

# WHO-AIMS

WHO-AIMS REPORT ON  
**MENTAL HEALTH SYSTEM**  
**IN THE CAYMAN ISLANDS**



MINISTRY OF  
HEALTH, SPORTS,  
YOUTH & CULTURE  
CAYMAN ISLANDS GOVERNMENT



World Health  
Organization

**WHO-AIMS REPORT ON  
MENTAL HEALTH SYSTEM  
IN CAYMAN ISLANDS**

*A report of the assessment of the mental health system in the Cayman Islands using the World Health Organization - Assessment Instrument for Mental Health Systems (WHO-AIMS).*

Cayman Islands  
2014



MINISTRY OF  
HEALTH, SPORTS,  
YOUTH & CULTURE  
CAYMAN ISLANDS GOVERNMENT

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The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) has been conceptualized and developed by the Mental Health Evidence and Research team (MER) of the Department of Mental Health and Substance Abuse (MSD), World Health Organization (WHO), Geneva, in collaboration with colleagues inside and outside of WHO.

Please refer to *WHO-AIMS* (WHO, 2005) for full information on the development of WHO-AIMS at the following website.

[http://www.who.int/mental\\_health/evidence/WHO-AIMS/en/index.html](http://www.who.int/mental_health/evidence/WHO-AIMS/en/index.html)

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The WHO-AIMS project is coordinated by Shekhar Saxena.

## Executive Summary

The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) was used to collect information on the mental health system in the Cayman Islands. 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 the Cayman Islands 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 and rehabilitation.

The Cayman Islands recently updated its mental health legislation in 2013. There is no mental health policy or plan. Critical components of the revised legislation are mechanisms to file an appeal, updated detention orders, a Mental Health Commission, which will oversee the accreditation of professionals and facilities in collaboration with the Health Practice Commission, and protecting the rights of the mentally ill. The Health Services Authority (HSA) provides care through the Cayman Islands Hospital on Grand Cayman and the Faith Hospital in Cayman Brac. The HSA has a disaster/emergency preparedness plan which includes the care of the patients at the mental health inpatient unit.

There is no data on the percentage of health care expenditure directed towards mental health available from the Ministry of Health. Mental health services are delivered through the hospital and local private facilities, and mental health care facilities located overseas. Twenty five percent of the population has free access to at least one psychotropic medication of each therapeutic category (anti-psychotic, anti-depressant, mood stabilizer, anxiolytic, and antiepileptic). There are established bodies such as the Office of the Complaints Commissioner, the Health Practice Commission and the Mental Health Commission overseeing inspection of mental health facilities and receiving and reviewing complaints from users.

While the WHO-AIMS study is designed to capture the data from government facilities, the Cayman Islands collected information from the government facilities and some of the private facilities offering mental health services. The data collected are from six outpatient facilities (including government) offering mental health services. Almost 4,000 patients were treated in 2013 in mental health outpatient facilities, of which nine percent were children and adolescents 17years of age or younger. The majority of the patients were diagnosed with schizophrenia, mood (affective) disorders, and neurotic, stress related disorders. There is an 8 bed inpatient unit facility which serves all three islands and one inpatient facility providing treatment for persons suffering from alcohol and substance abuse.

There are no facilities proving care exclusively for children and adolescents. All of the outpatient facilities have at least one psychotropic medicine available in a facility or at a nearby pharmacy. The cost of one day treatment of medication is US\$5.00.

Admission to the inpatient unit is primarily for schizophrenia and mood disorders. The patients admitted spend on average 12 days in the community based psychiatric inpatient unit.

The majority of mental health nurses are employed in the public sector. Primary health care physicians are allowed to prescribe or continue the use of psychotropic medicines without restrictions. There is no mental health hospital, no forensic facility – there is one 8 bed inpatient facility, and one other facility providing treatment for persons suffering from alcohol and substance abuse.

There is no legislation or financial provision that exists to assist specifically persons with a mental illness. However, the Department of Children and Family Services offer assistance to these patients where the need is identified.

All primary and secondary schools in the public sector have access to a mental health professional (psychologist). There is no formally defined list of data items that ought to be collected by the mental health facilities. Data is not routinely compiled, analysed or disseminated to the Ministry of Health.

This data was collected in 2014 and is based on the fiscal year July 2013 to June 2014.

## **Introduction**

The Cayman Islands are a British Overseas Territory located in the western Caribbean Sea, south of Cuba and northwest of Jamaica. It is comprised of three islands, Grand Cayman, Cayman Brac and Little Cayman. Grand Cayman is 22 miles long and 4 miles wide; Cayman Brac is 12 miles long and one mile wide; and Little Cayman is 10 miles long and one mile wide. The 2012 population estimates were 56,732 persons living in the Cayman Islands of which the majority (96.2%) lived on Grand Cayman. A variety of cultures from around the world are represented in the Cayman Islands. There are approximately 135 nationalities and the official language is English. The country is a high-income group country based on World Bank Atlas criteria.

The main industries are financial services, tourism, and real estate sales and development. Service industries, such as construction, hotel and restaurant operations, retail trades, and scuba diving and boat rentals are ancillary to the main industries.

Based on population estimates in 2012, 18.3% of the population is under the age of 15 (0-14 years) and 5.9% of the population was over the age of 65. 3.8 percent of the population resides on the Sister Islands. The country's life expectancy at birth is 82.3 years; for males 79.8 years, and for females 84.7 years. The healthy life expectancy at birth is 60.1 for males and 64.8 for females. The literacy rate for men is 89% and the 61% for women.

The Ministry of Health has responsibility for the oversight and regulation of health care services within the Cayman Islands. Health care is provided by the Health Services Authority and the private sector. The Health Services Authority is the sole provider of health care services in the public system.

There are 242 hospital beds and 352 medical doctors per 100,000 population. Eighty seven percent of all hospital beds are in the public sector. Primary health care and public health services are delivered through a 104 bed Cayman Islands Hospital on Grand Cayman, a 15 bed hospital in Cayman Brac, 5 district health centres in Grand Cayman, 1 district health clinic in Little Cayman and school health clinics. Dental services are delivered on site at the Cayman Islands Hospital in Grand Cayman and the Faith Hospital in Cayman Brac as well as through the schools and district clinics. Ophthalmology services are delivered on site at the Cayman Islands Hospital and through visiting specialists on Cayman Brac. The Cayman Islands Hospital and Faith Hospital offer inpatient and outpatient services, including some specialist services.

The Chrissie Tomlinson Memorial Hospital is an 18 bed hospital and is privately owned; there are over 40 private doctors' offices/clinics with specialist doctors and/or general practitioners.

Recently, in February 2014, Health City Cayman Islands, a medical tourism facility was opened to provide affordable tertiary health care in the areas of adult and paediatric cardiology, cardiac surgery, orthopaedics, pulmonology, and paediatric endocrinology. Currently, the number of beds at HCCI is 140 with plans to expand in the next decade to 2000 beds to provide a broader array of services including neurology, oncology and other cutting edge tertiary services

## **DOMAIN 1: Policy and Legislative Framework**

### **Policy, plans, and legislation.**

The Cayman Islands do not have a mental health policy or a mental health plan.

A disaster /emergency preparedness plan for mental health is present and was last revised in May 2014. The plan is part of the Health Services Authority Hurricane and Continuity Operations Plan.

The last revision to the mental health legislation was in 2013, which focused on the following areas:

- access to mental health care including access to treatment in the least restrictive environment
- rights of mental health service to consumers family members, and other care givers
- Competency, capacity, and guardianship issues for individuals with mental illness
- Voluntary and involuntary treatment
- Accreditation of professionals and facilities
- Law enforcement and other judicial system issues for people with mental illness
- Mechanisms to oversee involuntary admission and treatment practices
- Mechanisms to implement the provisions of the mental health legislation

In addition, a Mental Health Commission Law was enacted in 2013. The members of the Mental Health Commission were appointed by Cabinet in February 2014, and one of their roles is to develop a mental health policy and strategic plan for the Cayman Islands. Components of the policy will include human rights, advocacy and consumer rights.

### **Financing of mental health services**

There are no mental health hospitals. Services are provided through mental health outpatient clinics and an eight bed inpatient mental health unit at the Cayman Islands Government Hospital.

The percentage of health care expenditures by the government health department directed towards mental health is unknown.

In terms of affordability of mental health services, 25 percent of the population has free access to essential psychotropic medicines. For those that pay out of pocket, the cost of antipsychotic medication is US\$5.00 per day, and the cost of antidepressant medication is US\$5.00 per day.

There is no social insurance scheme in the Cayman Islands; however, the “indigent” population has their health care costs, including mental health fully covered by the government. Some of the funding for the indigents is recovered through a fund called the Segregated Insurance Fund, where the Health Insurance Commission collects from the health insurance providers specific amounts on premiums charged; however, this fund covers less than 20 percent of the overall health care costs of indigents.



There is no minimum wage in the Cayman Islands; but recently a Minimum Wage Advisory Committee was established to carry out the necessary research and recommend a minimum wage or wages for the Cayman Islands.

The Cayman Islands National Insurance Company (CINICO), a government-owned company formed to provide health insurance coverage to civil servants (employees and pensioners), seafarers and veterans, and other residents who historically have difficulty obtaining coverage through their employer or the private insurance market reported that for the fiscal year 2013/2014, government spent approximately US\$1,000,000.00 for mental health services locally and overseas.

### **Human rights policies**

The Human Rights Commission (HRC) is established to protect the rights of every resident. The Health Practice Commission (HPC) has the authority to oversee regular inspections in mental health facilities. The Mental Health Commission has the authority to review involuntary admission and discharge procedures, review complaints investigation processes, and advise the Health Practice Commission regarding mental health facilities.

None of the persons working in mental health had any exposure to basic training on human rights protection of patients in mental health facilities.

## **Domain 2: Mental Health Services**

### **Organization of mental health services**

A national mental health commission exists, which provides advice to the government on mental health policies and legislation. The mental health commission is also involved in monitoring and quality assessment of mental health services. Mental health services are organized in terms of catchment/service areas.

### **Mental health outpatient facilities**

None of the 6 outpatient mental health facilities is exclusively for children and adolescents only. These facilities treat 7019 users per 100,000 population. Of all users treated in mental health outpatient facilities, 9% are children or adolescents. The users treated in outpatient facilities are primarily diagnosed with mood disorders (28%) and schizophrenia (23%).

The average number of contacts per user is unknown. 17 percent of outpatient facilities provide follow-up care in the community and have mobile mental health teams. In terms of available treatments, all or almost all (81-100%) of patients in outpatients facilities last year received one or more psychosocial interventions. 100 % of outpatient facilities have at least one psychotropic medicine of each therapeutic class (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic) available in the facility or at a near-by pharmacy all year long.

### **Day treatment facilities**

There is one day treatment facility available in the country; there is no day treatment facility exclusively for children and adolescents. The facility treats 407 users per 100,000 population. Thirty-two percent of users in day treatment facilities are female and the number of children and adolescents treated is unavailable. The users of the day treatment facility spend an average of 5 days at the facility.

### **Community-based psychiatric inpatient units**

There is one community-based psychiatric inpatient unit available in the country for a total of 14 beds per 100,000 population (8 bed facility). None of the beds in community-based psychiatric inpatient unit is reserved for children and adolescents only. 47% of patients are female and 3% are children or adolescents. The diagnoses of admissions to community-based psychiatric inpatient units were primarily from the following two diagnostic groups: schizophrenia (16%) and mood disorders (14%). On average patients spend 12 days in community-based psychiatric inpatient unit per discharge. Almost all patients (81-100%) in community-based psychiatric inpatient units received one or more psychosocial interventions in the past year, while 100% of community-based psychiatric inpatient units had at least one psychotropic medicine of each therapeutic class (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic) available at the facility.

### **Community residential facilities**

The government recognizes the urgent need for a residential facility for persons suffering from mental illnesses (for adults, children and adolescents). Currently discussions are ongoing for a public-private partnership to build a facility, or the use of an existing facility with the appropriate upgrades, to be used as an interim measure. This facility will only accommodate adults and progress has already been made in developing a draft strategic outline case and securing funding for the initial consultancy,

### **Mental hospitals**

There are no mental hospitals in the Cayman Islands.

### **Forensic and other residential facilities**

There is no forensic inpatient unit. The forensic patients are managed at the prisons by the mental health professionals. There are nine residential facilities such as homes for persons with mental retardation, substance abuse, dementia, and homes for the elderly. The total number of beds in these other residential facilities is as follows:

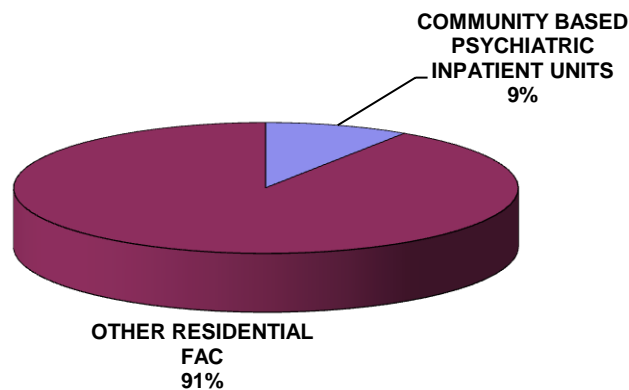
- a) 27 beds in facilities for people with substance abuse
- b) 9 beds in facilities for people of any age with mental retardation
- c) 102 beds in facilities for the elderly with many persons suffering from dementia

## Human rights and equity

Sixteen percent of all admissions to community-based inpatient psychiatric units are involuntary. Between 0 – 1% of patients were restrained or secluded at least once within the last year in the community-based psychiatric inpatient unit. The density of psychiatric beds in or around the largest island is 1.04 times greater than the density of beds in the entire country. Such a distribution of beds increases the difficulty of access, for the Sister Islands. Persons living on Grand Cayman but not in George Town, the largest district, and where the inpatient psychiatric unit is located, have less difficulty accessing the services but may choose not to access the service because of stigma or other reasons. Many persons access service through private providers as outpatients.

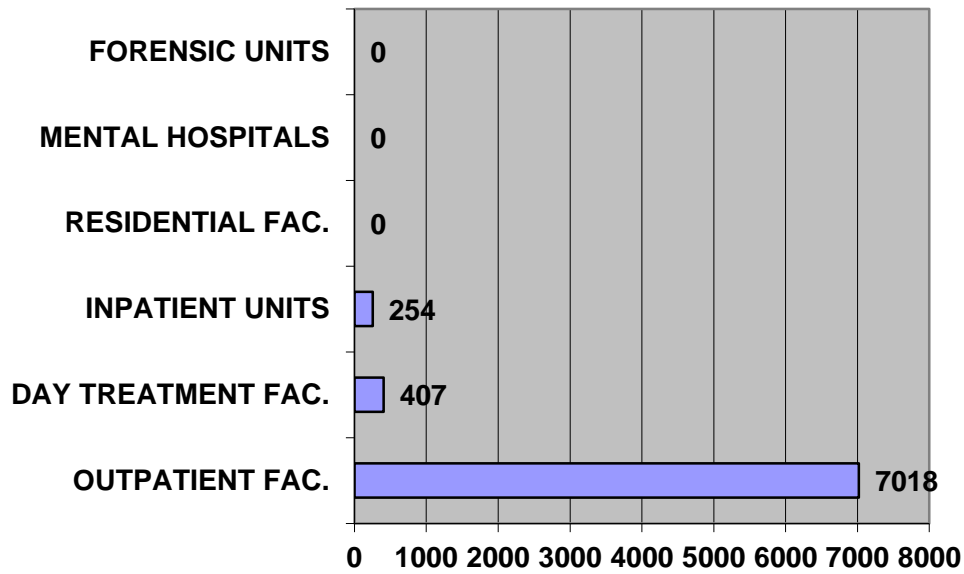
## Summary Charts

**GRAPH 2.1 - BEDS IN MENTAL HEALTH FACILITIES AND OTHER RESIDENTIAL FACILITIES**



There is not an adequate amount of beds allocated for the mental health inpatient unit. While the majority of beds are in other residential facilities, the beds are not necessarily for mental health patients but serve those with mental retardation, dementia, substance abuse and the elderly.

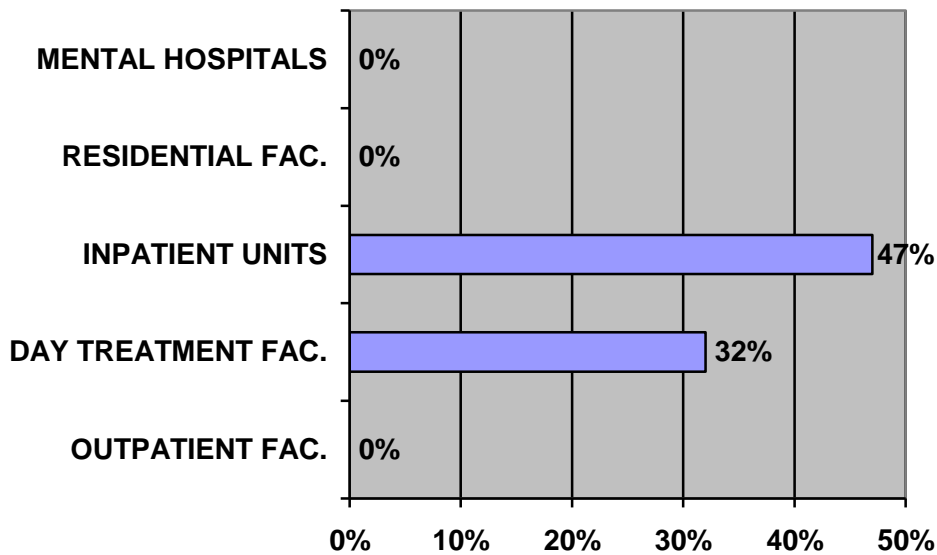
**GRAPH 2.2 - PATIENTS TREATED IN MENTAL HEALTH FACILITIES (rate per 100.000 population)**



Summary of Graph 2.2

The majority of the users are treated in outpatient facilities, while the rate of users treated in inpatient units, and day treatment facilities is lower.

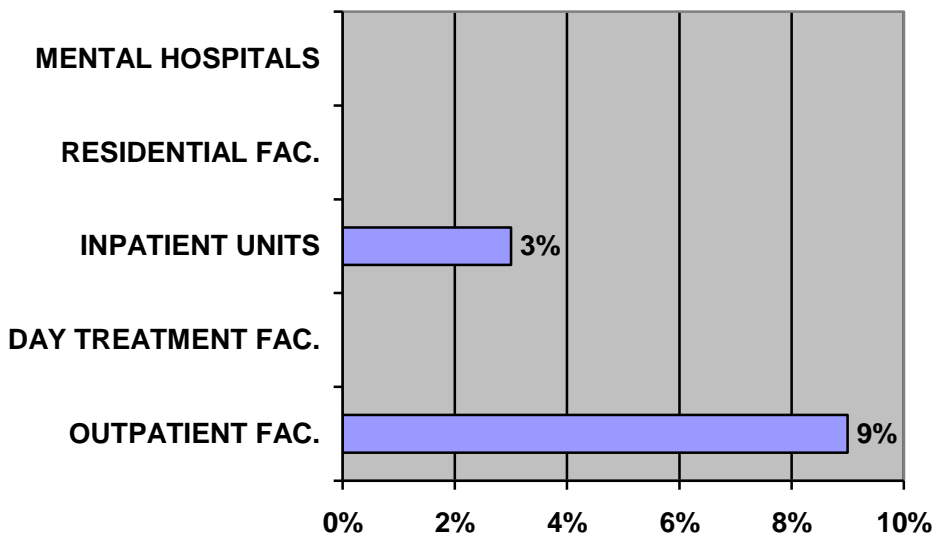
**GRAPH 2.3 - PERCENTAGES OF FEMALE USERS  
TREATED IN MENTAL HEALTH FACILITIES**



*Summary for Graph 2.3*

The proportion of female users accessing services in the mental health outpatient facilities was not available; however, female users make up 47% of persons admitted to the inpatient unit and 32% of persons treated in the day treatment facilities.

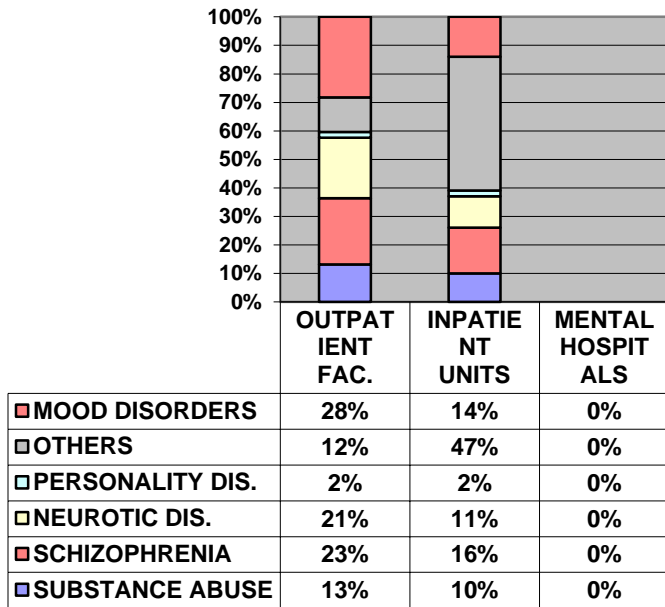
**GRAPH 2.4 - PERCENTAGE OF CHILDREN AND  
ADOLESCENTS TREATED IN MENTAL HEALTH FACILITIES  
AMONG ALL USERS**



Summary of Graph 2.4

The percentage of users that are children and/or adolescents treated in outpatient facilities is three times the number of children/adolescents treated in an inpatient unit.

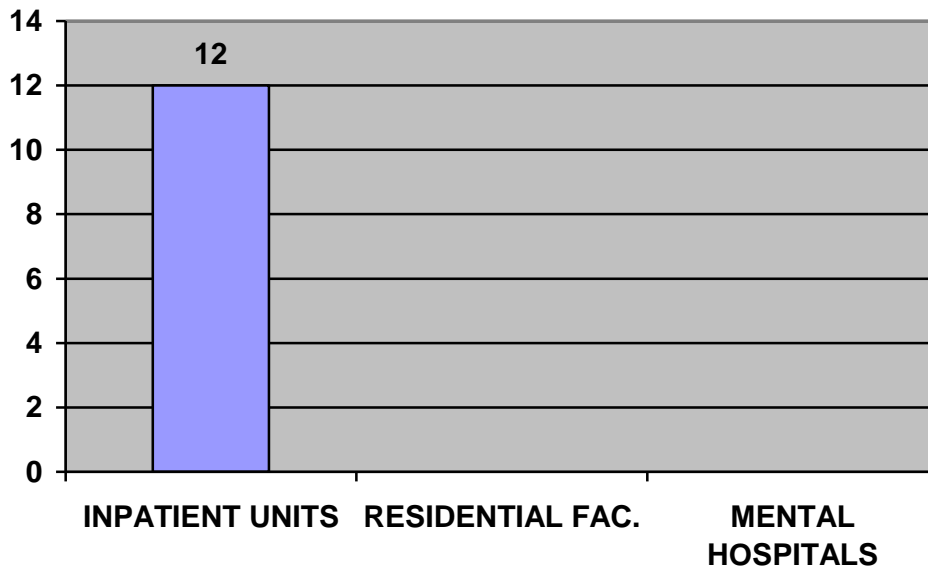
**GRAPH 2.5 - PATIENTS TREATED IN MENTAL HEALTH FACILITIES BY DIAGNOSIS**



Summary for Graph 2.5

The distribution of diagnoses varies across facilities: in outpatients' facilities mood disorders, schizophrenia and neurotic disorders such as stress related disorders are most prevalent; within the inpatient unit schizophrenia and others, which may include behavioural and emotional disorder, psychological development diagnoses are most common.

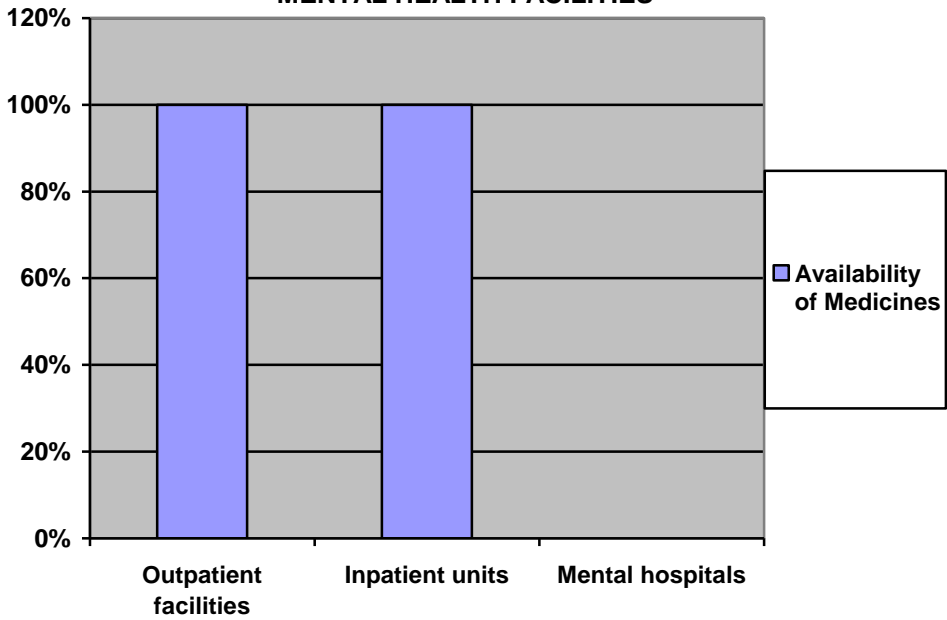
**GRAPH 2.6 - LENGTH OF STAY IN INPATIENT FACILITIES**  
(days per year)



Summary of Graph 2.6

The longest length of stay for users in the inpatient unit is 12 days. The goal is to treat patients with the appropriate care so that they can be reunited with their family members or place them on an assisted outpatient treatment order where they are monitored by the community psychiatric nurse.

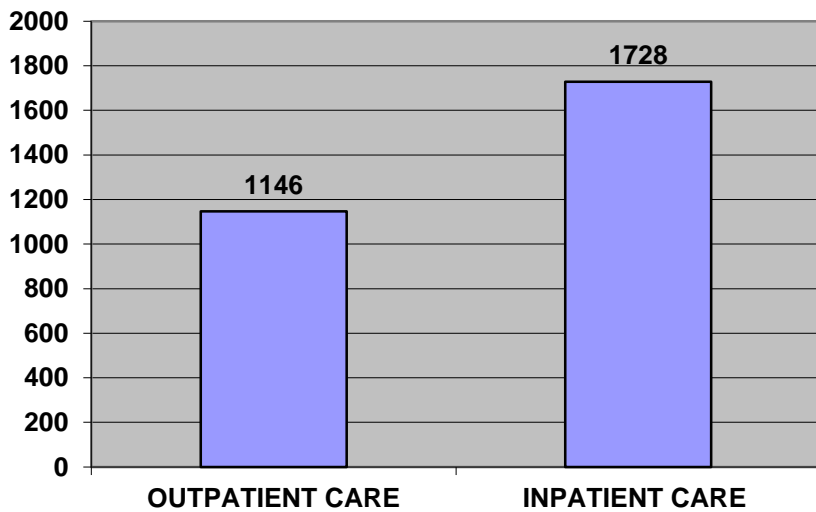
**GRAPH 2.7 - AVAILABILITY OF PSYCHOTROPIC DRUGS IN MENTAL HEALTH FACILITIES**



Summary for Graph 2.7

At least one psychotropic medicine of each therapeutic category is always available at the inpatient unit and the outpatient facilities, or at a nearby pharmacy.

**GRAPH 2.8 INPATIENT CARE VERSUS OUTPATIENT CARE**





### Summary for Graph 2.8

The numbers represent the cumulative number of days over the past year that users were treated in the outpatient facilities or patients were admitted to the psychiatric inpatient unit. Of note is the information provided is from the government hospital outpatient facility only.

## **Domain 3: Mental Health in Primary Health Care**

### **Training in mental health care for primary care staff**

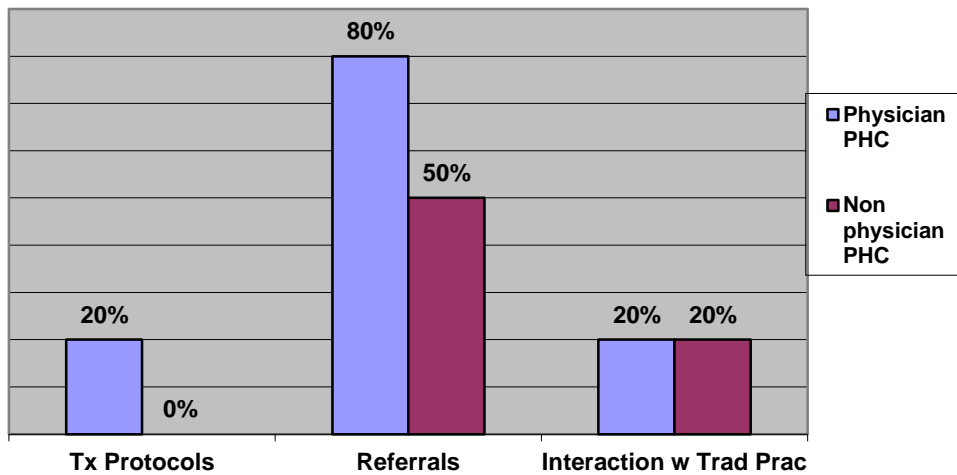
Seven percent of the training for medical doctors is devoted to mental health, while six percent of the training for nurses is devoted to mental health. In terms of refresher training, neither the primary health care doctors nor nurses received at least two days refresher training in any topics related to psychiatry or mental health.

There is an offshore medical school (St Matthews), which offers training locally for physicians and veterinarians. The programme offered at St Matthews is a 3 year pre-clinical “condensed” programme, after which students relocate to the United States or the United Kingdom to complete their medical degree. The University College of the Cayman Islands (UCCI) recently completed its first year of training for students enrolled in the four year Bachelor of Science degree in Nursing.

### **Mental health in primary health care**

Both physician based primary health care (PHC) and non-physician based PHC clinics are present in the country. A few (1-20%) of the clinics have assessment and treatment protocols for key mental health conditions available. In the non-physician based clinic setting there are no protocols for assessment and treatment for key mental health conditions available. The majority (51-80%) of primary health care doctors make on average at least one referral per month to a mental health professional. Some non-physician based primary health care clinics (between 21-50%) make a referral to a higher level of care (e.g., mental health professional or physician-based primary health clinic). In terms of professional interaction between primary health care staff and other care providers, some (21-50%) of primary care doctors have interacted with a mental health professional at least once in the last year. Only a few (between 1-20%) of physician-based PHC facilities, non-physician based clinics and mental health facilities have had interaction with a complimentary/alternative/traditional practitioner at least once in the last year.

**GRAPH 3.2 - COMPARISON OF PHYSICIAN BASED  
PRIMARY HEALTH CARE WITH NON-PHYSICIAN BASED  
PRIMARY HEALTH CARE**



**Prescription in primary health care**

Health regulations authorise primary health care doctors to prescribe and/or to continue prescription of psychotropic medications. In addition, primary health care doctors are allowed to prescribe without restrictions. Nurses and non-doctor/non-nurse primary health care workers are not allowed to prescribe psychotropic medications. As for availability of psychotropic medicines, all or almost all of the physician based primary health care clinics (between 81-100%) have at least one psychotropic medicine of each therapeutic category (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic) available in the facility or at a nearby pharmacy all year long; the same is true for the non-physician based primary health clinics as many pharmacies are within close proximity to the facilities.

**Domain 4: Human Resources**

**Number of human resources in mental health care**

The number of human resources working in mental health facilities (public and private practice) per 100,000 population is 74. The breakdown according to profession per 100,000 population is as follows:

- 8.8 psychiatrists
- 1.8 other medical doctors (not specialized in psychiatry)
- 24.7 nurses
- 21.1 psychologists
- 3.5 social workers
- 3.5 occupational therapists

- 10.6 other health or mental health workers (including auxiliary staff, non-doctor/non-physician primary health care workers, health assistants, medical assistants, professional and paraprofessional psychosocial counsellors).

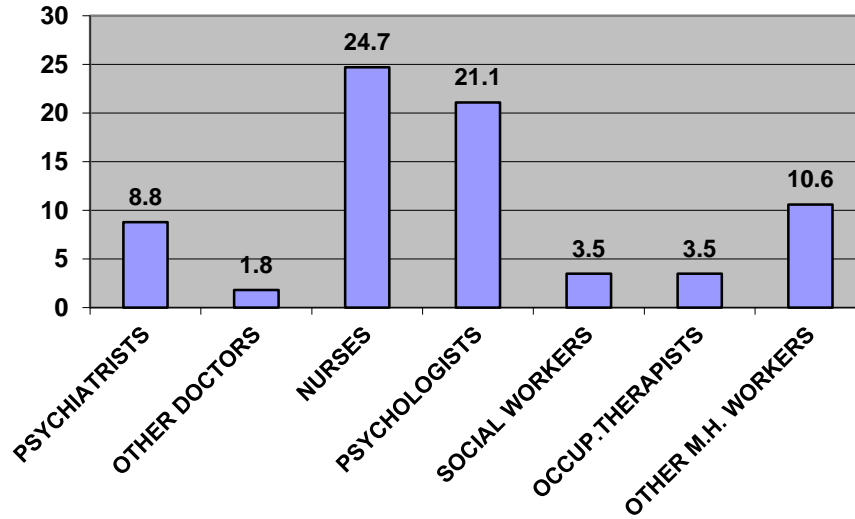
An equal number of psychiatrists practise in the private and public sectors, whilst one psychiatrist works for both public and private sectors. Sixty percent of the psychosocial staff (psychologists, social workers, nurses and occupational therapists) work only for government administered mental health facilities, 37% work only for mental health private practice facilities, and 3% work for both public and private sector facilities.

Regarding the workplace, 4 psychiatrists work in outpatient facilities, and 3 of those 4 work in the community-based psychiatric inpatient unit as well. One medical doctor, not specialized in mental health, works in outpatient facilities, and one in the community-based psychiatric inpatient unit. As for nurses, 2 work in outpatient facilities, and 10 in the community-based psychiatric inpatient unit. Four psychosocial staff (psychologists, social workers and occupational therapists) works in outpatient facilities, and one in the community-based psychiatric inpatient unit. With regards to other health or mental health workers, 6 work in the community based psychiatric inpatient unit. In terms of staffing in mental health facilities, there are 0.38 psychiatrists per bed in the community-based psychiatric inpatient unit. As for nurses, there are 1.25 nurses per bed in the community-based psychiatric inpatient unit. Finally, for other mental health care staff (e.g., psychologists, social workers, occupational therapists, other health or mental health workers), there are 0.88 per bed for the community-based psychiatric inpatient unit. The above numbers represent persons engaged in the government service.

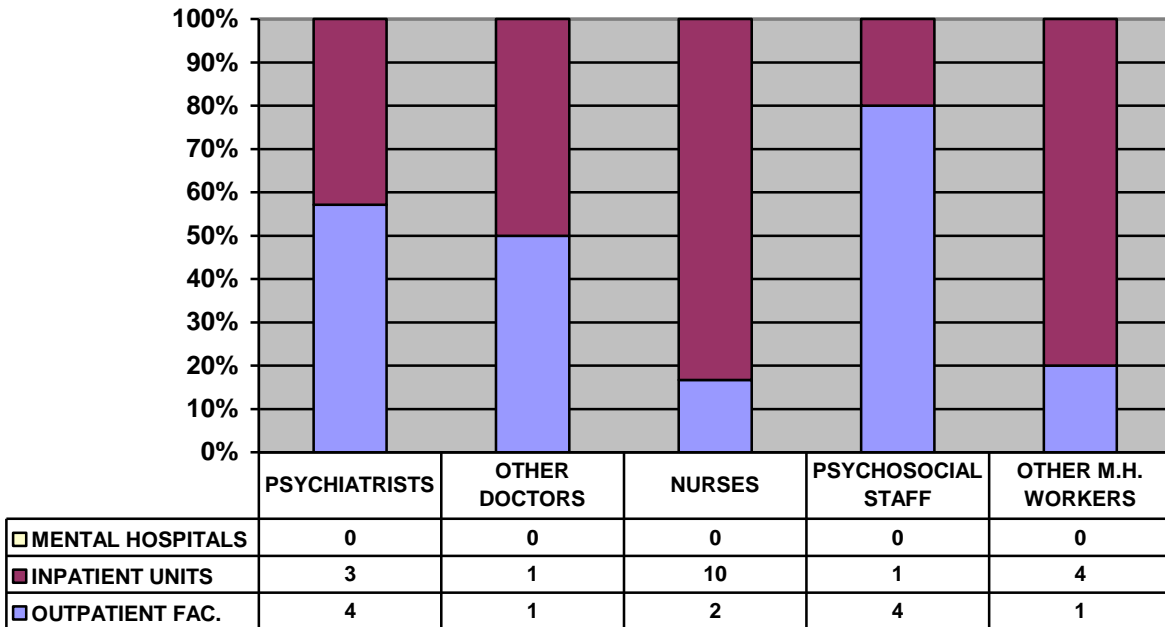
The distribution of human resources between urban and rural areas is disproportionate. The density of psychiatrists in or around the largest city is 1.04 times greater than the density of psychiatrists in the entire country. The density of nurses is 1.04 times greater in the largest city than the entire country.

The Sister Islands, comprising less than 4% of the total population do not have a resident psychologist or occupational therapist. The distribution of human resources between the three islands is disproportionate.

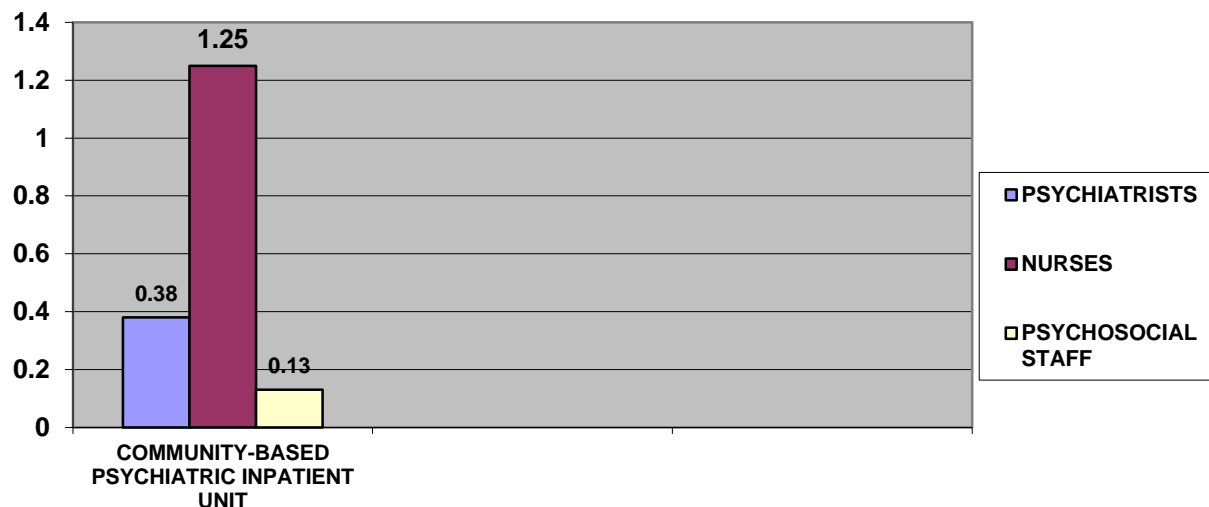
**GRAPH 4.1 - HUMAN RESOURCES IN MENTAL HEALTH**  
(rate per 100.000 population)



**GRAPH 4.2 - STAFF WORKING IN MENTAL HEALTH FACILITIES**  
(percentage in the graph, number in the table)



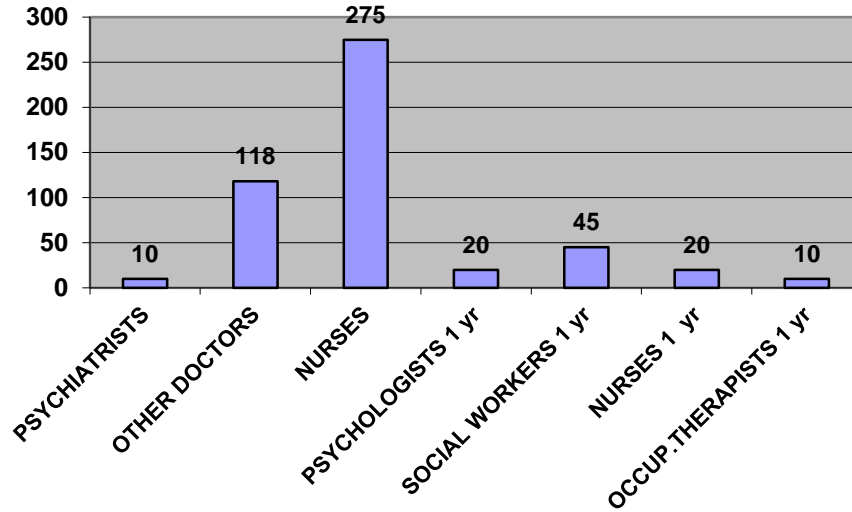
GRAPH 4.3 - AVERAGE NUMBER OF STAFF PER BED



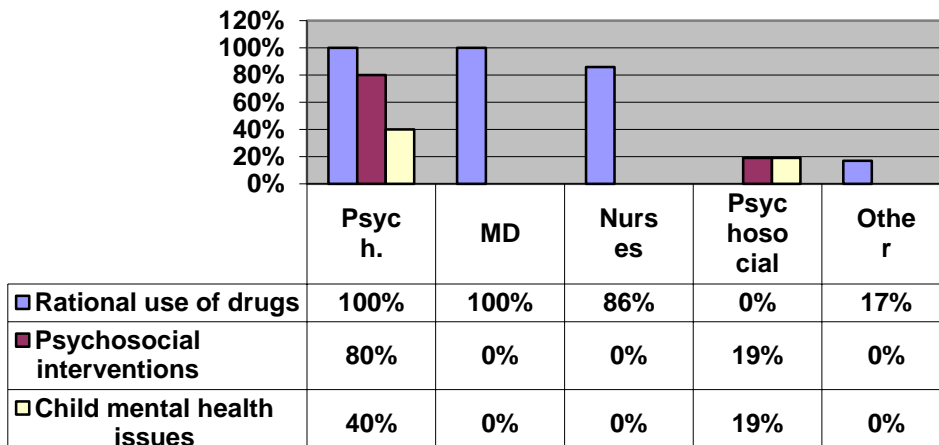
### **Training professionals in mental health**

There are no courses geared towards mental health training in the Cayman Islands. The number of psychologists graduated last year with at least one year training in mental health care is 3.5 per 100,000 population. There were no psychiatrists migrating to other countries within five years of the completion of their training. Training is lacking on island for mental health professionals.

**GRAPH 4.4 - PROFESSIONALS GRADUATED IN MENTAL HEALTH (rate per 100.000 population)**



**GRAPH 4.5 - PERCENTAGE OF MENTAL HEALTH STAFF WITH TWO DAYS OF REFRESHER TRAINING IN THE PAST YEAR**



## **Consumer and family associations**

There are no known user/consumer associations. There are approximately 19 family members that are members of family associations. The government provides support to family associations/organizations for mental health initiatives held on World Mental Health Day each year. Family associations have been involved in the formulation and implementation of mental health legislation within the past two years. A few (1-20%) mental health facilities have had interactions with family associations in the past year.

In addition to the family association support group, “Loud, Silent Voices”, there are 3 nongovernmental organisations involved in individual assistance activities such as counselling, housing, and providing support to victims of domestic violence.

## **Domain 5: Public education and links with other sectors**

### **Public education and awareness campaigns on mental health**

The Mental Health Commission is the appointed coordinating body to oversee public education and awareness campaigns on mental health and mental disorders. Government agencies, NGOs, private trusts and foundations have all promoted public education and awareness campaigns in the last five years. These campaigns have targeted the following groups: children and adolescents, trauma survivors and other vulnerable minority groups. There are also campaigns targeting the general population on an ad hoc basis. Recently, the Mental Health Commission conducted a training session on the updated mental health legislation targeting health care workers, social workers, judicial, police officers and other professionals linked to the health sector. The Mental Health Commission will continue to provide training sessions on mental health and the mental health legislation for other sectors of the community. Prior to this, there was no public education and awareness campaign for professional groups, including teachers and health care workers in an organized manner.

### **Legislative and financial provisions for persons with mental disorders**

Currently, no legislative or financial provision exists for the following:

- Employers hiring a certain percentage of employees that are disabled
- Priority in subsidized housing schemes for persons with severe mental disorders
- Protection from discrimination in allocation of housing for people with severe mental disorder

There are legislative provisions concerning protection from discrimination solely on account of mental disorders but it is not enforced.

Persons suffering from a mental illness may also seek support through the Department of Children and Family Services for financial assistance.

It should be noted that with the recent approval by Cabinet of the Cayman Islands Disability Policy 2014-2033, matters relating to employment, education, health care and financial

assistance for persons with mental illnesses will be addressed through this policy and subsequent legislation.

### **Links with other sectors**

There are formal collaborations between the Ministry responsible for mental health and the departments/agencies responsible for: primary health care/community health, HIV/AIDS, reproductive health, child and adolescent health, substance abuse, education, criminal justice and the elderly. In terms of support for child and adolescent health, 100% of primary and secondary schools in the public sector have access to a mental health professional e.g. psychologist, and some schools (between 21 – 50%) have school-based activities to promote mental health and prevent mental disorders. Regarding mental health activities in the criminal justice system, the percentage of prisoners with psychosis and mental retardation is unknown. All or almost all prisons (81-100%) have at least one prisoner per month in treatment contact with a mental health professional. As for training, a few police officers (between 1-20%) and a few judges and lawyers (between 1-20%) have participated in educational activities on mental health in the last five years. In terms of financial support for users, no mental health facility has access to programmes outside the mental health facility that provide outside employment for users with severe mental disorders. Finally, 20% of all people who receive social welfare benefits do so for a mental disability.

### **Domain 6: Monitoring and Research**

There is no formally defined list of individual data items that ought to be collected by all mental health facilities. The government health department does not collect data; the only data available at the government department is data on the patients seen at that facility. No report covering mental health data has been published by the government health department. In terms of research, 17% of all health publications in the country were on mental health. This research focused on the following topics: non-epidemiological clinical/questionnaires assessments of mental disorders, services research, policy, programmes, financing/economics, and psychosocial, psychotherapeutic interventions.

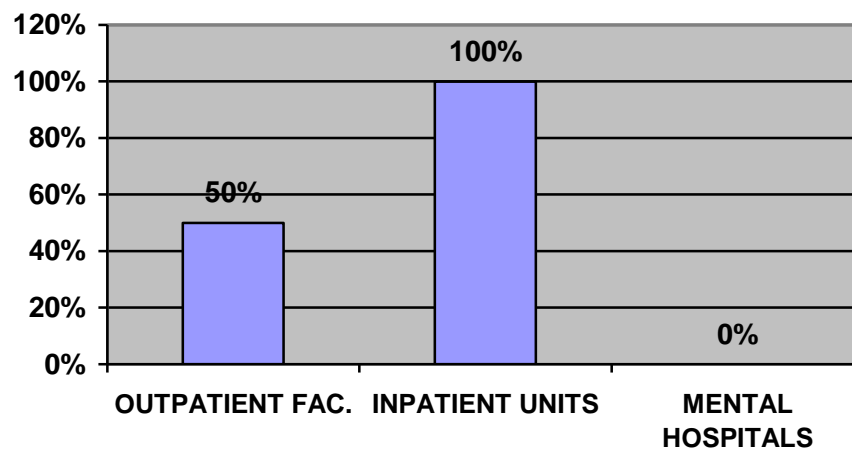
Table 6.1 - Percentage of mental health facilities collecting and compiling data by type of information

TYPE OF INFORMATION COMPILED	INPATIENT UNITS	OUTPATIENT FAC.
N° of beds	100%	NA
N° inpatient admissions/users treated in outpatient facilities	100%	50%
N° of days spent/user contacts	100%	50%



in outpatient facilities.		
N° of involuntary admissions	100%	NA
N° of users restrained	100%	NA
Diagnoses	100%	50%

**GRAPH 6.1 - PERCENTAGES OF MENTAL HEALTH FACILITIES TRANSMITTING DATA TO HEALTH DEPARTMENT**



# **Strengths and Weaknesses of the Mental Health System in the Cayman Islands**

## **Strengths**

- There is an updated mental health legislation including the establishment of a Mental Health Commission
- The establishment of the Mental Health Commission ensures that the rights of the mentally ill are protected and also acts as an advocate for the mentally ill
- With the passage of the Mental Health Commission Law, one of their roles is to deliver mental health training and sensitization sessions for prison officers, constables and any other persons who may, in the performance of their functions, be expected to deal with mental health patients. The Commission has completed two successful training sessions since being established
- There are provisions in legislation to protect the rights of persons who believe they have been detained against their will, such as an appeal process.
- There are several mental health outpatient facilities offering services to residents
- There is a strong link between primary care providers and mental health providers
- An adequate number of psychiatrists, psychologists are available to provide care for the adult population
- Most psychotropic drugs are available and at reasonable costs to the patient
- Psychotropic drugs can be ordered by primary health care physicians
- There are some linkages between various sectors such as Ministry of Education, Royal Cayman Islands Police Services, Prison Service
- All primary and secondary schools in the public sector have access to a mental health professional e.g. psychologist.

## **Weaknesses**

- A mental health policy is required
- The 8 bed inpatient psychiatric unit is limited and does not make allowances for children and adolescents
- Additional mental health professionals are required in the outpatient facilities particularly for treating children and adolescents
- There is no residential facility on island specific for persons suffering from a mental illness
- There is a lot of research and evidence to support the development of a mental health residential facility
- The data collection of information on mental health patients is fragmented; while the Health Services Authority collects most of the data, it is not stored in a manner that is easy to access. The only mental health information system in the public sector is not very user friendly due to the design of the software used to store the information

- More training is required in the area of child and adolescent care for nurses, primary care doctors and other health care professionals
- Encourage training on human rights for all health sector workers through the Commissions Secretariat
- There needs to be better oversight of the prescribing patterns of psychotropic drugs by physicians

## **Next Steps in Strengthening the Mental Health System**

The WHO-AIMS provided baseline information on the services available and the existing gaps within the system. The report will be disseminated to the various stakeholders in government, NGOs and private sector.

Based on the data reported, the next steps in the process are:

- Development of a mental health policy and plan
- More integration of mental health services into primary care and in the community
- Investigate the possibility of increasing the number of available practitioners in the outpatient facilities to address the needs of children and adolescents
- Continue to assess the needs of the mental health system by doing research and compiling statistical information
- Development of an efficient health information system to access data in a timely manner on the number of persons seeking care and the types of services available
- Continue the work to establish a residential long-term mental health facility in order to bring home our patients overseas and to care for those requiring long-term care
- Strengthen partnerships between education and other key sectors to enhance public education and awareness and reduce stigma
- Continue and build on existing training for members of the police, prison, judiciary, school and youth counsellors, teachers, and health care workers

## **Back Cover Page**

The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) was used to collect information on the mental health system in the Cayman Islands. Mental health services are provided by the government and private sector mental health outpatient facilities.

This report includes data from the government facility and some of the private sector facilities.

There is no mental health policy or plan, but an updated mental health legislation has been in place since 2013. This includes the Mental Health Law, 2013, Mental Health Regulations, 2013, and the Mental Health Commission Law, 2013. The Cayman Islands has no mental health hospital but has an eight bed mental health inpatient unit.

Care and treatment for mental health patients are provided by a cadre of psychiatrists, psychologists, nurses, social workers, occupational therapists and other mental health workers. Due to the lack of a long-term residential facility, some persons suffering from chronic mental illness are sent overseas for care.

The most prevalent disorders are schizophrenia and mood disorders.

There is no formally defined list of individual data items to be collected that ought to be collected by mental health facilities.

Advocacy, training and public education are priorities for the members of the Mental Health Commission.

The next steps in strengthening the Cayman Islands mental health system is to develop a mental health policy, compile comprehensive statistics on mental illness and the development of a long-term residential facility.