



2014 - 2018

National Mental Health Plan

Ministry of Public Health, Social Development & Labour



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Sint Maarten

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Acronyms and Abbreviations

AVBZ	Algemene Wet Bijzondere Ziektekosten
BZV	de Stichting Ziektekosten Voorzieningen
NGO	Non-Government Organizations
NCD'S	Non Communicable Disease
CD'S	Communicable Disease
CPS	Collective Prevention Service
MHC	Mental Health Care
MHF	Mental Health Foundation
SAMHSA	Substance Abuse and Mental Health Services Administration
NIMH	National Institute of Mental Health
PAHO	Pan American Health Organization
SMMC	Sint Maarten Medical Center
SVB	Sociale Verzekerings Bank
SVP-CN	Stichting voor Verslavingszorg en Psychiatrie – Caraïbisch Nederland
(SWOT)-Analysis	Strengths Weaknesses Opportunities and Threats analysis
SZV	Sociale en ZiektekostenVerzekeringen
VSA	Volksgezondheid Social Ontwikkeling en Arbeid
WHO	World Health Organization



Foreword

I welcome the publication and launching of the National Mental Health Plan 2014-2018 and its four year plan of action. In November of 2012 the first attempt towards working on a national plan for mental health was undertaken in close collaboration with the Pan American Health Organization. This first strategic framework for mental health has guided us with its public mental health approach to the point where we are now. The new initiative has come in a very opportune time. With this mental health plan the Government of Sint Maarten is making a renewed commitment to mental health by prioritizing it in its national health policy and plans.

There is growing evidence of the global impact of mental illness. Mental health problems are among the most important contributors to the burden of disease and disability worldwide. Five of the 10 leading causes of disability worldwide are mental health problems. They are as prevalent in low-income countries as they are in high income countries, cutting across age, gender and social strata.

With this document the Ministry of Public Health, Social Development and Labour is sending a clear call for action to all stakeholders in all structures within our communities.

For all individuals, mental, physical and social health is vital and interwoven into the strands of life. One in four families has at least one member with a mental disorder. Mental Health affects all aspects of life in all stages of life. So, without limitation, mental health must be seen in conjunction with other policies and plans within the Ministry of Public Health, Social Development and Labour.

We must meet the need of our population and so the challenge is to enforce greater investments in addressing mental health challenges, despite of the constraints of investment power.

I would like to extend a special thanks to the mental health committee for the timely execution of the commission. Dr.Asin-Oostburg MD,MPH BPT-Head of Collective Prevention Services, who led this committee;Ms.Myra Martina as committee member who coordinated the WHO-AIMS survey, and the research and writing support team members in the committee Ms.Sharmilla Muller, MS, LMHC and Drs.Mark Schloss.

Minister of Public Health, Social Development and Labour
Honorable Mr.V.H.C.DeWeever

Acknowledgement

The development of the National Mental Health Plan for Sint Maarten was spearheaded by Collective Prevention Services (CPS) – Ministry of Public Health, Social Development and Labour, under the leadership of Dr. Virginia Asin-Oostburg MD, MPH, BPT- Head of Collective Prevention Services appointed by the Minister of Public Health Social Development and Labour (VSA).

Thanks to all participants who worked on implementing the project and their hard work and dedication to the process¹. Special thanks goes to Dr. Devora Kestel from the PAHO/ WHO Washington Office, Dr. Celia Riera PAHO-WHO Representative, Venezuela Office, Dr. Virginia Asin-Oostburg, MD, MPH, BPT-Head CPS, Ms. Mayra Martina, Registered Nurse Section Youth Health Care (CPS), Ms. Sharmilla Muller, Mental Health Project Manager (CPS), Drs. Mark Schloss, Senior Policy Advisor for Department of Social Development, Min VSA, Dr. Josien van Wijk, Acting Head Section Youth Health Care (CPS), Ms. Maria Henry, Section Head General Health Care (CPS), Ms. Daphne Illis Policy Support Worker General Health Care (CPS), Dr. Sachin Gondotra Psychiatrist of Mental Health Foundation, Dr. Jatinder Kour Psychiatrist of Mental Health Foundation, Mr. Vernon Illidge, Executive Director of Turning Point Foundation, Dr. Grace Spencer, Primary Health Care Provider, Mr. Byron Isebia Community Officer Community Development Family & Humanitarian Affairs, Drs. Fenna Arnell Head Public Health Department, Mr. Eunicio Martina Law Advisor, Cabinet Ministry VSA, Ms. Joy Arnell, Head of Social Development Department and Acting Secretary General Ministry VSA, Drs. Marc Bosma and Drs. Mariken Hulscher from SVP-CN Team.

Appreciation also goes to all partners and stakeholders that participated in the different workshops held in 2013 and 2014.



¹For a complete overview of participants and stakeholders meetings, refer to document; National Mental Health Project St. Maarten: “The methodology report”.

Introduction

The Ministry of Public Health, Social Development and Labour since the change of St. Maarten to country status within the Kingdom of the Nederland on October 10th 2010, has brought about the need for new policy plans within the health care division of government. It has become a priority of the Ministry of Public Health, Social Development and Labour(VSA) to spearhead the process of formulating a National Mental Health Plan. It is the goal of the Ministry to implement and improve the standards and quality of care through treatment standards, capacity, infrastructure, legislations, management and control. It is also of importance that care becomes easily accessible, efficient, and cost effective and ultimately reduces the incidences relating to mental health illness. Throughout the process of development of the National Mental Health Plan for Sint Maarten, the Ministry of VSA incorporated several entities and issues directly related to mental health such as the human rights committee from government that is working on the Human Rights Act; alcohol and drug abuse issues recognized by a May 2008 report, that was published on the Rapid Assessment on Alcohol and Drug abuse; primary health care providers; inter-sectorial collaboration with other Ministries and non-governmental stakeholders and civil society/voluntary organizations.

In 2012, Dr. Asin-Oostburg, MD, MPH, BPT Department Head for Collective Prevention Services within the Ministry of Public Health, Social Development and Labour was commissioned by Minister of VSA, Cornelius de Weever, to lead the planning process in creating a National Mental Health Plan for St. Maarten. A project planning group of professionals was formulated consisting of psychiatrist, nurses, general practitioners, government and non-government stakeholders, the PAHO Office Venezuela and the PAHO Regional Office in Washington DC.

Collaboration was also sought with SVP-CN, the agency providing psychiatric and addiction care to overseas municipalities of Holland, Saba and Sint Eustasius and Parnassia Group, an organization from Holland that is specialized in Mental Health Care.

The aim of this plan is to guide the process of developing and/or redesigning mental health programs and services which promote and protect the human rights of individuals with mental health disorders. This National Mental Health Plan is developed in line with PAHO/WHO framework for the Implementation of the Regional Strategy for Mental Health and with input from Government, Non-Governmental Organizations and Primary Health Care settings. It will outline the basis for the strengthening of the mental health services, and facilitate revision of the mental health legislation and the development of annual plans of action for the delivery of mental health services by the Ministry of VSA. It is anticipated that this National Mental Health Plan will gain acceptance addressing the current need of strengthening and improving services on prevention, care and treatment of the mentally ill and disabled.

The Global Situation Concerning Mental Health

About 14% of the global burden of disease has been attributed to neuropsychiatric disorders, mostly due to the chronically disabling nature of depression and other common mental disorders, alcohol-use and substance-use disorders, and psychosis. Such estimates have drawn attention to the importance of mental disorders for public health. However, because they stress the separate contributions of mental and physical disorders to disability and mortality, they might have entrenched the alienation of mental health from mainstream efforts to improve health and reduce poverty (PAHO/WHO, Strategy and plan of action on Mental Health. PAHO, Washington DC, 2009).

It is stated that there is no health without mental health. In their report Dr. Saxena et al. stated that Health Care Systems should be strengthened to improve delivery of mental health care, by focusing on existing programs and activities, such as those which address the prevention and treatment of HIV, tuberculosis, and malaria; gender-based violence; antenatal care; integrated management of childhood illnesses and child nutrition; and innovative management of chronic disease. An explicit mental health budget must be allocated for such activities. Mental health awareness needs to be integrated into all aspects of health and social policy, health-system planning, and delivery of primary and secondary general health care. (Prince, M., Patel, V., Saxena, S., Maj, M., Maselko, J., Phillips, M. R., Rahman, A. (2007, September 4).

Sint Maarten Demographic and Health Data

The yearly birth rate on Sint Maarten varies between 500-600 live births however as noted, this figure is not always reliable due to not all births being registered even though it is mandated by law. There is also fragmentation of services and data on communicable and non-communicable diseases which limits data retrieval. (Martina, M.S.J., Asin-Oostburg, V., Saxena, S. (2013). WHO-AIMS report on Mental Health in St. Maarten, WHO and Ministry of Public Health Social Development and Labour, Philipsburg St. Maarten)(p.p.8)

The Health System on Sint Maarten

In a policy plan report for the health sector referred to as, Building a Healthy Island, Public Health Policy Plan for Sint Maarten, 2002, data collected from a Health Survey done in 1999 provided insight into the organization of health care, health care delivery services, strengths, weaknesses, opportunities and threats (SWOT)-analysis.

Financing of health care coverage is the responsibility of government and private insurers. However, based on information of the health survey done in 1999; Sint Maarten had at that time a population of 31% that was not covered by any health insurance; it appeared that the major reason of being uninsured, was a result in the inability to afford health coverage (pp.13).

In 2002 information was gathered as to the public satisfaction regarding coverage of existing health insurance plans. In this study, individuals reported more likely not seeking medical assistance due to several factors related Physician's decision to make a follow-up appointment, or due to co-payment plans of private insurances at each visit to a general practitioner, resulting in significantly fewer consultations for medical services. Based on this information, it is important to keep in mind that lack of confidence in the health insurance system, may add to the uninsured population. Uninsured can be categorized as high risk groups, since having a lack of health insurance combined with low income results in a financial barrier in accessing health care.

The health care delivery system on Sint Maarten comprises of; Primary Health Care -who's responsibility is to provide (preventative) measures, that serve to promote health and healthy lifestyles, Secondary Health Care-which is specialized services in care settings consisting of clinical and outpatient care, provided by nurses and medical specialist within a health care facility, and tertiary care for intensive specialized services. General practitioners are seen as the "gatekeepers" to the health care system on Sint Maarten, and are key stakeholders in redefining public health in the future with emphasis on mental health along with government and non-government stakeholders. In Sint Maarten, territory care patients are referred to other countries for specialized diagnostic facilities, specific operations and treatments. It is important to note that from 1990 to 2002 there has been an increase in referrals on the tertiary level of care due in part to the community high expectations on quality of life. (Building a Healthy Island, Public Health Policy Plan for Sint Maarten, 2002, data collected from a, Health Survey done in 1999) (p.p.21).

The PAHO Country Cooperation Strategy Sint Maarten which is currently under construction gives a good description of the Health System on Sint Maarten.

Private Clinics

Primary health care include general practitioners who are in their own private practice. Some are working in shared practices with other general practitioners. As reported in, Building a Healthy Island, Public Health Policy Plan for Sint Maarten, 2002, information gathered from a Health Survey done in 1999, documented 20 general practitioners operating in private practice on the Island (p.p.16). General practitioners on the island are the first point of entry to health care and are the referring agents for other primary or secondary and tertiary health care for individuals that require additional specialist consultations or intensive medical services which for the most part are not offered on Sint Maarten. Based on the WHO-AIMS report, Mental Health System in Sint Maarten, 2013, stated there were two reported psychiatrists that practice within private clinics. (p.p.5). There are other health care professionals such as psychologist, occupational therapist and dental care providers that also practice in private clinics; however there are no formal reported data accounting for the numbers of additional private practices on Sint Maarten at this time.

Hospital Care

Within secondary health care, there is one general hospital on Sint Maarten that offers care and provides inpatient and outpatient services to the general public. Building a Healthy Island, Policy Plan for Sint Maarten, 2002, reported that the general hospital on the island known as, The Sint Maarten Medical Center (SMMC), began its new operation on March 17th 1991, and is managed under a General Director, and assisted by a financial director, medical staff, an education coordinator and various department heads. In addition, boards of supervisors were put in place in 1991, appointed by the island government (p.p.19). SMMC is privately run with two major departments; out-patient care and in-patient care. The in-patient department had approximately 80 bed reported in 2002 (p.p.20), however in the WHO-AIMS Report on Mental Health System in Sint Maarten, 2013, documented 75 beds to date. As stated earlier, SMMC is the only general hospital on the island, and does not facilitate a psychiatric in-patient unit (p.p.8, 12).

Mental Health Situation on Sint Maarten

The Sint Maarten Health Study, Popular Report, addressed cases of individuals identified as having psychological problems on the island (O’Niel. J. M., 2002). As stated in the report, 6% of the population experienced psychological problems as being chronic disorders and 16% of all participants reported mental health issues that require professional consultations. Mental health disorders highlighted in this report by individuals were; depression, anxiety or decision making problems (p.p.8, 10). A report by Bosma. M., & Hulscher, M. (2013), “Working together towards a community based Mental Health Care on Sint Maarten,” also addressed that in 2012, the Mental Health Foundation on St. Maarten provided services to (n=434) patients with characteristic of mental health disorders and highlighted that this is

only “the top of the iceberg” (p.p.4). Bosma. M., & Hulscher, M., 2013 added that the situation of care on Sint Maarten is characterized as a fragmentation of services by care providers with little mutual connection and that further insight into scientific framework and guidelines for evidence-base and ambulatory work was recommended (p.p. 4).

Data on Alcohol and Drug Abuse and Suicide on Sint Maarten

Alcohol and Drug Abuse

Information gathered from the report, Preview of Country Profile on WHO “Global Survey on Alcohol and Health 2012,” stated that St. Maarten has no current National Policy on Alcohol. Between the years 2005 – 2010, alcohol consumption on St. Maarten has shown an increase. When compared to WHO Region of the Americas, Sint Maarten has also shown an increase between the years 2005 – 2010. In addition, the survey illustrated that the most consumed alcohol beverage on Sint Maarten was beer 54.5%, while spirits consumption is 32.9% and Wine 12.0%.

Suicide

Suicide results from many complex sociocultural factors and is more likely to occur during periods of socioeconomic, family and individual crisis (e.g. loss of a loved one, unemployment, sexual orientation, difficulties with developing one's identity, disassociation from one's community or other social/belief group, and honor).

There is no documented information on cases of suicide in the statistical yearbook, 2011, for Sint Maarten. However undocumented information from residing psychiatrists on Sint Maarten tells us that suicide is a major challenge that is seriously neglected because there are no proper data recordings on suicide and suicide attempts. The age group that is most affected are persons from age 18 to 35 years old. This concern is confirmed by families that share their stories of persons that committed suicide notwithstanding the importance of other mental disorders it was advised to address Suicide specifically as a separate objective for the Mental Health Plan. For this subject, this Plan follows the WHO Mental Health Action Plan 2013 – 2020 and the PAHO Regional Draft Plan of Action 2015 – 2020.

Summary WHO-AIMS Sint Maarten²

The World Health Organization Assessment Instrument for Mental Health Systems, WHO – AIMS, was used to collect information on the mental health system in Sint Maarten. The goal of collecting this information is to improve the mental health system and to provide a baseline for monitoring the change. This will enable St. Maarten to develop information-based mental health plans with clear base-line information and targets. It will also be useful to monitor progress in implementing reform policies, providing community services, and involving users, families and other stakeholders in mental health promotion, prevention, care

²WHO-AIMS Report on Mental Health Systems on Sint Maarten, 2013

and rehabilitation. The WHO AIMS report for St. Maarten can be found at(http://www.who.int/mental_health/evidence/WHO-AIMS/en/index.html)

The two boxes below illustrate the Strengths and Weaknesses that were identified in the WHO-AIMS Sint Maarten study.

Strengths

St. Maarten has a community based mental health facility that provides care to adults with mental health issues in the community. A definite strength and leap forward has been achieved with having four resident psychiatrists on the island, which means that patients no longer have to wait until the psychiatrist arrives for consultations from Curaçao. Patients can furthermore be treated locally also during crisis situations. As more than three thirds of the population is insured via the Social Insurance the availability of psychotropic medication is ensured for 100% of people in this group. The MHF receives funding from Government to carry out its work in the community-based facility and in outpatient care. Plans and first steps have been made to develop a Vision on Mental Health for St. Maarten and carrying out WHO-AIMS will be instrumental in reaching this goal.

Weaknesses

Despite the fact that the law on mental health has been reviewed as of the constitutional change of the 10th October 2010, it still is a weakness as the title of the law - “Landsverordening tot regeling van het toezicht op krankzinnigen” (Ordinance regulation on the supervision of lunatics) does not promote the eradication of stigma and discrimination. St. Maarten does not have a written mental health policy or plan. Links and cooperation with other sectors need strengthening, especially with schools. There is little attention for the youth with mental health issues, even though St. Maarten has a resident child psychiatrist, there are still many challenges to overcome in this area. Clarity in how human rights are guarded and protected for people with mental health disorders is another challenge. Education for all sectors of healthcare providers and others are not up to par and there were no family and or consumer’s associations in 2012.

St. Maarten is, according to the World Bank, a high-income country, but the picture in the mental health sector is very different. St. Maarten’s mental health infrastructure is at present not coherent and still too fragmented. Factors that influence this process are lack of an integrated mental health policy/plan and updated mental health legislation. According to the Mental Health Atlas 2011 77.1 % of high income countries have a mental health policy and mental health legislation. Being part of the Americas this means that only 56.3% of the countries have a mental health policy and mental health legislation in place.

Building the National Mental Health Plan

In working towards building a comprehensive National Mental Health Plan the approach was integrating all aspects of Mental Health based on the perspective of persons living with a long lasting condition including the burden and stress it puts on the individual, their families, surroundings, work environment and society as a whole.

Through consultation meetings, stakeholders identified building blocks of a shared vision illustrating the importance of a comprehensive approach. These building blocks are:

1. Risk groups and target groups
2. Departure points for organizing Mental Health Care
3. Social awareness, prevention and acceptance
4. Care facilities/facilitation
5. Joint (ad)venture for win-win situations
6. Clients, consumers and family-organizations
7. Quality
8. Human Resources
9. Legislation, Regulation and Financing
10. Prerequisites and Conditions

This vision for the future as it turned up during the workshops can be characterized as follows:

1. In 2018, mental health problems and substance use problems will be more socially accepted and open to debate. There will be fewer thresholds to seek for help for these problems in the near environment, informal care and, if necessary professional care. Inhabitants of Sint Maarten take responsibility for promoting and guarding their own and each other's mental health. "Ending the taboo on psychiatric disorders." Within education, community work, volunteer work, police, justice, labour, housing and primary care a closer eye will be kept on psychiatric health and acceptance of and support for people with (starting) psychiatric problems. Within these sectors one will feel supported by professionals from the mental health care and addiction care.
2. All inhabitants of Sint Maarten will have equally access to qualitatively good MHC and substance use care. Because of the high quality of the offered care Sint Maarten will have a regional function for Saba, Statia and the Caribbean region as a service center (mental health tourism).
3. Within the mental health system coherence and a community based approach will be the first matters of importance. The bio-psychosocial backgrounds of psychiatric disorders (including substance use problems) will demand an integral perspective for treatment, care and coaching. In it room will be needed for influencing social, psychological and biological factors that may contribute to cure, care, rehab and recovery. This means that cure and care, in stepped-care, will take place ambulatory in

the client's own environment as much as possible. Attention will be explicitly given to empowerment of the professional and the informal support system around clients. If in-patient care should be necessary, it should be for as short a period as possible. MH organizations and independently established MH professionals will on the one hand have to cooperate with or work from the regular health care (GPs' practices, hospital) and on the other cooperate with and offer support to social work, community work, NGOs, volunteer work, patient and family organizations and kindred sectors such as schools, police, justice, housing and labour facilities.

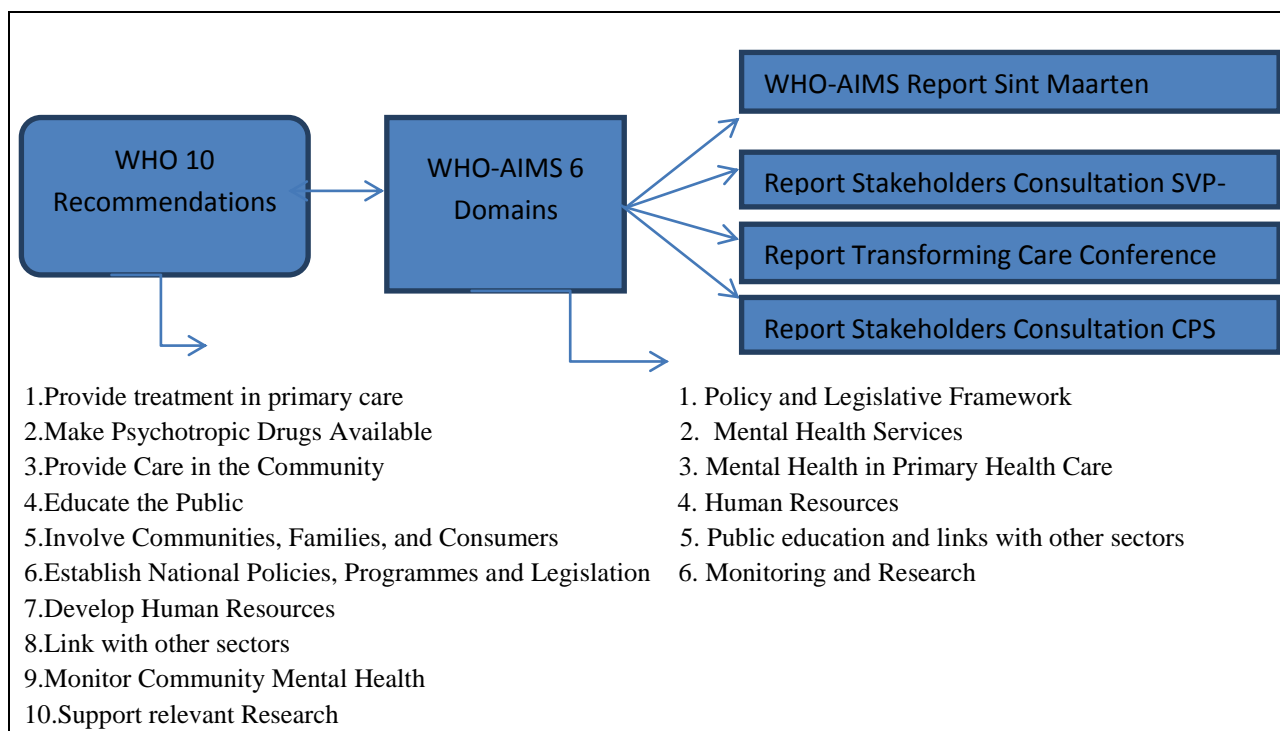
4. The organization and financing of the MHC will be directed at affordability and durability. There will be good coherence and steering (unity of control) in the total structure. There will be agreement on who does what and who pays what.
5. In 2018 the quality of the MHC will be supported by up-to-date legislation and regulations, by a coherent staff, training and (mandatory) refresher course policy, and by a monitoring and research system aimed at quality development.

Having presented the building blocks for the future of mental health care, and in the scope of making the Mental Health Plan for Sint Maarten, in summary, the following points have to be taken into consideration:

- Prevention of and breaking with taboo
- Access to Mental Health Care
- Community – based and Ambulatory care
- Leadership's role of government
- Quality Professionalism and Research

Integration Process

The logical flow used for this process started with the ten recommendations from the World Health Organization Report 2001 "Mental Health, New Understanding New Hope" and the six domains from the WHO-AIMS Report 2005. In coming to priority strategic areas for the National Mental Health Plan 2014-2018 information from four processes were assessed and utilized for the formulation of these priority strategic areas.



The mission of WHO in the area of mental health is to reduce the burden associated with mental and neurological disorders, including substance use disorders, and to promote mental health of the population worldwide. The World Health Report 2001: Mental Health: New Understanding, New Hope provides scientific evidence on the huge burden of disease associated with mental illness. This report also outlines the need and rationale for building community-based mental health systems and services.

This landmark World Health Organization publication aimed to raise public and professional awareness of the real burden of mental disorders and their costs in human, social and economic terms. At the same time it intends to help dismantle many of those barriers – particularly of stigma, discrimination and inadequate services – which prevent many millions of people worldwide from receiving the treatment they need and deserve.

The 10 recommendations of the *World Health Report 2001*, described above, serve as the foundation for WHO-AIMS. These recommendations address essential aspects of mental health system development in resource-poor settings. For each recommendation (domain of interest), items were generated and grouped together in a number of facets (subdomains). Experts and key focal point people from resource-poor countries provided inputs to ensure the clarity, validity and feasibility of the items.

The *World Health Organization Assessment Instrument for Mental Health Systems* (WHO-AIMS) is a WHO tool for collecting essential information on the mental health system of a country or region. The goal of collecting this information is to improve mental health systems. For the purpose of WHO-AIMS, a mental health system is defined as all the activities whose primary purpose is to promote, restore or maintain mental health. The mental health system includes all organizations and resources focused on improving mental health. WHO-AIMS now consist of six domains (covering the 10 *World Health Report 2001*

recommendations). The six domains are interdependent, conceptually interlinked, and somewhat overlapping. All six domains need to be assessed to form a relatively complete picture of a mental health system.

Integration

The basis of the discussions on the National Mental Health Plan was derived from the 6 WHO domains. The table below illustrates how the respective WHO-AIMS domains related to the identified domains that were formulated during the stakeholder’s consultation with SVP-CN.

WHO-AIMS report	Stakeholders Report SVP-CN
Domain 1: Policy and Legislative framework -Development of a mental health policy, mental health plan; -Revise mental health law	Domains 1: Prevention and Taboo -Nationwide awareness campaigns; -Promoting awareness of stakeholders; -Community based, -Empowerment of Civil Society
Domain 2: Mental Health Services -Strengthen community based facilities; -Institute child and adolescence facilities; -Institute and strengthen working relationships with other NGO’s	Domain 2: Access to care and Regional Function -Equal access to affordable and qualitatively good mental health care and addiction care; -Regional function in the Caribbean region
Domain 3: Mental Health in Primary Health care -Increase training in mental disorders in all-age groups for all primary care staff; -Increase training for staff specialized in child and adolescent mental health disorders; -Upgrade knowledge and skills of staff mental health	Domain 3: Community based and Ambulatory care -Community based mental health care that largely aims at ambulatory care and its integration with primary health care
Domain 4: Human Resources -Increase numbers of psychosocial staff; -Create an accurate mental health professional data base	Domain 4: Leading Government -The organization and financing of the mental health care will be directed at affordability and durability; -There will be good coherence and steering (unity of control) in the total structure; Agreement on who does what and who pays what
Domain 5: Public education and links with other sectors	Domain 5: Quality, Professionalism and Research

-Increase mental health system's links with other key sectors	-Quality development a long-term focus; -Cooperation Windward Islands and the Netherlands in the field of training and research.
Domain 6: Monitoring and Research -Develop and improve the mental health information system	

The table below summarizes comments from stakeholders during stakeholder's consultation on two separate occasions.

<i>Workshops during conference "Transforming Care"</i>	<i>Stakeholders meeting December 2013</i>
<p>Workshop: "Which course to sail for the child and adolescent psychiatry on a small island?"</p> <p>Summary results:</p> <ul style="list-style-type: none"> -Need of prevention and early detection of possible problems; -Collaboration and cooperation between different stakeholders; -Need for more structured leisure time activities for youth ; -Awareness campaigns; -Parenting support; -Special facility for the youth; -Community needs to be involved; -Free child care centers; -Government should fulfil a supporting role, financially, making policies and legislations, a data base with a licensed mental health staff, having an overview of all existing organizations; -Using smarter organizational principles to build a infrastructure for child psychiatry 	<p>Meeting Health Care Providers (December 10th 2013)</p> <p>Summary of issues:</p> <ul style="list-style-type: none"> -Primary health care provider address concerns in the field of their practice: difficulties in knowing to make necessary referrals to community agencies; cultural factors when confronted with persons with warning signs of mental health or substance abuse issues; -Based on AIMS report, St. Maarten is doing far better in terms of human rights, number of skilled workers in comparison with other countries with the same challenges; -Using the MHGAP tool to train primary health care providers in screening for mental health disorders and substance abuse disorders; an increase in depressed clients mainly with the youth and adolescent population and parents having difficulties in identifying these issues; -Current issues with insurance coverage; the need for change in legislation; -Stigma of mental health on Sint Maarten; accessibility to services are concerns; -Competition between health care providers
<p>Workshop: Community based prevention: Human Rights in relation to mental health disorders</p> <p>Summary results:</p> <ul style="list-style-type: none"> -The most import principles that were mentioned based on the UN-principle booklet were: "fundamental freedoms and basic rights," "life in the community," "confidentiality," "Role of 	<p>Meeting Government stakeholders (December 11th 2013)</p> <p>Summary of issues:</p> <ul style="list-style-type: none"> -Need to update legislation; -Adjustments been made to human rights and public health law
	<p>Meeting Non-Government stakeholders (December 12th 2013)</p>

<p>community and culture,” determination of mental illness,” “consent to treatment,” “standards of care,” “notice of rights,” “Rights and conditions in mental health facilities.”</p> <p>-Sint Maarten must focus more on AWARENESS (community centers, schools, different organizations, media), TRAINING (Knowledge, programs), TREATMENT (health care services, Public Health)</p> <p>-Focus on the uninsured, insurance that does not cover everything/enough. “permission” and “consent” are important issues that must be regulated within mental health facilities;</p> <p>-Discrimination and stigma of the psychiatric patient;</p> <p>-“Confidentiality” is an important concern.</p>	<p>Summary of issues:</p> <ul style="list-style-type: none"> -Defragmented health system in Sint Maarten and mental health is not included as such; -Lack of trainings for health care providers; -Challenges faced by youth in the community and the need to work closer with education system, favouring community based approach (careful consideration to solely relying on this approach); -Current issues with insurance coverage and limitations to coverage for elderly population; -The need for epidemiological study; -The need to create a central system for documentation; -Current challenges with the undocumented individuals who would health services; -Creating a consumer foundation
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Strategic Objectives

The Plan of Action reflects the experience gained in our consultation meetings and expresses the commitment of the government and stakeholders. It sets a period of five years for its implementation (2014-2018). The Plan is based on an overall view of all key stakeholders on Sint Maarten involved in the Mental Health Sector; however, marked differences persist among individual stakeholders. For this reason, there should be flexibility in its implementation, in particular to adapt the proposed results and indicators as necessary and adjust them to the specifics of the countries and to cultural contexts.

Vision

Mentally Healthy people that can fully exercise their human rights in a stigma free society.

Mission:

Mental Health Sint Maarten is dedicated to promote mental health and well-being for all persons on Sint Maarten and provide accessible and affordable professional mental health care with optimally functioning health and mental health facilities through advocacy, education, research and service.

Goal:

Promote mental well-being, prevent mental disorders, offer care, enhance recovery, and promote the human rights of persons with mental disorders, to reduce morbidity, disability, and mortality.

This document is also aligned with the PAHO Strategic Plan 2014 – 2019, the PAHO Regional Draft Mental Health Plan of Action, 2015 – 2020 and the WHO comprehensive mental health action plan 2013 – 2020, with special attention to results, indicators, and targets that are matching.

The Plan contains the following Strategic Objectives:

- a) Develop and Implement mental health policies, plans and legislation to achieve effective governance.
- b) Improve the response capacity of mental health services, to provide comprehensive, quality care in community-based settings.
- c) Prepare and implement programs for promotion and prevention in mental health and alcohol and substance use, with particular attention to the life cycle.
- d) Strengthen information systems, scientific evidence, and research.
- e) Strengthen and Improve Stakeholders Collaboration

The Plan takes into consideration the four cross-cutting themes, of the PAHO Strategic Plan 2014 - 2019: **Gender, Equity, Ethnicity, and Human Rights**.

PRIORITY STRATEGIC AREAS AND STRATEGIC OBJECTIVES

Strategic Objective 1: Develop and Implement mental health policies, plans and legislation to achieve effective governance.

The design and implementation of national mental health policies, plans, and laws, based on scientific data and in accordance with international human rights instruments, is a challenge that requires a joint effort by the public sector with other key entities. Leadership and commitment from government and health workers are essential to develop comprehensive mental health plans integrated into public policies and plans and facilitate the organization of a community-based service model that promotes and protects the human rights of persons with mental disorders and their families.

Civil society plays a key role in the preparation and implementation of plans and laws, in particular through associations of users of mental health services and their families, peer support groups, social support groups, community integration and participation, and the promotion of effective and appropriate services. In the first year of implementation of the Plan a baseline will be established to measure progress of the civil society role. Legislation on mental health provides a legal framework for promoting and protecting the human rights of people with mental disorders. When mental health is addressed both in independent legislation (law) and when it is integrated into other laws on health and capacity, these should codify the principles, values, and basic objectives of international human rights instruments, and be consistent with the best international technical standards.

Objective 1.1. Develop and implement a mental health policy and plan to achieve effective governance

Indicator:

1.1.1 National mental health policy and plans being implemented

Objective 1.2. Revise the “Krankzinnigen Wet” and implement a national mental health laws consistent with international human rights instruments

Indicator:

1.2.1 National mental health law consistent with international human rights instruments approved

Strategic Objective 2: Improve the response capacity of mental health services, to provide comprehensive, quality care in community-based settings.

A community mental health model is grounded on basic principles adopted and adapted by each country to organize service delivery. Its cornerstones include decentralization, inclusion of a mental health component in primary health care and in general hospitals, the existence of a service network, social participation, inter-sectorial coordination, and a human rights approach. It also implies the delivery of services that are culturally appropriate, equitable, and free from discrimination based on gender, race or ethnic group, sexual orientation, social class, or other conditions.

A major advantage on Sint Maarten is that we can focus on strengthening and improving community based services without scaling down on psychiatric hospital beds, because there is no psychiatric hospital on the Island. Further development of a community model involves planning new and restructuring existing services and alternatives that offer comprehensive and continuous care that make it possible to improve and strengthen outpatient and inpatient mental health services. A recommended strategy is to use the resources of current psychiatric hospitalization to upgrade and establish specialized services in general hospitals and in the community, at primary care level.

Community-based mental health services should base their approach on recovery, with emphasis on the support that people with mental disorders need to reach their own aspirations and goals. Among other tasks, these services should be “listening and responding to individuals' understanding of their condition and what helps them to recover; working with people as equal partners in their care; offering choice of treatment and therapies, and in terms of who provides care; and the use of peer workers and supports, who provide each other with encouragement and a sense of belonging, in addition to their expertise”. Furthermore, the role of other sectors is fundamental to supporting people according to their needs for employment, housing, education, participation in community activities, etc.

An integrated approach to mental disorders that combines psychosocial and pharmacological interventions is the most effective. Availability of essential psychotropic drugs in community outpatient services and in primary health care is crucial.

Systematic evaluation of mental health services guarantees that quality care is provided and that the human rights of service users and their family members are respected. With the support from PAHO, existing Quality Rights instruments and a methodology, can be adapted and implemented on Sint Maarten.

Services should be responsive to the needs of vulnerable groups, especially those who are socioeconomically disadvantaged; the homeless mentally ill; people living with HIV/AIDS; women and children who are victims of violence; survivors of violence; lesbian, gay, bisexual, and transgendered people (LGBT); migrants and displaced persons; persons deprived of liberty; and minority groups within the national context. The term “vulnerable group” is used in this Plan to refer to individuals or a set of people that have acquired that vulnerability due to exposure to specific situations and conditions in their environment (not, of course, intrinsic weaknesses or lack of capacity).

Exposure to adverse life events, such as natural (e.g. hurricanes) or man-made disasters, armed conflicts, civil unrest, continuing domestic violence, and forced migration or displacement, has physical and mental health consequences. Therefore, availability of mental health services and psychosocial support should be assured when planning the Emergency and Disaster Response by the health sector and other sectors.

Having the right number and equitable distribution of appropriately skilled mental health workers is central to the expansion of services. Vocational training tailored to the needs of Sint Maarten (college) and continuing education (graduate level) should reflect the policies for the integration of mental health into general health services, including primary health care. Specialized professionals should develop necessary courses and related curricula; facilitate the training, support, and supervision of non-specialized personnel; for example, so that they can identify people with mental health problems and care for them or refer them to a more appropriate service, if available. Supporting and training family members and caregivers of people with mental disorders will also contribute to increasing the response capacity of mental health services.

When planning expansion of mental health services, ensuring equitable access to efficient care, treatment, and recovery support is essential. To this end, efforts to study and maximize the use of mobile/smart telephones, social media, video links and Internet should be undertaken, to guarantee access to mental health services to all target groups and in all communities.

Increasing and decentralizing mental health services make it possible to gradually expand outpatient services. This can be done by setting up specialized services in the community (outpatient and in general hospitals), and integrating a mental health component into primary health care, that substitutes the role of psychiatric hospitals. Such integration can be achieved through collaboration with and between Mental Health related institutions such as Mental Health Foundation, Turning Point, White and Yellow Cross Foundation and SMMC.

Integration of a mental health component into primary health care and other health care settings (e.g., emergency departments, criminal justice system, and school health clinics) is another strategy that is essential for development of equitable service delivery, in addition to being a crucial strategy for bridging the mental disorders treatment gap.

Objective 2.1. Increase outpatient service coverage for mental health by offering Mental Health beds in SMMC and creating a referral system between existing Mental Health related institutions such as Mental Health Foundation, Turning Point, White and Yellow Cross Foundation and SMMC

Indicator:

2.1.1 Increased number of facilities available to see clients in outpatient (mental) health facilities against the country baseline of 2012.

Objective 2.2. Integrate mental health component into primary care

Indicator:

2.2.1 Number of patients with MH problems diagnosed and treated in PHC increased by 80% by the end of 2018

Objective 2.3. Create Develop and Implement an new vocation of Community (Mental) Health Care Providers tailored to the needs of Sint Maarten

Indicator:

2.3.1 Community (Mental) Health Care Providers registered as certified caregivers

Strategic Objective 3: Prepare and implement programs for promotion and prevention in mental health and alcohol and substance use, with particular attention to the life cycle.

The role of other sectors is crucial in the area of promotion and prevention, because mental health and substance use problems are influenced by social and economic determinants, including, for example, income level, employment status, education level, family cohesion, discrimination, violations of human rights, and exposure to adverse life events, including sexual violence, child abuse, and neglect.

The early stages of life present an important opportunity to work on prevention, as up to 50% of mental disorders in adults begin before the age of 14 years. Opportunities also exist for preventive intervention with the elderly to improve quality of life, facilitate social integration, and reduce or prevent disability.

Interventions to promote mental health and prevent mental disorders should include support for antidiscrimination laws and regulations, and information campaigns against stigmatization and human rights violations.

It is important for promotion and prevention programs to concentrate on evidence-based interventions that are appropriate to the context in which they are used. Programs can include these actions, among others: the nurturing of core individual attributes in the formative stages of life, early identification and treatment of emotional or behavioral problems in childhood and adolescence, promotion of healthy living conditions, strengthening of community protection networks that tackle violence, and social protection for the poor.

Interventions to prevent suicide include reducing access to lethal means (in particular, firearms, bridges without barriers, pesticides, and medicines or drugs), responsible reporting by the media, and early recognition and treatment of mental disorders such as depression. It is essential to identify people at risk, monitor persons with suicidal ideation and previous suicide attempts, and provide immediate care to those who attempt suicide.

Data on suicide is not readily available to the Health Sector for analysis. Reliable registries and Suicide prevention programs are important interventions to get insight into the scope and the extent of the problem on Sint Maarten.

Objective 3.1. Implement mental health promotion and prevention programs

Indicator:

3.1.1 Multi-sectorial mental health promotion and prevention programs operational.

Objective 3.2. Implement mental of suicide prevention programs.

Indicator:

3.2.1 No increase in annual number of suicide deaths per 100,000 populations by 2020 compared to 2014

Objective 3.3. Increase focus on Child and Adolescent (C&A) mental health care

Indicator:

3.3.1 C&A integrated as a target group in mental health services

Strategic Objective 4: Strengthen information systems, scientific evidence, and research.

Health information systems should regularly collect and report data on mental health service delivery, which should be broken down, at a minimum, by sex, age, race or ethnic group, and diagnosis. These data should be used routinely for evaluation and to report to authorities, and as a basis for improvement and expansion of services. The basic set of indicators suggested in the PAHO Regional Draft Plan of Action and will be reviewed, for its adaptation and gradual implementation.

Only a few countries have existing scientific research and produce data. To provide scientific evidence for interventions for the promotion, prevention, and treatment of mental disorders, research should encompass scientific activities ranging from discovery to service delivery, taking national priorities into account.

Objective 4.1. Strengthen information systems by integrating a basic set of mental health indicators that are systematically compiled and reported annually.

Indicator:

4.1.1 Basic set of agreed upon mental health indicators, systematically compiled and reported annually.

Strategic Objective 5: Strengthen and Improve Stakeholders Collaboration

The role of stakeholders in designing and developing the mental health plan for Sint Maarten is crucial for successful implementation. As responsible agency for developing health policy, plans and legislation in the country, there is a need for the Ministry to foster formal specific collaborations between government departments and specific agencies on Sint Maarten on mental health issues. Examples of such collaborations are between the Departments within the Ministry of Public Health Social Development and Labour; the Ministry of Public Health and the Ministry of Education and Justice and with the Ministry of Health and Health Care Providers e.g. MHF, TP and General Practitioners.

Since 10-10-10 Bonaire Saba and St Eustatius are municipalities of the Netherlands and are referred to as Dutch Caribbean. Because of the small scale of Saba and St Eustatius, availability of adequate highly qualified professionals on the Islands is a challenge. Care providers of Sint Maarten play an essential role in realizing quality addiction care and psychiatry for both Islands.

Signed service agreements and agreed upon working relationships between Sint Maarten and the Netherlands including the Dutch Caribbean Municipalities are prerequisites to formalize the relationship in the field of addiction care and psychiatry, with emphasis on the possibilities of intensive ambulatory care.

Based on the steering role of government, the Ministry also has a supporting and facilitating role in promoting partnerships between mental health service providers such as between MHF and SMMC to expand outpatient services by offering psychiatric beds for clients in the local hospital. The same is true for a formal partnership between MHF and TP or the White and Yellow Cross Foundation's District Nursing Program.

Objective 5.1 Support partnerships agreements between local Mental Health community partners

Indicator

5.1.1 Signed partnerships agreements with and between key partners in Mental Health service delivery

Objective 5.2 Establish partnerships with Netherlands and the Dutch Caribbean Municipalities

Indicator:

5.2.1 Signed service agreements and working relationships between Netherlands and the Dutch Caribbean Municipalities to formalize levels of collaboration regarding client care.

Monitoring, Analysis, and Evaluation

Monitoring and evaluation of this Plan will be aligned with the ministry's Multi Annual Strategic Plan 2015 – 2019 which is currently under construction. Progress reports will be prepared based on information available at the end of each biennium. Mid-term and final evaluations of the Plan will be done to determine the strengths and weaknesses of its overall implementation, causal factors of the successes and failures, and future actions. Existing and future sources for the necessary information are: *a)* Sint Maarten mortality database; *b)* WHO-AIMS Sint Maarten reports updated every five years; *c)* other government and non-government stakeholders reports; *d)* reports requested from Bureau of Statistics and the Central Registry; *e)* reports from the Regional Mental Health and Substance Use Unit; and *f)* compilation of the research.

Financial Implications

This plan does not cover the financial implications for the implementation of the *Plan* for the 5-year period (2014-2018). Financing of Mental Health care is currently covered through private insurance and social insurance schemes and by means of subsidy from government to NGOs that deliver mental health care services.

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**Ministry of Public Health, Social Development and Labour
Sint Maarten**

**Mental Health Plan of Action
2014-2018**

July 14, 2014

MENTAL HEALTH PLAN OF ACTION 2014 -2018

Strategic Objectives derived from the 6 Domains of the WHO-AIMS Sint Maarten translated into the Plan of Action 2014 - 2018

- 1) Develop and Implement mental health policies, plans and legislation to achieve effective governance.
- 2) Improve the response capacity of mental health services, to provide comprehensive, quality care in community-based settings.
- 3) Prepare and implement programs for promotion and prevention in mental health and alcohol and substance use, with particular attention to the life cycle.
- 4) Strengthen information systems, scientific evidence, and research.
- 5) Strengthen and Improve Stakeholders Collaboration

Strategic Objective 1: Develop and Implement mental health policies, plans and legislation to achieve effective governance.

Objectives	Indicators	Activities	Responsibility	Year 1 2014	Year 2	Year 3	Year 4
1.1 Develop and implement mental health policies and plans to achieve effective governance	1.1.1 National mental health policy and plans developed and implemented 1.1.2 Mental Health financial expenditures secured by government	1.1.1.1 Elaborate and/or prepare draft policy based on input stakeholders meeting Develop budget proposal for the Mental Health Policy and Plan 1.1.1.2 Convene stakeholders consultation on draft policy including SJIB > Rehabilitation and Prison (Min of Justice) and Min Finance (taxation interventions) 1.1.1.3 Submit policy and plan with budget for approval to Minister VSA	Department of PH	1.1.1.1	1.1.1.2 1.1.1.3		

1.2 Revise and implement national mental health laws consistent with international human rights instruments	1.2.1 National mental health law consistent with international human rights instruments approved	<p>1.2.1.1. Assess existing legislation related to mental health in Health and other Sectors</p> <p>1.2.1.2. Review existing Mental Health Law ensuring that: (1) it is consistent with Human Rights international standards and conventions (CRPD, EU convention on human rights and Kingdom of the Netherlands) (2) provide care and standard indicators for mental health care givers</p> <p>1.2.1.3. Prepare updated draft and submit to local authorities</p>	Department of Public Health		1.2.1.1. 1.2.1.2.	1.2.1.3.	
Strategic Objective 2: Improve the response capacity of mental health services, to provide comprehensive, quality care in community-based settings.							
Objectives	Indicators	Activities	Responsibility	Year 1	Year 2	Year 3	Year 4
2.1 Increase community based outpatient	2.1.1 Increased number of facilities	2.1.1.1 Propose SLA between service	CPS Health Care Providers	2.1.1.1	2.1.1.2 2.1.1.3		

and inpatient service coverage for mental health	available to see clients in outpatient and inpatient (mental) health facilities against the country baseline of 2012	<p>providers³ to ensure efficient continuity of care</p> <p>2.1.1.2 Strengthen role of General Hospital as service providers</p> <p>2.1.1.3 Training of personnel in outpatient and inpatient service on MH conditions</p>					
2.2 Integrate mental health component into primary care	2.2.1 Number of patients with MH problems diagnosed and treated in PHC increased by 80% by the end of 2018	<p>2.2.1.1. Establish data of current situation of MH conditions in the PHC (define baseline)</p> <p>2.2.1.2 Train PHC staff in mhGAP</p> <p>2.2.1.3 Define and implement referral and counter referral protocol</p> <p>2.2.1.4 Integrate Mental Health component in CME</p>	<p>CPS and HCP</p> <p>CPS Psychiatrist HCP</p> <p>HCP NASHKO</p>	<p>2.2.1.1.</p> <p>2.2.1.2</p>	<p>2.2.1.3</p> <p>2.2.1.4</p>		

³Examples: Mental health foundation; SMMC; White and Yellow Cross Foundation; Turning point; Family doctors; Safe Have

2.3 Integrate Mental Health Component into Vocational programs	2.3. 1. Adjusted curricula that includes Mental Health components	2.3.1.1 Coordinate with existing educational institutions to adjust curricula with mental health components 2.3.1.2 Coordinate with Education Social and Labour for future development of a new cadre of people for the health sector (Community Health Workers)	CPS Respective Vocational Schools		2.3.1.1	2.3.1.2	
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Strategic Objective 3: Prepare and implement programs for promotion and prevention in mental health and alcohol and substance use, with particular attention to the life cycle.

Objectives	Indicators	Activities	Responsibility	Year 1	Year 2	Year 3	Year 4
3.1 Implement mental health promotion and prevention programs	3.1.1 Multi-sectorial mental health promotion and prevention programs operational.	3.1.1.1. Identify at risk target groups for priority interventions 3.1.1.2 Coordinate with key stakeholders to plan, develop and implement target groups specific and appropriate	CPS PH Social Dev. Social Affairs Labour Affairs CDFHA CSO		3.1.1.1 3.1.1.2 3.1.1.3 3.1.1.6	3.1.1.4 3.1.1.5	

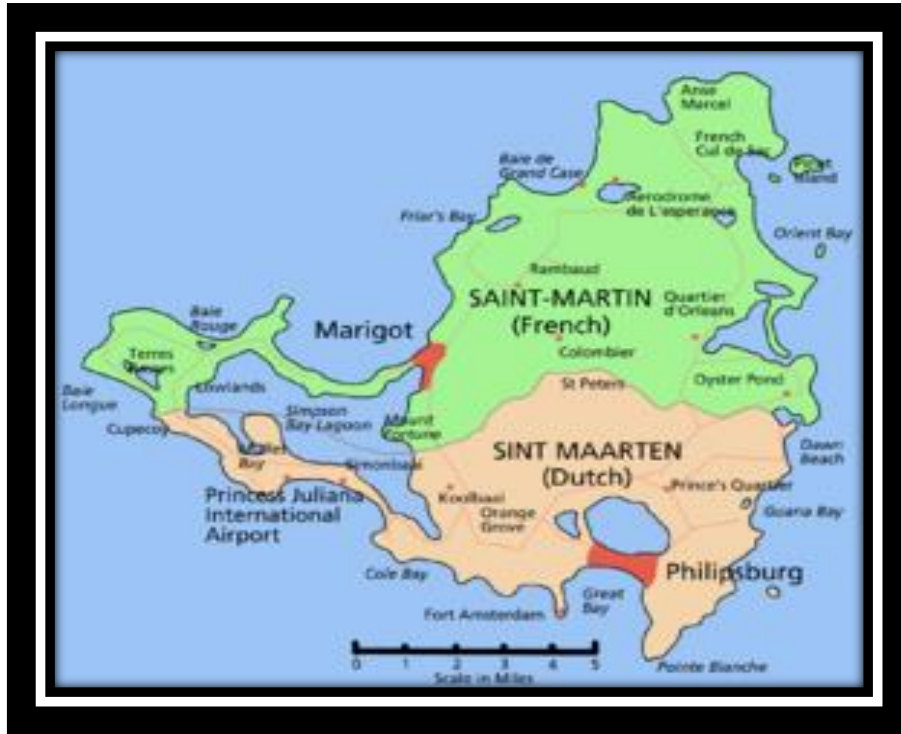
		<p>programs, tools and materials⁴</p> <p>3.1.1.3 Coordinate with key stakeholders to plan, develop and implement target groups specific and appropriate training programs</p> <p>3.1.1.4 Train and certify health and social workers in mental health matters</p> <p>3.1.1.5 Hold stakeholders empowerment workshops including workshops for parents and caretakers to execute prevention</p>					
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- Social Media initiatives (FB/ WWW/ Twitter)
 - Teen Times / Youth Parliament
 - Newsletters
 - TV info-mercials
 - Flyers
 - Awareness Month – with key events focused on target groups
 - Faith Based awareness activities
 - Community Council meetings in districts
 - Business Community Meetings

		and promotion programs. 3.1.1.6 Determine, document and share best practices in health prevention and promotion					
3.2 Implement mental of suicide prevention programs	3.2.1 No increase in annual number of suicide deaths per 100,000 populations by 2020 compared to 2014	3.2.1.1 Identify indicators and initiate collection of suicide data 3.2.1.2 Convene meeting with HCP to discuss and agree on data collection on suicide and suicide attempts 3.1.2.3. Coordinate with stakeholders to develop and implement suicide prevention action plan with M&E plan	CPS HCP PAHO	3.2.1.1 3.2.1.2	3.1.2.3		
3.3 Increase focus on child and adolescent mental health care	3.3.1 C&A integrated as a target group in mental health services	3.3.1.1 Develop indicators to measure C&A MH care 3.3.1.2 Adjust services and M&E indicators to integrate C&A			3.3.1.1 3.3.1.2		

Strategic Objective 4: Strengthen information systems, scientific evidence, and research.							
Objectives	Indicators	Activities	Responsibility	Year 1	Year 2	Year 3	Year 4
4.1 Strengthen information systems by integrating a basic set of mental health indicators that are systematically compiled and reported annually.	4.1.1 Basic set of agreed upon mental health indicators, systematically compiled and reported annually	4.1.1.1 Revise WHO Mental Health basic set of indicators and adapt to country conditions including suicide indicators 4.1.1.2 Incorporate into the Surveillance Information System	CPS IT PAHO	4.1.1.1	4.1.1.2		
Strategic Objective 5: Strengthen and Improve Stakeholders Collaboration							
Objectives	Indicators	Activities	Responsibility	Year 1	Year 2	Year 3	Year 4
5.1 Support partnerships agreements between local Mental Health community partners	5.1.1 Signed partnerships agreements with and between key partners in Mental Health service delivery	5.1.1.1 Make stakeholders inventory (their services, goals and common terminology, resources and needs) 5.1.1.2 Establish Mental Health Platform (coordinating mechanism) 5.1.1.3 Formulate common goals & programs	CPS CPS Partners Partners	5.1.1.4	5.1.1.1 5.1.1.2	5.1.1.3	

		for collaboration agreements (can be target specific); Monitor and Evaluate 5.1.1.4 Develop common initiative with Alzheimer Foundation International	CPS AFI				
5.2 Establish partnerships with Netherlands and the Dutch Caribbean Municipalities	5.2.1 Service level agreement and working relationships between Netherlands and the Dutch Caribbean Municipalities established	5.2.1.1 Facilitate SLA between involved partners from the Netherlands and the Dutch Caribbean	CPS PH MHF TP SVP-CN		5.2.1.1		



Ministry of Public Health Social Development and Labour
 W.G. Buncamper Road 33, Vineyard Building, Vineyard
 Office Park
 Philipsburg, Sint Maarten
 Tel: (+721) 5422078 or 5423003 or 5423553 # 227
 Fax: (+721) 542971



Regional Office of the
 World Health Organization

PAHO-WHO office for Venezuela, Aruba, Sint Maarten &
 the Insular Territories of the Kingdom of the Netherlands

Regional Office for the Americas of the World Health
 Organization

525 Twenty-third Street, N.W., Washington, D.C. 20037,
 United States of America

Tel.: +1 (202) 974-3000 Fax: +1 (202) 974-3663