

Belize

National Mental Health Policy

2023 - 2028



NATIONAL MENTAL HEALTH POLICY
BELIZE

Ministry of Health and Wellness
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FOREWORD

The Belize National Mental Health Policy 2023-2028 identifies key actions critical to the continuing reform of mental health services. It stresses the integration of mental health at all levels of the health system and community mental health as key actions to ensure accessible, equitable, and comprehensive mental health services. This policy is aligned with the objectives of the Sustainable Development Goals, specifically goal 3.4 which aims at reducing by one-third premature mortality from non-communicable diseases through prevention and treatment and promoting mental health and well-being by 2030.

The mental well-being of Belize's population is of utmost significance; hence, the collaboration of the socioeconomic, political, and health sectors to implement multidimensional interventions is a major recommendation. Consumer and advocacy groups, civic organizations, and governmental and non-governmental organizations are all stakeholders in achieving this ambitious policy.

While reports show that there has been progress made toward community mental health through the initiation of psychiatric nurse practitioners' training in the 1990s, there are still many challenges that require our intervention. These include continuing a substantial gap between the demand and supply of mental health services, stigma and discrimination, outdated mental health legislation, and other system weaknesses. Similarly, evidence to support effective decision-making is still lacking.

This National Mental Health Policy was developed through a consultation process with relevant stakeholders. The consultation methodology was designed to review the state of mental health and mental health services at the district level, to identify best practices, and service shortfalls in providing mental health services.

This policy is just the beginning. The Ministry of Health and Wellness will draft strategic plans based on the actions outlined in the policy.



Honorable Kevin Bernard
Minister of Health and Wellness

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Finally, acknowledgment also goes to all the non-governmental organizations that will utilize the policy to provide a road map to the provision of quality mental health services.

ABBREVIATIONS

BHIS	Belize Health Information System
CHWs	Community health workers
COVID-19	Coronavirus disease
CTP	Community Treatment Program
DALY	Disability-Adjusted Life Year
GDP	Gross Domestic Product
HIV	Human Immunodeficiency virus
ICD-11	International Classification of Diseases – 11
LMICs	Low- and middle-income countries
MH	Mental health
MHA	Mental Health Association
mhGAP	Mental health gap action program
MOHW	Ministry of Health and Wellness
NDACC	National Drug Abuse Control Council
NHI	National Health Insurance
PAHO	Pan American Health Organization
PHC	Primary Health Care
PNP	Psychiatric Nurse Practitioners
UNDP	United Nations Development Program
UNICEF	United Nations International Children’s Emergency Fund
VCT	Voluntary Counselling and Testing
WHA	World Health Assembly
WHO	World Health Organization
WMHD	World Mental Health Day
WSPD	World Suicide Prevention Day
YLDs	Years Lived with Disability

PART 1: BACKGROUND

1.1. INTRODUCTION

The Belize Mental Health Policy 2023 - 2028 provides a framework for delivering the best possible mental health care to Belize's population. This aligns with the vision of the Belize Health Sector Strategic Plan (2014-2024) and the Ministry of Health and Wellness (MOHW) regional and international commitments. The Strategic Plan of the MOHW envisions "a healthy, empowered, productive population supported by an effective network of quality services and effective partnerships for wellness."¹ Additionally, the vision of the Belize National Plan of Action for the Prevention and Control of Non-communicable Diseases 2013-2023 is to "Improve the wellness of Belizeans through the prevention and control of non-communicable diseases and their risk factors."² These plans undoubtedly include mental health. Additionally, at the 65th World Health Assembly in May 2012, Resolution WHA65.4 was adopted. This resolution considers the global burden of mental disorders and the need for a comprehensive, coordinated response from the health and social sectors at the country level. The resulting World Health Organization's (WHO) Comprehensive Mental Health Action Plan 2013–2030 calls on member states to develop, strengthen, keep up to date, and implement national policies, strategies, programs, laws, and regulations relating to mental health within all relevant sectors.

1.2. METHODOLOGY

The steps involved in the drafting of The Belize Mental Health Policy 2023-2028 include:

- Review of the 2010-2015 policy and the World Health Organization (WHO) policy guidance package to inform the policy content and structure.
- Review of institutional reports and statistics to inform the context for policy development.
- Conducting first rounds of stakeholder consultations with mental health personnel, service users, carers, and family members.
- Circulating the draft document for public consultation.

1.3. THE MENTAL HEALTH CONTEXT

Mental health has a diversity of definitions among laypeople and professionals. The WHO defines mental health as a "state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to his or her community." It is an integral component of health and well-being and forms the basis of our individual and collective abilities to make decisions, build relationships and influence our environment. Mental health is a fundamental human right and crucial to personal, community, and socio-economic development.

1 http://sisco.copolad.eu/web/uploads/documentos/Belize_Health_Sector_Strategic_Plan_2014-2024-April_2014.pdf

2 <file:///C:/Users/elleb/Downloads/NCD%20Strategic%20Plan%20-2013-2023.pdf>

Individuals and communities value good mental health and its contribution to the fundamentals of the human condition, such as healthier lifestyles, better physical health, improved recovery from illness, fewer limitations in daily living, higher education attainment, greater productivity, employment, and earnings, better relationships with adults and with children, more social cohesion and engagement and improved quality of life.

1.3.1. The Global Mental Health Context

The World Health Organization's World mental health report: transforming mental health for all (2022) estimates that approximately 13% of the world's population live with a mental disorder at any given time, with 15.6% of those affected residing in the WHO Region of the Americas. In 2019, an estimated 970 million people were living with mental disorders, as identified by the Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2019. Additionally, various estimates reflect that 283 million people were diagnosed with alcohol use disorders in 2016, 36 million with drug use disorders, 55 million with dementia in 2019, and 50 million had epilepsy in 2015.

Anxiety and Depressive Disorders were the most prevalent mental disorders, with rates of 31% and 28.9%, respectively. Early estimates indicate a significant increase in anxiety disorders (28%) and Depressive disorders (26%) resulting from the COVID-19 pandemic.

Gender is correlated with the prevalence of some mental disorders, as seen in depressive and anxiety disorders, which are about 50% more common among women than men during their lifespan. Men, however, are more likely to have a substance use disorder. Overall, slightly more women (13.5% or 508 million) than men (12.5% or 462 million) live with a mental illness.

An estimated 8% of young children and 14% of adolescents live with mental disorders. The onset of about half of the mental disorders diagnosed in adulthood is estimated to be around the age of 14 years. Developmental disorders are the most common mental disorder in young children under five; this includes autism spectrum disorder which affects 1 in 200 children under five years of age. Anxiety is the most prevalent mental disorder among adolescents, particularly adolescent girls.

Dementia affects approximately 6.5% of adults aged 65 years and is a critical public health concern. Of the 13% of adults over 70 years diagnosed with mental disorders in 2019, depressive and anxiety disorders accounted for a significant proportion.

Mental disorders are important risk factors for other diseases such as HIV, cardiovascular disease, diabetes, and vice-versa, as well as unintentional and intentional injury. Mental health conditions are likely a significant contributing factor to premature mortality, as estimates show that people with severe mental health conditions die 10 to 20 years earlier than the general population. Cardiovascular disease, respiratory disease, and infection account for most of these deaths.

Globally, suicide accounts for more than one in every 100 deaths amongst all age groups. In 2019, an estimated 703,000 people worldwide died by suicide, with approximately three-quarters (77%) occurring in low and middle-income countries (LMICs). For every death by suicide, there are more than 20 suicide attempts, with women having twice as many attempts than men. However, men die by suicide more than women; in some countries, the male-to-female ratio for death by suicide is as high as three men to every woman. Suicide is the fourth leading cause of death among 15–29-year-olds, and the suicide rate among those 70 years and over is of great concern. In most regions of the world, suicide rates seem to be on the decline; with the exception of The WHO's Region of the Americas, where suicide rates have increased by 17% over the past 20 years.

An estimated 20% of all patients seen by primary healthcare professionals have one or more mental disorders. Globally, mental, neurological, and substance use disorders accounted for an estimated 10.1% of the Disability-Adjusted Life Year (DALY) and account for one in every six Years Lived with Disability (YLDs).

There is a high unmet need for mental health care among people with mental health conditions because worldwide, mental health systems are failing to meet their populations' needs. Gaps have been identified in most aspects of mental health care, including the quality of mental health services, evidenced-based psychosocial interventions, and social support (income, housing, employment, education, and legal aid) for persons with mental health conditions.

Several vital barriers contribute to people's reluctance or inability to access adequate mental health services. These include:

- The lack of quality mental health services, especially at the primary and secondary levels of care.
- Inadequate human resources for mental health.
- The high cost of treatment, especially in countries where mental health care is not included in national health insurance schemes.
- The distrust of health professionals and treatment, especially psychiatric medications, and the unwillingness to disclose mental health problems.
- Inadequate health literacy leads to limited knowledge of mental health disorders and low treatment adherence.
- Prevailing negative beliefs and attitudes undermine the value placed on mental health and effective health care.
- Pervasive stigma and discrimination against people living with mental health conditions.

1.3.2. The Belize Mental Health Context

Mental Health Reform

Mental health (MH) in Belize can be described as community-based with most services delivered in mental health clinics situated in primary healthcare facilities, and a few are located within community hospitals. All the dedicated mental health facilities are managed by the government. There are no private mental facilities in Belize. Recently, a few mental health professionals (psychiatrists and psychologists) have set up private clinics in urban areas. The country's primary health care (PHC) system is widely distributed and can be found in all district towns and outlying areas; however, the integration of the MH component varies among districts.

The MOHW made significant steps towards shifting from institutional to community-based care. Firstly, the training of psychiatric nurse practitioners (PNP) which began in 1991, resulted in an increase in the availability and accessibility of mental health care since the newly trained nurses established mental health clinics in the districts and cities in the country. As a result, mental health care was brought closer to where service users reside and work. Secondly, the Rockview Hospital, the country's only psychiatric hospital, was gradually downsized and closed in 2008. In preparation for its closure, various types of services were instituted in communities to ensure that the needs of the users were addressed. These community services provided treatment in a less restrictive manner and help to decrease stigma. These services and facilities are currently operational and include:

- Expansion of the Ministry's coordination unit to include posts for a mental health coordinator and project officer. The position of secretary was also created.
- Established eight primary health care (PHC) clinics, one in each of the six districts; one in Belmopan City and two in Belize City. The clinics operate from Mondays to Fridays, 8:00 am to 5:00 pm, and are the first entry points for mental health services such as consultations, medications, counselling, and social work services.
- Strengthening of the mental health clinics with additional PNPs. There are at least two PNPs in each of the mental health clinics. A cohort of PNPs completed their training in February 2020. They provide mental health care, including assessment, diagnosis of mental health problems, medication prescription, and referral to counselling to other levels of services.
- Plans are in place to execute mental health promotional programs at the district level and conduct regular mobile clinics and outreach services to individuals in underserved areas to provide who provide a variety of treatments to first-time and returning patients.
- The creation of a 4-bed Acute Psychiatric Unit at the Western Regional Hospital for patients requiring stabilization and management of acute psychiatric symptoms. Admissions to this unit are referred from the hospital emergency unit or the mental health outpatient clinics.
- The construction of a Day Hospital in Belize City which provides temporary beds for patients requiring brief sedation or medication management. Meals and hygiene services are also available at this facility.
- Psychiatric patients requiring brief admission to manage acute symptoms are admitted in general hospitals in the districts and at the Karl Heusner Memorial Hospital (KMHM) in Belize City.
- Construction of a residential facility in Belmopan where persons with chronic psychiatric illnesses reside. This facility has 23 beds occupied mainly by long-stay residents who resided at Rockview Hospital. Many of these residents require long-term care due to limited or deficits in functioning or no family support.
- Implementing a small team called the Community Treatment Program (CTP) to conduct home visits and provide treatment to people with mental illness who are homeless.
- Implementing regular clinics in institutions for the elderly, children, and incarcerated persons.
- Supplying essential medications to public health facilities free of cost by the Ministry of Health and Wellness. The psychotherapeutic drugs available to the public are those included on the World Health Organization's (WHO) Essential List and represent the most affordable choice for the government.
- The addition of posts for psychiatrists, counsellors, and social workers for the mental health program. Currently, there are three psychiatrists in Belize, they are posted in Dangriga, Belmopan, and Belize City. Two of the psychiatrists are from the Cuban Brigade on brief assignments and the other was recruited by the MOHW to provide clinical services and supervision to the PNPs. This psychiatrist also offers professional services to the different government ministries, including expert testimonies for the state. There is currently one counsellor and one social worker in the program. Services provided by the counsellor can be accessed at the counsellor's office in Belize

City; while the social worker provides outreach services to the district mental health clinics as needed.

- The training of medical officers, rural health nurses, and community health workers in the mhGAP is a primary strategy for the mainstreaming of mental health services.
- The delivery of various promotional and training activities by all categories of mental health staff. Some examples include:
 1. Training for police officers, teachers, and the military.
 2. Training of medical officers, nurses, and CHWs in the mhGAP.
 3. Observance of World Mental Health Day (WMHD) and World Suicide Prevention Day (WSPD)
 4. Educational sessions at schools, workplaces, and other community settings.

The Belize mental health system possesses many elements that are aligned with the World Health Organization's recommendations for an optimal mix of mental health services. The WHO's pyramid proposes that the reform of mental health services include services in various settings and levels such as primary care, community-based settings, general hospitals, and specialized psychiatric services.

Mental Health Epidemiology

Accurate figures for the prevalence of mental health disorders in Belize are unavailable since no epidemiological study on Mental Health has been conducted in the country. Most of the available data was collected from public health facilities via the MOHW's health information system, the Belize Health Information System (BHIS). The top three mental health diagnostic categories recorded by the BHIS for 2018-2021 were anxiety disorders (45%), affective disorders (22%), and schizophrenia and related disorders (8%). Other reasons for consultation include substance-related disorders, alcohol use disorders, pre-adult and senility, and organic mental disorders.

For the period 2018 – 2021, a total of 11,312 patient visits were recorded; of those, females accounted for 60.7% and males 39.3%, respectively. 73.4% were classified as new patients. Of the total consultations, 33.4% were recorded by facilities in the Cayo District and 22.5% from the Belize District. People 35-39 years accounted for most mental health visits, followed by those 20-24 and 40-44 years old. People 60 years and older accounted for 13.4%, while children and adolescents (under 19 years) accounted for 15.7% of the patient visits. The most common reason for consultation among children and adolescents was anxiety.

Data from the BHIS for 2020 indicate that 32 persons died by suicide, representing a death rate of 7.63/100,000. Twenty-three were males, and nine were females, representing a male-to-female ratio of 2.5 to 1. The highest rate of suicides in 2020 was among persons in the 25 – 29 age group.

1.3.3. Issues for the 2023-2028 National Mental Health Policy

The following issues were identified as themes extracted from the responses of service users and mental health staff during the first round of consultation.

Absence of mental health legislation

There is a need to have a dedicated mental health legislation that supports and facilitates the implementation of the policy and plan.

Strengthening of MH coordination

The unit currently has a coordinator however, all other posts are vacant and need to be filled. This is necessary for effective policy implementation and decision-making for mental health. A mid-level coordination structure must be instituted to facilitate communication between the coordination unit and the district-level services.

Adequate financial resources

The unit is provided a budget for the activities of the unit however, this is not enough to achieve a sustainable and well-functioning MH system.

Persistent negative attitude

Stigmatizing and discriminatory attitudes towards mental illness and service users permeate levels of society, including the professional and political levels. This has a detrimental negative impact on the following areas:

- Embracing community mental health and advocating for evidence-based treatment approaches.
- Placing MH as a priority in the National Public Health Agenda.
- Allocation of adequate financial and human resources for MH.
- Integration of MH services into the general health care system.

Shortage of mental health services

Although various levels of mental health services exist, they are insufficient in quantity to meet the MH demands of the population. These services are functioning well where they exist but need to be scaled up so that a more significant percentage of the population can access them. Rehabilitation, social, and recovery services for users are minimal to non-existent in many areas.

Mainstreaming of mental health services

The training of staff in the mhGAP needs to be scaled up so that integrating the MH component into PHC services can be expanded. Supervisory and reporting mechanisms need to be strengthened.

Effective coordination within and among sectors

Weak coordination structures between healthcare providers, the MH sector, and other sectors pose a challenge in providing comprehensive care for people with mental disorders and the continuity of their care. Lack of coordination leads to the duplication of services and the establishment of services that are neither sustainable nor based on the users' needs.

Inconsistent supply of psychotropic medications at MH services

Currently, the medications that are available at MH services are outdated and produce debilitating side effects. Moreover, frequent stock-outs that beset the supply of medication are often remedied by switching to another medication of a similar class but with inferior psychotherapeutic properties.

Service user empowerment

Service users are dissatisfied with the quality and availability of mental health services. New ways to directly engage service users in decision-making about the future of mental health care need to be explored so that they can be included and respected.

PART 2: MENTAL HEALTH POLICY FRAMEWORK

2.1. VISION

To provide a comprehensive, integrated, and community-based mental health service that is responsive to local needs and circumstances.

2.2. VALUES AND PRINCIPLES

<u>Values</u>	<u>Guiding Principles</u>
Human rights	Mental health treatment and care shall promote and protect the rights, dignity, and autonomy of people with mental disorders.
Accessibility and equity	Timely and appropriate mental health services of the highest quality shall be accessible to all people regardless of their geographical location, economic status, gender, race, age, social condition, mental or physical disability, sexual orientation, religion, HIV/AIDS status, and health status. Mental health services shall have parity with general health services.
Integrated mental health care	Mental health services shall be integrated into all levels of the general health care system.
Community-based care	<p>Inpatient care shall be accessed only after all alternatives for community care have been exhausted.</p> <p>People with mental disorders shall be cared for using the least restrictive form of care and as close to their homes and communities as possible. Active family involvement should be encouraged and facilitated.</p>
Inter-sectoral collaboration	<p>Mental health services shall work jointly with other sectors and organizations such as the social services network, criminal justice system, housing, education, labour department, NGOs, international agencies, and other relevant agencies.</p> <p>Coordination and collaboration with private, public, local, national, regional, and international organizations and agencies shall be strengthened to ensure the optimal mobilization and utilization of resources.</p>
Life-course Approach	Targeted prevention, treatment, and support programs will consider the psychosocial needs across the lifespan.

2.3. OBJECTIVES

The objectives of this policy are:

- To scale up community-based services and integrate mental health services into the health system's primary, secondary, and tertiary care levels.
- To develop public awareness programs and activities to improve mental health knowledge and reduce stigma and discrimination associated with mental illness.
- To promote and protect the human rights of people with mental disorders.
- To strengthen the collection, analysis, and use of mental health information for evidence-based decision-making at all levels and monitoring and evaluation of relevant programs and services.
- To implement promotion and prevention programs for at-risk populations and the general population to prevent mental disorders' development and increase their understanding of the impact of social and environmental factors on mental health.
- To forge strong partnerships with other sectors to implement a robust mental health program that addresses prevention, treatment, rehabilitation, and social support for people with mental illness.
- To offer equitable access to quality treatment (medications, qualified staff, and therapy) for the population.
- To provide quality and specialized services to identify and treat mental disorders in people of all ages.

2.4. ACTION AREAS

The areas for action are accompanied by a list of necessary measures to achieve the policy's vision.

2.4.1. Coordination of the Mental Health Program

Coordination of the mental health program at the MOHW is key to the leadership of the national mental health program and the monitoring and implementation of the mental health policy. It should be strengthened with sufficient human resources to provide the managerial and administrative support needed to achieve the program's vision.

To enhance the leadership of the program at the MOHW, it is necessary to:

- Expand the personnel at the national coordination unit to provide overall institutional leadership and coordination for mental health.
- Develop and sustain the technical capacity of the unit's personnel to plan, monitor, and evaluate the implementation of the mental health policy.
- Develop mental health plans with adequate budgetary provisions to achieve targets and outcomes at the national and district levels.
- Establish a supervisory and coordination mechanism at the district level to oversee mental health personnel's welfare and maintain links between the mental health unit and other health and governmental sectors, non-governmental organizations, and civil society in the districts.

2.4.2. Legislation

The current Acts concerning mental illness and people with mental illness are outdated and contain an abundance of human rights violations and stigmatizing language. A dedicated mental health legislation will be designated, the *Mental Health Act* will be developed and will:

- Safeguard the fundamental freedom and human rights of people with mental disorders.
- Establish an authority responsible for the monitoring of standards of patient care in private and public facilities and institutions.
- Define the scope of the mental health sector, the boundaries of intervention, and the consequences of the practice related to community mental health.
- Clarify the rights and responsibilities of users, family, and caregivers and all categories of mental health workers.
- Define provisions for voluntary and involuntary admissions and detention and treatment in emergencies.
- Designate the settings and health facilities in which users can receive extended treatment and rehabilitation services.

2.4.3. Provision and Organization of Services

The provision and organization of the services will aim to achieve the optimal mix of MH services as proposed by the WHO pyramid structure³. Evidenced-based treatments for mental health conditions, including medications and psychological therapies, are essential in providing services. Services for persons exposed to life-threatening hazards must be included as it is widely documented that exposure to disaster situations and shocks are risk factors for many persons' mental health and social problems. The service will provide care for all age groups and will:

- Scale up the service network to ensure that all districts' mental health clinics are within the primary care facilities; acute mental health units or an adequate number of beds are designated for mental health care in public hospitals; community-based day hospitals, residential facilities, and resource centers for psychosocial support. Community treatment teams and other community-based care will be established to meet the needs of local communities.
- Ensure that users have access to individualized health care plans developed with the participation of the patients. This care plan should include action to be taken in a crisis and advise health care professionals on how to respond if the client and carers need additional help. The care plan should be updated regularly. Mental Health education for families will be part of the services provided, and patient support groups will be facilitated to increase compliance and provide mutual support.
- Strengthen the response to psychiatric emergencies, especially after working hours, on weekends, and public and bank holidays. Emergency medications will be available at every emergency room, and emergency personnel will be trained to manage psychiatric emergencies.
- Develop the capacity of non-specialists (medical officers, nurses, CHWs) to provide mental health care at the primary and secondary care levels and strengthen the referral system with mental health specialists.
- Strengthen the referral system to facilitate timely care of the physical health needs of those with mental disorders.
- Include counselling and other psychological therapies to support the maximum recovery of users will be available in all districts and Belmopan City.
- Develop psychosocial and rehabilitation care services at the district level to support ongoing rehabilitation.
- Develop specialized services that will include:

Child and adolescent services - A care system will be established within and across sectors (Education, Health, and Social Services), including mechanisms to promote communication and referrals among professionals. This system will ensure that children and families receive

³ World Health Organization's World mental health report: transforming mental health for all (2022) https://www.mhinnovation.net/sites/default/files/files/2_Optimal%20Mix%20of%20Services_Infosheet%5B1%5D.pdf

appropriate services regardless of how and where they seek help, irrespective of their problems.

Older adult services - older adults with mental health needs/concerns will have access to adequate and quality mental health services that meet their needs in a way that considers their particular life stage.

Forensic Psychiatric Services – The mental health services will support the law enforcement and justice sectors when persons with mental health problems are involved with the criminal justice system.

Substance Abuse Disorders Treatment - Substance abuse contributes to many mental disorders identified. Evidenced-based treatment for substance use disorders, including outpatient counselling, brief intervention, and inpatient and outpatient detoxification, will be provided in the community. Inpatient treatment services for people with a dual diagnosis of mental illness and drug/alcohol problems shall be provided at either a mental health inpatient facility or a substance abuse treatment facility.

Liaison psychiatry: Mental health services will be available to people admitted to hospitals whose physical conditions affect their psychological well-being.

Mental health in emergencies: Update and implement the national response plan for mental health in emergencies. Strategies to address the adverse effects of death and disruption caused by disease outbreaks and global pandemics will be included. The plan will focus on preparedness and response activities that detail the role of responders in a community exposed to disasters. Capacity building for responding to mental health emergencies by health and non-health personnel will be a major strategy.

Victims of road traffic incidences: Provide psychological and psychosocial, including counselling and referral for victims and families of victims of road traffic incidences, so that they can recover. Capacity building for frontline personnel, including police officers, transport officers, and EMTs, to respond to RTIs and refer victims for counselling and psychosocial support.

2.4.4. Quality Improvement

Quality improvement is necessary to ensure optimal use of limited resources and to produce positive outcomes in mental health promotion, preventive activities, and the treatment and rehabilitation of persons with mental disorders. Actions for quality improvement include developing and implementing:

- National quality standards for mental health care in consultation with all relevant stakeholders.
- Guidelines for safe and effective mental health services within regional and district hospitals.
- Protocols for managing critical mental disorders will be developed, disseminated, and implemented at all public facilities.
- Quality improvement and monitoring mechanisms in alignment with the quality improvement program of the MOHW.
- Initiatives to support the mental and physical well-being of mental health care providers.

2.4.5. Promotion and Prevention

Mental health promotion aims to protect, support, and sustain emotional and social well-being and create individual, social, and environmental conditions that enable optimal psychological and physiological development. It will also maximize the ability of children, youth, adults, and older people to realize their potential, cope with the everyday stresses of life, and participate meaningfully in their communities. It also increases awareness and understanding of mental health and illnesses and thus reduces stigma and discrimination. Prevention focuses on reducing risk factors for developing mental disorders (e.g., substance abuse) and enhancing protective factors associated with mental well-being. Comprehensive mental health promotion and prevention programs include primary, secondary, and tertiary prevention strategies. Key actions in this area include:

- Design and implement a comprehensive national program to reduce stigma and discrimination.
- Integrate mental health promotion and prevention initiatives in the policy and plans of health sector programs such as HIV and VCT, maternal and child health, NDACC, and non-health sector entities such as social development and education. Notable targets include school mental health programs and life skills training that teach stress management skills.
- Develop and implement early recognition and treatment programs for people with major illnesses such as depression, dementia, suicide, and schizophrenia.
- Develop and implement psychological intervention programs for persons with substance use disorders and people chronically exposed to adversity.
- Support the implementation of a comprehensive suicide prevention plan.

2.4.6. Human Resources and Training

Human resources are the most critical assets of the mental health system. Quality improvement depends on the knowledge, skills, and motivation of the people responsible for delivering these services and having adequate numbers of diverse providers to deliver the services.

- Increase training opportunities for persons specializing in mental health at all levels, including nurses, social workers, occupational therapists, and alcohol and drug counsellors.
- Recruit and train adequate numbers of mental health care providers with diverse specialties and subspecialties (e.g., child and adolescent mental health specialists) to provide appropriate mental health care in all districts.
- Develop continuing professional development initiatives by appropriately trained care providers for all mental health staff.
- Design in-service training programs for health staff (nurses, medical officers, etc.) who routinely encounter people with mental illness.
- Advocate for an adequate number of public sector posts for the employment of specialized mental health personnel at the district level.

2.4.7. Intersectoral Collaboration

People with mental health problems have different needs beyond the health sector. Those needs and services are addressed through collaboration with sectors such as education, social services, housing, labour, police, justice, etc. Each of these sectors has a role to play in managing mental health issues in the community.

- Increase awareness of mental health issues for all those working in education, social services, police, housing, labour, the judiciary, and other relevant disciplines.
- Strengthen collaboration between the different departments that assist in managing patients with mental disorders. This includes developing protocols and guidelines that inform roles and duties that recognize collaborating entities' mandates.
- Liaise with relevant sectors to develop policies to improve the daily living conditions of people with mental illness, reduce inequalities, and provide evidence-based support to promote recovery and inclusion. This includes housing support, transportation, education, and skills development; supported or unsupported employment opportunities; reasonable adjustments of the work environment; and financial assistance where the user cannot help themselves.

2.4.8. Advocacy

Advocacy is essential to change the negative perceptions of people about mental disorders. Advocacy is also important to lobby for political support to raise the priority of mental health in both the governmental and public arena. Mental health service users, their families, mental health service providers, and related organizations all have a role to play in this area.

- Provide sufficient opportunities to include consumers, consumer groups, the Mental Health Association (MHA), families, and carers to participate in decision-making, policy development and implementation, and the planning and monitoring of services.
- Support the development of robust mental health consumer groups to advocate for better mental health services and actively participate in decision-making.
- Educate and encourage consumer families and community members' participation in advocacy to decrease stigma and discrimination against persons with mental illness.

2.4.9. Research and Evaluation of Policies and Services

Effective planning for mental health relies on information gathered through evidence-based research. Information on the causes of mental illnesses, the persons most at risk, and the affected population is essential to address service priorities.

- Establish a research committee to identify priority areas for research development.
- Foster partnerships between local and international research organizations or groups to implement priority mental health research.
- Develop a plan to evaluate the progress of implementing the plans, projects, and programs related to the policy actions.

2.4.10. Information Systems

Health information systems ensure the collection of critical data on various service indicators. The BHIS has improved data collection, processing, retrieval, and analysis. Confidentiality of health information is vital in building trust in mental health services. To optimize the capabilities of the BHIS, it is essential to:

- Ensure that the BHIS is accessible and adequately utilized at national and district levels.
- Identify critical mental health indicators for inclusion in the BHIS for routine reporting purposes.
- Initiate capacity-building opportunities for health and mental health personnel on using and applying the BHIS in clinical recording, diagnostic coding, identifying resource needs, and monitoring client outcomes.
- Support the implementation of mechanisms that will protect the confidentiality of sensitive clinical records.

2.4.11. Financing

Adequate and sustained financing is an essential mechanism to improve mental health services in the community. The decentralization of a budget for mental health to all regions will enhance quality, accessibility, and the development of a trained workforce.

- Secure a budget for mental health that will provide a better quality of services at national, regional, and district levels.

PART 3: SECTOR ROLES AND RESPONSIBILITIES

The mental health policy will be implemented through successive strategic plans employing a multi-sectoral and consultative approach. The management and coordination framework will be aligned with that of the MOHW, and a mid-term and a final-term review will be established. The mid-term review will focus on progress made in the implementation of the strategic plan and assess the appropriateness of the overall strategic direction. The results will inform the remaining period of the plan and recommend adjustments where necessary. The final evaluation will focus on the impact/outcome of mental health policy through the strategic plan implementation.

The roles and responsibilities of the implementing entities are as follows:

3.1. Ministry of Health and Wellness

- Endorse the mental health policy and raise the profile of mental health at the national level.
- Facilitate the implementation of the national mental health policy and ensure that there are adequate levels of finances, human resources, services, supplies, and infrastructure including the BHIS.
- Advocate for the incorporation of the policy actions in the policies and plans of the MOHW, government ministries, and departments.
- Advocate for high-level commitment and support for updating mental health legislation in alignment with regional and global commitments and standards.
- Coordinate with partners (e.g., UN agencies, NGOs, etc.) to mobilize resources and technical assistance necessary to support the implementation of the mental health policy.
- Pursue and create opportunities for effective collaboration between the mental health program and other public and private sectors.
- Provide oversight of the implementation of the national mental health policy.

3.2. Mental Health Coordination Unit, MOHW

- Promote the integration of the mental health agenda among all levels of management, sectors, and programs of the MOHW.
- Lead the development and implementation of the *Mental Health Act*.
- Translate the national policy into strategic and operational plans, which include clear targets, indicators, budgets, and timelines.
- Update and develop where needed, national strategic plans and programs for principal areas for response such as suicide prevention, mental health promotion, and mental health in emergencies.
- Develop and monitor the implementation of norms and standards for mental health care provision across all services.
- Develop and monitor the implementation of clinical protocols for mental health at all service levels.
- Develop guidelines for human resources for mental health in alignment with the plan of the MOHW.
- Coordinate the inclusion of mental health indicators in the operational plans of other health programs, and relevant public and private sectors such as education, academic institutions, the media, law enforcement, social welfare, justice, workplaces, civil society, NGOs, and establishments providing paid employment of people with mental illness.
- Include the Mental Health Association, advocacy groups, and consumer and family groups in the development of plans and programs.

- Cultivate research activities that will provide data on mental health epidemiology and evidence to inform plans and programs.
- Ensure the availability of supplies, equipment, and infrastructure necessary for the execution of the activities of the mental health policy and plans.
- Standardize the mental health data set in the BHIS.

3.3. District Mental Health Services

- Integrate mental health indicators and activities in the operational plans of public and private sectors at the regional and district levels.
- Provide mental health promotion, prevention, treatment, recovery, and rehabilitation interventions in collaboration with relevant sectors and across all levels of services as outlined in the strategic plan.
- Build the capacity of health and external actors for the implementation of the activities of the mental health strategic plan.
- Provide technical assistance to public and private sectors to effectively implement mental health policies and plans.
- Establish a supervisory and referral structure for non-specialized health personnel providing services and the primary and secondary health service levels.
- Coordinate and monitor the availability of supplies, equipment, and structures necessary for the execution of mental health treatment, services, and activities.
- Maximize the capacity of the BHIS for clinical recording, data collection, and monitoring service indicators in the BHIS.

3.4. Collaborating Sectors and Agencies

The population's mental health status depends not only on the MOHW and mental health service provision but also on services beyond the health sector. Important to this policy topic are those entities that provide services that are necessary to meet the needs of people living with mental health conditions, especially those living in poverty or without housing, education, or the means to generate an income.

- Agencies and sectors that provide clinical services outside of the health sector such as schools, prisons, and residential facilities for children and the elderly will be responsible for working with the mental health department to increase the competence of their personnel to provide these services. A functional referral system will be integral for effective collaboration.
- The Department of Human Services, agencies and sectors involved in social housing, education, employment, and social benefits will incorporate support for people living with mental health conditions in their plans to ensure their inclusion and the fulfillment of their basic needs.
- NGOs, traditional, faith-based, and other private sector organizations will incorporate capacity building as an important strategy for the provision of health education and information on mental health and substance abuse to vulnerable groups such as women, children, the elderly, and those with disabilities.
- Consumer, advocacy groups, associations, and the media will partner with the mental health program to raise awareness on matters related to mental health and advocate for quality mental health services.

REFERENCES

- Global Mental Health Policy and Practice. Edited by Vikram Patel, Harry Minas, Alex Cohen, and Martin J. Prince. Oxford University Press, 2014
- Integrating mental health into primary care: a global perspective. World Health Organization & World Organization of Family Doctors. World Health Organization, 2008.
- Mental Health Policy Project (Policy and Service Guidance Package). Executive Summary. Geneva, World Health Organization, 2001
- Policy options on mental health: a WHO-Gulbenkian Mental Health Platform collaboration. World Health Organization 2017
- The Belize National Mental Health Policy 2010 - 2015. Government of Belize.
- World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS). World Health Organization, 2005.
- World mental health report: transforming mental health for all. World Health Organization 2022.
- Ministry of National Development (2002). “Belize National Human Development Report”. Government of Belize.
- The Gambia report from Olufemi Morakinyo (Mental Health Consultant), Professor of Psychiatry, Department of Mental Health Obafemi Awolowo University, ILE-IFE, Nigeria
- Ministry of Health (2005). “Psychiatric Nurse Practitioner Report” Ministry of Health, Belmopan, Belize,
- Statistical Institute of Belize (2006) “Abstract of Statistics”. Ministry of National Development.
- Statistical Institute of Belize (2001) “Census 2000: Major Findings”. Ministry of Finance, Government of Belize.
- WHO (2000). Regional strategy for mental health 2000 – 2010. Geneva.
- WHO (2005). Resource Book on Mental Health, Human Rights and Legislation. Geneva
- WHO (2005) World Mental Health Atlas. Geneva.
- WHO 2001. World Health Report: Mental Health: New Understanding, New Hope. Geneva,