WHO-AIMS Report on
Mental Health System
in St. Maarten
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MENTAL HEALTH SYSTEM

IN St. Maarten

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

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Source Google Maps of St. Maarten
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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.

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The WHO-AIMS project is coordinated by Shekhar Saxena.

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

St. Maarten does not have a mental health policy or plan. The outdated legislation on mental health regulating admissions and mandatory admissions in a mental health facility/hospital has been revised; however the content of the law has not changed much. This is especially evident in the title of the law “Landsverordening tot regeling van het toezicht op krankzinnigen” (Ordinance regulation on the supervision of lunatics). The Ministry of Public Health, Social Development and Labour subsidizes the Mental Health Foundation (MHF) the organization that carries out mental health care and runs the only community based mental health facility on the island. There are no Government run medical facilities of any kind on St. Maarten.

There is no mental health hospital on St. Maarten. Persons needing mental health care make use of the community based mental health facility that has 10 beds available and is run by the MHF, which also provides outpatient care.

80% of the population is insured via the Social Insurance and has 100% access to psychotropic medication according to information received from the Social Insurance (SZV). The other 20% is either not insured or has a private insurance.

St. Maarten now has four resident psychiatrists including a child psychiatrist ensuring that care is not dependent on a visiting psychiatrist from Curaçao as it used to be. Other residential facilities on the island do not specifically cater to persons with mental health issues; however some of the White and Yellow Cross Foundation (WYCF) clients do suffer from either Alzheimer’s disease or other mental disorders.

St. Maarten has a human rights platform that is now in the process of getting acquainted with its work and it has not done any inspections yet.

There is no mental health authority on St. Maarten. The Ministry of Public Health does not have a Department or Unit of Mental Health. The MHF provides services to adults; facilities that cater to children and adolescents are non-existent; the sole child psychiatrist works in private practice.

The entire spectrum of psychiatric diagnosis is provided by the community based psychiatric inpatient unit and majority of diagnosis for 2012 belonged to the category of schizophrenia and other psychotic disorders (45%), and disorders due to psychoactive substance use (29%).

There is no specific training for staff in primary health care.
Refresher and upgrading training for mental health staff in the mental health facility is taken care of by the MHF itself, as there are no other ways of training staff on the island. The primary health care physicians sporadically get refresher training in mental health.

There are only physician based private health care facilities and majority of the general physicians in such facilities make referrals to the mental health professionals every month. Primary health care facilities are all located in the vicinity of a pharmacy and in instances when needed can access psychotropic medication without delay.

A total of 26 staff members work in the only community based mental health facility; the breakdown is as follows:

- 2 psychiatrists
- 1 psychologist
- 1 social worker.
- 22 nursing staff (from nurses’ aides through nurses with a bachelor’s degree).

There are no occupational therapists on staff. The psychiatrists work in the facility but also provide care to patients in the senior citizen’s home or out in the community.

Two other psychiatrists on the island work in private practice. St. Maarten does not have its own medical training and nursing training happens whenever there are sufficient students for an in-service training at the levels of nursing assistant, licensed practical nurse or registered nurse. Prospective students can also choose to study nursing abroad.

There were no consumer/users associations in 2012. In 2013 a new attempt has been made to start a consumer/family association; there is however an active Alzheimer’s association on the island.

The Love of Kids Foundation is an NGO that educates and informs parents and the community at large on developmental and other mental health issues amongst the youth. It has a support group for parents, organizes educational workshops, an annual educational workshop, several mini workshops for parents and educators, conferences, public service workers and healthcare professionals with experts from various fields.

There is no coordinating body to oversee public education and awareness campaigns on mental health, however the MHF has been very active in providing the community with information on mental health issues.

St. Maarten does not have any laws that specifically protect or give financial support to people suffering from mental health disorders. There are also no laws for priority in housing and or work opportunities for this target group. Even though people with mental health issues can participate in job training programs there are no guarantees that they would indeed get the job.

Links with other sectors is marginal at the moment. The absence of a Mental Health Department within the Ministry renders more difficult the collaboration between government departments and specific agencies on mental health issues.

Some schools have either a psychologist or a social worker on staff but the majority does not have any provisions and refer students to the mental health professionals in private
practice. Student Support Service a Government agency has a psychologist and a total of 4 social workers on staff however this entity caters to public schools only.

Conducting the WHO-AIMS, was the first formal research executed to obtain a baseline data on the mental health situation on St. Maarten. With these results a Vision on Mental Health for St. Maarten can be formulated by 2018.

Data collection

When the WHO-AIMS project started a committee was formed from stakeholders who attended the stakeholders’ consultation meetings and workshop in June and July 2013. A letter was drafted explaining the process to the institutions and professionals who would be interviewed.

The domains were perused and divided amongst the committee members and discussed with the goal to determine which items are relevant for St. Maarten.

The whole process of carrying out WHO-AIMS was an eye opener in many aspects. Getting answers was not an easy task as they were not always forthcoming. No one had been confronted with questions on mental health before and answers appeared to be difficult to formulate.

Questions were asked from several Government entities, school boards and NGO’s either directly, via email or by phone. The Mental Health Foundation (MHF) that had the bulk of the questions to answer and had a daunting task as all files needed to be perused.

Everyone approached did their utmost to answer questions or to direct the team to another entity that could answer the questions posed. The whole process lasted however longer than anticipated.

Data was collected in August /September 2013 and is based on the year 2012.
Introduction

St. Maarten is a mountainous 34 square kilometres island located in the most northern Eastern Caribbean island chain and is one of the 6 Caribbean islands of the Kingdom of the Netherlands. It obtained separate status within the Kingdom as of 10th October 2010. St. Maarten has a population of approximately 40,917 residents according to the Social Insurance. Only 30% according to preliminary results from the 2011 census was born on the island. St. Maarten is a dual nation island consisting of a French and a Dutch side with open borders and free movement to and from both sides of the island. Philipsburg is the capital of the Dutch side and Marigot of the French side.

The main language spoken is English, however with a large immigrant population from all over the world many other languages such as Spanish, Creole, Papiamentu and Dutch are spoken. The majority of the population is Catholic but all denominations are represented. There is a small Muslim community and an even smaller Jewish one. St. Maarten is a high-income country according to the World Bank.¹

St. Maarten has an international airport the “Princess Juliana International Airport” and a cruise ship facility that combined handle about a little more than 1 million tourists per year. Tourism is the main economic pillar. St. Maarten shares a currency with the island of Curaçao, the Antillean guilder however the US dollar is widely used.

There are no import duties on St. Maarten, but there is a turnover tax and income tax system. St. Maarten has a Parliamentary democracy and elections are held every four years. Ministers are usually appointed by the winning party.

St. Maarten is an Associate Member of the PAHO and has an observer status for the CARICOM. The Kingdom of the Netherlands is signatory to major conventions and as such St. Maarten is also compliant to these.

The yearly birth rate on St. Maarten varies between 500-600 live births, however this figure is not always reliable as not all births are registered, even though it is mandatory by law. Key statistics from the last census in 2011 that indicate the percentages in population for the separate age groups have not been released yet.

Health care on the island falls under the responsibility of the Ministry of Public Health, Social Development and Labour.

St. Maarten has a totally private health care system with one general hospital, the Sint Maarten Medical Center (SMMC) of 75 beds, and one community based mental health facility, Mental Health Foundation (MHF) with 10 beds. Both institutions are governed by a foundation with a Supervisory board and are fully subsidized by Government. There are no Government health care facilities on the island.

There are 20 general practitioners, four resident psychiatrists of whom two, in addition to one psychologist, work for the Mental Health Foundation, and several other resident and visiting medical specialists. Having resident psychiatrists is a significant improvement with the past where psychiatrists from Curaçao used to visit the island every four weeks.

¹ Worldbank
The total number of healthcare professionals in mental health on the island proved to be difficult to verify as only health care providers in private practice are registered at the Department of Public Health. There are officially 5 psychologists registered; however there are many more working on the island. The same holds true for nursing staff, the St. Maarten Nurses’ Association registers nurses, however that information has not reached the Department of Public Health yet.

This study was carried out by Mayra S. J. Martina RN, former acting head of section Youth Health Care, Collective Prevention Services. Technical support was provided by Mrs. Dévora Kestel, Mental Health Advisor in PAHO Washington.

The preparation of this study would not have been possible without the collaboration of several departments and services within the Ministry of Public Health, Social Development and Labour and the Mental Health Foundation (MHF). The Ministry was responsible for the funding of this project, in collaboration with PAHO office in Venezuela.

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Public Health Department; Department of Labour; Inspectorate of Public Health; Department of Social Development; Community Development, Family and Humanitarian Affairs; Collective Prevention Services; Financial Controller Ministry of Public Health, Social Development and Labour; Mental Health Foundation (MHF); St. Maarten Medical Center; Education Department; Ministry of Education, Culture, Sports and Youth Affairs; Social Insurance SZV; Nagico Insurances; Foundation for secondary school education; Love of Kids Foundation; White and Yellow Cross Foundation; St. Maarten Housing Foundation; Dr. Albertine Jurgensen-Mathurin psychiatrist; Foundation of Catholic schools; Turning Point Foundation for Rehabilitation; Catholic School Board; 7th Day Adventist School Board; Methodist Agogic Center School Board.
Domain 1 Policy and Legislative Framework

Policy, plans, and legislation

St. Maarten does not have a written mental health policy or a mental health plan.

There is an essential medicine list and medication available as long as one has a medical insurance or pays out of pocket.

There is no disaster/emergency mental health plan, however the Mental Health Foundation has a Safety Plan.

Legislation pertaining to admissions and mandatory admissions in a mental health facility/hospital was enacted in 1921 and reviewed and updated for the country St. Maarten when the constitutional change went into effect. This Ordinance on mental health was published on the 19th April 2013. The title of the law is “Landsverordening tot regeling van het toezicht op krankzinnigen” or translated “Ordinance regulation on the supervision of lunatics”.

Plans are now under way to develop a mental health policy and a vision on mental health for St. Maarten to be finalized by 2014.

A family support group was started in December 2000\(^2\), however it is unclear at the moment what happened to this group. At this point in time September 2013; a new consumer group is being formed. MHF is taking the initiative in the registration of family members in order for them to take the interests of their mentally ill relatives. The mental health foundation has very informative Public Service Announcements (PSA’s) on the radio and its website that educate the community on stigma and discrimination in mental health.

Human Rights

St. Maarten has a Human Rights platform that is still in its early existence and is very busy compiling reports. The platform has not done any inspections as yet and is in addition not authorized to impose any sanctions. It can document and report to the right entities which may influence sanctions and or penalties. According to the Inspectorate of Public Health there is an essential medicine list that covers all psychotropic medicines. St. Maarten does not have a mental health hospital; only a community based mental health facility and a residence for elderly people including those with Alzheimer’s and other forms of dementia. There has been no training in human rights practices. A very active Alzheimer’s advocacy group does exist on the island but was not part of the WHO-AIMS working group.

\(^2\) Presentations at Mental Symposium April 2001
Financing of mental health services

3% of the budget for the Ministry of Public Health Social Development and Labour is allocated to mental health. The Mental Health Foundation receives finances from Government in order to be able to operate and carry-out all its services.

80% of the population that is insured via the Social Insurance has free access to essential psychotropic medicines according to information received from the Social Insurance (SZV). In addition to the Social Insurance, other medical insurance providers were also approached. Psychotropic medication is only covered up to a certain amount per year for at least one insurance company and one did not have medical insurances in its package.

The Mental Health Foundation received funding for its anti-stigma campaign from one of the insurance companies in 2012. Advertisements are still running to this day.

There are no mental hospitals in St. Maarten

Information from controller Min. VSA ³

³ Financial controller, Ministry of Public Health, Social Development and Labour
Domain 2 Mental Health services

Organization of mental health services

There is no mental health authority nor is there a mental health policy or plan on St. Maarten. Mental health services are provided by the Mental Health Foundation (MHF) that operates a community based mental health facility and ambulatory care; there is no specific facility for children and adolescents. Children and adolescents are attended in private practice by the child psychiatrist. There is no department of Mental Health at the Ministry of Public Health. The Mental Health Foundation has two psychiatrists and a psychologist on staff.

Mental health outpatient facilities

The total number of users treated in mental health outpatient facilities is 415; including 50 children and adolescents and 173 female. The MHF facility does not encourage child and adolescent admissions. The users treated in the outpatient facility are primarily diagnosed with schizophrenia (116) and mood disorders (105). The average number of contacts per user is 20.27.

There is only one facility that provides follow-up care in the community.

In terms of available interventions, 80-100% of users have received one or more psychosocial intervention in the past year. MHF has psychotropic medications for crisis and admission use available year round.

Day treatment facilities

There is one day care facility, that it does not provide services to children or adolescents. The day care facility treats 52 clients of who 38 are regular users, and 14 use the facility temporarily or as part of their admission. There are 16 female clients. Cumulative number of days is 3904. There is only one user that falls in the 17 years or younger age category that temporaril used the facility while in admission.

Community-based psychiatric inpatient units

There is only one community-based psychiatric inpatient unit available in the country. There are 10 beds available in the community-based facility. No beds are reserved for children and adolescents. 31% of admissions were for female clients. The number of female admissions was 24. There were 4 admissions for the child and adolescent category, however the facility does not encourage child and adolescent admissions. Child and adolescent psychiatric patients were only admitted when in a state of crisis for short stay and stabilization.

The diagnoses of admissions to community-based psychiatric inpatient were primarily from the following two diagnostic groups schizophrenia (45%) and mental and behavioural disorders due to psychoactive substance use (29%). On average clients spent 77 days in the community based facility. 81%-100% patients in community-based psychiatric inpatient units received one or more psychosocial interventions in the last year. The total cumulative number of days clients spent in the facility was 1932.
The MHF had at least one psychotropic medicine of each therapeutic class (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic medicines) available in the facility.

**Community residential facilities**

The community residential facility in the country has 6 beds available. No beds are reserved for children and adolescents. A total of 4 females are treated in the community residential facility and no children for the year 2012. A total of 10 users were treated in community residential facility. If a child or adolescent needs to be admitted he/she will be admitted in the only regular hospital on the children’s ward, however the facility is not equipped for handling crisis or acutely unstable child and adolescent users. There are in addition also no community residential facilities for children and adolescents with a mental illness.

**Mental hospitals**

St. Maarten does not have a Mental hospital. In cases where it is needed the private psychiatrists can admit children and adolescents at the St. Maarten Medical Center. Before the constitutional status change of the 10th October 2010, clients who needed to be admitted in a mental facility were admitted in the mental hospital in Curaçao former Netherlands Antilles.

**Forensic and other residential facilities**

St. Maarten has a drug and alcohol rehabilitation facility that also provides care to prisoners with substance related problems. This service is mandated by the Department of Justice. There is no formal forensic unit available on the Island. There is one residential home for teenage boys with behavioural issues. The boys are admitted for a period of six months during which both they and their parents receive support and counselling in order to reverse the behaviour.

Another residential facility offers support to people with mental and physical disabilities including mental retardation. This facility managed by the White and Yellow Cross Foundation (WYC) provides care to clients from a young age onwards as there is no other facility for clients to go to when they get older. The foundation officially cares for clients with mental retardation up to 45 years of age however clients have nowhere to go after that age so they remain in the facility. The WYC also runs a guided living facility for 10 clients with varying degrees of disability both mental and physical.

The Home for the elderly of the White and Yellow Cross Foundation has a day care facility for 15 clients suffering from Alzheimer’s disease in addition to one emergency bed. The Foundation also has a facility with 21 beds (including one for emergencies) for clients with mental retardation in addition to a guided living facility for 10 clients. The Foundation has a total of 44 beds for the elderly suffering from various conditions including mental health disorders. Besides the day care for people suffering from Alzheimer’s disease, the Foundation does not have a unit specifically geared towards mental health. There is no such facility for elderly clients with mental health disorders on the island. Children and adolescents have no specific place besides the hospital when needed.
**Human rights and equity**

St. Maarten has a Human Rights platform that is still in its early existence and is very busy compiling reports. The platform has not done any inspections as yet with regards to human rights infractions. In addition the platform cannot impose any sanctions but it can document and report to the right entities that may do so. There were 11 (14%) involuntary admissions and 29 (20%) clients used the isolation room temporarily where they were stabilized by medications. Following the acute stabilization the clients are shifted to acute wards. No physical restraint is exercised to stabilize the patients.

There is no rural or urban distinction on St. Maarten. Minorities can access all mental health services if they are insured and if not they need to carry the costs themselves.

**Summary Charts**

Summary for Graph 2.1
The majority of beds in the country are provided by the community-based mental health facility. There is no mental hospital on St. Maarten. The other residential facilities provide support to all other groups including to clients with mental disorders.
Summary for Graph 2.2
The majority of the users are treated in outpatient facilities, while other users are treated in inpatient units, day treatment and residential facilities.

Summary for Graph 2.3
Female users make up a third to almost half of the population in all mental health facilities in the country.
Summary for Graph 2.4
The percentage of users that are children and/or adolescents is very low. There are no facilities for children and adolescents on St. Maarten.

Summary for Graph 2.5
The distribution of diagnoses in schizophrenia and substance abuse is significantly higher than any of the other diagnosis.
Summary for Graph 2.6
The longest length of stay for users is in community residential facilities. There is no mental hospital on St. Maarten.

Summary for Graph 2.7
Psychotropic drugs are available for both the community based mental facility and the outpatient mental health facilities.
Summary for Graph 2.8
The ratio between outpatient/day care contacts and days spent in the inpatient facilities is 3.45:1.
Domain 3 Mental Health in Primary Health Care

Training in mental health care for primary care staff

There is no specific training for staff in primary health care. Refresher and upgrading training for mental health staff in the mental health facility is taken care off by the MHF as there are no other ways of training staff on the island. The primary health care physicians get limited opportunities for refreshers training in mental health.

Whenever an in-service registered nurses course is offered the mental health module and 8 weeks of internship is all that students experience in regards to mental health during their training. If they want to specialize in this area the only recourse available is to leave the island and study abroad. St. Maarten does not have a medical university. The American University of the Caribbean is an American medical university established on St. Maarten but it has no influence or dealings with medical and or nursing education on the island. The MHF provides information and refresher training also for the nursing staff at the White and Yellow Cross Foundation and the staff.

GRAPH 3.1 - % OF PRIMARY CARE PROFESSIONALS WITH AT LEAST 2 DAYS OF REFRESHER TRAINING IN MENTAL HEALTH IN THE LAST YEAR

As far as could be ascertained three training sessions took place for primary health care physicians of which 50% of primary health care physicians attended.

Mental health in primary health care

There are only physician based private health care facilities, and majority of the general physicians in such facilities make referrals to the mental health professionals every month. There is some 21-50% interaction between primary and mental health professionals. Alternative practitioners are not common on St. Maarten. The MHF does not accept clients without a formal referral from a primary health physician. It is unclear whether the primary health care physicians use protocols for cases involving mental health, however the MHF does have protocols.
Summary graph 3.2

There are no known traditional practitioners in mental health on St. Maarten and in addition to that non-physician based primary health care clinics do not exist either.

**Prescription in primary health care**

Only physicians (including primary health care physicians) and other medical professionals are allowed to prescribe psychotropic medication in St. Maarten. Non-physician healthcare professionals and or nurses are not allowed to prescribe medications of any kind. Psychotropic medication is available all year long and all (81-100%) medical facilities including primary health care facilities are in close proximity to a pharmacy and can access these without delay in cases where psychotropic medications are needed.

80% of the population that is insured via the Social Insurance has free access to essential psychotropic medicines according to information received from the Social Insurance (SZV). In addition to the Social insurance, other insurance providers were also approached. Psychotropic medication is only covered up to a certain amount per year for some insurance companies; however not all insurance companies have medical insurances in their package.
**Domain 4 Human Resources**

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

A total of 26 staff works in the only non-government community based mental health facility. The breakdown is as follows:
- 2 psychiatrists,
- 1 psychologist
- 1 social worker
- 22 nursing staff (from nurses’ aides through nurses with a bachelor’s degree)
- no occupational therapists

The psychiatrists work in the facility but also deliver care to patients in the senior citizen’s home or out in the community. There are two more psychiatrists on the island who work in private practice. St. Maarten does not have Government run medical facilities. In addition to the psychologist on staff at the Mental Health Foundation there are five more in private practice on the island. There are an unknown number of mental health specialists such as psychologists on the island who work either for Government Departments and or NGO’s who are not separately registered.

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**GRAPH 4.1 - HUMAN RESOURCES IN MENTAL HEALTH (only in community based mental health facility) (rate per 100.000 population)**

This data is based solely on staff working in the community based mental health facility.
**GRAPH 4.3 staff for MHF**

**Training professionals in mental health**

St. Maarten does not have its own medical training facilities, however training opportunities for nurses are created by the SMMC whenever there are sufficient students for an in-service training at the levels for nursing assistant, licensed practical nurse or registered nurse. All health care institutions can sign up their staff to participate in these courses. There were no graduates in 2012.

The MHF gave a total of 44 on site refresher/upgrading training sessions for its staff in 2012. Sessions as well as individual training took place for the implementation of the electronic patient file (EPD) system for the MHF staff. Lectures were also conducted at the WYC Foundation for their staff by the psychiatrists of the MHF for orientation in different aspects of psychiatry. There are no medical and only limited nursing training possibilities on St. Maarten.
Summary graph 4.5
This information is based on the staff working at the MHF facility. There are no data on refresher training on mental health for medical doctors who do not work in mental health.

**Consumer and family associations**

There were no consumer/users associations in 2012. In 2013 a new attempt has been made to start a consumer/family association; there is however an active Alzheimer’s Foundation on the island. The Love of Kids Foundation has a parent support group and holds regular evening sessions for parents and others in the community on topics related to mental and other developmental disorders in children.
Domain 5 Public education and links with other sectors

Public education and awareness campaigns on mental health

There are 30 primary and secondary schools on the Dutch side of the island. Information received from some of the schools and school boards indicates that mental health does not get much attention in the majority of the schools. There is no coordinating body to oversee public education and awareness campaigns on mental health, however the MHF has been very active in providing the community with information on mental health issues. The Love of Kids Foundation has a support group for parents, organizes educational workshops, an annual educational workshop, an annual movie month, several mini workshops for parents and educators, public service workers and healthcare professionals with experts from various fields.

Legislative and financial provisions for persons with mental disorders

The constitution protects those that are vulnerable and assistance can and will be rendered when needed. St. Maarten does not have any laws that specifically protect or give financial support to people suffering from mental health disorders. There are also no laws for priority in housing and or work opportunities for this target group. Even though people with mental health issues can participate in job training programs there are no guarantees that they would indeed get the job.

There are people with mental health disorders who receive financial assistance from Government however it is not clear if they get assistance because they have a mental health condition or if it is because they need help due to social reasons.

Links with other sectors

The Department of Public Health is since the constitutional change of 10th October 2010 the Government agency responsible for developing health policy and legislation in the country. There is however no Mental Health department within the Ministry and as such there are no formal specific collaborations between government departments and specific agencies on mental health issues. Some schools have either a psychologist or a social worker on staff but the majority does not have any provisions and refer students to the mental health professionals in private practice. Government developed a Student Support Service (SSS) that has a psychologist and social workers on staff but the SSS entity provides services to public schools only. The Love of Kids Foundation organizes lectures, invites professionals from abroad to the island, and also organizes educational movie nights to inform the community on mental health issues not necessarily in collaboration with the department of Public Health.
Domain 6 Monitoring and Research

The MHF has specific requirements on which to report to Government. Conducting the WHO-AIMS now, is the first formal research conducted to obtain baseline data on mental health on St. Maarten.

Graph 6.1 the MHF reports to the Public Health Department on a number of set criteria.
Strengths and Weaknesses of the Mental Health System in St. Maarten

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.
Next Steps in Strengthening the Mental Health System on St. Maarten

Mental Health has made great strides in St. Maarten the last couple of years. There is however still a lot to be done.

**Domain 1 – Policy and Legislation**

Development of a mental health long-term vision, and a National Mental Health policy including a mental health plan. Revise the mental health law incorporated updated international standards and conventions, to encompass all aspects of mental health care not only admissions and involuntary admissions. Ensure that the title of the law is not stigmatizing and discriminating.

**Domain 2 – Mental Health Services**

- Strengthen community-based facilities (e.g., mental health outpatient facilities, community-based psychiatric inpatient units, etc.).
- Institute provisions for child and adolescence facilities.
- Initiate and strengthen working relationship with other NGO’s who are providing services and support related to mental health.

Focus on clinical issues:
- Promote early recognition of mental disorders;
- Information regarding illness and treatment;
- Medical care;
- Psychological support;
- Hospitalization.

Focus on Rehabilitation issues:
- Social support of the client/patient;
- Education of the different client/patient systems;
- Vocational support for the client/patient;
- Day care of the patient;
- Long term care of the patient;
- Spiritual needs of the client/patient.

Focus on Community issues:
- Avoid stigma and discrimination;
- Full social participation;
- Human rights;

Focus on Family issues:
- Skills for care;
- Family cohesion;
- Networking with families;
- Crisis support
- Financial support;
- Respite care
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. Provide opportunities for all staff in mental health to upgrade their knowledge and skills.

Other sectors:
- Train teachers and social workers in the education field for recognizing mental disorders
- Train staff of Social Services, Labour Affairs and Department of Community Development, Family and Humanitarian Affairs in recognizing mental disorders

Domain 4 Human Resources

Verify the number of psycho-social professionals already on the island and increase where necessary (e.g., social workers, psychologists, etc.) and create an accurate (mental) health professionals data base.

Domain 5 Public education and links with other sectors

Increase mental health system’s links with other key sectors (e.g., departments responsible for HIV, education, justice, NGO’s, international organizations etc.). In particular:

Ministry of Public Health, Social Development and Labour (VSA):
Labour and employment:
- Develop laws that protect people with mental health disorders
- Create a positive work environment free from discrimination with acceptable working conditions and employee assistance programs (MHF and Labour Affairs and Social Services);
- Integrate people with severe mental illness into the workforce;
- Adopt policies that encourage high levels of employment, maintain people within the workforce and assist the unemployed.

Ministry of Education Culture Sports and Youth Affairs (ECSYA):
- Implement policies to prevent attrition before completion of secondary school education;
- Introduce anti-discrimination policies in school;
- Incorporate life skills into the curriculum, to ensure child-friendly schools;
- Address the requirements of children with special needs, e.g. those with learning disabilities.

Ministry of Public Housing Spatial Planning Environment and Infrastructure (VROMI):
Housing:
- Give priority to housing people with mental disorders;
- Establish housing facilities (such as halfway houses);
- Prevent discrimination in location of housing;
- Prevent geographical segregation.
Ministry of Public Health, Social development and Labour (VSA):

Social Welfare services:
- Consider the presence and severity of mental illness as priority factors for granting social services and financial benefits;
- Make benefits available to family members when they are the main caregivers;
- Train the staff of Social Services (SOD) in regards to recognizing and implementing policies related to mental health disorders.

Ministry of Justice:
- Prevent the inappropriate imprisonment of people with mental disorders;
- Make treatment for mental and behavioral disorders available within prisons;
- Reduce the mental health consequences of confinement;
- Train staff throughout the criminal justice system to be able to understand how to appropriately act in cases where mental health is an issue.

Domain 6 Monitoring and Research

Develop and or improve mental health information system.
The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) was used to collect information and format the report on the mental health situation in St. Maarten.

There is no written Mental Health Policy or Plan and the Mental Health law focuses on admissions/involuntary admissions in mental health facilities/hospitals. Initial steps have already been taken to develop a Vision on Mental Health with the results of this assessment.

The majority of patients were treated in the mental health facility. Psychotropic medication is readily available on the island. There are no services dedicated for children and adolescents.

Four resident psychiatrists including a child psychiatrist have tremendously improved the condition on mental health care on the island.

There are still many challenges specifically in the area of mental health for the youth. The development of a Vision for Mental Health, the revision of the mental health law and developing laws that protect people with mental health disorders should propel the process of improving mental health forward.