does, because of the stigmatization over the years, parents and citizens are reluctant to be referred to St. Ann's and I know Prof. Hutchinson and others have been advocating for decentralization which is happening but just the referral to St. Ann's is problematic for both adults and children. I can start with Mrs. Gregoire-Roopchan and what your thoughts are on that please.

Mrs. Gregoire-Roopchan: I will be guided by what is in the best interest of a child and that is the mantra that guides everything that we do at the Children's Authority and it is the ethos of the legislation that carries us. So the interest of the child and what is necessary for the child will be critical, and if it is mental health evaluation or acute treatment for a period at St. Ann's which is what is currently available for children, is the course of action, then we will take steps to pursue that.

However, we do want to recognize that the child exists in a family setting and so it is important to work with the family and share the information. Many times, that psycho-education with the family to help them to understand the need for the intervention has helped us to bridge any concern or any course of the stigma associated with St. Ann's. And of course, case workers that have children that are assigned there, will be working with the parents on an on-going basis as well as the children, and they should be involved in the goal-setting for the child. So most times, that referral should not be a surprise for the parent or the child because it will be part of the on-going evaluation process and information sharing process that builds the case plan.

Mr. Chairman: OPM, any thoughts on the question I posed?

Mrs. Bailey-Sobers: Chair, I would just simply agree with the Children's Authority because we at the OPM, we do not deal directly with the children in terms of referrals. Usually, the children, their pathway is through Children's Authority, so whatever Children's Authority would see as the best approach to treating at it, we corroborate with them.

I would say, though, that the Ministry of Health is a Ministry that we collaborate with and we are very comfortable with the support that the Ministry of Health could provide through St. Ann's and we understand that it would take some time for them to rollout their policy of decentralization and that there is some stigma that at the point where the child needs the support, we are in full favour with Children's Authority in terms of the path that they would take, so we do not have direct experience.

Mr. Chairman: Thank you very much. Member Nakhid, any questions for the OPM or Children's Authority?

Mr. Nakhid: Thank you, Chairman. Yes, I do.

Mr. Chairman: Go ahead, please.

Mr. Nakhid: For the Children's Authority, you stated emphatically that your main concern was the welfare of the children and so forth and so on. This is not an aside, it is not something tangential but I think both the Chairman and the members, there have been certain cases in the recent past where we saw some lapse whether in security or maintenance of the kids. Just a question before I go into my formal question. These security lapses, have they been addressed?

Mrs. Gregoire-Roopchan: The Authority is definitely addressing all of the concerns in relation to any gaps throughout the process including and quite importantly any security issues that we may be having. Specifically, we are working on ensuring that our children have adequate supervision as they have been and as we continue to do so and our service delivery evolves to continue to make sure that we have at the forefront any risk assessments that need to be done to make sure that we provide for the safety and security of the children in our care as well as who we are case managing.

Mr. Nakhid: Okay, thanks for that well, pretty generic statement. But in your care, how many kids, how many children do you have in your care at present?

Mrs. Gregoire-Roopchan: At our Child Support Centres, we currently have 55 children accommodated at the three centres in Trinidad and six of them in Tobago.

Mr. Nakhid: How many of those that—you said 55. How many of those that you have diagnosed with mental health problems?

Mrs. Gregoire-Roopchan: We have three of those children, two females and one male child who have formal diagnoses that are currently at our Children Support Centre. Additionally, we have another eight children, five males and three females who show symptomology of mental health concerns but who we have continually received treatment for at the health centres and have not been referred to St. Ann's to have a formal diagnosis. This is something that we continue to pursue.

And while I have the floor, I just wanted to also add on a previous line of questioning that one of the areas of greatest concern and need is for the development of a facility to be able to treat with children who have signs of mental health challenges but who may need long-term placement and multi-disciplinary treatment. While we do have our facility at St. Ann's for which we are grateful, there is a need beyond acute treatment for two weeks or so as the treatment team recommends and so there is absolutely a need for children to have a place where they can go, receive long-term treatment where necessary and where possible they return to community.

Mr. Nakhid: I love that answer so then, of course, I would follow: Has there been any formal approach to the Government to provide such a facility?

Mrs. Gregoire-Roopchan: We have had teams from the Authority been invited along with the Ministry of Health to look at a facility that was referenced earlier at the Mount Hope Hospital to accommodate such children and we have also done site visits at another facility and are very hopeful that this shall come into fruition before too long.

Mr. Nakhid: Well, I think the Chairman, knowing how he would interrogate you.

Mr. Chairman: Are there timelines on that, Mrs. Gregoire-Roopchan?

Mr. Nakhid: Exactly.

Mr. Chairman: Are there any timelines for that that you referenced?

Mr. Nakhid: Exactly.

Mrs. Gregoire-Roopchan: Certainly. At the vagueness of the timeline specification simply comes from the fact that the development of the facility is not rested in the Children's Authority but it is in the hands of the Ministry of Health, so we do await the feedback on the implementation of that facility.

Mr. Chairman: Thank you. Member Munroe, you had a question?

Mr. Munroe: Yes, Chair. Thank you very much. Two more questions.

Mr. Chairman: Go ahead, please.

Mr. Munroe: Thank you. It is to the Children's Authority. Your submission stated that with regard to the provision of service to the Children's Authority of Trinidad and Tobago clients, discussion has

been initiated with all other RHAs, regional health authorities that is, other than the SWRHA, to formalize a similar MOU. Could the Children's Authority please indicate to this Committee when did these discussions take place?

Mrs. Gregoire-Roopchan: Certainly. So just to clarify, the Authority has MOUs with NCRHA which was originally signed pre-proclamation before the Children's Authority formally came into being in 2015 and we have a recently signed MOU with SWRHA which was done in 2019. Our on-going discussions with the Ministry of Health to move our MOU discussions further have last met in September as well as earlier this year in January 2022 to be able to push these discussions. Also, when an MOU is developed, we also have to operationalize it in terms of bringing the content of the MOU to the members of the team who operate on the ground. And so we have been meeting with SWRHA as recently as last month in March to be able to operationalize the MOU. Mrs. Siew Sankar-Ali who is on the call today led that team in meeting with SWRHA and it was quite a favourable meeting.

Mr. Munroe: Okay, thanks. Follow-up. What further actions are required for those MOUs to be established in full?

Mrs. Gregoire-Roopchan: So what we are looking at is continued discussions with the RHAs not mentioned above which are NCRHA and SWRHA. All other RHAs, we are continuing to engage in discussions both at the operational level as well as the CEO level. We have had meetings, a very large meeting in September of last year with the Division of Women's Health and representing the PS as well. And so those are the kinds of discussions that we have been having. We are also engaging in a number of outreach sessions so that we ensure that what we discuss at the level of the PS and the CMOHs does in fact reach to all persons working on staff and we have been engaging on a sensitization campaign. The last sessions I believe were done in Tobago in January and we continue through our Communications Department to push that drive forward in the months to come.

Mr. Munroe: My last and final question to you, Mrs. Roopchan. I would like to know based on a percentage if you are in a position to share with us, this Committee, in terms of the Children's Authority achieving their core mandate and goal when it comes to children in their care, how close you all are in terms of percentage to achieving that goal, the ultimate goal of making sure that those children in your care are in the best care. And I asked this because I represent a constituency and we have throughout this country persons who will have concerns about children being in the care of the Children's Authority and wanting the best for them. So I want to know from your understanding, your full understanding, what percentage you all are at in terms of achieving your core goal and mandate to perfection?

Mrs. Gregoire-Roopchan: Yeah. So our goal ultimately as you said and I smile, it is 100 per cent because every child is really important to us all. However, the Authority does have its challenges and we are currently in the process of reviewing our organizational structure, reviewing our strategic plan. I have been in meetings as recently as yesterday afternoon and I have one after this session where we look at the strategic plans to be able to build out our work plans to focus on getting to 100 per cent. We are not there yet. I do not want to suggest a personal opinion as to where we currently are, but we are with a new case management model seeing great gains in terms of the number of children that we are reaching and the time frame that we are reaching them in this new model. So hopefully, we will continue to work this and our strategic plan will guide us specifically towards a closer meeting of that 100 per cent.

Mr. Chairman: Thank you very much, Mrs. Gregoire-Roopchan.

Mr. Munroe: Thank you very much.

Mr. Chairman: I see you evaded that trap of perfection very skilfully.

Mrs. Gregoire-Roopchan: Thank you, Chair.

Mr. Chairman: Let us go to member Singh now, who will pose questions to the Trinidad and Tobago Association of Psychologists. Member Singh, go ahead please. Is member Singh there?

Mr. Singh: Thank you, Mr. Chairman, and yes I am here. Are you hearing me?

Mr. Chairman: Yes, go ahead please, we are hearing you. Member Singh, if you are having bandwidth problems, just take off the video. It will be all right.

Mr. Singh: [*Technical difficulties*]

Mr. Chairman: We are still having some buffering issues with you there, member Singh. I do not know if you changed locations but could you try that question again please?

Mr. Singh: [*Technical difficulties*]

Mr. Chairman: All right, while we get that sorted out, I will pose the first question to the Association in terms of, how long has the TTAP been in operation and what is your staff and HR make-up and volunteers like in terms of the association? What is your mandate?

Mr. Collier: The Association was formed by an Act of Parliament in 2000 so this is our 22nd year in existence. We are an all-volunteer organization. The organization consists primarily of individual providers and small groups of providers who share their common practice of psychology. The staff consists entirely of volunteers. We have an executive that is elected and we work through various committees consisting of members of the Association.

Mr. Chairman: Member Singh, are you back and are able to move forward? Okay, let me pose another question to Mr. Collier while member Singh sorts out those technicals. What has the Association membership been telling you about the pandemic and what their interface with the public and the clients has been like in terms of the effect of the pandemic on the population?

Mr. Collier: Quite a lot actually. As has been mentioned by others, there is a significant increase in the sheer volume of demand for our services throughout the course of the pandemic to the degree that many of our providers themselves, many of our members expressed being overwhelmed and there was a need for attention to self-care as there is a sort of transmission of the stress that was being expressed by members of the public who were seeking care. There were some notable presentations, there were some shifts in presentation. One of them was in addition to just an increase in sheer demand overall, there was a distinct increase in the number of men who were seeking care. Typically, men are far more reluctant to seek care than women are, and I think that that speaks to the effect of the pandemic in terms of overwhelming the resources of so many members of our population.

There was also a distinct increase in the number of children who were presenting with various issues. A lot of which for school-aged children, surrounded their experience of schooling through virtual platforms, the anxieties that resulted from that, many children do not learn well through the virtual platforms but in addition, because of the removal from schools and the significance of social interaction and the growth and development of children, it often was particularly problematic for them.

One of the places that that showed up I would say most disturbingly and dramatically was in younger children. There was a spike that many members of the Association reported in young children, toddlers who were presenting with symptoms that appeared consistent with autism spectrum disorder meaning that there were significant delays in their development with speech and social interaction in particular. And there is still a lot of uncertainty—

Mr. Chairman: Would you say that is highly correlated with their inability to interact with other children because of their isolation at home?

Mr. Collier: That is precisely the concern, that in many instances we may not be looking at children who have actually developed autism spectrum disorder but are in fact showing symptoms because they have not been able to engage in the kind of socialization that facilitates their development at that particular age. And so, it is our suspicion that over the next few years as children are returned to the school settings and returned to avenues of socialization with each other, there may be a shift away from that trend and that pattern, not as a result of some deliberate intervention for ASD but because

there is a return to the socialization that more typically produces or facilitates children's development.

Mr. Chairman: Member Singh, are you back yet? I do not know if he is hearing us. You mentioned earlier on, Mr. Collier, that— Member Singh, go ahead.

Mr. Singh: Yes, Chair. Thank you, Mr. Chairman.

Mr. Chairman: Go ahead please.

Mr. Singh: I took note of the responses given to our Committee and in particular your submission stated that the dominance of psychiatric intervention within the State system is a poor, cultural fit for the population of Trinidad and Tobago as there is a pervasive reluctance to use medications for mental health conditions, especially during the pandemic. My question is: What are some alternative culturally appropriate approaches to mental health treatment in Trinidad and Tobago, if you can share some of these examples?

Mr. Collier: Okay. So more broadly, there is sort of two things. I would like to come back to the issue of the place of psychiatry in our approach to mental health care, if you will grant me leeway to do so. But more particularly, mental health care is not simply restricted to the provision of medical mental health care like psychiatrists, medical doctors who are trained in medical treatment of mental health issues and so their predominant response is the prescription of medications. It is an appropriate and reasonable response; it is not to suggest that there is anything wrong with the provision of that care.

11.25 a.m.

The issue is that, and I think other providers can attest to this, there is widespread reluctance among the Trinidad and Tobago population to accept medical intervention in the form of prescribed medications and has been mentioned earlier, there is a distinct reluctance to institutional treatment in the form of being sent to St. Ann's or to other mental health facilities. And so, there are various kinds of therapeutic interventions, behavioural interventions, talk therapies, changes in lifestyle. Interventions may come through religious or other culturally valid entities, bodies and mechanisms that people are more receptive to. And given that there is such a strong resistance to medication, it seems important to work with cultural organizations that contain elements of sound mental health care within their structures or practices or customs already because there is much larger or a much greater likelihood of actual compliance with those interventions and therefore a much higher likelihood of the success of those interventions. Does that answer your question or do you want something more specific than that?

Mr. Singh: Yes. That seems to give us a lot of information in terms of the alternative. I also took

note of your submissions where you indicated the mental health professionals available. And I would like to get from your perspective, in on your estimation: What are the main factors contributing to the lack of mental health professionals in our country?

Mr. Collier: Okay. That is an excellent question and it is one of the big concerns that we have, and it is connected to the way that we frame and understand mental health care as a society. It is not an individual level issue. It is a societal consideration. Reference was made to the stigmatization associated with St. Ann's and I frequently remark that our model of mental health in Trinidad and Tobago is binary, "yuh mad or yuh ain't mad". That is the way that we tend to view mental health. And, of course, any—even modest examination makes it clear that that is not an accurate or reasonable perspective of mental health but it is very much entrenched in our societal narrative.

And as a consequence, people who are in need of care, of intervention, of support and help from a professional are extremely reluctant to seek it. Because for them, accepting the care, going to a counsellor, going to a therapist, going to a mental health institution, is interpreted as accepting the label of "mad". And so, in order to avoid that self-stigmatization, people frequently defer seeking mental health care until they have come to a point of severe crisis.

Mr. Chairman: If I could just interject here, Mr. Collier and Mr. Singh, I just want to go back to the point you made earlier about the increase in men seeking intervention during the pandemic in the context of, one, mental health care but relatedly, substance abuse, because that is part of our enquiry today. And then we will focus heavily on the mental health aspect of it. But give us a sense of what the main, if you can, what the main complaints were, the main presentations the men were experiencing that they sought out the mental health care, which is a good thing, because men traditionally do not seek out even traditional health care and if there was information about whether or not a lot of that was in relation to increased substance abuse, alcohol and other drugs, et cetera.

Mr. Collier: Okay. I would say that it is the other way around. Frequently, we talk about substance and we talk about it as, again from a psychiatric standpoint, as a diagnosis of a substance use disorder. But what we miss is the purpose of substance use. The use of substances, particularly when it becomes problematic, is functional. It serves a role. It serves a purpose.

A few years ago, there was, I found, a rather amusing song by Mr. Killer, in which he invited people to pick up something and run with it. The song began with a statement. The statement was: "Ah had some stress, so ah take some shots. De amount ah take, it really hit de spot." That is the function. The stress is the Caribbean diagnosis for men, in particular, of emotional distresses in any form and one of our most common curatives, prescriptions, is alcohol. And so, men, in particular, are

prone to responding to their internal distress by drinking. And so, during the pandemic, places to gather and drink were shuttered. And so, for men, in particular, a major source of their ways of coping was unavailable and as a consequence, many men found themselves overwhelmed, unable to cope because the way that they had been maintaining themselves and staying within the bounds of functioning were decimated.

I think this also applies to the prohibition on access to outdoor activities. I think that that played a significant role in the emergence of increased demand for mental health care. Because that also has been an indigenous mechanism for coping with emotional distresses.

Mr. Chairman: Did your membership also give you any information on how the employment/underemployment situation during the pandemic played or what part, if any, did it play in the men who are, in many cases, the breadwinners seeking interventions?

Mr. Collier: That is a fantastic question, and absolutely. And so, a lot of men found themselves out of work and because we have a sort of culturally-coded definitions of manhood that include productivity and provision as the heads of family, and so on, for a lot of men the loss of work and the loss of income is not just a matter of practical challenge but also of psychological challenge. It undermines men's sense of their identity and their worth and value. And so, it definitely exacerbated challenges that men were having and that was expressed very explicitly, but it also showed up. One of the ways that it showed up was a notable increase in domestic violence and in—even if there was not physical violence, domestic discord.

[*Sound of dogs barking*]

Mr. Chairman: Fortunately—well, somebody's mike is open and their dog is having a good time with us today.

Mr. Collier: That may actually be at my location and that is not even my dog.

Mr. Chairman: The issue of domestic violence is going to be the subject of our next enquiry, so that is good news. Before I go to member Nakhid, if he has any questions for the association, and member Singh, to wrap up before we go to Lifeline, do you get a sense that there may be some upside to this? Because men who do not traditionally have a tendency to seek out intervention have now become clients. Do you think that trend will continue, which may be a good thing?

Mr. Collier: I think that men who engage the process during the pandemic because they were overwhelmed and who found some of the experiences that they had in counselling or therapy beneficial to them are more likely to continue to seek care, subsequent to the state of being in a pandemic.

However, I do not know—I cannot think of a reason why that would affect the overall culturally-embedded pattern of men's avoidance of help. And I think that that gets to the thing that I wanted to circle back to, is that throughout all of this it has been appropriate, entirely appropriate throughout the pandemic to have a focus on crisis care, on emergency care, on the treatment of people who are at risk in the short term of potentially losing their lives or of being harmed in other ways. It is entirely appropriate in a sort of triage sense to focus on that predominantly.

Mr. Chairman: Were women's concerns in alignment with men's concerns or were there markedly different, those who sought interventions?

Mr. Collier: They varied. There were a lot of overlapping concerns. Both men and women shared a number of considerations that were not gender-specific. There were particular things that showed up with respect to gender. In many instances, women bore the brunt of the expanded—I think in HR they talk about scope creep. Well, it did not creep during the pandemic, it was scope sprint. And women found themselves being full-time employees, working from home virtually and being full-time caregivers to their small children, and being full-time teachers to their children, and being full-time caretakers to their elderly parents, and so on. And so, a lot of women, in particular, found themselves overwhelmed by the immensity of always being required of them under those conditions and feeling no avenue of relief and reprieve.

But what I was addressing was the issue of the way in which we approach mental health care. Crisis focus is appropriate, and I am not suggesting that that should be removed from attention. But if we only focus on crisis then all we do is meet people at the point when they have become so overwhelmed, so harmed, so desperate that we are able to help them out of the crisis and back into the place where they are just below the level of crisis. And so, we end up with a population that, in large part, is functioning in a quiet crisis mode.

Mr. Chairman: I am going to ask you to pause there because that is a discussion that we want to expand on. We have three other stakeholders before us and we want to get their inputs also. So put a pause because I want to get into that functional instability paradigm later on.

But I want to go to member Nakhid now and Lifeline. Member Nakhid, go ahead, please.

Mr. Nakhid: Chairman, with your permission, before I get to the questioning of Lifeline, just a question for the OPM—

Mr. Chairman: Go ahead, please.

Mr. Nakhid:—since I have heard several references to the stigmatization of the St. Ann's Hospital.

Mr. Chairman: What I would suggest, member Nakhid, is if you could put a pause because we are

going to get back to them in the round later on. But I really want to get the other stakeholders involved because they have been very patient and we will get back to OPM on that question later on.

Mr. Nakhid: All right. Okay. No problem, Chairman.

Mr. Chairman: Thank you so much.

Mr. Nakhid: So, to Lifeline, I have been reading over the issues papers and it has been stated here that you have a budget problem in getting an audit. You have financial problems in getting an audit and that you have not been able to get a cent from the State, and I quote:

> A cent from the State since July 2019.

Is that correct?

Dr. Gabriel: Exactly. We do not have an audit problem. We have got—somebody has done our audit and it should be delivered any day now. The problem is that the previous one, we did not have the money to pay $5,000 per year to have our accounts audited. So, somebody did it for us for free, 2014 to 2017. The Ministry then waited three years before they tackled it, and then came back and told us, "Well, in the three years we waited, we want you to give—before we consider putting up for a subvention for you, we want you to give us audited accounts." But they knew that the person who had done it pro bono for us had a stroke and she was sick and we did not have the money. We have found the money. The new auditor has—and you would not have heard, at this pandemic, the staff were ravaged by COVID. So, within the next week, we will get those audited accounts. That is not a problem. We do what we have to do.

Mr. Nakhid: Well, I commend you for that, Dr. Gabriel. But then the obvious question is: What kind of subvention do you get from the Government? What budget do you need? [*Laughter*] Yes, I like that. But let us know what kind of subvention does the Government—they have you waiting since July 2019 for? Please, enlighten us.

Dr. Gabriel: Mr. Nakhid, it depends on what they decide to give us. We gave them all the figures and it comes—to supply a service that would meet the needs of Trinidad and Tobago and we did it, would be approximately 1 million a year. However, whatever we are given, we will work with that. That 1 million a year—and I did the calculation. And when you say, Dr. Gabriel, what you are saying doctor to is that I see patterns in figures. I deal with numbers. That is my professional area. That is why I do not use it for Lifeline. That means that 1 million would represent 9.8 per cent of money required to run that service if it was done by the Government. Therefore, when somebody makes the decision that they will not give us a cent and they will establish a government service, it is that in the name of

the people of this country they decide that they will spend $10 to get a service that they could have gotten for 98 cents.

Mr. Nakhid: Wow!

Dr. Gabriel: And I work with figures. So, this is why I am laughing. It is not a problem. We are accustomed to making do. Our focus is on those in crisis. And I agree with Mr.Collier, that we should have an emphasis on those who are not in crisis. And let me apologize to Ms. Robinson who I asked to join me today. We are also looking at that, Mr. Collier, and we are asking whether the Government would look at setting up a multi-agency risk assessment committee which would specifically concentrate on bringing the people who are at highest risk. Bring the agencies that have to deal with them and collaborate such that their services would be provided. It would allow us to move out in the crisis situation and that is why Ms. Robinson of GOOTS is here. We have done nearly two years' work on that.

Mr. Nakhid: Well, Dr. Gabriel, allow me to follow up then. Since—and you are laughing, but I am becoming angry. Since the Government has been glaringly found wanting in this regard for such a critical, crucial service that you provide, has there been any attempt by your organization to source private funding?

Dr. Gabriel: Yes, we are actually very grateful that having made it clear that we are not getting any money, the private sector, which normally does not respond to our appeals, have done so. What we have is, in essence, a widow's mite; the people who will give us on a regular basis are giving us TT $20 a month. And whatever we can do, we will make do with that service because our concentration is on those at highest risk of taking their own life, that somebody has to answer that phone. It has to be done. If the Government will support us, great. They will not, we are the nationals of Trinidad and Tobago, we make those decisions. Not we, Lifeline, we the ordinary people of this country. Therefore, using the support of the $20 a day—the $20 a month, we will do as much of that service as we possibly can. It is not a problem. That is all right.

Mr. Nakhid: Let me again commend you for working for so much with so little, Dr. Gabriel. But I have to ask you some of the hard questions, of course.

Dr. Gabriel: Go ahead.

Mr. Nakhid: I have seen here on the issues papers that 90 per cent of the callers, suicidal, 65 per cent of them were male.

Dr. Gabriel: Yes.

Mr. Nakhid: I would like to ask—because we have the Children's Authority here who has a budget

that you would be envious of. I would like to ask you, Dr. Gabriel, how many of that 65 per cent that are male, how many of them are young men, let us say, minors, teenagers?

Dr. Gabriel: Those who are young men are those under 20. It depends on—they are under 20 and we have always had a concentration on that since 1993. Lifeline has been around since 1978 so hardly anything anybody could ask about; we have not dealt with at some time. So, no, but the Children's Authority has its budget. And I hope very much that they will increase the budget that is needed for our children.

Mr. Nakhid: Well, Dr. Gabriel—and this is nothing, as you said, this is for the people of Trinidad and Tobago. And this is something I have worked on for quite a while, maybe half of my time since I am in the Senate and it works out that given the number of people within the jurisdiction of the Children's Authority there is a budget for each person of $185,000. I worked that out. I have said so in the Senate, on the *Hansard* and that has not been disputed. So, I would like to ask: Is it possible for some kind of synergy between your organization and the Children's Authority that maybe some of that money that they so generously have, Dr. Gabriel—

Mr. Chairman: Member Nakhid, that is a good question, but not for Dr. Gabriel.

Dr. Gabriel: Not for me?

Mr. Nakhid: No, I am asking her if she is possibly—Chairman, as you would know, and I know you are aware also of the situation, Chairman, if she can possibly approach the Children's Authority to get some of that largesse that they seem to have.

Mr. Chairman: Well, largesse is—

Dr. Gabriel: No, no, no, no.

Mr. Chairman:—an implication that we want to stay away from, member Nakhid.

Let us not go down that road, please.

Mr. Nakhid: Okay. Let us say generous contributions that they seem to have. I do not want to get political, Chairman, but I am feeling angry. But I am happy she is making me laugh. I am fasting in Ramadan and I will get annoyed quickly, but I feel her pain. She is laughing but I feel her pain.

Mr. Chairman: I appreciate, member Nakhid, the concern. Because Lifeline has not received any money from the State since July2019. It last received a subvention in 2015 and one small time grant—one-time grant in 2016 to 2019. So—

Mr. Nakhid: Can we get those figures, Chairman? I know you always like to get figure specific and I know you will ask. Can we get what was that last subvention, how much were the numbers so we have

an idea?

Mr. Chairman: Its last subvention in 2015 and small one-time grants between 2016 and 2019. To be fair, to put on the table, I do believe—and Dr. Gabriel can correct me if I am wrong—the amendment to the NGOs Act makes it now a prerequisite for those audits to be done to receive state funding. Is that correct?

Dr. Gabriel: Yes, it does. However—and I think this is necessary to say, that you are grinding the most honest NGOs into the ground to demand from them. If they put it in the Act, then they should also provide for some mechanisms that the smallest NGOs would get their accounts audited. Because if you do—if you do not have the money—if you give me $50,000 for the year, and the money to pay the rent, et cetera, for the organization is $45,000, where do you expect me to get the money from to pay $5,000 to have those accounts audited?

Mr. Chairman: Well, I fully agree with you and I understand member Nakhid's intervention in that direction. Because the amount of work I know Lifeline is doing, the funds do not align with the demand for your services. So, I think something needs to be done, some sort of discussion needs to happen. I know this is not necessarily the place because we are here to talk about—

Dr. Gabriel: No, no.

Mr. Chairman:—suicide intervention and depression. But it is material to your organization's continued functioning, given the role that you play and have played for many decades in Trinidad and Tobago. So that is why I think the discussion is material.

Dr. Gabriel: Yes. It is important.

Mr. Nakhid: It is, Chairman, because I have anecdotal evidence of two former footballers who fell on hard times, who have reached out to Lifeline and they said that it saved their lives. So, this is something very personal to me, Chairman, as you noted. And again, I commend Dr. Gabriel and I would like us to find, before we leave and break today, some solution to get this Government to have an immediate subvention given the surge in suicide attempts in Trinidad and Tobago and actual suicides. We need to have a solution, Chairman, else we are just talking in a committee every time.

Mr. Chairman: I agree, member Nakhid, and I think the point has been well made and I agree that Dr. Gabriel and her organization and the Ministries involved need to have some sort of discussion on how we can move this forward. Because I think no funding for an organization like Lifeline, under the circumstances, even though it is a requirement of the amendment to the law, needs to be sorted out. So, let us move on to the issues at hand.

Final question for Lifeline and then we go on to Elder Associates. Thank you, Elder and

Associates, for your patience and also Trinidad and Tobago's Depression and Suicide Foundation. So, member Nakhid, your final question to Dr. Gabriel, please.

Mr. Nakhid: Well, all the questions listed here, Chairman, are pale in comparison to what we have just suggested because—

Mr. Chairman: Member Nakhid, member Nakhid, the point—

Mr. Nakhid: Chairman—

Mr. Chairman: Member Nakhid, I appreciate it and the point has been made and taken.

Mr. Nakhid: Okay. Let me—final question.

Mr. Chairman: Thank you.

Mr. Nakhid: Your submission stated that:

> One of the weaknesses in the system during COVID-19 was that there was little help for persons who reside with mentally ill relatives and there was a paucity of services to transport someone to a safe facility.

The question would be, Dr. Gabriel: What does your organization recommend to the Ministry of Health for remedying this situation, given that they cannot find a damn red cent for you all anyway? Anyway, go ahead, Dr. Gabriel.

Dr. Gabriel: I would not link it to any funding to Lifeline. It is a general concern with the mentally ill and what showed during the pandemic is the services, and I have said so, have been decentralized. And may I say this? Having worked on this since 1978, you cannot imagine the real progress that has been made, in that we could even suggest to somebody that it is possible they may need to go to see a psychologist or a psychiatrist. People actually ring and say, "I want to talk to a counsellor." They would say that. So, yes, it is that there is more that can be done, that decentralization made a difference and it is—and nobody could have predicted COVID-19, and so they had to spin around and do it.

And so, in future, they could look at it. It is something to be considered. When somebody is in a lockdown situation with somebody who is having a mental meltdown, how do we get help to them in that situation? That is something that needs to be looked at. But I think that the mental health services, under the circumstances, did the best that they could.

Mr. Nakhid: Well, next time I suggest to you, before I finish—thank you so much, Dr. Gabriel. I suggest next time you make a carnival pod and get some of that piece of carnival money. Maybe they would have—

Mr. Chairman: Member Nakhid, member Nakhid.

Mr. Nakhid: Go ahead, Chairman. Go ahead, go ahead. Sorry.

Mr. Chairman: I appreciate your intervention and I am glad that you had such pointed questions. Dr. Gabriel, let me add my commendations to you and your organization for continuing to operate under the circumstances. I know for a fact, in addition to the work you do, you train young people in intervention very well because I have a friend myself, I will put on the record, who was trained by you and because of your training, was able to access a very pivotal position in a US NGO, because of the training she received from your organization

Dr. Gabriel: I am glad to hear that.

Mr. Chairman: So, I know you are doing great work with training persons also.

Dr. Gabriel: Thank you. Thank you.

Mr. Chairman: Thank you, member Nakhid. So, we are moving on now. And I thank Elders and Associates for their patience. Let us get a sense from—I am just trying to get the name right here, Dr. Elder, about the organization's experience given what you have heard here—and thank you again for your patience because you know we are trying to get through a lot of organizations today—

Dr. Elder: Yeah.

Mr. Chairman:—during the pandemic, in terms of persons coming to you for interventions.

11.55 a.m.

Dr. Elder: Okay, but thank you, Chair. First of all, I really want to say to my colleagues in the field, how deeply we appreciate what they do, unless you are in it, you really do not know the kinds of challenges we face as mental health providers. So kudos to all who are here on the panel and who may be listening outside.

Now, one of the points that was made by Mr. Collier which I want to piggyback on is the whole issue of help seeking behaviour. Yes, we have in the Caribbean a bias about persons getting—and Chairman, you said it too—any kind of help for their health in the institutions that we have. However, what we at Elders Associates note and we promote is prevention. We have a prevention focus and we find that because our target population are employees of organizations that recognize the need for mental health and mental wellness support systems, among their system, it gives us a doorway, an opportunity, to educate masses of persons who ordinarily would not speak to a psychologist, or a counsellor, or a mental health professional, but because we have the opportunity to enter the workplace with the permission of the owners, leaders of organizations, then we can educate folks about what it means to be healthy, in a comprehensive kind of way, you know, mind, body, spirit kind of way.

We also recognize and I think Mr. Collier touched on it, that there are gender differences in terms of the need for support, and I am gonna say support, rather than counselling or psychiatry or whatever, because mental health and wellness— [*Technical difficulties*]

Mr. Chairman: You became muted too Dr. Elder, for some reason. Could you unmute, please?

Dr. Elder: Okay. The technology is not cooperating with me. Can you hear me now?

Mr. Chairman: Yes, I am hearing you loud and clear. Go ahead, please.

Dr. Elder: Lovely. So the point I was making is that because we are an EAP provider, we have access to the population that is different than say some of my colleagues as they were speaking this morning.

Mr. Chairman: Well, I am glad you mentioned that. What then can you tell us about—because you are so involved in EAP—

Dr. Elder: Yes.

Mr. Chairman:—employee support in so many organizations and agencies, what—

Dr. Elder: Yes.

Mr. Chairman:—has the interface told you during the pandemic about the requirement for services and the type of services that you have been asked to intervene or provide support for?

Dr. Elder: Yes, so one of the challenges we faced was that we could not provide face to face services because of the pandemic, it would be too much of a risk, not only to the client, but to our own staff. So we had to mobilize our virtual platforms which, interestingly, many folks accepted and were delighted at it because of the accessibility of the service. So, we had the pretty sizable number of persons who accessed us virtually and we noted between 2019 and 2021, that there was a significant increase in the number of participants in our counselling sessions and, the number of clients that we saw over the period 2019 to 2021. The number of crisis cases, as we call them, who would call into us and require what we call CISD participation that also—

Mr. Chairman: What is a crisis case? What would constitute a crisis case?

Dr. Elder: Well, a crisis is anything you call a crisis, you know, because a crisis to me might be the fact that my dog died. The crisis to you might mean that it is the anniversary of the death of your grandmother who raised you. Or it might be an immediate accident, or incident in the home, car accidents or really any issue or event that occurs that really discombobulates your level of functioning, as we call it. Okay, that is a crisis. So we are not judgmental about what you call a crisis. If it is a crisis for you, it is a crisis we need to attend to. Yes. So people will call in and I hear Dr. Gabriel talking about people calling in and asking for counselling session. That is true. People—we have noticed an

increase in people calling and saying, I need a session, you know, blankly I need to talk to somebody, how soon I could talk to somebody? And with the virtual platforms, we are able to hook them up and provide that service as soon as possible, usually within—

Mr. Chairman: What would be the main, or the most frequently reported issues that you can tell us about persons calling—?

Dr. Elder: Okay, it is interesting, Chair, because historically, we noted relationship issues as the primary reason people will access the service. Why? Because it is acceptable. We all have problems in relationships. We still do not know how to get along with each other. So, it is okay to walk in and say, you know, I have a relationship problem. However, once the session can—

Mr. Chairman: Would that be intimate relation although all are intimate in some way, or parental relation, collegial relation, or the gamut of all?

Dr. Elder: Okay, so you have the intimate partner relationships, you have got work relationships, you have got parent-child relationships, you got child to child relationships, human relationships across the board. But the most frequently reported one is marital or partner intimate relationships. Yeah.

Mr. Chairman: And that increased during the pandemic?

Dr. Elder: And that did not change over the pandemic.

Mr. Chairman: Okay.

Dr. Elder: What changed was the intensity of those relationship challenges and also the introduction of what we call anxiety symptoms, where people are having difficulty sleeping, eating, et cetera. And also symptoms of depression was the other layer of issues that we saw as presenting issues. Yeah? So I do not know if—Dr. Brent Pereira is also part of our team and of course, as clinical director, he would get the direct responses or requests for services.

Mr. Chairman: Absolutely. You can even engage members of your team as you see fit, appropriately.

Dr. Elder: Great, so, managers, executives, HR officers would call him directly and say I need to refer employee X because we have noticed a change in their behavior in the workspace, or their whole demeanor or attitude, or within the workspace that is affecting the level of performance. And then that communication will then give us the opportunity to call the individual employee and let them know that we are available to provide support to them.

Mr. Chairman: Question, I do not know which of you, Dr. Elder—

Dr. Elder: Yes.

Mr. Chairman:—would take question between Dr. Pereira and Mr. Tagallie.

Mr. Tagallie: Tagallie.

Mr. Chairman: Is that pronounced right?

Mr. Tagallie: Tagallie.

Mr. Chairman: Tagallie. Did you have data or presentation of persons in work situations during the pandemic having problems transitioning to the online world? Because many of the unions would have told us in previous enquiries that that had—

Dr. Elder: Yeah.

Mr. Chairman:—also been a challenge, because of the emergency situation many sectors had to transition to online in the pandemic.

Dr. Elder: Yeah. Brent, do you want to take this question, please?

Dr. Pereira: Sure. Thank you, Dr. Elder, and in response to your question, Mr. Chair, so what we found is an increase in organizations requesting interventions to train their staff in how to transition and both ways. So initially, with the introduction of remote working—how can we support employees to transition and maintain productivity, and with the reintroduction to physical working, having sessions and interventions to train them to adjust back to that modality as well. So a lot of organizations have recognized the need to provide support to their employees to deal with not just the productivity issues, but on a personal level, maintaining that work life balance.

Mr. Chairman: Thank you for the response. Dr. Elder you spoke—

Dr. Elder: Yes.

Mr. Chairman:—earlier on of the increase in, or the increased intensity in terms of the intimate relationships during the pandemic. What were some of the presentations? And do you think that we should still look out for some sort of continuation of that, even as the pandemic trails off into endemic stage and beyond, because if sometimes, if the issues are not dealt with, and they are raised because of a precipitating event, it may continue if not resolved or intervened?

Dr. Elder: Yeah, that is an excellent question because we are looking futuristically at what may affect the employee or the client in the future. What has happened during the pandemic, as we all are aware, is that, if we are in a family situation with partners and children and so on, and grandparents in the home, all of a sudden that proximity exacerbates whatever dynamic in the family system was already there. But we know that work for many folks is therapeutic, meaning, you know, I "cyar" wait to get out of the house, get to work, because it is a good diversion from all the trauma and drama in the house. So here, the pandemic comes, I am in a house with this partner, with this mother, with this father, with these children, and I cannot escape, I cannot escape. So the tension in the dynamic of the

family increases, and thus you have the anxiety and the depression, increasing also on top of your regular family issues, which every family can attest to.

So what pandemic did, it really exacerbated whatever the current system in your family existed that you were probably avoiding, you did not have to. You know, I would not have to talk to you if I did not see you but you are in the house every day. And we had some clients also who decided that they are going to change careers during the pandemic. So one fella said he always wanted to be a chef. So he is in the kitchen now, using up all the pots and pans, not washing them the way that his partner says he should. And that, again, acts as a trigger for more distress in the family system. So the pandemic really was an eye opener—is an eye opener for us in terms of our family systems and how we can help our citizens manage better in the future. But they must be aware, number one, that these issues exist and be willing to accept the support that is available through the EAP if their company has one, or through any public clinic that is there or any of the other support services that are there in Trinidad and Tobago.

Mr. Chairman: Thank you, I am gonna put a pause. Thank you for your interventions, they are very interesting. We are going to thank Ms. Worrell and Ms. Riley for their patience of the Trinidad Tobago Depression and Suicide Foundation and defer to member Avinash Singh for questions to that organization.

Mr. Singh: Thank you, Mr. Chairman, and good morning or should I say good afternoon to members present here. To the Trinidad and Tobago Depression and Suicide Foundation, in looking at your submissions to questions that we posed, when asked about the assistance and support that you all give to the population, I saw that you indicated recommendations and referral to seek professional help. Would you mind describing the referral system utilized by your organization and on average, how many referrals are made per year?

Mr. Chairman: Ms. Worrell.

Mr. Singh: Anyone from the Trinidad and Tobago Depression and Suicide Foundation.

Mr. Chairman: Ms. Worrell or Ms. Riley.

Ms. Riley: Hey, afternoon. So usually how we make referrals is that we try to find out exactly where the client is located, try to direct them to either to the nearest health center or to the nearest hospital, depending on the severity of the situation. And based upon that, then, if they actually go to the health center then the health centre would give them a referral to the nearest hospital. We get that very frequently. The cases where it is, if it is we have to say per month, I can definitely say between 10 to 20.

Mr. Singh: Are these coming via phone calls, walk in or referred by persons as well in society. How these referrals—how these communications and how these data come to you?

Ms. Riley: Most of—we both receive phone calls as well as we receive persons contacting us via Facebook. So, Ms. Worrell would most of the times have persons receiving calls where I would more or less deal with persons via Facebook.

Mr. Singh: And in relation to the pandemic, what percentage you all can indicate, did the numbers of persons seeking assistance increase during the pandemic, when compared to previous periods?

Ms. Riley: I would definitely say that it has increased greatly, to give an average percentage, I would probably say it would have probably increased to maybe by a 10 per cent.

Mr. Singh: All right, and stemming from the discussions we have had earlier with another organization, I saw you indicated that you have not received any support financially, from private sector, business community nor the State, since your establishment. My questions to this point is, has your organization approached these entities for assistance, and if the answer to that is yes, what was the responses, and if the answer is no, why has your organization not approached these entities for assistance?

Ms. Riley: May I redirect that question to Ms. Worrell—

Mr. Singh: Sure.

Ms. Riley:—she would be able to give a better answer?

Ms. Worrell: Good day again everyone. No, the answer is no, we have not approached the Government, with funding our organization, I believe, the main reason is—I mean, mental health in Trinidad and Tobago, is sort of—I mean, it is stigmatized. And we sort of daunted on the process because, I mean, I honestly think it would be really long. Based on what Dr. Gabriel was saying earlier, you know, the tediousness of actually going through that process of asking for funding seems a bit long. So, we prefer it to—

Mr. Singh: So how do you all survive?

Ms. Worrell: Well, we survive—I mean, we survive by the grace of God, we just, you know, use social media, we—

Mr. Chairman: How long has your organization been in existence, and what prompted its formation?

Ms. Worrell: Since 2017. What was the second question, sorry?

Mr. Chairman: What prompted the organization's formation?

Ms. Worrell: I did not hear that, sorry.

Mr. Chairman: What prompted—what was the reason that you decided to form the organization?

Ms. Worrell: The reason really—it really came from a personal experience with me also, in battling with depression. I sort of came to the realization that, you know, like, yeah you depressed, but nobody does not really, you know, understand really what depression is. And I think at the time, too, I was around a lot depressed people as well. And the fact that, you know, we, you know, people did not really take us seriously, it is sort of prompted me to create the page, you know, to also assist people like me, as well as the people that, you know, I was around at the time.

Mr. Chairman: Did you find—because the organization was formed in 2017, you said?

Ms. Worrell: Mm hmm.

Mr. Chairman: What—did you get persons responding to the page more during the pandemic, or was it consistent with before the pandemic?

Ms. Worrell: Well, the page was always active. We always responded to people on a consistent basis, but it did increase during the pandemic, we started to get calls regularly. Usually, persons will just, you know, more communicate with us via social media, but people started to call a lot. People were really stressed during the pandemic.

Mr. Chairman: And what resources does the organization have to remediate, or do you refer them to other agencies like Dr. Gabriel's or Elders' et cetera?

Ms. Worrell: Well, people sometimes request that we come to their home. So sometimes we do home visits, to counsel clients, you know, like, just coach them on a day–to-day basis, via telephone again, as well as social media and as well as just in-person visits. And I think like the in-person visits, yes, it was during the pandemic, but I think people felt more comforted with the in-person visits knowing that, you know, it was a pandemic and all these protocols were in place by the Government, to ensure social distancing and what nots.

Mr. Chairman: Because of your own experience, what would you like to see happen of course, the subsequent formation of the foundation, which is the Trinidad Tobago, Depression and Suicide Foundation—what would you like to see happen from a state perspective, or from a national perspective—let me not say state because that kind of refers to the Government only, when it should be a shared responsibility—from a national perspective on dealing with issues related to suicide, depression and mental health and wellness generally?

Ms. Worrell: I honestly think we need more institutions, because—I mean, everybody knows St. Ann's to be "ah mad house", like anybody in Trinidad and Tobago.

Mr. Chairman: Well, let me just correct, it is stereotyped as the "madhouse".

Ms. Worrell: Right, it is stigmatized as a "madhouse".

Mr. Chairman: Yeah. We are broadcasting so we want to be appropriate in our language.

Mr. Worrell: Yeah. So in Trinidad and Tobago is basically St. Ann's is stigmatized as a "madhouse" but that is not the case. You know, people on this Committee know that that is not the case. I think we need more institutions that would be able to, you know, see mental health as it is. A lot of people face mental health issues on a day-to-day basis. Mental health could be anything from anxiety to depression, to just, you know, PTSD. It could be so many things and from a national perspective I think we need to provide more institutions, as well as, I think that more guidance counselors should be—I think, guidance counsellors should be in every school actually, even on the work place, you know, just be made more available to the public so that people could access these— [*Technical difficulties*] —services. It should not be something that you have to go pay for, like to go— Yes, I understand that, you know, therapy is a— [*Technical difficulties*] —yes you pay but honestly, the price—the average price to actually see a counsellor, I mean, the average man, would not really have that amount of money to, you know, pay for two/three hours, you know, on a monthly basis, or however the intervals may go. So I honestly think that the Government should make these partnerships with NGOs, you know, so that these NGOs could be funded, for their resources and whatnot, to make, counselling and coaching/mentoring sessions available to the public, you know, so that people could actually get the treatment, the proper treatment that they need.

Mr. Chairman: Ms. Worrell and Ms. Riley, I want to thank you, your youth, and your candour is greatly appreciated, because I have a really visceral emotional reaction to your presentation. And I really want to thank you for that. We are coming up on about 12 minutes to go before the end of this session. I just want to ask two quick questions to the OPM and the Children's Authority and then I will refer to each of the leads of the teams before us to make closing comments. And one of the questions is to the Children's Authority and what has been the experience of the Authority and, of course, and also the OPM, on the issue of children's experiences during the dynamic. And, Mr. Collier, I also have a question from our audience to pose to you on the increase in cyber bullying and online trauma, because children were locked away and transitioned even more to online experiences during the pandemic. So if the OPM could chime in on that one, and the Children's Authority, and I will pose the next question so the other agency can get ready.

What has been the experience of the Association of Psychologists on migrant population, particularly, the Venezuelan population seeking interventions because of the specific stressors they

would have been under during the pandemic, having to migrate in emergency from a country in turmoil and not getting the most gracious of welcomes sometimes in Trinidad and Tobago and having to fight for their survival on a daily basis. So you can start with the—because I think it is really important part of our discussion this morning, or today. So I will start with the Children's Authority on the children's experience with online and the OPM, I will start with the OPM sorry. And what has the OPM's experience been regarding that. Because around the world children were exposed to more traumas online, because they were inside and online for greater periods of time?

Mrs. Bailey-Sobers: Thank you, Chair. A lot of what we experience, because like I said, because we do not directly deal with provision of services to children. So we do have anecdotal evidence in terms of what children experienced in terms of being online, the fact that they could not go outside sometimes during the height of the pandemic and how it has impacted, you know, their social interaction, the issues of the violence in the home because the parents were also there, and we also heard that there were heightened tensions and so on. But to get some very specific feedback, Mr. Moses is going to give some insight into a focus group that was done, but some children in terms of getting feedback from them Mr. Moses.

Mr. Moses: Certainly. So we did a collaboration with PAHO, of course with UNDP, and UNICEF. And we participated in that activity by allowing children and young persons to share on their experiences. The report is still being prepared to be published because it is out of our control. But we got significant feedback in line with what our PS shared and what the others contributed on. But there were significant trends in terms of children seeking out help from strangers with their mental challenges, which is concerning. We also got feedback identifying that children felt a drop in terms of their school performance, and being isolated from friends, which also caused them to experience depression. And they of course identified that they felt as though they lost a sense of hope in their future because they were not able to, of course, access education in the way that they would like, and they felt like they fell behind.

Secondly, we also did a poll with our U-Report, which is a UNICEF platform that allows us to put children nationally on issues affecting them. And 76 per cent of children said that they felt more depressed or more sad or worried during the pandemic. And that, of course, led to the development of the mental health workbook as a direct response based on what they were experiencing as well.

Mr. Chairman: Thank you, Ms. Gregoire-Roopchan, from the Authority's perspective.

Mrs. Gregoire-Roopchan: Thank you, Chair, I would want to introduce my colleague, Ms. Siew Sankar-Ali who will respond on behalf of the Authority on this.

Mr. Chairman: Thank you so much.

Mrs. Siew Sankar-Ali: Good afternoon, again. With regard to the online experience of our children, I would say as part of anecdotal evidence obtained through our case management process, as well as during the course of our assessments, we would have gotten feedback from children as well, similar to Mr. Moses' disclosure there that a lot of children experienced academic challenges and a sense of low self-worth and esteem as it relates to feeling that they could not keep up with the school environment, especially if they had diverse learning needs that were not being met through the traditional methods of teaching. A very important phenomenon that we also had to consider during the pandemic is more exposure to grooming. Because of the importance—because of the higher presence—online presence of children, and not always having the appropriate supervision in place. There were Internet safety concerns that would have resulted in experiences of grooming and so, this being the month of child abuse awareness, the Authority took steps to place specific emphasis on raising awareness of sexual abuse and in particular grooming experiences so that children would be aware of what to experience and parents in turn could also put the necessary mechanisms in place to have their children protected. I would also like to turn over to Ms. Krista Ali, who is a child psychologist with the Authority who can share based on her work with clients,

Mr. Chairman: Absolutely, thank you. Go ahead, Ms. Ali.

12.25 p.m.

Dr. Ali: Good afternoon all, yes. I am one of the psychologists at the Children's Authority that works directly with our client population. So, what I would like to introduce is another aspect of what we are looking at, and I am really here to provide a voice for our children. So, yes, we did have children who were not taking too nicely to the online learning because, you know, for a lot of children, this removed the socialization aspect of school which they very much enjoyed. But when we are talking about, specifically with bullying, I would like to provide an alternative approach. I had several clients who indicated that they very much appreciated the online learning because they were not being bullied inside of the school compound. So, there were children who were actually experiencing bullying within the school compound, and now that movement to the online platform was very much a relief for them.

So, on the one hand, we had a lot of children who did not like the online learning for various reasons, but on the flip side, we had many of them who actually appreciated it for various reasons including, not being among peers who would have been bullying them, and then we just had some of

them who were better able to learn online. So, it is really multifaceted when we look at it. Of course, you know, we do not have specific data regarding these things, but this is just some of the experiences from some of the children that we worked directly with at the Children's Authority.

Mr. Chairman: Thank you. Mr. Collier, we have some questions from the audience. What should a parent do if their child is displaying ASD symptoms brought on by the pandemic? It may not be ASD related, but as you indicated earlier on, it may seem—the lack of communication, the repetitive behaviour may be in some people's minds, analogous to ASD. And I guess this is for the Children's Authority. But go ahead with your first answer, Mr. Collier, and also the answer on the migrant population, please.

Mr. Collier: Okay. So, with respect to the appearance of symptoms, the most important step is assessment, and the earlier that assessment is done with autism spectrum disorder, the better, because the earlier you have assessment, the earlier you can begin intervention. That might include speech therapy, it might include various other kinds of therapy. It should also include training, in particular kinds of behavioural interventions for the parents because the effective treatment has to be sort of a continuous lived experience rather than just a moment to moment periodic training. And so, that is the first step, is to get assessment. The second step would then be to follow through with recommendations with respect to intervention. Again, the thing that I would emphasize is the earlier, the better.

With respect to the migrant population, particularly, it is near and dear to my heart because I did a lot of work with refugees and asylees and migrants in the past, and so there is a lot that is involved in simply being a migrant, being forced to leave your place of nativity, being forced to leave behind places where your memories, your family your history resides under dire circumstances and go to anywhere else in the world is a deeply distressing experience.

In addition to which, during the pandemic, although it was never expressed in an explicit way by any official, there was a lot of blaming and finger pointing with respect to the migrant population accusing them of being responsible for surges in the pandemic, with which came a lot of hostility and aggression from Trinidadians and Tobagonians towards members of that community. And so, these are people who are outside of their land, disconnected from the people that they know and the things that they know, in a place where they are not first speakers of the language, different culture. It presents a lot of challenges, and I would like to defer to that, because I want to use the word "trauma" to describe what is involved, and so I would like Mrs. Tappin-Boxill, who is the lead of our Trauma Team at TTAP to say a little bit more about what those implications might mean.

Mrs. Tappin-Boxill: Well, good morning or afternoon. At this point, I just wanted to state clearly

that trauma tends to spike as a result of our lack of coping skills that we previously had, and whatever we had prior to the pandemic. Now with the pandemic, this creates a situation where trauma, the potential for trauma just spikes. So, if we are talking migrant or we are talking the nation as a whole, we are recognizing that that experience is very, very, you know, it is something that we can see across the board.

Here is the problem that we, as an association of psychologists, where we are teaming together to try to make sure that the level of care, as concerned psychologists across the board, that we provide a particular level of care that helps the nation as a whole, we are recognizing like Ms. Worrell says that the average person finds it difficult to access that care, because of the cost per hour of our services.

So, as an association, we formed a core group of individuals that chose to volunteer their services and form a trauma team, and that trauma team had been put into existence in 2008 when we saw a spike in crime, and with the pandemic it has become even more. We have had requests coming to us in greater details. So, as a result, what we find happening is that as a team, we would provide, at least, three to five sessions free and we have been doing that consistently for those that have accessed the TTAP Trauma Team.

The crisis intervention is one aspect, but to actually follow through with a therapeutic plan that deals with the root causes is so critical for us. We could take charge of certain symptoms that many psychiatrists will be focused on, on the symptom management, but on a psychological level, we are looking at the root causes of what causes that and how can we even deal with the cognitive dissonance that is created because of the pandemic. So we are dealing with a deeper sort of work when we are working with clients.

It has been—and I know that a number of those that have been a part of the team, we have had the pleasure of working with members of the community, not only with one-on-one, but also we provide free services to the community. We have been addressing community groups, and there will be a seminar that I personally will be conducting in May. I am seriously—it is just a core group of us, but when we look at trauma as a whole, we want to make sure that we understand that individuals, even as well as the migrant community, are in a state where some of that traumatic experience of the pandemic is still hitting us all.

Mr. Chairman: Thank you very much. I am way over time and the technical crew must be pulling their hair out now, so I am going to have to ask each of the leaders of the teams to give us a very succinct closing comment starting with Mrs. Jacinta Bailey-Sobers, PS, in the OPM.

Mrs. Bailey-Sobers: Thank you, Chair and very succinct, as you said, the Division of Gender and Child Affairs, we were happy to be a part of this rich discussion and, certainly, for the information that was shared, the suggestions for future action and we have identified some modalities. In terms of moving forward, certainly the protocols for greater collaboration, strengthening the system in terms of case management and, certainly, data collection and research. So thank you very much, Chair.

Mr. Chairman: Thank you so much to you and your team. Mrs. Gregoire-Roopchan, Deputy Director, Care Services, Children's Authority.

Mrs. Gregoire-Roopchan: Thank you, Chair. I just want to say heartfelt thank you on behalf of the Children's Authority for being invited to share. Our takeaways from this, as PS said, very rich discussion, is the need for placement and support for our children who are struggling with mental health challenges, even those who are coping well, so that we ensure that they continue to function. Highlighting the need for community resources and specialized discipline within our public health system is critical for us and we really, at the Authority, are looking forward to continue discussions beyond this JSC with some of our partners who we share similar experiences with, coping with children who are, you know, working through the pandemic and beyond. So thank you, thank you to everyone for having us.

Mr. Chairman: Thank you. And maybe someone could have heard member Nakhid's call for some funding too. Dr. Gabriel. [*Laughter*] Let us go to Mr. Collier, President of the Trinidad and Tobago Association of Psychologists. I had to give that plug there, could not resist it.

Mr. Collier: Thank you very much for this opportunity to participate in this process, to hear from others from whom we have also been in many ways isolated during the course of the pandemic and to see and hear the shared concerns about various elements of the provision of mental health care and our systems of mental health care and social support in Trinidad and Tobago.

As we close, I just want to emphasize some of the recommendations that we put forward, and I suspect that Sen. Nakhid would be particularly pleased with the first and foremost of them, which is that we recommend that the State significantly increase the available resources for mental health and social services. That particular recommendation leads through every other recommendation that we have. In the earlier discussion, the suggestion that funding from the Children's Authority should be shared with Lifeline, underscores the pattern of us thinking in terms of how to spread the few little pieces of resources out between the multitude of agencies, and I think that to be a retrograde idea. If we are going to improve mental health in Trinidad and Tobago, then we have to invest in it. Thank you.

Mr. Chairman: Thank you. Well, to be fair, I think that there was some line item for Lifeline in the budget. I think the issue needs to be resolved as to how we can facilitate the audited statements from Lifeline by some sort of collaboration to get the funding to the organization to do its work. So, thank you, Mr. Collier. Ms. Worrell.

Ms. Worrell: First of all, I would like to thank the JSC for having Trinidad and Tobago's Depression and Suicide Foundation at this enquiry. We really do hope to see that, you know, the Government provides, you know, more institutions, more facilities to facilitate persons who are mentally ill. We do hope that, you know, our presentation on recommendations as well as our proposals are adhered, and we do hope that in the future we could probably work with the Government hand-in-hand.

Mr. Chairman: Thank you so much and thank you for your personal testimony, and we really appreciate your candour. Dr. Elder.

Dr. Elder: Yes. Thank you, Chair. First, I am very, very happy for the opportunity for us to share our experience as EAP providers in this very, very important work which is really everybody's business. Mental health is not just the Government's business; it is everybody's business. I think that the message that we need to always say is that help is available. Where we find it, however, could be different depending on where we are at. Support systems are there in various communities. We need to communicate to our people where they can get the help in a prevention attitude rather than waiting for the crisis as some of our colleagues have mentioned today.

There is also one other point I want to add and that is care for the caregivers. We are so busy doing the work that we forget to really understand—I think Mr. Collier spoke of it—of self-care for the caregivers, because this work can be quite distressing at times. So supervision and support for caregivers in the mental health field, I think needs to be on the agenda, in addition to the recommendation of expansion of the number of psychologists, mental health service providers, throughout the length and breadth of our country are needed. We need to see health in a more holistic way rather than just medical. It is very clear that a holistic approach is absolutely needed in order to deal with our community struggles today. So thank you very much for the invitation.

Mr. Chairman: Thank you, Dr. Elder. And just as a note, I had a question on specific challenges that older persons faced, senior citizens, during the pandemic, but we did not get a chance to discuss that, but please feel free, any of the NGO's, agencies before us, to submit any additional recommendations and commentary on that and other issues to the Secretariat. That will be included in our final report, because I think the elderly faced some specific challenges during the pandemic. Dr. Gabriel, last but

by no means least. I hope this is not an indication of funding prioritization either.

Dr. Gabriel: Mr. Chairman, thank you very much. I have enjoyed the presentations. Thank you for the support from you and Mr. Nakhid. It is refreshing. Thank you. What I would like to say is that Lifeline has always shared with other organizations. We recognize that we deal with people in crisis, but to do that we must share with others, not take away from their budget, but aid and support them in getting the resources they need to do what they do best.

Part of what we wanted to do today was to share extensively with you on the MARAC, the Multi-Agency Risk Assessment Committee. That has not been possible today, but we did submit the material for it. I thank my colleague, Delores Robinson from GOOTS, and it is really that the MARAC would save lives and save money. It is about what each organization is allocated, but they work together and save up to 70 per cent of their cost on delivering the services they give, starting with those with highest risk.

So, in conclusion, thank you very much for the support for Lifeline getting funding to do what it does but, even more than that, given the permission to ask that it also be done across the board to make it possible for us to collaborate and produce with whatever we are given. Ladies and gentlemen, thank you very much.

Mr. Chairman: Thank you. And because I know my media colleagues so well, I can see the headlines tomorrow: "Lifeline on a lifeline".

Dr. Gabriel: [*Laughter*]

Mr. Chairman: Anyway. Thank you all so much for being with us today. We really appreciate your interventions and the time you took to be with us and share your experiences and your expertise today. The public is advised that the Second Report of the Committee on an examination of unemployment during the COVID-19 pandemic and the State's capacity to provide support to persons who became unemployed as a result of the pandemic, was presented in the House of Representatives on April 22, 2022, and the Senate on April 26, 2022. The report would be posted to the Parliament's website, www.ttparliament.org where it can be reviewed and/or downloaded.

We would like to thank, once again, our stakeholders for their participation and those who sent questions via our platforms for these important deliberations, Committee members for their continued support and participation, the invaluable contributions of the staff of the Office of the Parliament for your procedural and logistical support and, of course, the viewing and listening audience.

On behalf of the entire Committee, I am the Chairman, Paul Richards. The meeting is now adjourned. Please be safe. Eid Mubarak to our Muslim brothers and sisters and please have a safe

weekend.

12.45 p.m.: *Meeting adjourned.*