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Mental Health in Jamaica: An approach to awareness and treatment in children

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Abstract

The awareness, perception and treatment of Autism was studied during a service study abroad class to Petersfield, Jamaica during the winters of 2013 and 2014. The program was developed to gain a basic understanding of the etiology of the disorder, and to examine the dynamic of a rural population's outlook on health. Parents, teachers, and other community members were interviewed and engaged in discussion to share knowledge and perceptions of Autism. We will discuss our experience and findings.

Our preliminary conclusions include the following. First, the amount and availability of resources affects the parents and children, impacting his or her disorder and treatment. Second, noticeable differences in the schooling systems in the United States and Jamaica have an impact on the outlook of health in general, and we've found that the services provided in various countries differ on how they affect the individual child or family. For example, the cultural differences may impact the level of acceptance of mental health in the U.S. and Jamaica and bar the progression of health awareness.

A challenge to overcome is the prominent barrier of socioeconomic status along with the need for culturally-sound approaches to medicine. What may also differ in other cultures is the approach to the treatment and education of physical and mental health. We may find that effective public health education that works in the United States may not apply elsewhere.

Introduction

Mental illness is a global issue, however, it is not viewed similarly in all cultures of the world. In some, the problem may be simply ignored, or an adequate health system may be lacking for individuals with a mental illness. The disparity is noted by the nation's government, but may not necessarily be addressed "properly." Countries with ample resources, such as the United States, may even have the general assumption that mental illness and its difficulties do not occur in other parts of the world, specifically lower socioeconomic countries. Recently, groups in the United States have conducted service trips to lower income countries seeking to remedy mental illness and raise public health awareness. However, this may be presenting more harm than good.

Many previous studies have examined what is involved in perception of mental health, especially on a global level. Education, environment, economic standing, and access to resources all are parts of perceptions of mental health. What is known culturally about family life also affects perception of mental health. Some mental illnesses are genetic, so the common nature versus nurture argument is applied to certain circumstances. The level of education of the individual affects how one learns about mental illness. If the education rate in a particular society is low, mental health may never be fully understood. There have been limited implementations of mental health interventions in schools for teacher and student awareness of mental health. A study by Reinke, et.al. (2011) examined current mental health needs in the five American school districts studied. Teachers were reporting back on their own knowledge, their level of support of children's mental health, and any barriers in the school setting. The majority of the teachers concluded that school psychologists played a very large role in the mental health awareness, active assessment, and monitoring student progress but also informing the students. The teachers

collaborated with the psychologists to make sure their progress was implemented in the classroom setting. The majority also agreed that globally, there is a lack of training and support for mental health needs in schools. Additionally, if there exists a lack of employment in a particular area, this additional mental health education would not be possible. There is a need for interdisciplinary actions especially within the school systems.

In Jamaica it was observed that the schools did not have adequate resources or a manageable teacher to student ratio. In the public schools, there could be up to 50 students with one teacher, and rarely was there a teacher's aid. There is not enough space, resources, or funding to hire more educators, which would seem like the logical answer. At the special needs school, the School of Hope, all of the students had various mental and physical disorders at various stages, but could not fulfill their needs physically or academically due to the lack of resources and lack of parental involvement. The school was extraordinary for using the resources and aid available for the children, but again, it is difficult to accommodate the growing numbers of mentally disabled children and a diminishing store of resources.

An important issue observed while in Jamaica was the absence of parent-child-teacher interactions, which was apparent not only at the public schools, but the special needs school as well. The School of Hope was the only special needs school in the area encompassing multiple parishes, and one of the few of the country as a whole. There was not enough health care service in general, let alone what is necessary for a special needs program. When speaking with the vice principal of the special needs school, she mentioned that there was inadequate parent-teacher communication throughout the time that students were enrolled in the school. She explained that there was still a stigma of mental and even physical health disorders in Jamaica, and parents are embarrassed of their child's condition or do not trust the system provided by the government.

Culturally, mental illness is considered a hopeless feat generally in Jamaica and many cases are ignored or concealed. Stigma, socioeconomic standing, cultural values, and social determinants of mental health are just a few of the factors that can have a large impact on the public awareness of mental health, and any positive changes that could be implemented.

One paper described a cross-cultural framework used to approach global mental health initiatives, which includes of absolute, culturally relative, or universal aspects (Ravindran & Myers, 2012). The universalism aspect in particular is most favorable in a culture such as the one encountered in Jamaica, because it "incorporates both absolutism and relativism and assumes that basic psychological practices are common to all members of a species; and culture influences the development and display of these characteristics" (Ravindran & Myers, 2012).

Social determinants of mental health are based on a number of factors that can influence a country and also be affected by its particular culture. There are very complex social forces that intertwine when considering mental health. There is a strong correlation between social inequality and poor mental health. One study mentions that social inequality among the many nations of the world has only risen because of globalization, and the mental health of those various countries have been affected (Lee, 2010). Many do not have the social support, and those with mental illnesses are pushed aside and not treated with proper care in general, or simply to not have the available care for specific mental health issues. Social roles are also very important to particular cultures and could be altered to accommodate mental illness. Since the world is becoming extensively interconnected through globalization, the pronounced health hazards are growing, which also changes the ways in which states can respond to these issues (Lee, 2010). Poor housing and poor nutrition could impact, or even amplify, certain symptoms of mental illnesses and may be due to economic problems worldwide.

Social and cultural determinants of gender also influence perceptions of mental health because certain illnesses affect men more than women or vice versa. A person's mental health may affect the ability to perform his or her social role in society. Gender inequality can lead to depression, anxiety, and other mental health disorders which are studied by cross cultural psychologists (Andermann, 2010). Social and cultural construction of gender in countries with different incomes was examined, along with the mental health effects of migration and resettlement for some cultural groups longitudinally. If men and women are placed in a society where their gender roles could shift entirely, it could have a major impact on their mental health. In certain cultures, both genders may be more prone to certain types of mental disorders because of their everyday occupation and social and cultural duties. Andermann (2010) describes this concept from a bio-psycho-social-spiritual model, which is becoming increasingly important when studying various cultures in their traditional or biomedical health systems. Individuals might not have enough acquired knowledge because of lack of resources to properly examine mental health from an objective point of view. Culturally, traditional practices would limit any biomedical interaction for patient and treatment plans, which would alter the way that particular group viewed mental health.

Child and family life is another aspect of a culture that varies greatly across the globe. Many psychologists are taking a holistic approach to examining the child and family dynamic, all aspects that make up social inequality among families of many different cultures. The *Movement for Global Mental Health* program "strives for bringing mental and behavioral treatment into schools for there is an increasing need for these programs among communities" (Yearwood, 2010). Physical health has received a majority of the global attention in the past, but now mental health is becoming a prominent focus around the globe, and programs are striving to

increase awareness, especially in younger generations. Within the schools, there could be potential for widespread implementation of practices specific to mental health of the students. To address mental health inequalities this author and other similar groups:

> "Endorsed (1) scaling up of evidence-based treatments for individuals with mental disorders, (2) a commitment within and across countries to protect the human rights of people with mental disorders, (3) developing mechanisms to monitor the progress of countries in achieving positive mental health outcomes for their citizens, and (4) assessing the effectiveness of mental health interventions delivered by non-professional trained community workers" (Yearwood, 2010).

The aims of these organizations include reducing the many stigmas and stereotypes that form around psychological disorders, which is why desensitizing the youth population and the family units is very important. Many initiatives are starting from the grassroots to build promotion and implement programs for mental health and create supportive environments without disrespecting any cultural views on mental health. Another example of a global program that has been implemented globally is the '*Open Doors Program*', which was set up in 1996 in order to combat the many stigmas and stereotypes specifically against Schizophrenia. The program is employed in 20 countries and there are about 200 anti-stigma interventions (Satorius &Schulze, 2005). Many different groups within specific countries target law enforcement, schools, any health care professionals, and the media (again, to the extent that all of these are available in the particular countries). The successful outcomes were successful because the 'Open Doors Program' was sensitive to the different cultural needs amongst its peoples, creating opportunities to learn and implement these changes themselves (WHO, 2002).

There is much encouragement for these communities to try and develop support and awareness plans themselves, with help from these organizations, mainly NGOs, to not only gauge the mental health programs towards more culturally-specific tendencies, but also sensitive to the resources available. Much of this is what is currently being developed in Jamaica. When

the student group from Roger Williams University arrived, it originally hoped to generate mental health awareness among community populations, specifically in regards to autism. One significant observation is that parent-child-teacher communication is in need of improvement as well as awareness programs to enhance that social and family support about mental illness.

Much of the research analyzed in this paper was inspired by the service learning trip through Roger Williams University. Traveling to rural Petersfield, Jamaica, we had the original goal of focusing on Autism, which is a spectrum disorder that stems from problems in brain development of mainly young children. Autism can affect the child within three main categories of its development; communication, socialization, and cognitive development. There are 'levels' of the disorder which can range from the child having limited speech and eye contact, as well as completely avoiding social interaction. On the other end of the spectrum there may only be mild social difficulties, such as not knowing what is appropriate/inappropriate for different social settings.

Studying Autism was very challenging in Jamaica, for there were different cultural outlooks on the disorder, which could even differ in other parts of the country itself. A main goal was to assess how a culture unlike our own, defines, treats, and/or simply perceives the disorder. Observations there sparked the interest of examining how the United States perceives mental health in general, and if those perceptions have an effect on how aware individuals are about mental health around the world (NAMI, 2014).

In our research, we seek to examine how Autism is perceived on a global level from individual perception from students in the U.S. A brief questionnaire was admitted to students to intentionally evoke stereotypical responses. Specifically, we want to evoke these stereotypes so as to truly examine what people believe are the causes, treatment, and prevalence of Autism (as

well as two other prevalent mental disorders for comparison purposes: Schizophrenia and Depression) in other countries. Included in the survey are a few questions asking the individual if he or she has traveled, where, and duration. We feel this information could influence how the rest of the questions will be answered by the participants. Research and observations suggest that difficulties with mental health occur on a global level. It is hypothesized that individuals from the United States do not believe that mental illness occurs and is not properly treated in other countries. It is also hypothesized that individuals who have a high level of perception of mental health will have a greater understanding on a global level.

Method

Participants

For this study, participants will include approximately 100 undergraduate students of who range from age 18-25. Participants are volunteering to take part in this study, which consists of answering a short questionnaire (Appendix I). The study is open to both genders. Participants are still being gathered, therefore the analysis is still ongoing, however a trend is developing with the results that is beginning to apply to the hypotheses submitted.

Procedure

The questionnaire to be completed consists of questions based on the students prior travels (if any) and their perceptions of mental health on a global scale. Before completing the questionnaire participants will be given informed consent and are able to withdraw if there is any discomfort. Participants will be asked to complete the questionnaire to the best of their ability and as honestly as possible. Subjects may ask questions or terminate participation at any time (See Appendix I).

After completing the questionnaire participants are thanked for the involvement and given a debriefing. The data from the study was compiled and now can be analyzed using basic statistical procedures, i.e. t-tests, ANOVA, correlations, etc., via SPSS. Data is to be stored for a minimum of 2 years after final results are determined.

Results

As mentioned, the questionnaire administration is still in the process at this time. However, after examining the current results, it can be predicted that the hypothesis will be supported. Those who have traveled abroad seem to have a better understanding of how and why mental illness is perceived in the particular countries observed. Due to lack of resources and government funding, there are limited opportunities for individuals to apply treatment for mental health. Additionally, it seems that the general population does not believe countries that are of lower economic standing have the proper methods to treat or implement positive changes for mental health (See Table I & II, Appendix I).

Discussion

In terms of discussing Autism specifically, there are many outside influences to the disorder that affect the biological causes. Autism is part of a spectrum of disorders that are all related by similar characteristics, stemming from brain development. Autism is considered to be on a spectrum of disorders, ranging from mild to severe. It is a disorder with no cure; it lasts for the individual's entire lifetime. It can be diagnosed at about age 3, for this is when there are considerably notable differences within the child and his or her interactions with the parents. The disorder is based on the behavior of the child, and although it is a developmental brain disorder, the specific location within the brain is still unclear. The child could improve, observe no change, or become worse with their impairments as they grow older. No two children have the

same range of symptoms and Autism affects every child differently (Ruble, L., Gallagher, T., 2004).

Autism can affect the child within three main categories of its development; communication, socialization, and cognitive development. Within the three main categories of the impairment, there are differences for each child with Autism; hence one 'level' on the spectrum is Asperger's Syndrome, where the child's Autistic symptoms are less severe. With communication, in severe cases, the child may be unable to talk, and use aggressive movements or unruly behavior to try and express what is going on inside their mind. The child may be able to speak, but not know how to effectively display what they are feeling. In these cases, the child could produce a variety of actions: act aggressively towards family, themselves, and others such as thrashing about, flapping their arms, hitting themselves, spinning or rocking motions, for they are unable to communicate properly and find those actions the only way to express themselves, or comfort themselves (Samms-Vaughan, M., Franklyn-Banton, L., 2008). In terms of socialization, the child usually enjoys being alone, or just does not know how to act properly in social situations so they end up by themselves, especially throughout school. Culture influences this social factor, for different areas have different social norms for expressing behavior to begin with. The child may have a hard time understanding rules and why they are put into place, and also struggle with reading the emotions of others; which is why initiating and maintaining any sort of social interaction or even perspective is difficult.

Cognitively, the Autistic child can be exceptionally intelligent, just may be unable to show this properly, or tend to 'focus' on one particular area of interest. For example, Autistic children are commonly stronger in processing visual information versus verbal information so they may excel, or fixate on subjects such as math or have a fixation with numbers, and may also

be fixated on music or art. Since the child is very narrowly focused on one area, they become exceptional at it, and are able to show their intelligence. However, when Autism is comorbid with other disorders, sometimes there is a cognitive impairment with the child that may not be able to be addressed or narrowed to a particular activity. The Autistic child may also have a difficult time staying organized, which is why a routine becomes extremely important for the individual to try and live a 'normal' lifestyle. Flexibility is necessary in school and home, for the child usually needs a set schedule that is adhered to. It is also necessary to have consistency in the way the child is handled at home and in school, which again in places outside the United States (where there are ample resources for this) may be very difficult. Children may not be able to attend school regularly, let alone have proper parent-teacher communication (Ruble & Gallagher, 2004).

With the difficulty in social interaction and learning, one can see how the child may not be able to express themselves, regardless of their culture, act "properly," or learn, how to make a living for themselves. However, globally, there are many issues that come along with mental health in general. The study of psychology is such a new and developing discipline, one might conclude that human behaviors that are classified as mental illnesses are still being defined, analyzed, and accepted in every culture; especially since every culture views mental illness differently.

In terms of global issues on mental health, cultures vary on the way that mental health is perceived, which really, is inevitable. Some countries might not find it important and on the other hand some might consider mental health equally as important as physical health. In the many different places around the world, mental illness can be considered 'taboo' and those with a mental illness or disability are hidden from the rest of society. Some are not given or have the

proper care available, since many countries lack the expensive resources needed to benefit mental health. Education of these issues is very important, because if a society does not know what certain mental illnesses entail, it can cause great difficulty for the individual, family, society, and anyone else involved (Ravindran, N., Myers, B.J., 2011). Also, many cultures have different ways of treating someone who is physically ill, let alone mentally ill. There are rituals that are based on tradition and natural resources, and then there are countries that have the best medicines and treatments available to them. However, who is to say that one culture's way of treating mental illness is right or wrong? How far can we go as an affluent country that has many resources, to impose our ideas and our knowledge on other countries? Who is to say those cultures even want our help, resources, or presence in their society? When approaching a global issue such as mental health, one has to be objective and open to seeing the issue from the particular culture's point of view and not one's own; thereby avoiding ethnocentrism. There is the very valid argument that graduates should be 'culturally competent' for it will add to his or her professionalism and ability to communicate to those of different backgrounds more easily in the desired field or in general (Furlong & Wight, 2011). This is where a challenge is presented: how much should we influence other people to increase our "cultural competency?"

Structural violence is a concept that has become more and more evident in the increasing number of public health initiatives, whether it be mental health related or not. Structural violence is a "combination of various forms of discrimination, maltreatment, and oppression foisted upon the poor and marginalized through the major institutions of society" (Singer & Erickson 2013: 116). It can be argued that when physicians, anthropologists, and even service learning groups engross themselves into unfamiliar cultures, discrepancies may emerge from the lack of understanding of each other's political economy, and cultural aspects.

Jamaica is a country of pride: in its people, in its tight-knit communities, and in the fact that individuals are able to make the limited resources work for them. From our observations in the field, Jamaicans appreciate life for what it is, and each member of the community has their own role. They take pride in the small things, which other nations take for granted. They are also people of great faith; no matter how they worship, religion is a tremendous part of the community. In the case of the people of Petersfield and some surrounding parishes, there seemed to be a mixed view of mental illness. We were informed that many members of the community, especially parents, are skeptical of mental illness and may hide their children if they have a mental disability from the rest of the community or just keep them out of school to avoid dealing with the added problems of explaining the situation. On the other hand, there were some we met that were very open about their child having a mental disability, and showed their acceptance and appreciation of these children and were striving to spread this idea of acceptance. As an example, the last presentation that was made in Montego Bay, a woman who had never really outwardly mentioned what was going on with her family, stood up in front of the 50+ people that were there and said she was proud to have a daughter with a disability and would always give her the same amount of love and care as if she did not have a disability.

Focusing on mainly Autism in these discussions/observations, it was noted that there were mixed knowledge about the specific disorder as well. Teachers tended to know more about it, which makes sense for they have to at least learn briefly about such disorders that can affect especially primary school age children. They were informed, however only briefly in some cases, which was our goal to fix; not as experts or strictly educators of Autism, but as fellow community members striving to enhance awareness and encourage the community to unite and educate themselves and other community members. It seemed as though the media had a large

role in this awareness, or at least was beginning to in the larger cities: a prestigious woman in Jamaica has a child with a disability and has created commercials trying to increase awareness and encourage acceptance of these children/individuals.

As mentioned, religion played a very large role in the way that Jamaicans viewed mental illness. There are a few ways to how they seemed to think; there were still people that believed in the traditional, spiritual rituals of healing, and would refuse any treatment other than their own religious practices for the child. Another view was that the children were not acceptable to be in society and should be punished/hidden. On the other hand, people believed that we are all God's children and those with disabilities, mental or physical, should be loved and cared for just the same as children who did not. The more traditional rituals had the idea of 'healing' not 'curing'; meaning that this practice refers more so to the "whole person and is seen as an integrated system with both the spiritual and physical components" (Hickling & James, 2004). One Jamaican woman mentioned that she understands that some people just keep the disabled child tied or kept in the backyard. Those who fully accept their child with a disability seem to have had the whole family come to terms and find their own way to heal, comfort, and accept the child in their own way, and if blessed with the resources, find the proper care for their child. The School Of Hope in Savana-la-mar is a stepping stone to the solution to care for mentally disabled children. With increased resources and attention, this institution, as well as future ones, could curb the prevalence of mental health disorders in Jamaica.

From interviewing several principles of the schools (one being from the School of Hope) and a few community members, it can be observed that the communities are striving for the betterment of the attitude about mental health in general, specifically Autism. It is an especially difficult task because of the limited resources, however overall, the outlook does seem positive.

There is a lot more work to be done, and more spreading and encouragement from the communities within, but in thinking about the future, it depends on the direction those attitudes continue to move in. If the communities get together and attempt to make realistic changes toward increased funding in the education sector of the government, and can also spread awareness and acceptance in general, Petersfield has a brighter future when looking at the mental health aspect of the community. It starts with conversations; trips incorporating service learning to share knowledge and discussion to encourage communities and families that having a child with a mental disorder or disability is acceptable. From here, action towards solving one issue at a time can shed positive light on the overseeing global mental health initiatives.

Conclusion

Overall, we notice a synonymous trend across the world based on our experiences in Petersfield, Jamaica and in participating in public health-based discussion in classes and forums: the U.S. had a very different outlook on mental health than do other countries. We contemplate whether the need to intervene in societies and unfamiliar cultures is warranted, and now take a step back to understand the harm it may do. Ultimately, the lack of resources and communication between the people involved in the treatment of a child with a mental disorder is what is leading to the unfortunate outcomes of worsening physical and mental conditions, especially in low-income countries. Our results indicate that the American perception of mental health abroad is that it may not be as prevalent as it actually is. Hopefully, these outlooks can be curbed with increased sharing of knowledge and understanding, both at home and abroad.

References

Andermann E, et al. (2010). Clinical and imaging heterogeneity of polymicrogyria: a study of 328 patients. Brain 133 (5): 1415-1427.

Furlong, M., & Wight, J., (2011). Promoting 'critical awareness' and critiquing 'cultural competence': towards disrupting received professional knowledge. Australian Association of Social Work. 64 (1) 38-54.

Haq, I., Couteur, A. L., (2004). Autism spectrum disorder. Science Direct. 32 (8) 61-63

Hickling, F.W., James, C., Traditional mental health practices in Jamaica, Perspectives in Caribbean Psychology. 465-485

King, G., Baxter, D., Rosenbaum, P., Zwaigenbaum, L., Bates, A.,(2009). Belief systems of families of children with autism spectrum disorders or down syndrome. Focus on Autism and Other Developmental Disabilities. 24 (1) 50-64.

Mayes, S., Checklist for Autism Spectrum Disorder (CASD). Cat.No.34210R. Stoelting Co.
Murray, S., (2012). Autism Me. Taylor & Francis Group. New York

NAMI. (2014). *National alliance on mental health : What is mental illness?*. Retrieved from http://www.nami.org/Template.cfm?Section=By_Illness

Ravindran, N., Myers, B.J., (2011). Cultural influences on perceptions of health, illness, and disability: a review and focus on Autism. J Child and Family Studies.

Reinke WM, Stormont M, et al. (2011). Supporting children's mental health in schools: teacher perceptions of needs, roles, and barriers. School Psychology Quarterly 26 (1): 1-13.

Ruble, L., Gallagher, T., (2004). Autism spectrum disorders: primer for parents and educators. National Association of School Psychologists. 2-6.

Samms-Vaughan, M., Franklyn-Banton, L., (2008). The role of early childhood professionals in the early identification of autistic disorder. International Journal of Early Years Education. 16 (1) 75-84.

Sartorius N, Schulze H. (2005). Reducing the stigma of mental illness: a report from a global programme of the World Psychiatric Association. Bull World Health Organ 84 (4): 1-264.

Singer M and Erickson P. (2013). Global Health: An Anthropological Perspective. Waveland Press: 1-112.

Townsend, A., Noelker, L., Deimling, G., Bass, D., (1989). Longitudinal impact of interhousehold caregiving on adult children's mental health. Psychology and Aging 4(4). 393-401

WHO. (2002). Mental health global action program (mngap). *WHO: World Health Organization* , Retrieved from http://www.who.int/mental_health/media/en/265.pdf

Yearwood, E. (2010). The social determinants of health and mental health: global foundations for improving child and family mental health. Jour Child & Adol Psych Nursing 23 (3): 196-197.

Appendix I.

Table I. Questionnaire Part II Results: Each of the following mental health issues (Depression [D], Autism [A], Schizophrenia [S]), indication where the information was obtained for knowledge of these issues (personally, professionally, from education sources).

ID	Personal	Professional	Educational
1	D		D, A, S
2	D	S	D, A,S
3	D		D,A,S
4	D,A		D,A,S
5			D,A,S
6	D,A		D,A,S
7	D		D,A,S
8	D,A,S	A	A
9	D,A		D,S
10	D	S	D,A,S
11	A		D,A,S
12	D,A,S		D,A,S
13	D		D,A,S
14	D,S		D,A,S
15	D,A		A
16			D,A,S
17	A	D,A	D,A,S
18	D	D,A	D,A,S
19	D,A	A	D,A,S
20	A,S	A	D,A,S
21	D,A		D,S
22	D,A		D,A,S
23	D,A	A	D,A,S
24			D,A
25	D		D,A,S
26	A		D
27	D		D,A,S
28	D,A		D,A,S
29	D,A	D,A	
30	D		D,S
31	D,A,S		D,A,S
32			D,A,S
33		A	D,A,S
34			D,A,S
35	D,A	A	D,A,S