How Does Advancing Educational Opportunities for Psychologists Increase Access To Mental Health In Jamaica?

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2021-22 Global Psychology Learning Leadership Institute

Approximately 1 in 4 people around the world will experience mental health or neurological challenges (WHO 2001). Mental disorders are affecting more people each day and are estimated to cost the global economy 16 trillion dollars by the year 2030. In low to middle-income countries, between 76 percent and 85 percent of people with severe mental disorders receive no treatment (WHO 2013). Similarly, in the Caribbean, there is a 37.4 percent and 64 percent gap in the number of people who receive treatment for non-psychotic and bipolar disorders, respectively. Although, in Jamaica, there was an increased number of visits to public mental health facilities, approximately a 20 percent increase from 2013/2014 to 2015, the reported numbers are significantly lower than the actual need for treatment (PAHO 2019).

In Jamaica, 80 percent of the 2016 mental health visits to public health clinics were due to psychosis. In this time, 3 percent of visits were due to depression and 4 percent due to anxiety. Similarly, the WHO reported 4.4 percent of the world's population are affected by depression (WHO, 2017). However, based on the knowledge that only some seek care or have access to care, it is fair to assume that these reports are an understated reality.

This is especially concerning because poor access to mental health treatment and care imposes high economic burdens on countries (PAHO, 2019). For example, employed persons who suffer from mental illness are likely to miss days at work, or have decreased productivity rates, while others may not be able to work at all. It is estimated that between 2015-2030, Jamaica will lose US 2.76 billion dollars in economic output due to mental illness, which is a greater loss than that of any single category of non-communicable diseases except cardiovascular

disease (PAHO, 2019). Therefore, undiagnosed, or untreated mental illness has significant negative effects on the individual, the country and globally.

Due to the prevalence of mental health challenges and the state of mental health access, governments worldwide have acknowledged mental health as a priority for global wellness and have committed to playing their parts in their respective countries (Bährer-Kohler & Carod-Artal, 2017). According to the World Health Organization (2001) the solutions to global mental health should include; providing mental health treatment in primary care, increasing the access to psychotropic medications, increase the availability of mental health resources to community care, educate the public about mental health and illness, involve communities, families and consumers in the solution to mental health and wellness, establish national policies and legislation, develop human resources, link mental health to other sectors, monitoring community mental health and support mental health research (Fricchione et al, 2012).

Like many other countries, Jamaica can proudly report that its leaders believe in the concept of Global Mental Health. The government has added increased access to mental health services by all to their 20-year plan, they have decreased the emphasis on institutional care and increased community care and access through policy changes, hiring mental health nurses, increased access to psychopharmacological drugs, and increased their marketing of mental health and wellness across the island. Jamaica has made many positive strides in the past to increase access to mental health services across the island. This includes establishing the largest mental health hospital in the English Speaking Caribbean and more recently reassuring the population that there will be increased access to mental health support for all by the year 2030 (Hickling, 2019; Arthur, 2010; Jamaica Information Service, 2015). This initiative has led to mental health days in all community clinics, hiring psychiatrists and psychologists to work in hospitals, hiring

field officers to bring medication into communities and educating doctors about depression and anxiety. Despite these initiatives, Jamaica has a far way to go before all its people have more access to mental health services (Hickling, 2019).

Furthermore, Global Mental Health involves having competent and adequate mental health professionals that can provide care to all people. Currently, there are approximately 150-200 registered psychologists in Jamaica. However, the Jamaican Psychology Society (JamPsych) reports on a strength of almost 300 psychologist members. This discrepancy in addition to the fact that there are psychologists who are not registered and not members of JamPsych mean that there are psychologists who are unaccounted for in Jamaica. For this paper, a maximum of 400 psychologists are estimated to serve Jamaica's almost 3 million population, which is approximately 1 psychologist to every 7500 people. While, as of 2017 there was a 2.5 medical staff to every 1000 Jamaican, which is a significant difference between the country's mental health and physical health human resources.

While there are many psychologists that serve in the public sector; the majority prefer to work in private practice or in global north countries, where the pay and resources are greater. In contrast, government psychologists are stretched to work across several areas and perform the tasks of a team of psychologists to provide mental health care to the underprivileged and underserved; the largest sector of the population. This means that some community clinics have one or two mental health days, psychologists work in several communities, and there are limited public education initiatives geared towards decreasing the mental health stigma. Additionally, Jamaicans are not adequately informed of the signs that will help them to identify and get early intervention for mental illness. This then perpetuates the long-studied risk factors for mental ill health. On the surface, these seem like major issues on their own but these limited resources for

psychologists is just one part of the domino effect that affects mental health access in Jamaica. The stigma of mental illness and the limited resources of the mental health professions not only demonstrates that the efforts that the government has been making to increase the access to mental health services in Jamaica are not enough but there is a need for new angles of intervention.

There are several possibilities for what Jamaica can be if the country continues to evolve its movement toward access to mental health for all. One possible outcome is the staging model approach. The staging approach identifies intervention at all stages of mental illness. It incorporates individual awareness, family and community knowledge and proactivity, primary health care and beyond (Patel et al, 2018). Essentially, there should be public health education about mental health and wellness. Like in the 1970s and 1980s where public mental health campaigns were broadcasted nationwide, adults who were exposed to these campaigns demonstrated less mental health stigma than younger adults who were not exposed (Hickling et al, 2010).

Furthermore, to be a practicing psychologist in Jamaica, it takes at least 5 years of formal education, to the master's level. Several psychologists move forward to receive their doctorate either in Jamaica or in schools across the world. Like every profession, there are fewer psychologists advancing in each level of academia. Unlike many other professions, psychologists may only begin to practice after attaining a Graduate degree in psychology, whereas nurses, social workers, guidance counsellors and physical therapists begin to practice during and after their bachelor's degrees. The requirement for higher degrees results in a bottleneck that then exposes existing psychologists to burnout. Due to the forgoing, the following solutions are proposed to increase mental health access to all Jamaicans.

Proposed Solution

It is important that undergraduate psychologists learn skills that make them important mental health allies. There are several opportunities for undergraduate psychologists to contribute to society such as community field workers, behavioural modification specialists, school shadows, suicide or distress hotline employees, client check-ups and coaches. However, too often students would have to invest significant resources to learn these skills outside of their programs. This is expensive and creates a huge gap between educated people willing to work and their capacity.

Therefore, I propose that the Jamaica Ministry of Health and Wellness (JMOH&W) create and define these posts within the mental health sector and hire and/or provide scholarships for undergraduates in Psychology to increase their knowledge so that they may fill these positions. To do this, the head of the Mental Health sector of the JMOH&W will need to analyse the roles and positions of all the mental health professionals they have employed; as well as their academic qualifications and experiences and their salary. Then they would have to identify the gaps that are in their workforce, which some have outlined in the above. This will allow them to identify the needs that the mental health community has, as well as the burdensome workload of their hired professionals.

Secondly, they will be able to create the jobs that are necessary by defining the roles and responsibilities, the pay scale, the requirements and the logistical placements of each person hired to fill these roles. Third, they will have to examine if these requirements are taught in the five undergraduate psychology programs in Jamaica. If they are then the MOH&W will be able

to advertise these positions, review applications and then hire the best individuals for the position. If the desired positions are not available, then the MOH&W will have to source teachers and/or programs that will help these graduates to attain the knowledge and experience they need to work in the field. If they are able to find qualified personnel within their organization that can provide these training then they may open applications to interested persons to receive training to be qualified for the position. In the event that they do not have any qualified personnel to provide training the ministry would have to source and analyse international remote or face to face trainings that graduates can apply to and complete to get the position, the ministry may also offer scholarships to the best interested candidates so that they will not be deterred by this added expense.

It is also recommended that the initiative is audited twice per year to determine its effectiveness, to identify areas that need improvement and to add to an international movement that creates useful positions for psychology undergraduates to contribute to the mental health and wellbeing of their country.

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