

# GUYANA



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REGIONAL WORKSHOP ON DEINSTITUTIONALIZATION IN LATIN  
AMERICA AND THE CARIBBEAN

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# Our National Experience

Presently Guyana enjoys progress in some areas, while clearly lagging behind in others, with too many persons still clinging to the old ways with heavy reliance on psychotropic medication and institutionalization as mere routines.

However, our community based approach, in seeking to bring about a comprehensive and integrated socio-sanitary system in mental health for our citizens is paying off dividends and is bringing improvement in our treatment management services.

# Suicide Rates

2012 - 2014	2017	2018
44.2%	24.6%	18.8%

## Non-Specialist Capacity Building

mhGAP-IG	PM+	Drug Treatment	Teachers	Psychological Trauma	Other
330	27	59	25	24	100

# Deinstitutionalization

CMHC	Community Placement Training for NPH Staff	Social Functioning Screening	Reduce Beds in PHs	Provide Social services
Done 2016	80 persons trained	202 Patients	Incomplete	Ongoing

<b>Development of Alternative Services to Psychiatric hospital(s)</b>	<b>The management of persons with severe mental disorders and associated social problems</b>	<b>Support Groups for Substance Abusers</b>	<b>Support Groups for Depression</b>
<b>Partially</b>	<b>Free treatment services available for all countrywide</b>	<b>None</b>	<b>None</b>

# Going Forward

- The contributions by Taskforce Four: Suicide Surveillance and Research has rebounded to greatly improved data collection on the incidence of suicidal behaviour and evaluation of effective interventions.
- The highly effective Self Harm Surveillance Program, which for the first time saw MH social workers, psychologist and in some instances a visiting psychiatrist deployed from capital Georgetown to Regions 10, 6, 5, 4, 3, and 2 along with the contributions by the mhGAP-IG health care practitioners has greatly helped to reduced Guyana's suicidal mortality rates over the last five years.
- Linden Hospital Complex and the Regional Health Authorities of Regions Six, Five, Three, Two and Ten are outstanding in their support.

1.The setting up of an inter-ministerial committee with the singular purpose of giving more efficacies to the operationalization of the agreed to Framework.

2. Identification of a core action group comprising of an mhGAP-IG practitioner, social worker, nurse, and any other needed skillset to drive the social reintegration of MH patients, this team will execute the decisions of the inter-ministerial committee.

3.The urgent identification of suitable structures to set up the half way homes.

4.Identification of all resources needed to establish and successfully run such homes.

5.Identification of any and all other actions needed so as to give full effect to the agreed to framework.

Philosophically speaking, those who lack vision, and/or the courage to try new things so as to bring about that better and brighter future we all so much desires, poses the biggest stumbling block.

Change, both the word, its implications and the very process of changing can often drive fear and creates anxiety lending itself to altered behaviors in some.

We the visionaries, the committed must and shall do all that we can to better serve humanity, to hasten the restoration of human dignity and productivity!



***THANK YOU***