

Integrating Mental Health into Primary Health Care in the Caribbean : A Demonstration Project in Belize and Dominica

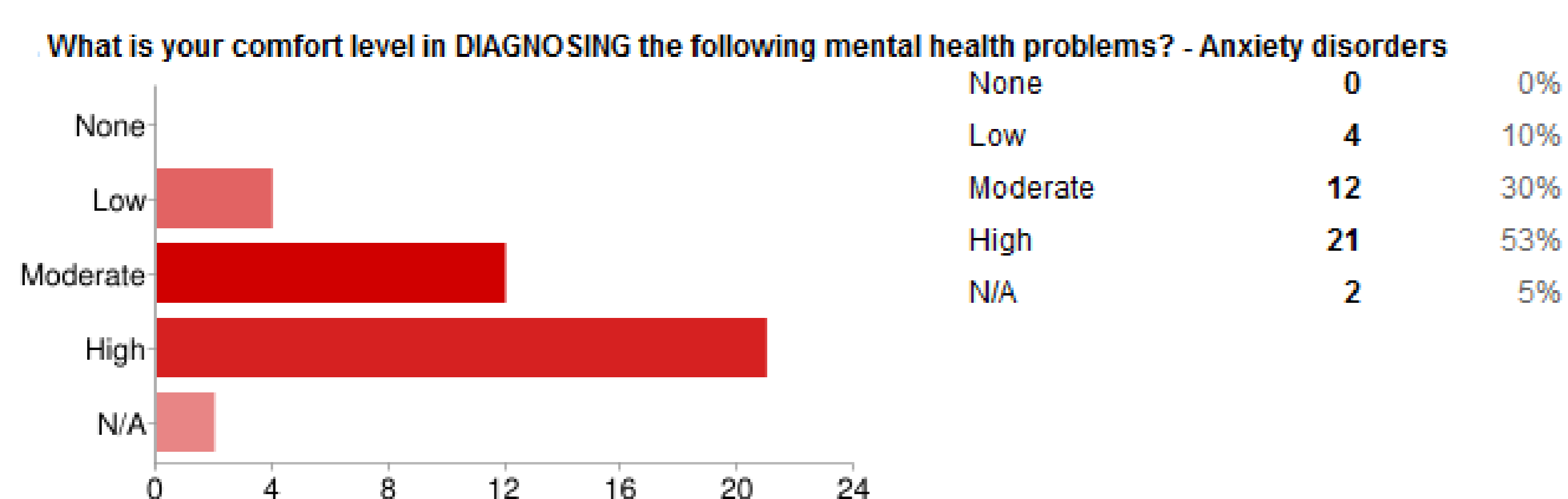
M. Laporta, C. Cayetano, M. Yaffe, D. Kestel, G. Benjamin, W. Abel, A. Standard Goldson, J. Xue

Project Aim

Scale up mental health interventions in Primary Health Care (PHC) settings in two countries in the Caribbean region through a collaboration between McGill University (Montreal WHO/PAHO Collaborating Centre and Departments of Psychiatry and Family Medicine), the Ministries of Health of Belize and of Dominica), PAHO and the University of the West Indies (UWI-MONA) (Psychiatry and Family Medicine)

Phase 1 (completed)

- 1) An online survey was constructed and sent to PHC practitioners in both countries.
- 2) Assessed attitudes, comfort levels, expectations, barriers and facilitators towards the provision of mental health services at the PHC level.
- 3) Assessed professional development required to enable a greater role of PHC in providing mental health care.



- 4) Based on survey results, 14 talks on different mental health diagnostic, therapeutic, and practice integration issues were presented to about 30 PHC practitioners in Belize, and 50 in Dominica.



- Belize: trainers were the originators of the project (ML, MY, CC).



- Dominica: 2 experienced trainers from UWI-MONA (University of West Indies) used the same program and materials adapted for Dominica. We believe involving UWI-MONA would increase the regional involvement in this endeavor and facilitate future local endeavors of similar impact.



- 5) A small group of primary care practitioners (PCP's) were selected for their interest and experience in mental health. These PCP's were trained in additional sessions after the initial presentations.

Phase 2 (recently completed)

PCP's from the train-the-trainer program performed peer-to-peer training over 5-6 months.

Phase 3 (upcoming)

In the future, we will involve continued training by peer-trainers in each country, followed by on-site evaluation 4-6 months following the initial training sessions

Results

- 1) Surveys showed high levels of interest as well as several areas of specific need, similar between both countries. They include: depression, psychosis, and barriers to care.
- 2) Results of in-country training and train-the-trainer sessions yielded high levels of satisfaction and learning.
- 3) Follow-up survey results will be forthcoming at the end of the project near the end of November 2011
- 4) There is evidence of practice-change in PHC settings where this program was implemented.
- 5) Program is sustained by local support from peer trainers, secondary-care in mental health, and Ministries of Health.

Conclusion

We expect this model to be useful for scaling up the integration of mental health into PHC in other countries of this subregion.