



# 10 Things You Need to Know About Child Mental Health in Jamaica

1



Only 8 percent of children's mental health needs in Jamaica are currently being met.

2



The first five years of life are the most critical for brain development, including the development of emotional control and habitual ways of responding. Directing investments and efforts towards treatment and support in the early stages of brain development would redound to enhanced educational achievements, more positive adult outcomes, and boosted national development.

3



Toxic stress impairs children's mental health as it disrupts the architecture of the developing brain and can lead to difficulties in learning, memory, and self-regulation. Toxic stress is present in situations of extreme poverty, continuous family chaos, recurrent physical or emotional abuse, chronic neglect, severe and enduring maternal depression, or repeated exposure to violence in the community or within the family. These are all characteristics of Jamaican children's lives, particularly those in vulnerable communities.

4



Jamaica suffers from a chronic shortage of mental health professionals, especially for child mental health. There are only three formally trained child psychiatrists providing care nation-wide. There are other psychiatrists, psychologists, social workers, counsellors, psychiatric nursing aides, mental health officers, and nurses who provide services for children, but few are extensively trained in child mental health care.

5



The Ministry of Health & Wellness's Child Guidance Clinics are designated to provide mental health care for children between the ages of 0-18. There is a demand for more Child Guidance Clinics across the island, but presently they only have 30 percent of the staff needed to operate the existing ones.

6



Jamaican mental health care professionals in the public sector are among the lowest paid in the entire Caribbean region. The average psychologist's salary in Jamaica is less than a quarter of the average salary in the United States, 16% of that in Cayman, and half of that in Barbados.

7



The Ministries of Health & Wellness, Education, Youth & Information, National Security, and Justice all have programmes to provide care for children but there is a lack of structured collaboration and formalized data sharing among the ministries to facilitate the effective deployment of resources.

8



Data from public mental health care institutions do not offer an accurate or reliable assessment of the national disease burden, as it is a clinic-based system, almost exclusively based on referrals.

9



Private mental health care is unable to fill the gap of children who do not or are unable to access the Child Guidance Clinics, based on overwhelming demand and cost.

10



There are evidence-based, culturally appropriate, and cost-effective programmes that can provide mental health care for children. With adequate resources and support, these programmes can alleviate Jamaica's child mental health services deficit.

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