

# Process of the Deinstitutionalization:

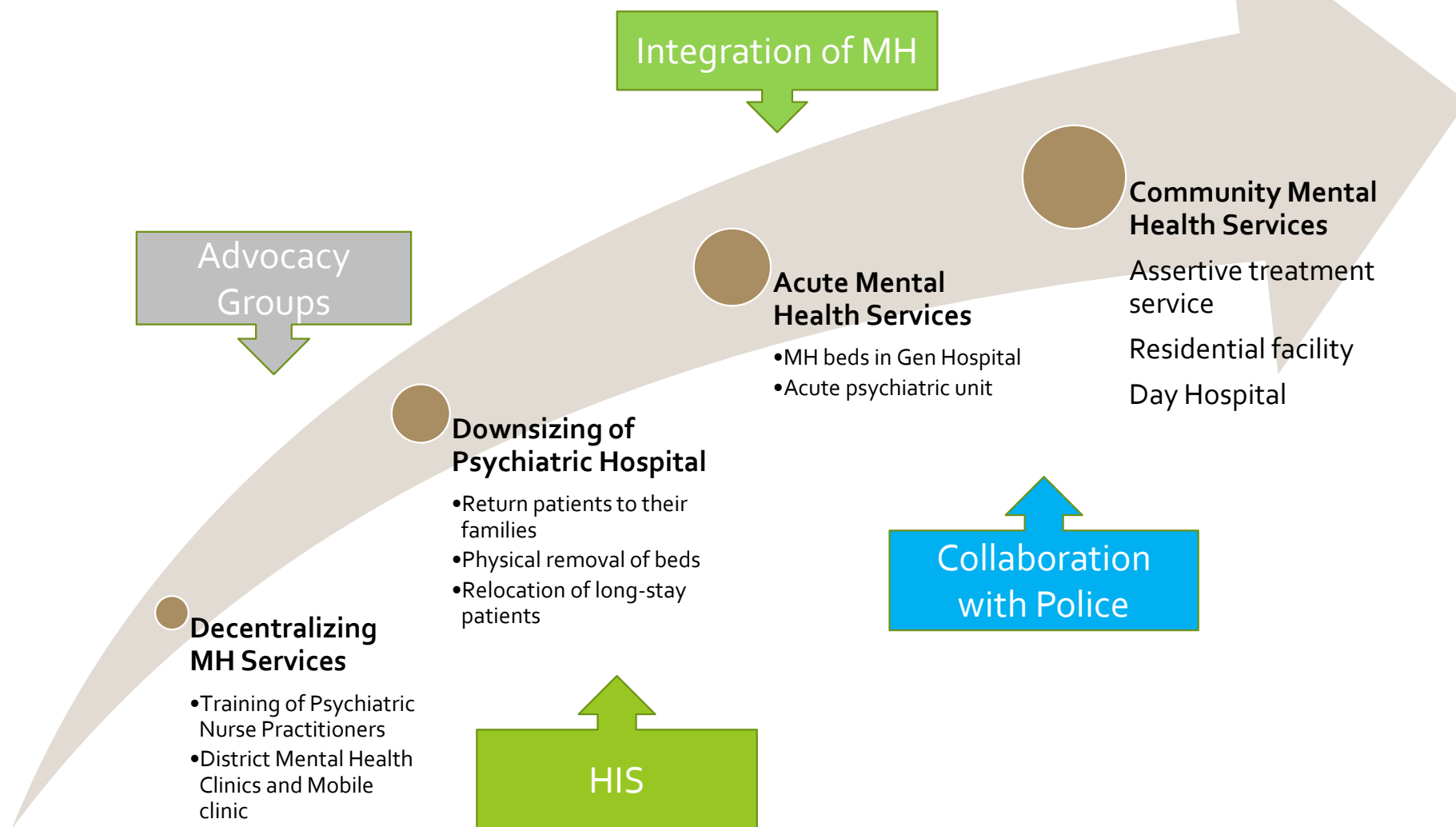
Lessons learned and current challenges



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# The Process of Deinstitutionalization - Belize



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# Past Mental Health Services

- **1800's - Seaview Lunatic Asylum**
- **1970's - Rockview Hospital >200 patients in two open wards**
  - Located centrally in Belize District
- **Hospital Psychiatric staff :**
  - 1 visiting psychiatrist
  - Nurses
  - Nurses Aides





# Outpatient Mental Health Services



- Started in **1974** in Belize City
  - 1 out-patient clinic and psychiatric social welfare services
- **1976** - these services were extended to the districts in the form of monthly mobile clinics
- **Staff:** 1 psychiatrist and 1 psychiatric social worker and a nurse

## The Training of Psychiatric Nurse Practitioners (PNPs) – The Beginnings of Community Psychiatry

- **1991 – 1993: Training of 20 Psychiatric Nurse Practitioners (PNP)**
  - extended clinical responsibilities including prescriptive rights
- **After training, the PNPs were deployed to all districts including the capital City, Belmopan**
- 1. Permanent presence of mental health services in the clinics of outpatient care**
  - Home visits and mobile clinics
  - Mental health education in community
- 2. in number of outpatient consultations**
- 3. in number of admissions at Rockview**

## Other services and BHIS

- Inpatient and emergency services were established at general wards at hospitals
- Acute psychiatric services in emergency rooms
  - 1 sometimes 2 psychiatrists
  - Psychiatric Nurse Practitioners
- Belize Health Information System (2008)
- Electronic lifetime record system
  - Follow-up between levels of service care continuity and increased compliance



# Downsizing Closure & Relocation

- Daily census at the hospital was reduced from 150 - 180 to 47 – 50
- Unused beds were physically removed effectively reducing the maximum capacity of the hospital to 50 males and 50 female beds
- Some patients were returned to their families
- 2008 –Rockview Hospital Closed
- Long-stay Residents relocated
  - 42 beds residential
  - No new acute admissions
  - Very limited medical staff

# Collaboration

- **Police:** Collaborated with mental health unit to develop a training manual
- **MhGap training:** medical officers, nurses and community health workers
- **Mental Health Association** – Social projects e.g. Resource Center
- **Consumer Groups** – Advocate for updated medications



# Lessons Learned

- **Stigma** – community acceptance
  - Housing and unemployment
- **Community-based services/Programs are required**
  - Prevent homelessness
  - Incarceration
  - Support for families
- **Leadership, Timing and commitment**
- **Finance & Political Support**
  - Many competing issues

# Conclusion

- The move from where we were to where we are though challenging was needed. We have come a long way from having people in shackles to being treated in the community thereby providing more dignity and participation in their own care