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The Cayman Islands

MENTAL HEALTH COMMISSION

2024 ANNUAL REPORT



**Ministry of Health
& Wellness**
Cayman Islands Government

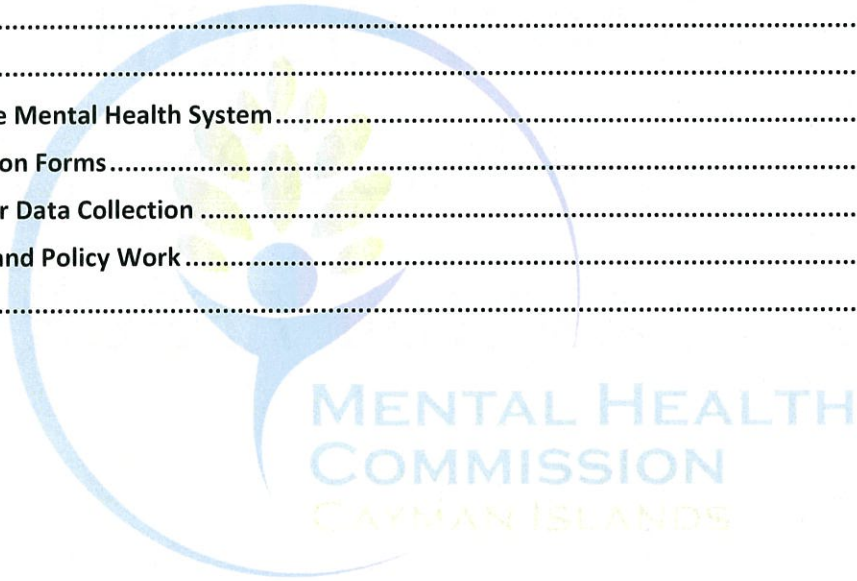


**Ministry of Sustainability
& Climate Resiliency
and Wellness**
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Introduction

Some ten years after its formation, the Mental Health Commission (the “MHC” or “Commission”) continue to champion mental health care improvements across the Cayman Islands.

From January until October 2024, the MHC operated under the Ministry of Health & Wellness. Following a ministerial reshuffle, overview of the Commission was subsequently transferred to the Ministry of Sustainability & Climate Resiliency and Wellness for the remainder of the year.

Established under the Mental Health Commission Act (2024 Revision) (the “Act”), the MHC is a vital body that advises the government, provides input on mental health initiatives, and ensures the rights of mental health patients are upheld.

Outlined below is the Commission’s remit:

- ***Quasi-judicial*** – hear and determine appeals under various sections of the Mental Health Act (2023 Revision), and conduct reviews where a patient has been detained, and released under an emergency detention order three or more times in 30 days.
- ***Recommendations to the Health Practice Commission and Councils*** – includes submitting an annual report to the Minister with responsibility for Health, review and advise on scopes of practice and codes of ethics for practitioners, provide policy advice to the relevant registering Councils and advise the Health Practice Commission regarding mental health facilities, medical research, and clinical trials in mental health.

➤ **General Functions** – include:

- obtain and compile statistics on mental illness;
- oversee and deliver mental health training, and sensitisation sessions for prison officers, police constables and any other persons who may, in the performance of their functions, be expected to deal with mental health patients;
- make recommendations to the Minister of Health regarding mental health research;
- establish and maintain a programme which provides information to the general public concerning mental illness and co-occurring disorders and related conditions;
- review and evaluate the community's mental health needs, services, and special problems with a view to making recommendations on policy and research to the Minister responsible for mental health;
- review the progress of patients transferred overseas under Section 14 of the Mental Health Act;
- review and offer advice to the Elections Office regarding the eligibility of mental health patients; and
- give policy advice to the Minister responsible for health on any aspect of the local mental health system.

In 2024, the Commission focused on critical priorities, such as:

- Addressing youth mental health crises and rising suicides;
- Enhancing the data collection system to provide reliable statistics for policymaking;
- Providing input and guidance on the operational development of the Poinciana Rehabilitation Centre to ensure alignment with the needs of patients and the broader mental health system;
- Advocating for legislative changes to close systemic gaps in mental health care, particularly for forensic patients; &
- Discussing the need for a National Suicide Prevention Strategy and expressing the Commission's commitment to participate in the review of any draft strategies developed.

Collaborating with stakeholders and the Ministry of Health & Wellness, the MHC worked to improve access to care, reduce stigma, and advocate for vulnerable populations. Public outreach initiatives, legislative recommendations, and strategic policy discussions were among the Commission's notable activities.

Challenges

While significant progress was made throughout the year 2024, challenges remain in service coordination, forensic mental health care, and access to insurance coverage for outpatient services.

It is also recognized that there were logistical issues that prevented the organization of additional town hall meetings and other community engagement sessions, as well as continued training sessions for law enforcement officers.

The MHC remains committed to addressing these challenges in the coming years.

Membership

The Commission consists of a dedicated group of professionals and community advocates who volunteer their expertise to improve mental health services in the Cayman Islands.

2024 MHC Member Composition:

- **Chair:** Fiona McDougall
- **Deputy Chair:** Alex Henderson, KC
- **Deputy Chair:** Cline Glidden
- **Members:**
 - Dr. Omotayo Bernard (Psychiatry)
 - Dr. Enoke Richens (Medical Doctor)
 - Sutton Burke (Registered Practitioner)
 - Nurse Dympna Carten (Community Psychiatric Nurse/Registered Mental Health Nurse)
 - Cheryl Myles (Community Advocate)
 - Carla Jackie Neil (Community Advocate)
- **Secretary/Ministry of Health Liaison:** Natasha L. Powell (Senior Policy Advisor)

Key Membership Contributions:

- Collaborated with the Health Services Authority (HSA) to plan the Youth Mental Health Forum with an aim at the development of a National Suicide Prevention Strategy.
- Provided legislative recommendations on updates to the National Mental Health Policy (2017-2022) and the Criminal Procedure Code.
- Engaged in the oversight of the Poinciana Rehabilitation Centre to ensure alignment with its mission.

Meetings

In accordance with section 5 (1) of The Act, *“the Commission shall meet as often as it thinks necessary for the performance of its functions and shall, without limiting the generality of this provision, meet at least four times in a year”*.

The MHC aims to meet on a monthly basis, however during 2024 nine meetings were held, which included one tribunal hearing, and one ad-hoc session to address urgent issues. Below is a summary of each meeting:

1. 17th January, 2024

- Agreed on bi-annual work plan.

2. 31st January, 2024

• Topics Covered:

- Gaps in the Mental Health Act, including the definition of "next of kin".
- Affordable housing needs, including group homes and mental health facilities for forensic patients.
- Need to increase mental health insurance coverage.

• Invited Guests:

- Representatives from Public Works LLC (regarding the National Public and Affordable Housing Policy and Strategic Plan).

3. 10th April, 2024

- **Topics Covered:**

- Review of draft admission policies for the Poinciana Rehabilitation Centre and staff concerns.
- Data protection policies related to patient records.
- Psychiatric Nursing Assistant training program development.

4. 8th May, 2024

- **Topics Covered:**

- Concerns over the exclusion of dual-diagnosis patients at the Poinciana Rehabilitation Centre.
- Legislative updates to the Mental Health Act.
- Public engagement events in Eastern Districts.

5. 10th July, 2024 (Ad-Hoc Meeting)

- **Topics Covered:**

- Rising youth suicides and planning for the National Suicide Prevention Strategy.
- Review of the National Mental Health Policy (2017-2022).
- Coordination improvements among service providers.

6. 30th July, 2024 (Tribunal Hearing)

- **Purpose:**

- Review of a patient's appeal regarding their Assisted Outpatient Treatment Order.
- The tribunal upheld the order, considering medical and legal perspectives.

7. 11th September, 2024

- **Topics Covered:**

- Youth Mental Health Forum planning and data collection process improvements.
- Updates on the Criminal Procedure Code and mapping of mental health services.
- Review and note of proposed amendments to the Older Persons Act.
- Review and note of Adoption Bill consultation document.

- **Invited Guests:**

- Chief Nursing Officer, Ministry of Health & Wellness.
- National Epidemiologist, Ministry of Health & Wellness.

8. 9th October, 2024

- **Topics Covered:**

- Follow-up on the Youth Forum and National Suicide Prevention Strategy.
- Addressing public misconceptions about the Poinciana Rehabilitation Centre.
- Mental health services mapping initiative.
- Concerns regarding the HSA's referral process

9. 8th December, 2024

- **Topics Covered:**

- Review of Poinciana Rehabilitation Centers's performance post-opening and governance considerations.
- Discussion of the gap in forensic mental health facilities and services.
- Enhancements to referral processes and electronic health records.
- Discussion of overall care and housing needs of individual found not guilty by reason of insanity.

- **Invited Guest:**

- Chief Medical Officer, Ministry of Health

Overview of the Mental Health System

The Cayman Islands' mental health system faced ongoing challenges in 2024, including service fragmentation, referral inefficiencies, and insufficient forensic mental health resources.

Key Areas of Concern:

- **Youth Suicide Rates:** Increased rates of youth suicide emphasized the need for preventive care and public awareness campaigns.
- **Forensic Psychiatry Gaps:** Long-term forensic patients continued to be housed in acute care settings unsuited to their needs.
- **Referral Inefficiencies:** Delays in referrals and poor communication among providers were highlighted as critical barriers to timely care.

Positive Developments:

- **Data Collection Reforms:** The MHC began implementing a more robust reporting system to enhance accuracy.
- **New Facilities:** The opening of the Poinciana Rehabilitation Centre provided a dedicated space for long-term care.

Patient Detention Forms

In accordance with the Mental Health Act (2023 Revision), copies of detention forms must be supplied to the Commission. The Secretary ensures processing and secure storage, as well as monitoring the number of times a patient is detained. During the period January to December 2024, the MHC received 135 detention forms, a slight increase over 2023.

There are seven active forms of detention collected by the MHC, under the Mental Health Regulations (2024 Revision); below is a summary of each.

Form 1 Assessment - *For possible issuance of an Emergency Detention Order under Section 6, 7, or 12 of the Mental Health Act (2023 Revision).* Completed by a medical doctor in consultation with a medical officer (*a psychiatrist or clinical psychologist*), on the basis that a person may be suffering from a mental impairment or serious mental illness; with an aim of making an order of protective custody. Once activated the individual who was examined can be detained for a period up to 72 hours.

Form 2 Request for an Emergency Detention Order - *(By a constable of the Royal Cayman Islands Police Service under section 7 of the Mental Health Act (2023 Revision)).*

Where it appears to a constable that a person is suffering from mental impairment or serious mental illness, an immediate danger, or is likely to become a danger to themselves or other persons; or is threatening, attempting or preparing to inflict self-harm, The constable shall take the person into protective custody and, no later than 12 hours after, bring the person before a medical doctor to be examined at which time an assessment will be made to determine if an Emergency Detention Order is required.

Form 3 Observation Order - Under section 8 of the Mental Health Act, (2023 Revision).

At any time during an emergency detention order or whenever it comes to the attention of a medical officer by information from a nearest relative that a particular person appears to be in need of assessment to determine whether they need to undergo treatment for mental impairment or a serious mental illness, the medical officer may make an observation order. Such an order will allow the person concerned to be detained in a hospital or a prescribed place of safety for up to 14 days to facilitate the assessment. Treatment may be administered without that person's consent if it is in their best interest.

Form 4 Request for Review - Under section 5 of the Mental Health Act, (2023 Revision). Where a guardian or nearest relative is of the opinion that a person may be suffering from a mental impairment or serious mental illness, or is not compliant with treatment related to that person's mental illness, they may report the matter to a medical officer.

Form 5 Treatment Order - Under section 9 of the Mental Health Act, (2023 Revision). Where a person who is under an observation order and symptoms persist, to an extent calling for further detention, a responsible medical officer may make a treatment order. Such an order shall be made for a defined period of time not exceeding 6 months, but may be renewed as often as necessary until the desired objective is achieved.

Form 6 Assisted Outpatient Treatment Order - Under section 12 of the Mental Health Act, (2023 Revision). Following a period of hospitalisation, if a patient is unlikely to participate in treatment voluntarily or does not comply with recommended treatment, the responsible medical officer may make an assisted outpatient treatment order. Such an order shall be made for a fixed time not exceeding 1 year, and may be renewed as often as necessary to achieve its intended objective. If the patient violates the order, the responsible medical officer may make an order for protective custody.

Form 6a Order for Protective Custody - Under section 6 or Section 12 of the Mental Health Act, (2023 Revision). Introduced within 2024, this form, which is initiated by a medical officer, provides instructions to a constable to take a person into protective custody for further examination.

The table below represents a comparison of the forms received over the past five years:

TYPE OF FORM	NUMBER OF FORMS RECEIVED				
	2020	2021	2022	2023	2024
<i>Form 4 - Request for Review</i>	3	21	13	23	21
<i>Form 2 - Request for an Emergency Detention Order by a Constable</i>	2	-	13	6	9
<i>Form 1 - Assessment for possible issuance of an Emergency Detention Order</i>	49	40	75	52	61
<i>Form 3 - Observation Order</i>	21	16	28	22	17
<i>Form 6 - Assisted Outpatient Treatment Order</i>	29	25	32	21	26
<i>Form 5 - Treatment Order</i>	-	1	2	3	1
<i>Form 6a - Order of Protective Custody</i>	-	-	-	-	0
TOTAL	104	103	163	127	135

The forms collected in 2024 were received on behalf of 71 individuals who are suffering from mental impairment or serious mental illness.

Service Provider Data Collection

In 2024, the MHC began discussions on the expansion of its data collection efforts; which for the last five years involved reporting from ten mental health service providers, representing both private and public sector entities. Eight of which offer outpatient services and three provide inpatient care. Only the Health Services Authority (HSA) provides both outpatient and inpatient services. Statistics are provided quarterly on a voluntary basis, and the MHC appreciates the participation of those involved. The data collected seeks to understand diagnosis trends, demographics and the number of professionals by district; in an effort to support policy directives.

The following is a summary each quarter's findings:

Quarter 1: Demographics

A total of 4,109 clients accessed mental health services in the first quarter, signaling an increase of twenty seven percent (27%) compared to the same quarter in 2023. Clients between the ages of 25-44 years accounted for 35% of all clients treated. People aged 0-18 years made up the second largest cohort of clients served (representing 26% of those treated). Persons aged 45-64 years were the third largest cohort accessing services across the ten reporting facilities. Overall, there was a modest increase of 11% in persons aged 0 to 64 who sought mental health services and a 27% increase among those ages 65 and over when compared to the same quarter last year.

Females made up the greater proportion of those seeking mental health services during this quarter. When compared to the same quarter last year; 2,044 persons identified as Caymanian, an increase of 11%; while non-Caymanians stood at 1,340 persons, a 39% increase. Of the ten facilities, two did not report their client's nationality.

Quarter 1: Districts

Of the facilities that differentiated clients by residing districts, most who sought treatment and care were from George Town, an increase of 37% compared to the first quarter 2023, followed by the district of West Bay, then Bodden Town. Eight persons listed their abode as Little Cayman and compared to Quarter 1/2023, it was an increase of 300%.

Two of the larger healthcare providers for mental health services did not report on districts. In reporting on the homeless population seeking treatment and care, there was one person (a 90% decrease compared to the first quarter 2023) and for the purposes of this report a client of Caribbean Haven Residential Centre (CHRC).

Quarter 1: Inpatient treatment

The average length of stay at the CHRC Residential Treatment Unit was 26 days, a decrease of 45% when compared to the same period in 2023. There were twenty-one admissions to CHRC's Withdrawal Management Unit (WMU) in this quarter, compared to nineteen (19) during the first

quarter of 2023. Notably, an increase of 200% has occurred when compared to the last quarter of 2023; clients' stay averaged 4.6 days. The average length of stay at the HSA was 11.6 days. One hundred and eighty persons (180) including those treated for a mental illness as a secondary diagnosis were admitted for treatment.

While males and females sought inpatient treatment at CHRC, 57% were male. With regards to the HSA inpatient care, the data showed comparable proportions of both males and females admitted for care.

Quarter 1: Outpatient treatment

There were 16,180 visits/encounters for outpatient services (an increase of 12% compared to the first quarter 2023), this figure includes 180 families and/or couples seeking treatment together.

Quarter 1: Healthcare professionals

Standing at one hundred and thirty-two (132); the number of registered practitioners available for the delivery of services remained relatively unchanged compared to the last quarter of 2023.

Counsellors/therapists continue to make up the greatest proportion of registered mental health practitioners in the Cayman Islands, followed by psychologists. The "other" category includes registered behavior technicians, board-certified behavior analysts, therapist assistants and health care aides.

Quarter 1: Diagnosis Trends

There was a modest increase in the number of clients seen for most of the listed diagnoses compared to the first quarter 2023. However, clients diagnosed with anxiety increased (19%) and depressive disorder 17% since the last quarter of 2023. However, compared to the same period last year, they increased 28% and 18% respectively, and continue to account for the greatest proportion of those accessing services across all reporting facilities. When compared to the first quarter of 2023, suicide attempts decreased to 48% (notably by 54% compared to the fourth quarter of last year).

The category of “Other” diagnoses included acute stress reaction; intellectual disabilities; eating disorder; development disorder of speech and language; unspecified mood (affective) disorder; prolonged grief disorder, and unspecified development disorder of scholastic skills.

Quarter 2: Demographics/Districts

A total of 4,231 clients were accessed, resulting in a slight increase (3%) from the previous quarter. The largest age grouping was between 25-44 years, which accounted for 35.4% of all clients. As with Quarter 1/2024 most clients seeking treatment, and care were from the district of George Town followed by Bodden Town, then West Bay. Four persons listed their abode as Little Cayman (a 50% decrease from Quarter 1)

The homeless population was reported as eight persons, all were clients of CHRC; (a 700% increase compared to the first quarter 2024, and unchanged when compared to the second quarter of 2023).

Quarter 2: Inpatient/Outpatient treatment

The average length of stay at CHRC Residential Treatment Unit was 33.1 days, an increase of 27% compared to the first quarter of 2024 including an increase of 20% in clients. There were twenty-three (23) admissions to the WMU, and their average length of stay was 5.5 days.

One hundred and seventy-five persons were admitted for treatment which includes those treated for a mental illness as a secondary diagnosis. To be noted, compared with the Quarter 1/2024, three percent less clients were admitted, however, stayed an average of 2.4 days longer which translates into a 21% increase average stay during this quarter.

Quarter 2: Healthcare professionals/Diagnosis Trends

The number of registered practitioners remained relatively unchanged. Clients diagnosed with anxiety increased by 7%, while depressive disorder remains unchanged. However, compared to the Quarter 2/2023 there was an increase of 42% and 19% respectively. When compared to the first quarter suicide attempts increased 133% (notably however, only by 4% when compared to

same quarter 2023). Substance use increased 3% and by 23% compared to the same period in 2023.

Quarter 3: Demographics/Districts

Persons accessing services decreased by 7.2% to 3,927. The trend of age distribution categories from the previous quarter was maintained. In comparison to the Quarter 2/2024, there was a 9% decrease in the number of people aged 0 to 64 yrs who accessed services. Conversely, there was a 7% increase in the cohort aged 65 and over. The homeless population rose to eleven persons.

Quarter 3: Inpatient /Outpatient treatment

The average length of stay at the CHRC Residential Treatment Unit was 37 days, an increase of 12% compared to last quarter, noting a 92% increase in clients. There were thirty-one (31) admissions to WMU in this quarter, representing a 35% increase; the average length of stay was six days. The average length of stay at the HSA was 10.3 days compared to 14 days during the last quarter. One hundred and ninety-seven persons were admitted, when compared with the second quarter, thirteen percent (13%) more clients were admitted for treatment. However, they stayed on average 3.7 fewer days, which translates to a 26.4% decrease in the average stay during this quarter. There was a significant decrease in the number of men seeking services at His Majesty's Cayman Islands Prison Service (HMCIPS); 69% fewer individuals sought assistance compared to last quarter.

Quarter 3: Healthcare professionals / Diagnosis Trends

Counsellors/therapists continue to make up the greater proportion of registered mental health practitioners; however, they decreased by 13% (or by 7 persons) in the quarter.

There was a modest decrease in the number of clients seen for most listed diagnoses compared to the last quarter. However, clients diagnosed with anxiety disorder decreased by 4%, while depressive disorder remained relatively stable since last quarter (compared to the Quarter 3/ 2023, a 31% increase and an 11% increase, respectively).

When compared to the previous quarter, suicide attempts increased by 46%, but notably, they rose by 116% when compared to the same quarter in 2023. Substance use has remained consistent since the last quarter; however, it increased by 29% compared to the same period in 2023.

Quarter 4: Demographics/Districts

A total of 3,904 clients accessed mental health services, with age distribution relatively unchanged. Residents from George Town, Bodden Town and West Bay represented the areas of the highest number who sought treatment. The reported homeless stood at thirteen people (an 18% increase compared to last quarter, and 86% compared to the fourth quarter of 2023).

Quarter 4: Inpatient /Outpatient treatment

The average length of stay at the CHRC was 46.6 days, an increase of 26% compared to last the quarter. There was a decrease in admission to WMU which was at twenty clients; the average length of stay was 5.85 days. The HSA's average length of stay was 17.8 days, representing a 73% increase from 10.3 days in the previous quarter. Additionally, 182 people were admitted for treatment, compared with last quarter, this represents an 8% decrease in client admissions; however, they stayed on average 7.5 days longer. The number of men seeking services at HMCIPS increased to; 55% more compared to last quarter, and the number of women seeking services decreased by one person.

Quarter 4: Healthcare professionals / Diagnosis Trends

The number of registered practitioners remained unchanged. There was a modest decrease in the number of clients seen for most listed diagnoses compared to last quarter. However, clients diagnosed with anxiety disorder decreased negligibly, while depressive disorder declined 3.5% since the last quarter (compared to the Quarter 4/ 2023 it increased 21% and by 18% respectively).

When compared to the third quarter, suicide attempts increased by 10%, and when compared to the same quarter of 2023, increased by 73%. Substance use disorders have decreased since the third quarter by 11% and, in comparison, increased since Quarter 4/ 2023.

The Other diagnoses category included acute stress reaction, intellectual disabilities, eating disorder, developmental disorder of speech and language, unspecified mood (affective) disorder, prolonged grief disorder, and unspecified developmental disorder of scholastic skills.

Overall, 2024 Data Summary

For the year 2024, eight of the ten facilities accepted health insurance for mental health services. The majority of persons who availed themselves of services were aged 25-44 yrs, followed by those aged 0-18. Females accounted for a higher percentage of service users. Anxiety and depressive disorders remained the most common diagnoses, while suicide attempts among youth showed a worrying increase.

Key Initiatives and Policy Work

In 2024, the MHC prioritized several key initiatives:

- **Policy Updates:** The Commission reviewed outdated policies and advocated for legislative amendments, including updates to the Criminal Procedure Code.
- **Legal Roles:** The MHC reviewed a proposal from the Ministry of Home Affairs to assume responsibility for decisions regarding individuals found not guilty by reason of insanity. After careful consideration, the MHC declined the proposed role due to legal concerns, resource limitations, and the belief that such decisions are best handled within the judicial system to ensure appropriate safeguards and expertise.
- **National Suicide Prevention Strategy:** The MHC actively discussed the urgent need for a National Suicide Prevention Strategy and expressed a strong desire to participate in the review of any draft strategies prepared by the Ministry of Health & Wellness.

Conclusion

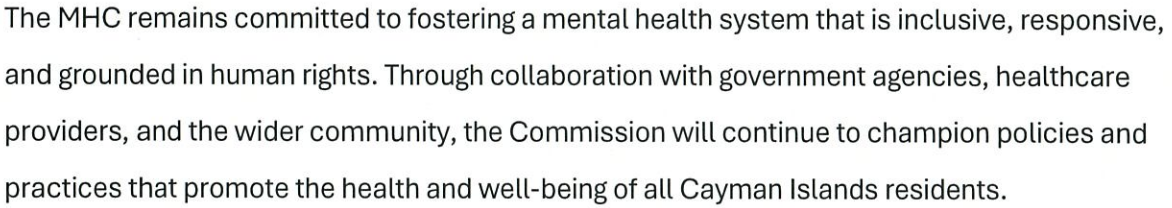
The Mental Health Commission's work in 2024 reflects a year of meaningful discussions, strategic advocacy, and dedicated efforts to strengthen the mental health system in the Cayman Islands. The Commission addressed critical issues, including rising youth mental health crises, gaps in forensic mental health care, and the evolving operational landscape of the Poinciana Rehabilitation Centre. Through active engagement, the MHC provided valuable input on behalf of mental health patients and the broader system, ensuring that decisions reflect both clinical expertise and patient-centered values.

Key activities included input and guidance regarding the operations of the **Poinciana Rehabilitation Centre**, focusing on policies that promote effective rehabilitation and reintegration, and advocacy for the development of a **National Suicide Prevention Strategy**, with a clear commitment to participate in the review of future drafts. The Commission also contributed to legislative discussions, particularly around proposed amendments to the **Criminal Procedure Code**, emphasizing the importance of maintaining judicial oversight in matters related to forensic mental health.

Despite these advancements, challenges persist. **Service coordination gaps**, particularly in referral pathways, continue to hinder timely access to care. **Forensic mental health services** remain underdeveloped, with limited resources dedicated to long-term patient management. Furthermore, the need for clearer admission policies at Poinciana and ongoing concerns about **youth mental health vulnerabilities** highlight the urgency for continued action.

Looking ahead to 2025, the MHC will focus on:

- Supporting the development and review of mental health policies.
- Enhancing public education initiatives to reduce stigma and promote mental health awareness.
- Advocating for comprehensive mental health services to meet the needs of all persons in the Cayman Islands.
- Strengthening data collection processes to inform evidence-based policy decisions.



Fiona McDougall
Chair, Mental Health Commission 2024

