



## **Guidance Note to accompany the World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) Report**

The Ministry of Health, in collaboration with the Mental Health Commission (MHC), has reviewed the WHO-AIMS Report for the Cayman Islands. Together the Ministry of Health and the MHC have prepared this guidance note as the first step in a process to ensure the WHO-AIMS Report is viewed within context and to determine the next steps the country needs to take to address the weaknesses outlined in the WHO-AIMS Report.

It is testament to the work of the Ministry of Health, the MHC, the Cayman Islands Health Services Authority (HSA) and the other stakeholders in the provision of mental health services, that there are significantly more strengths (as noted on p 26 of the WHO-AIMS Report) than weaknesses within the mental health system in the Cayman Islands.

The Ministry of Health and the MHC have made the following set of responses to weaknesses outlined by the WHO-AIMS Report:

**1. The Cayman Islands needs a mental health policy.**

The Ministry of Health in conjunction with the Mental Health Commission is set to start work imminently on developing a Mental Health Policy. While there is a robust current National Health Policy and Strategic Plan 2011-2017 for the Cayman Islands, the Ministry of Health recognises the need for a separate Mental Health Policy.

**2. The 8 bed inpatient psychiatric unit is limited and does not make allowances for children and adolescents.**

The inpatient unit currently serves a wide remit in that it also has to take patients in the Cayman Islands with intellectual/learning disabilities who have behavioural problems, while these patients would be better served in a different specialist facility. There may also be a role in the mental health services for nurse who is qualified in the care of the mentally handicapped in Child and Family Service settings as well, although a social rather than medical milieu should be fostered.

Additionally the inpatient unit often serves patients who will be better served by the planned-for Long Term Residential Mental Health Facility (LTRMHF). Once the LTRMHF is in place, this facility will reduce burden, and thus lift some of the space and scope limitation of the inpatient psychiatric unit.

It is acknowledged that there is no community or ward-based mental health nurses who specialise in the mental health care of children and adolescents. This need will be addressed in the Mental Health Policy.

**3. There is no long-term residential mental health facility on island.**

The Government has recognised the need for such a facility and as such the Ministry of Health is about to convene the Steering Committee to develop the first Long Term residential Mental Health Facility (LTRMHF) for the Cayman Islands. The Government has approved the funding necessary during fiscal year 2015/16 to develop the request for proposal for the creation of the outline business case (OBC) in order to embark on the first stages of developing the facility.

A long term residential mental health facility is for a person with a mental illness who is under sufficient control to allow discharge from an inpatient hospital. This person will be provided with treatment and a continuum of care from the psychiatrist, psychologist, counsellor, occupational therapist and others to improve their outcome and ultimately live as a productive resident of the Cayman Islands. At this facility staff supervision will be provided with each person assigned a structured programme that will assist in their rehabilitation. In instances where a person at the facility becomes unmanageable or has an acute episode, provisions will be in place for a quiet room/crisis area to contain the behaviour of the person, or the person will be transferred to the mental health inpatient unit at the hospital. The facility will be designed so that patients can engage in activities to find their individual paths to wellness and recovery, thereby allowing some of these persons to move to independent living.

With the establishment of the long-term mental health facility, the inpatient mental health unit at the Health Services Authority will continue to serve the community for persons with an acute episode and must be hospitalized for monitoring and stabilization.

**4. Additional mental health professionals are required in the outpatient facilities particularly for treating children and adolescents.**

It is acknowledged that additional mental health professionals are required in the outpatient facilities particularly for treating children and adolescents. This will be addressed with the development of the Mental Health Policy.

**5. The data collection of information on mental health patients is fragmented.**

The Government is cognizant of the fact that it has not to-date published any report covering mental health data. The Government also acknowledges that there is no formally defined list of individual data items that ought to be collected by all mental health facilities. The matter of data collection and reporting will be addressed with the development of the Mental Health Policy.

**6. Training on human rights should be encouraged for all health sector employees.**

The Mental Health Commission will seek to work with the Human Rights Commission to develop training and to roll it out to the necessary stakeholders, similarly to how the Mental Health Commission is currently training stakeholders on how to apply the new Mental Health Legislation and Regulations.

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