

Saint Lucia
National Mental Health Policy

(Draft)

Ministry of Health – 2007

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INTRODUCTION

'Mental' is a word which often evokes negative thoughts and feelings. People often express fear and confusion when asked to speak about mental health issues. The Mental Health Association of St. Lucia conducted a series of community sensitisation workshops, in 2003-2004 which normally begun by getting people's perceptions on "mental health". In most instances the term was equated with mental illness and the negative symptoms. However the term "Health" on its own generated positive responses, "well-being", and "feeling good". The following box gives an example of some of the views expressed.

Voice of the people

These are some of the responses obtained when some St. Lucians were asked to describe what mental health meant to them;

- "...when someone is losing his mind because of problems"
- "...when someone work obeah on you, it cause you to become violent, see and hear strange things"
- "...madness for the man and craziness for the woman..."
- "...I really don't know, but I don't want it to happen to me!"
- "... when people smoke too much drugs, they become mad"
- "...demon possession...just take them to the Church for prayers"

Mental Health Association of Saint Lucia, 2004

The World Health Organization (2001) definition of mental health as '**...a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community**' indicates that mental health is fundamental to the well-being of individuals, families, communities and the population in general. Mental health has implications for learning, for developing healthy relationships, for productivity, for success and for economic development. Conversely mental health problems and mental illness can result in dysfunction, low productivity, poverty, social problems and the list can go on.

Mental health and mental illness can be viewed as existing along a continuum, and at any given time any individual can be anywhere along this continuum. Genetics, our social situation, life events, our age or stage in life can determine our state of mental wellness or unwellness. This population health framework view of mental health takes into account the varied and complex issues which can influence mental health, and underpins the Ministry of Health's thrust in reforming mental health's services in

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St.Lucia. The reformed mental health system will attempt to provide services, which are integrated, which will focus on individual needs and differences as well on the needs and differences in communities. In addition the reformed system will also adopt a lifespan approach, with special attention paid to the specific needs of all ages from early childhood to old age.

The National mental health Policy has been developed in response to the inadequacies of our current system in meeting the mental health service needs of the St. Lucian population and represents an attempt for the first time to coordinate and deliver care through national community-based activities and not through the Golden Hope Hospital as a stand-alone institution.

The objectives for the new system are:

1. To reduce the burden of mental disorders.
2. To promote the mental health of the population.
3. To promote and protect the human and civil rights of the mentally ill.
4. To provide equitable access to quality evidence based mental health care to all people in Saint Lucia including vulnerable populations (ie., woman, children, the elderly, peoples with physical or mental disability, and the homeless)
5. To provide mental health services which are widely accessible in the community; integrated into the entire health care system; cross-sectoral; and which meet the mental health needs of the population of Saint Lucia.
6. Provide a comprehensive, uninterrupted mental health programme for the rehabilitation and effective reintegration of clients to families and to society through community empowerment.
7. Increase knowledge, understanding and awareness of the nation about mental health/illness.

All these will be accomplished through the development of programs and plans emanating out of this policy.

VISION:

We envision that all people in St. Lucia have access to a coordinated system of supports and treatment that promotes mental wellness and recovery from mental disorders.

MISSION

To provide high quality, evidence-based, equitable mental health care which upholds human and civil rights, is integrated into the health care system, is community focused and is delivered at all levels of care, by well-trained, skilled and motivated personnel.

VALUES AND PRINCIPLES

The following values and principles shall guide the National Mental Health Policy and Plan for Saint Lucia:

1. Equity and Accessibility

Services shall be affordable and accessible to all people, regardless of their geographical location, economic status, gender, race, social condition, mental or physical disability, sexual orientation, religion, HIV/AIDS and health status.

Mental health services shall have parity with general health services.

Timely and appropriate mental health services shall be available across the life span and across all levels of care. (Primary, Secondary, Tertiary)

People with mental disorders shall not be subjected to discrimination on the basis of their mental illnesses.

People with mental disorders may require deliberate intervention due to the longstanding and pervasive stigma held by the public, professionals and policy makers against the mentally ill.

2. Human Rights

People with mental disorders shall enjoy full human rights, including the right to appropriate health care, shelter and employment, and the freedom from discrimination, exploitation, harm, abuse and unlawful restraint.

Mental health treatment and care shall promote and protect the autonomy and liberty of people with mental disorders.

People with mental disorders have the right to be treated in the most effective, least restrictive and least intrusive manner.

People with mental disorders, due to their particular vulnerability to human rights violations, may require specific legal and quasi-legal frameworks and safeguards to ensure that their human rights are promoted and protected.

3. Integration

Mental health services shall be integrated into existing health care services at all levels (primary, secondary and tertiary).

All health care professionals shall be trained to provide mental health care appropriate to their role in the health care system.

4. Quality Services

Services shall reflect the highest standard possible according to current scientific knowledge and the resources available.

5. Evidence-Based Care

Scientifically validated evidence shall be the primary source of information used to inform decision making for services and interventions.

When scientifically validated evidence is not available, commonly accepted "best practices" may be utilized.

Ongoing validation of services and interventions shall be implemented and used to refine services and interventions and to inform resource allocations.

6. Community Involvement and Participation

Mental health services shall be available in the communities in which people live, work and receive other services.

People shall be encouraged to participate in the development and ongoing evaluation of mental health services.

Families and communities shall be participants in mental health education programs.

7. Rehabilitation

Mental Health services shall be designed with a focus on rehabilitation and recovery within communities.

Services shall promote therapeutic patient-centred care and should move away from reliance on custodial care in institutions

8. Inter-sectoral Collaboration

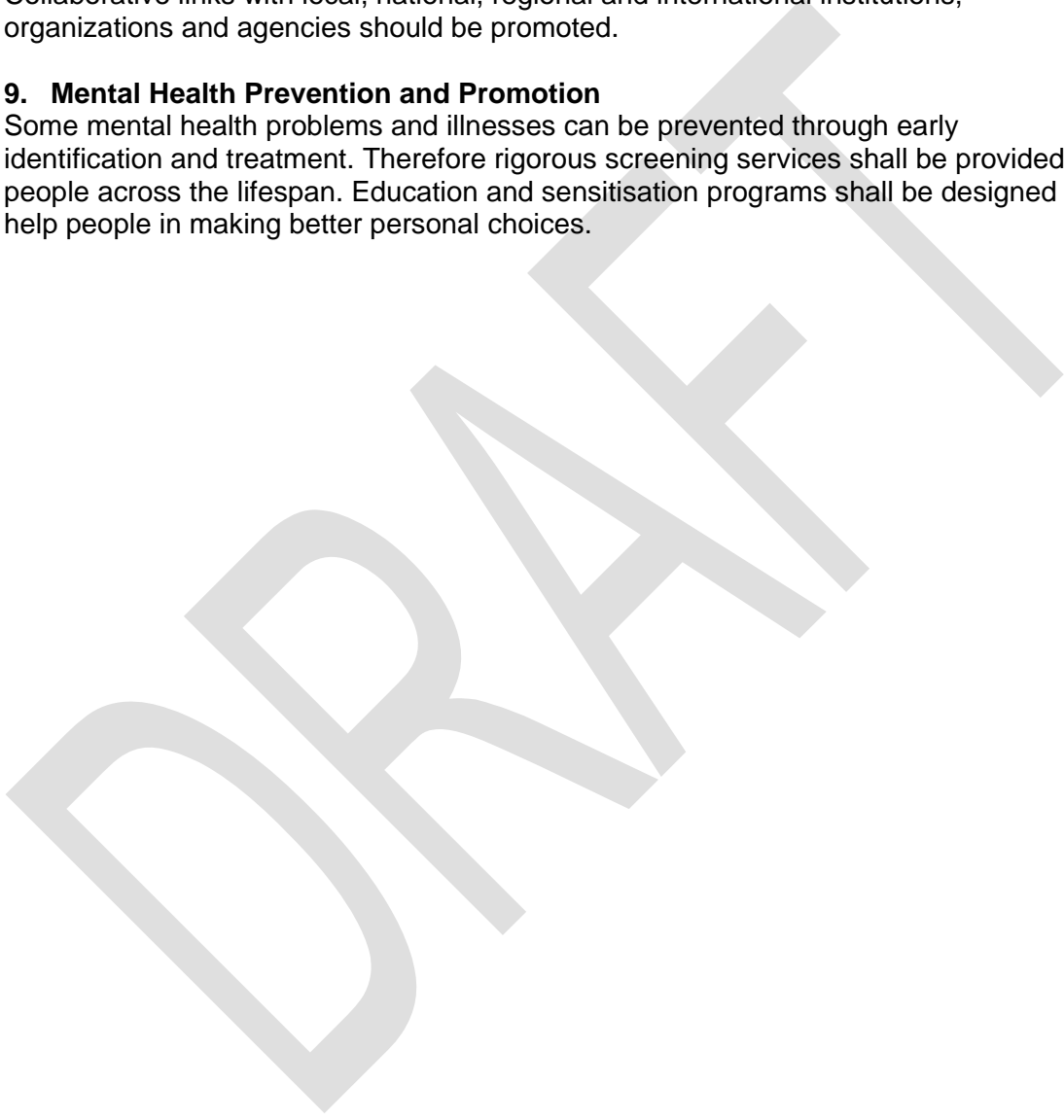
Mental health services shall be appropriately linked to other sectors (such as social services, criminal justice system, housing, education, employment, religious etc.)

Services shall be designed to connect with and utilize complementary care providers, and to integrate all available, evidence-supported facets of health care and prevention.

Collaborative links with local, national, regional and international institutions, organizations and agencies should be promoted.

9. Mental Health Prevention and Promotion

Some mental health problems and illnesses can be prevented through early identification and treatment. Therefore rigorous screening services shall be provided for people across the lifespan. Education and sensitisation programs shall be designed to help people in making better personal choices.



PRIORITY AREAS FOR ACTION

1. ORGANIZATION OF SERVICES

OBJECTIVES:

To provide equitable access to quality evidence based mental health care to all people in Saint Lucia including vulnerable groups within the population.

To provide mental health services which are widely accessible in the community; integrated into the entire health care system; cross-sectoral; and which meet the mental health needs of the population of Saint Lucia.

To ensure that people have access to services where and when they are needed.

The delivery of mental health care will move away from the stand-alone psychiatric institution, Golden Hope Hospital into the mainstream health system, primarily through community-based services. The new services will represent a continuum from primary care to highly specialized services. This approach will necessitate new relationships between mental health services and the wider health sector.

Primary Care

- In attempting to meet the specific needs of individuals, the mental health care system will provide opportunities for people to address their mental health concerns within a spectrum of care ranging from prevention to recovery and relapse-prevention. The following represents a list of services across the spectrum, which will meet needs of different groups across the lifespan.
 - Mental Health Prevention and Promotion
 - Early intervention
 - Screening and evaluation services
 - Outpatient treatment
 - Medication and monitoring
 - Crisis intervention services
 - Intensive community treatment
 - Psychosocial rehabilitation
 - Consumer and family self-help
 - Partial hospitalization
 - Residential services
 - In-patient mental health services
 - Case management
 - Rights protection and advocacy
 - Services for co-occurring substance abuse /mental disorders.

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The mix of services for a particular population or geographic region should be based on need. Various models of integrated service delivery will be explored. These will be continually monitored and evaluated to inform future decision-making.

- The country will be divided into eight (8) health regions with a mix of health care facilities categorized by the supports and services they will provide (see appendix 1). Mental health teams operate out of Level 4 facility and provide outreach to lower level facilities.

The Mental Health team will comprise:

Mental Health Nurse Practitioner
Mental Health Nurse
Mental Health Aide
Mental Health Counselor
Psychologist
Social Worker

A psychiatrist will provide clinical supervision on a regional level.

- The work of the mental health team will be supported by the primary health care team and other professional from the Police and Ambulance services and other disciplines and sectors.
- Any individual who contacts their regional health care team for a mental health concern shall
 - have their mental health needs identified and assessed
 - be offered treatment and where necessary referral to specialist services
 - be able to access services twenty-fours a day.

ESSENTIAL SERVICE COMPONENTS

SERVICES FOR CHILDREN AND ADOLESCENTS (0-18 YEARS)

While 1 in 10 children and adolescents suffer from a mental illness that causes some level of impairment, it is estimated that in any given year, fewer than 1 in 5 children and adolescents receive needed mental health treatment or services. Left untreated, mental illness in childhood and adolescence can lead to difficulties in school and a failure to develop friendships, occupational skills and social skills, and can lead to mental health problems in adult life.

The mental health services shall provide supports and services that are more responsive to the needs of children and adolescents with serious emotional disturbances at every level of the system.

The services shall have the following features:

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- Services for mentally ill or emotionally disturbed children and adolescents will be, to the greatest extent possible, delivered in age-appropriate settings; this may demand the development of dedicated specialist services.
- Families will be centrally involved in the coordination of care for their children and adolescents.
- A system of care will be established within and across sectors (Education, Health, Social Services) that includes mechanisms to promote communications and referrals among professionals such that children and families receive appropriate services regardless of how and where they seek help and irrespective of the nature of their problems.
- If in-patient intervention becomes necessary, children and adolescents will be placed in specialty designated units, which provides age-appropriate physical space, equipment and programmatic services.
- When there is need for stricter security than is available in this designated unit, the individual will be placed in a more appropriate setting.

SERVICES FOR ADULTS (19 –60)

The adult population is vulnerable to mental problems due to the varied and multiple roles they are expected to play. The mental health services shall through promotion prevention and direct intervention address the needs of adults with special attention on:

- Issues which affect productivity in the workplace. Employers shall be encouraged to play a role in safeguarding the mental health of the workforce by providing supportive work environments and by joining the ministry's efforts in health promotion and education initiatives.
- Postpartum depression in women. It has been estimated that between 10% and 15% of women develop depression after childbirth. At it worst postnatal depression can result in suicide and harm to the infant. Strategies will be developed to provide support to pregnant women and new mothers.
- Clinical depression
- Issues, which make adults vulnerable, such as gender-based violence, homelessness etc.
- Emergency Mental Health and Traumatic Stress - Most people who have experienced a disaster or other traumatic experience have normal reactions as they struggle with the accompanying disruption and loss caused by the disaster.

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Community outreach may be necessary to seek out and provide mental health services to individuals who may be affected by such events.

The mental health services shall liaise with the National Emergency Management Offices (NEMO) and other agencies such as the St.Lucia Red Cross to develop and implement and coordinate strategies, which will ensure that victims of disasters and other traumatic life events receive immediate, short-term crisis counseling, as well as ongoing support for emotional recovery. The mental health services shall collaborate with the relevant agencies to train persons to develop crisis counseling training and preparedness efforts in their regions.

Services for Adults with serious Mental Illness

- All individuals diagnosed with a severe mental illness should receive care, which promotes recovery, and community reintegration, which anticipates and prevents crises and reduces risk to self or others.
- Have access to a care plan (written or in a format that is readily understood by the client and care-givers). This care plan should include action to be taken in a crisis, and should advise health care professionals how to respond if the client and carers need additional help. The care plan should be updated regularly.
- If In-patient treatment becomes necessary the client shall have timely access to an appropriate hospital bed in the least restrictive environment, depending on history and on level of assessed risk.
- Upon discharge the client is provided with an agreed-on care plan, which specifies after-care arrangements.

Clients Assessed as High Risk

The mental health services shall develop protocols and systems to identify and as much as possible reduce the following risks.

- Risk of self-harm including, self-injury, suicidal behaviors and self-neglect.
- Risk of harming others.
- Risk of others harming people with mental illnesses. This includes physical, sexual or psychological abuse.

In addressing these needs appropriate service management and service delivery mechanisms backed up by appropriate legislation will be developed and implemented. Risk reduction procedures will be continually assessed at the service level (management, incident reporting, and clinical audit) as well as at the individual level through review of assessment and treatment plans.

The Mental health workforce as well as police and emergency response personnel will receive appropriate training to respond appropriately to potentially risky situations.

Appropriate referral and communication system shall be established to coordinate responses between sectors.

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Clients with serious and enduring problems.

Although it is accepted that in general prolonged psychiatric hospitalization is undesirable, there is a small number of people who need such care. They include people who are seriously behaviourally disturbed and may pose a danger to themselves or others and people who despite available support are unable to live in the community. Some of these individuals need to be placed in a protected environment.

Mental Health Care in Criminal Justice System

The mental health services shall improve access to appropriate services for people with mental health problems and mental illness who are in contact with or at risk of criminal justice involvement.

Research will be conducted to identify the specific needs of individuals with mental health issues who are at risk of criminal justice involvement or who have histories of criminal justice involvement and match services to those needs.

Correctional Services:

The Bordelais correctional facility will be treated as a level-4 health facility with comparable staffing, services and standards of care. Clients will have equal access to mental health services like the rest of the population.

- The facility will recruit and train a mental health team with resources from their annual budget. The Ministry of Health shall provide technical support and set service standards.
- Mental Health Services shall be provided within the criminal justice system, and if in-patient services become necessary, patients should be transferred for such care according to prescribed guidelines.
- Liaison services with explicit criteria shall be developed to facilitate transfer of patient care from community to prison and vice versa.

Services for older Adults (61+)

Older adults with mental health concerns shall have access to services, which provides for their needs in a way, which takes account of their particular life stage.

- Because older adults may be more likely to utilize primary care services, appropriate training be provided to physicians and other healthcare professionals to identify mental health concerns.
- These healthcare professionals shall collaborate with, and refer to, other health professionals who have expertise in mental and behavioral concerns.
- Providers from various disciplines who serve the older adult community will work together as an interdisciplinary health care team to provide a collaborative model of care for older adults.
- The mental health team through an outreach program in the region where they are located shall serve older adults in nursing homes.
- The workforce to serve geriatric mental health users shall be expanded to accommodate the growing number of older adults in need of services.

ALCOHOL AND DRUG SERVICES

These services are for people (youth, adults and older adults) whose primary diagnosis is drug and/or alcohol dependency.

Community-Based Services – Alcohol and drug counseling and other therapeutic services will be offered at the community level on a non-residential basis. These can include:

- Assessment and treatment planning
- Individual and group time-limited treatment
- Case management services

Residential Services and Treatment –Residential rehabilitative treatment shall be provided at the facilities designated for this purpose. Treatment programs based on evidence-based models will be of varying lengths and intensity depending on clients needs.

Detoxification Services – Services to assist persons to safely negotiate a process of substance withdrawal and will include:

- Medical detoxification shall be provided in an in-patient medical facility where potential physical and other complications are medically managed.
- Medical and non-medical interventions at a designated residential facility.

Dual-diagnosis:

People with a dual diagnosis of mental illness and drug/alcohol problems shall be assessed and have their needs met wherever and whenever they present themselves for care whether it be in the community, at a mental health in-patient facility or a substance abuse treatment facility.

Liaison/referral system and case management services shall be developed to coordinate the care of such individuals.

2. INTER-SECTORAL COLLABORATION

OBJECTIVES:

Provide a comprehensive, uninterrupted mental health program for the rehabilitation and effective reintegration of clients to families and to society through community empowerment, and through intersectoral collaboration.

Development of mental health care services and the design and implementation of mental health programs necessitates collaborative partnership of multiple sectors in addition to health including, but not limited to, social welfare; education; housing; labour, criminal justice, employment and the voluntary sector, private service providers. Inter-sectoral collaboration is essential to the provision of comprehensive, uninterrupted continuity of care.

The Ministry of Health shall therefore

- Introduce a case management system for the overall coordination of client care across various agencies to facilitate the delivery of an array of medical, self-help, social, supportive, and rehabilitative services designed around the needs and desires of the individual, family and community.

3. LEGISLATION AND HUMAN RIGHTS

OBJECTIVES

**To protect the rights of individuals with
mental health problems and mental illness.**

**To create a legislative framework which supports an integrated
mental health system capable of providing a continuum of care,
in which services are available where and when needed.**

Human Rights

The Constitution Of Saint Lucia

The Constitution explicitly states that every person in Saint Lucia is entitled to fundamental rights and freedoms. The current constitution makes provisions for the protection of individuals from discrimination based on sex, race, place of origin, political opinions, color or creed, however, individuals with “physical or mental disability” are omitted from the definition of “discriminatory” and thereby denied this express protection.

Mental health services in St. Lucia shall therefore

1. Have the rights contained in the United Nations Resolution on the Protection of Rights of people with mental illness (resolution 46/119 of 17 December 1991) affirmed in the constitution and in mental health legislation in St. Lucia: (Appendix)

The following shall be explicitly articulated:

- All persons have the right to the best available mental health care, which shall be part of the health and social care system.
- All persons with a mental illness, or who are being treated as such persons, shall be treated with humanity and respect for the inherent dignity of the human person.
- Every person with a mental illness shall have the right to live and work, as far as possible, in the community.
- A determination that a person has a mental illness shall be made in accordance with internationally accepted medical standards.
- The right of confidentiality of information concerning all persons to whom these Principles apply shall be respected.
- All persons shall have information, education and training about mental health problems and mental disorders, and the treatment and services available to meet their needs.
- All persons will have the right to refuse treatment, unless subject to mental health legislation

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- All persons shall participate in decisions regarding treatment, care and rehabilitation and
- All persons shall have access to mechanism for complaints and redress

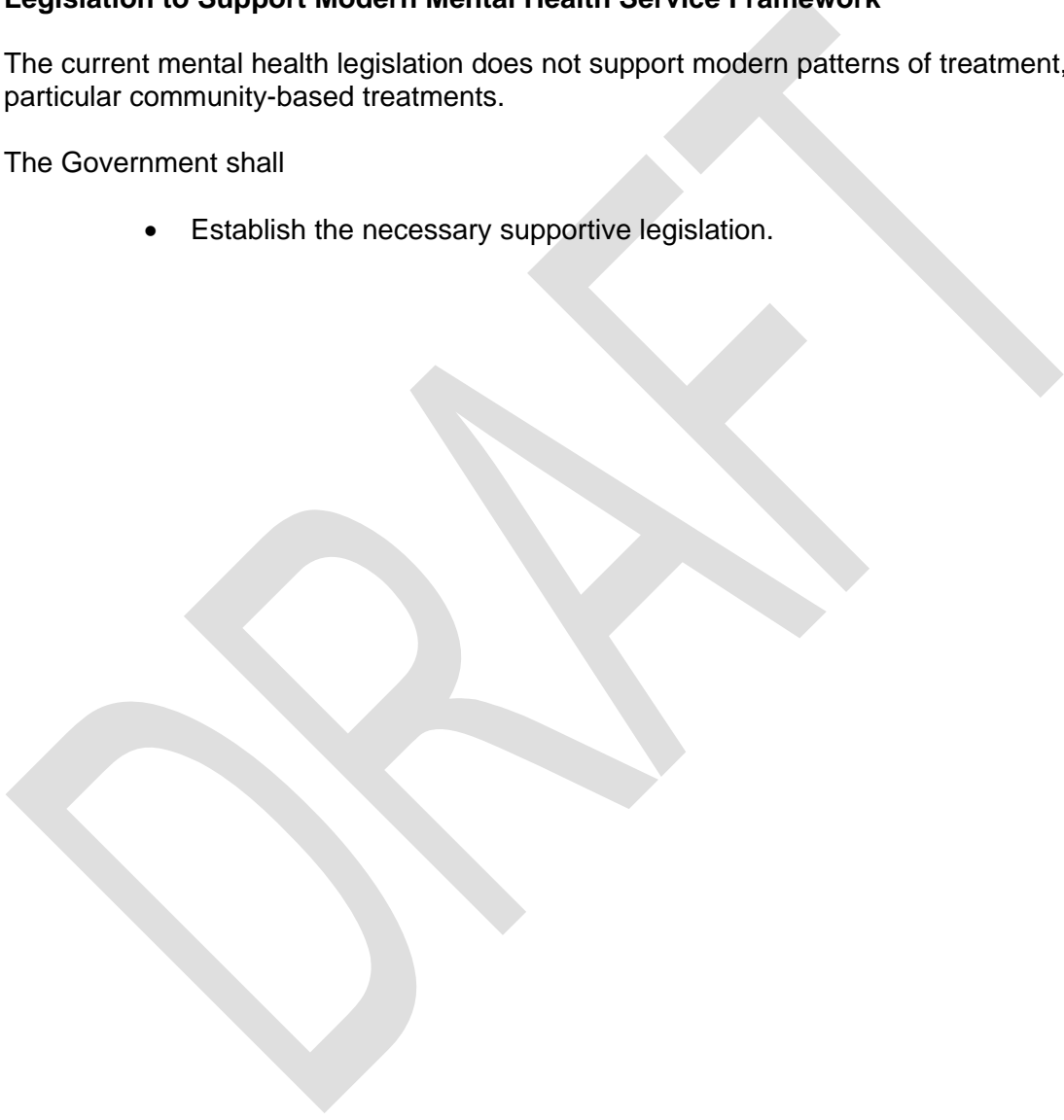
2. Develop and implement mechanisms for protecting those rights.

Legislation to Support Modern Mental Health Service Framework

The current mental health legislation does not support modern patterns of treatment, in particular community-based treatments.

The Government shall

- Establish the necessary supportive legislation.



4. MENTAL HEALTH PROMOTION AND PREVENTION

OBJECTIVES:

Increase in the extent to which mental health is promoted

To increase in the extent to which mental health promotion is incorporated into policy and planning at the national and regional levels across sectors.

To decreased levels of stigma experienced by people with mental health problems

To increase knowledge, understanding and awareness of the nation about mental health/illness.

Society's attitude to mental health affects the impact of mental health problems on the individual and on the community in general. Many myths and misconceptions exist which supports notions of seclusion and permanent hospitalization of the mentally ill. Some myths concerning mental health services prevent persons from seeking help for some issues, which can be resolved at an early stage. Such situations can only be addressed through the dissemination of information on the types and effects of mental disorders, prevalence, treatment and prevention.

Policy Direction:

The Ministry of Health shall therefore:

- Seek commitment from relevant government and non-government agencies and organizations to incorporate mental health promotion into relevant policies and activities.
- Work with communities groups and organizations to increase their capacity to support active participation and to foster environments that promote mental health and wellness.
- Develop initiatives aimed at raising public awareness about mental health, mental health problems and mental illness.
- Promote the accurate portrayal of mental health, mental health problems and mental illness in the media.

NATIONAL SUPPORT FOR MENTAL HEALTH REFORM

1. HUMAN RESOURCES AND TRAINING

Availability of appropriately trained human resources is essential to the provision of quality mental health care. Health human resources with appropriate mental health competencies should be available throughout the health care system to promote the horizontal integration of mental health care services and to provide community based acute and rehabilitative mental health care.

National human resource planners shall be sensitised to place special emphasis on the specialised mental health needs of the population in their recruitment, retention and training strategies.

Effective sustainable short and long-term human resource training strategies shall be developed and implemented that promote the development of a sustainable, high quality, well-trained mental health workforce for the provision of specialised mental health services as well as the development and implementation of programs which embed mental health competencies within existing health human resources appropriate to their position in the health care system (this should include primary care physicians, district nurses, nurse assistants, prison nurses, and other health and allied health professionals).

Training should also address non-health workers (including NGOs, criminal justice system, family members and consumers, teachers, community leaders) who are strategically placed to participate in mental health promotion, advocacy, early identification and referral, fundraising, anti-stigma campaigns, provision of support and care, fundraising, and the implementation of mental health plans, programmes and legislation.

The government shall develop and implement mechanisms for the registration, certification and monitoring of the performance of mental health professionals.

2. QUALITY IMPROVEMENT

Provision of high quality care requires the application of cost-effective, evidence-based mental health practices at all service levels.

The government shall

- Develop and Implement national quality standards for mental health care services, care practice, health human resource training requirements, and facilities.
- Develop and implement a research and evaluation strategy.
- Develop and implement mechanisms for the ongoing evaluation and monitoring of mental health services

3. FINANCING

The government's vision for integrating mental health services into general health care will be delivered through a major program of investment.

- Equitable allocation of financing for mental health (as a priority health area) within the overall health budget shall be established
- Funding shall be actively sought from local, national, regional, and international sources, the Pan American Health Organization and from other bilateral and multilateral organizations.
- There shall be early investment to begin the process of reform in the construction and commissioning of a new mental health facility, in developing policies and protocols and in legislative reform.
- There shall be investment the development of the mental health human resource capacity through a major program of training, recruitment and retention.
- There shall be investment in the integration of mental health care services with general health services at all levels of care, the development of community-based mental health care services, and a focus on rehabilitation and recovery from mental disorders

Accountability

The Ministry of Health shall establish accountability framework for managing resources allocated to mental health services. Measures of success shall include wellness, social functioning and quality of life as well as direct outcomes such as symptom reduction.

4. ESSENTIAL DRUG PROCUREMENT AND DISTRIBUTION

A sustained supply and distribution of essential psychotropic medications (the most effective and most tolerable medications for the treatment and management of mental disorders) should be affordable and consistently available and accessible to all persons with mental disorders at all levels of the health care system.

- The government shall ensure that there is a sustained supply of essential psychotropic drugs and protection of budgets and distribution networks for these medications and the updating of essential medication formularies to reflect population needs and evidence-based pharmacotherapy.
- Protocols for the appropriate use of psychotropic medication shall be established
- Health care staff at all levels of care shall be properly trained in medication administration and monitoring.
- Mechanisms shall be developed to ensure that access to appropriate and timely laboratory services for the monitoring and evaluation of persons receiving pharmacologic therapy where appropriate in particular for the evaluation and

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monitoring of blood levels and other biological indices for safe administration and use (ie., lithium, carbamazepine, antipsychotics, tricyclic antidepressants, etc).

5. ADVOCACY

Effectively addressing the needs of the mentally ill requires advocacy for the mentally ill by all society sectors, by the mentally ill and by civil society organizations (such as NGO's) that are independent of the government.

Efforts shall be made to support and promote the development of new groups and agencies (including NGOs, consumer groups, family support groups, associations) and support the activities of existing agencies whose activities directly or indirectly impact on mental health care and services.

The government shall support the meaningful participation of such organizations in all aspects of the mental health system including the planning, design, implementation, policy formulation and evaluation of mental health services.

6. INFORMATION SYSTEMS

A mental health information system shall be developed and integrated within a national health information system that captures essential health data from all levels of the health care system. Data collated through the mental health information system will be used to monitor and evaluate mental health services.

CONCLUSION

The National Mental Health Policy forms the background for the development of programs and plans in areas considered to be priority to improve the mental health and well being of the people of Saint Lucia. The policy will also guide improvements in the treatment, care and quality of life of people with mental health problems and mental illness.

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APPENDIX 1

**Principles for The Protection Of Persons With Mental Illness And
The Improvement Of Mental Health Care**

Adopted by General Assembly resolution 46/119 of 17 December 1991

Application

These Principles shall be applied without discrimination of any kind such as on grounds of disability, race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, legal or social status, age, property or birth.

Definitions

In these Principles:

"Counsel" means a legal or other qualified representative;

"Independent authority" means a competent and independent authority prescribed by domestic law;

"Mental health care" includes analysis and diagnosis of a person's mental condition, and treatment, care and rehabilitation for a mental illness or suspected mental illness;

"Mental health facility" means any establishment, or any unit of an establishment, which as its primary function provides mental health care;

"Mental health practitioner" means a medical doctor, clinical psychologist, nurse, social worker or other appropriately trained and qualified person with specific skills relevant to mental health care;

"Patient" means a person receiving mental health care and includes all persons who are admitted to a mental health facility;

"Personal representative" means a person charged by law with the duty of representing a patient's interests in any specified respect or of exercising specified rights on the patient's behalf, and includes the parent or legal guardian of a minor unless otherwise provided by domestic law;

"The review body" means the body established in accordance with Principle 17 to review the involuntary admission or retention of a patient in a mental health facility.

General limitation clause

The exercise of the rights set forth in these Principles may be subject only to such limitations as are prescribed by law and are necessary to protect the health or safety of the person concerned or of others, or otherwise to protect public safety, order, health or morals or the fundamental rights and freedoms of others.

Principle 1

Fundamental freedoms and basic rights

1. All persons have the right to the best available mental health care, which shall be part of the health and social care system.
2. All persons with a mental illness, or who are being treated as such persons, shall be treated with humanity and respect for the inherent dignity of the human person.
3. All persons with a mental illness, or who are being treated as such persons, have the right to protection from economic, sexual and other forms of exploitation, physical or other abuse and degrading treatment.
4. There shall be no discrimination on the grounds of mental illness. "Discrimination" means any distinction, exclusion or preference that has the effect of nullifying or impairing equal enjoyment of rights. Special measures solely to protect the rights, or secure the advancement, of persons with mental illness shall not be deemed to be discriminatory. Discrimination does not include any distinction, exclusion or preference undertaken in accordance with the provisions of these Principles and necessary to protect the human rights of a person with a mental illness or of other individuals.
5. Every person with a mental illness shall have the right to exercise all civil, political, economic, social and cultural rights as recognized in the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, and in other relevant instruments, such as the Declaration on the Rights of Disabled Persons and the Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment.
6. Any decision that, by reason of his or her mental illness, a person lacks legal capacity, and any decision that, in consequence of such incapacity, a personal representative shall be appointed, shall be made only after a fair hearing by an independent and impartial tribunal established by domestic law. The person whose capacity is at issue shall be entitled to be represented by a counsel. If the person whose capacity is at issue does not himself or herself secure such representation, it shall be made available without payment by that person to the extent that he or she does not have sufficient means to pay for it. The counsel shall not in the same proceedings represent a mental health facility or its personnel and shall not also represent a member of the family of the person whose capacity is at issue unless the tribunal is satisfied that there is no conflict of interest. Decisions regarding capacity and the need for a personal representative shall be reviewed at reasonable intervals prescribed by domestic law. The person whose

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capacity is at issue, his or her personal representative, if any, and any other interested person shall have the right to appeal to a higher court against any such decision.

7. Where a court or other competent tribunal finds that a person with mental illness is unable to manage his or her own affairs, measures shall be taken, so far as is necessary and appropriate to that person's condition, to ensure the protection of his or her interest.

Principle 2

Protection of minors

Special care should be given within the purposes of these Principles and within the context of domestic law relating to the protection of minors to protect the rights of minors, including, if necessary, the appointment of a personal representative other than a family member.

Principle 3

Life in the community

Every person with a mental illness shall have the right to live and work, as far as possible, in the community.

Principle 4

Determination of mental illness

1. A determination that a person has a mental illness shall be made in accordance with internationally accepted medical standards.
2. A determination of mental illness shall never be made on the basis of political, economic or social status, or membership of a cultural, racial or religious group, or any other reason not directly relevant to mental health status.
3. Family or professional conflict, or non-conformity with moral, social, cultural or political values or religious beliefs prevailing in a person's community, shall never be a determining factor in diagnosing mental illness.
4. A background of past treatment or hospitalization as a patient shall not of itself justify any present or future determination of mental illness.
5. No person or authority shall classify a person as having, or otherwise indicate that a person has, a mental illness except for purposes directly relating to mental illness or the consequences of mental illness.

Principle 5

Medical examination

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No person shall be compelled to undergo medical examination with a view to determining whether or not he or she has a mental illness except in accordance with a procedure authorized by domestic law.

Principle 6

Confidentiality

The right of confidentiality of information concerning all persons to whom these Principles apply shall be respected.

Principle 7

Role of community and culture

1. Every patient shall have the right to be treated and cared for, as far as possible, in the community in which he or she lives.
2. Where treatment takes place in a mental health facility, a patient shall have the right, whenever possible, to be treated near his or her home or the home of his or her relatives or friends and shall have the right to return to the community as soon as possible.
3. Every patient shall have the right to treatment suited to his or her cultural background.

Principle 8

Standards of care

1. Every patient shall have the right to receive such health and social care as is appropriate to his or her health needs, and is entitled to care and treatment in accordance with the same standards as other ill persons.
2. Every patient shall be protected from harm, including unjustified medication, abuse by other patients, staff or others or other acts causing mental distress or physical discomfort.

Principle 9

Treatment

1. Every patient shall have the right to be treated in the least restrictive environment and with the least restrictive or intrusive treatment appropriate to the patient's health needs and the need to protect the physical safety of others.
2. The treatment and care of every patient shall be based on an individually prescribed plan, discussed with the patient, reviewed regularly, revised as necessary and provided by qualified professional staff.

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3. Mental health care shall always be provided in accordance with applicable standards of ethics for mental health practitioners, including internationally accepted standards such as the Principles of Medical Ethics adopted by the United Nations General Assembly. Mental health knowledge and skills shall never be abused.

4. The treatment of every patient shall be directed towards preserving and enhancing personal autonomy.

Principle 10

Medication

1. Medication shall meet the best health needs of the patient, shall be given to a patient only for therapeutic or diagnostic purposes and shall never be administered as a punishment or for the convenience of others. Subject to the provisions of paragraph 15 of Principle 11, mental health practitioners shall only administer medication of known or demonstrated efficacy.

2. All medication shall be prescribed by a mental health practitioner authorized by law and shall be recorded in the patient's records.

Principle 11

Consent to treatment

1. No treatment shall be given to a patient without his or her informed consent, except as provided for in paragraphs 6, 7, 8, 13 and 15 below.

2. Informed consent is consent obtained freely, without threats or improper inducements, after appropriate disclosure to the patient of adequate and understandable information in a form and language understood by the patient on:

- (a) The diagnostic assessment;
- (b) The purpose, method, Likely duration and expected benefit of the proposed treatment;
- (c) Alternative modes of treatment, including those less intrusive; and
- (d) Possible pain or discomfort, risks and side-effects of the proposed treatment.

3. A patient may request the presence of a person or persons of the patient's choosing during the procedure for granting consent.

4. A patient has the right to refuse or stop treatment, except as provided for in paragraphs 6, 7, 8, 13 and 15 below. The consequences of refusing or stopping treatment must be explained to the patient.

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5. A patient shall never be invited or induced to waive the right to informed consent. If the patient should seek to do so, it shall be explained to the patient that the treatment cannot be given without informed consent.

6. Except as provided in paragraphs 7, 8, 12, 13, 14 and 15 below, a proposed plan of treatment may be given to a patient without a patient's informed consent if the following conditions are satisfied:

(a) The patient is, at the relevant time, held as an involuntary patient;

(b) An independent authority, having in its possession all relevant information, including the information specified in paragraph 2 above, is satisfied that, at the relevant time, the patient lacks the capacity to give or withhold informed consent to the proposed plan of treatment or, if domestic legislation so provides, that, having regard to the patient's own safety or the safety of others, the patient unreasonably withholds such consent; and

(c) The independent authority is satisfied that the proposed plan of treatment is in the best interest of the patient's health needs.

7. Paragraph 6 above does not apply to a patient with a personal representative empowered by law to consent to treatment for the patient; but, except as provided in paragraphs 12, 13, 14 and 15 below, treatment may be given to such a patient without his or her informed consent if the personal representative, having been given the information described in paragraph 2 above, consents on the patient's behalf.

8. Except as provided in paragraphs 12, 13, 14 and 15 below, treatment may also be given to any patient without the patient's informed consent if a qualified mental health practitioner authorized by law determines that it is urgently necessary in order to prevent immediate or imminent harm to the patient or to other persons. Such treatment shall not be prolonged beyond the period that is strictly necessary for this purpose.

9. Where any treatment is authorized without the patient's informed consent, every effort shall nevertheless be made to inform the patient about the nature of the treatment and any possible alternatives and to involve the patient as far as practicable in the development of the treatment plan.

10. All treatment shall be immediately recorded in the patient's medical records, with an indication of whether involuntary or voluntary.

11. Physical restraint or involuntary seclusion of a patient shall not be employed except in accordance with the officially approved procedures of the mental health facility and only when it is the only means available to prevent immediate or imminent harm to the patient or others. It shall not be prolonged beyond the period which is strictly necessary for this purpose. All instances of physical restraint or involuntary seclusion, the reasons for them and their nature and extent shall be recorded in the patient's medical record. A patient who is restrained or secluded shall be kept under humane conditions and be under the care and close and regular supervision of qualified members of the staff. A personal representative, if any and if relevant, shall be given prompt notice of any physical restraint or involuntary seclusion of the patient.

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12. Sterilization shall never be carried out as a treatment for mental illness.

13. A major medical or surgical procedure may be carried out on a person with mental illness only where it is permitted by domestic law, where it is considered that it would best serve the health needs of the patient and where the patient gives informed consent, except that, where the patient is unable to give informed consent, the procedure shall be authorized only after independent review.

14. Psychosurgery and other intrusive and irreversible treatments for mental illness shall never be carried out on a patient who is an involuntary patient in a mental health facility and, to the extent that domestic law permits them to be carried out, they may be carried out on any other patient only where the patient has given informed consent and an independent external body has satisfied itself that there is genuine informed consent and that the treatment best serves the health needs of the patient.

15. Clinical trials and experimental treatment shall never be carried out on any patient without informed consent, except that a patient who is unable to give informed consent may be admitted to a clinical trial or given experimental treatment, but only with the approval of a competent, independent review body specifically constituted for this purpose.

16. In the cases specified in paragraphs 6, 7, 8, 13, 14 and 15 above, the patient or his or her personal representative, or any interested person, shall have the right to appeal to a judicial or other independent authority concerning any treatment given to him or her.

Principle 12

Notice of rights

1. A patient in a mental health facility shall be informed as soon as possible after admission, in a form and a language which the patient understands, of all his or her rights in accordance with these Principles and under domestic law, which information shall include an explanation of those rights and how to exercise them.

2. If and for so long as a patient is unable to understand such information, the rights of the patient shall be communicated to the personal representative, if any and if appropriate, and to the person or persons best able to represent the patient's interests and willing to do so.

3. A patient who has the necessary capacity has the right to nominate a person who should be informed on his or her behalf, as well as a person to represent his or her interests to the authorities of the facility.

Principle 13

Rights and conditions in mental health facilities

1. Every patient in a mental health facility shall, in particular, have the right to full respect for his or her:

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- (a) Recognition everywhere as a person before the law;
- (b) Privacy;
- (c) Freedom of communication, which includes freedom to communicate with other persons in the facility; freedom to send and receive uncensored private communications; freedom to receive, in private, visits from a counsel or personal representative and, at all reasonable times, from other visitors; and freedom of access to postal and telephone services and to newspapers, radio and television;
- (d) Freedom of religion or belief.

2. The environment and living conditions in mental health facilities shall be as close as possible to those of the normal life of persons of similar age and in particular shall include:

- (a) Facilities for recreational and leisure activities;
- (b) Facilities for education;
- (c) Facilities to purchase or receive items for daily living, recreation and communication;
- (d) Facilities, and encouragement to use such facilities, for a patient's engagement in active occupation suited to his or her social and cultural background, and for appropriate vocational rehabilitation measures to promote reintegration in the community. These measures should include vocational guidance, vocational training and placement services to enable patients to secure or retain employment in the community.

3. In no circumstances shall a patient be subject to forced labour. Within the limits compatible with the needs of the patient and with the requirements of institutional administration, a patient shall be able to choose the type of work he or she wishes to perform.

4. The labour of a patient in a mental health facility shall not be exploited. Every such patient shall have the right to receive the same remuneration for any work which he or she does as would, according to domestic law or custom, be paid for such work to a non-patient. Every such patient shall, in any event, have the right to receive a fair share of any remuneration which is paid to the mental health facility for his or her work.

Principle 14

Resources for mental health facilities

1. A mental health facility shall have access to the same level of resources as any other health establishment, and in particular:

- (a) Qualified medical and other appropriate professional staff in sufficient numbers and with adequate space to provide each patient with privacy and a programme of appropriate and active therapy;

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- (b) Diagnostic and therapeutic equipment for the patient;
- (c) Appropriate professional care; and
- (d) Adequate, regular and comprehensive treatment, including supplies of medication.

2. Every mental health facility shall be inspected by the competent authorities with sufficient frequency to ensure that the conditions, treatment and care of patients comply with these Principles.

Principle 15

Admission principles

- 1. Where a person needs treatment in a mental health facility, every effort shall be made to avoid involuntary admission.
- 2. Access to a mental health facility shall be administered in the same way as access to any other facility for any other illness.
- 3. Every patient not admitted involuntarily shall have the right to leave the mental health facility at any time unless the criteria for his or her retention as an involuntary patient, as set forth in Principle 16, apply, and he or she shall be informed of that right.

Principle 16

Involuntary admission

- 1. A person may (a) be admitted involuntarily to a mental health facility as a patient; or (b) having already been admitted voluntarily as a patient, be retained as an involuntary patient in the mental health facility if, and only if, a qualified mental health practitioner authorized by law for that purpose determines, in accordance with Principle 4, that person has a mental illness and considers:
 - (a) That, because of that mental illness, there is a serious likelihood of immediate or imminent harm to that person or to other persons; or
 - (b) That, in the case of a person whose mental illness is severe and whose judgment is impaired, failure to admit or retain that person is likely to lead to a serious deterioration in his or her condition or will prevent the giving of appropriate treatment that can only be given by admission to a mental health facility in accordance with the principle of the least restrictive alternative.

In the case referred to in subparagraph (b), a second such mental health practitioner, independent of the first, should be consulted where possible. If such consultation takes place, the involuntary admission or retention may not take place unless the second mental health practitioner concurs.

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2. Involuntary admission or retention shall initially be for a short period as specified by domestic law for observation and preliminary treatment pending review of the admission or retention by the review body. The grounds of the admission shall be communicated to the patient without delay and the fact of the admission and the grounds for it shall also be communicated promptly and in detail to the review body, to the patient's personal representative, if any, and, unless the patient objects, to the patient's family.

3. A mental health facility may receive involuntarily admitted patients only if the facility has been designated to do so by a competent authority prescribed by domestic law.

Principle 17

Review body

1. The review body shall be a judicial or other independent and impartial body established by domestic law and functioning in accordance with procedures laid down by domestic law. It shall, in formulating its decisions, have the assistance of one or more qualified and independent mental health practitioners and take their advice into account.

2. The review body's initial review, as required by paragraph 2 of Principle 16, of a decision to admit or retain a person as an involuntary patient shall take place as soon as possible after that decision and shall be conducted in accordance with simple and expeditious procedures as specified by domestic law.

3. The review body shall periodically review the cases of involuntary patients at reasonable intervals as specified by domestic law.

4. An involuntary patient may apply to the review body for release or voluntary status, at reasonable intervals as specified by domestic law.

5. At each review, the review body shall consider whether the criteria for involuntary admission set out in paragraph 1 of Principle 16 are still satisfied, and, if not, the patient shall be discharged as an involuntary patient.

6. If at any time the mental health practitioner responsible for the case is satisfied that the conditions for the retention of a person as an involuntary patient are no longer satisfied, he or she shall order the discharge of that person as such a patient.

7. A patient or his personal representative or any interested person shall have the right to appeal to a higher court against a decision that the patient be admitted to, or be retained in, a mental health facility.

Principle 18

Procedural safeguards

1. The patient shall be entitled to choose and appoint a counsel to represent the patient as such, including representation in any complaint procedure or appeal. If the patient

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does not secure such services, a counsel shall be made available without payment by the patient to the extent that the patient lacks sufficient means to pay.

2. The patient shall also be entitled to the assistance, if necessary, of the services of an interpreter. Where such services are necessary and the patient does not secure them, they shall be made available without payment by the patient to the extent that the patient lacks sufficient means to pay.

3. The patient and the patient's counsel may request and produce at any hearing an independent mental health report and any other reports and oral, written and other evidence that are relevant and admissible.

4. Copies of the patient's records and any reports and documents to be submitted shall be given to the patient and to the patient's counsel, except in special cases where it is determined that a specific disclosure to the patient would cause serious harm to the patient's health or put at risk the safety of others. As domestic law may provide, any document not given to the patient should, when this can be done in confidence, be given to the patient's personal representative and counsel. When any part of a document is withheld from a patient, the patient or the patient's counsel, if any, shall receive notice of the withholding and the reasons for it and shall be subject to judicial review.

5. The patient and the patient's personal representative and counsel shall be entitled to attend, participate and be heard personally in any hearing.

6. If the patient or the patient's personal representative or counsel requests that a particular person be present at a hearing, that person shall be admitted unless it is determined that the person's presence could cause serious harm to the patient's health or put at risk the safety of others.

7. Any decision whether the hearing or any part of it shall be in public or in private and may be publicly reported shall give full consideration to the patient's own wishes, to the need to respect the privacy of the patient and of other persons and to the need to prevent serious harm to the patient's health or to avoid putting at risk the safety of others.

8. The decision arising out of the hearing and the reasons for it shall be expressed in writing. Copies shall be given to the patient and his or her personal representative and counsel. In deciding whether the decision shall be published in whole or in part, full consideration shall be given to the patient's own wishes, to the need to respect his or her privacy and that of other persons, to the public interest in the open administration of justice and to the need to prevent serious harm to the patient's health or to avoid putting at risk the safety of others.

Principle 19

Access to information

1. A patient (which term in this Principle includes a former patient) shall be entitled to have access to the information concerning the patient in his or her health and personal records maintained by a mental health facility. This right may be subject to restrictions in

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order to prevent serious harm to the patient's health and avoid putting at risk the safety of others. As domestic law may provide, any such information not given to the patient should, when this can be done in confidence, be given to the patient's personal representative and counsel. When any of the information is withheld from a patient, the patient or the patient's counsel, if any, shall receive notice of the withholding and the reasons for it and it shall be subject to judicial review.

2. Any written comments by the patient or the patient's personal representative or counsel shall, on request, be inserted in the patient's file.

Principle 20

Criminal offenders

1. This Principle applies to persons serving sentences of imprisonment for criminal offences, or who are otherwise detained in the course of criminal proceedings or investigations against them, and who are determined to have a mental illness or who it is believed may have such an illness.

2. All such persons should receive the best available mental health care as provided in Principle 1. These Principles shall apply to them to the fullest extent possible, with only such limited modifications and exceptions as are necessary in the circumstances. No such modifications and exceptions shall prejudice the persons' rights under the instruments noted in paragraph 5 of Principle 1.

3. Domestic law may authorize a court or other competent authority, acting on the basis of competent and independent medical advice, to order that such persons be admitted to a mental health facility.

4. Treatment of persons determined to have a mental illness shall in all circumstances be consistent with Principle 11.

Principle 21

Complaints

Every patient and former patient shall have the right to make a complaint through procedures as specified by domestic law.

Principle 22

Monitoring and remedies

States shall ensure that appropriate mechanisms are in force to promote compliance with these Principles, for the inspection of mental health facilities, for the submission, investigation and resolution of complaints and for the institution of appropriate disciplinary or judicial proceedings for professional misconduct or violation of the rights of a patient.

Principle 23

Implementation

1. States should implement these Principles through appropriate legislative, judicial, administrative, educational and other measures, which they shall review periodically.
2. States shall make these Principles widely known by appropriate and active means.

Principle 24

Scope of principles relating to mental health facilities

These Principles apply to all persons who are admitted to a mental health facility.

Principle 25

Saving of existing rights

There shall be no restriction upon or derogation from any existing rights of patients, including rights recognized in applicable international or domestic law, on the pretext that these Principles do not recognize such rights or that they recognize them to a lesser extent.

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GLOSSARY

Acute Care	Specialist psychiatric care for persons who present with severe clinical symptoms of mental illness.
Advocacy	Representing the interests and concerns of others. In mental health it usually speaks of the interests of service users.
Carer	A person who plays a caring role. They could be a family member or other close relation.
Case Management	A system which coordinates the care needs of a consumer. These may require networking across sectors – social services, health , education, the criminal justice system etc.
Consumer	An individual or family who is currently utilizing or is currently using a service.
Mental health	a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community'. (WHO)
Mental health problem	
Mental illness	A disorder diagnosed according to the classification system of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Disease, 10 th edition (ICD 10)

Mental Health Reform Steering Committee

Membership

Director of Mental health Services - Jennifer Joseph
Ag. Permanent Secretary, Ministry of Health – Xysta Edmunds
Ag. Chief Health Planner – Dwight Calixte
Consultant Psychiatrist – Dr. Naomie Jn Baptiste
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Principal Nursing Officer – Ms Juliette Mondesir
Psychiatric Nurse – Marlene Whitfield
Acting Hospital Administrator- Patrick Lammie
Director, Turning Point – Desmond Phillip

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