

# Different contexts, different challenges

Setting up psychiatric and addiction care and treatment  
on the islands of Saba and St. Eustatius



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graph LR; A[Different contexts] --> B[Different challenges]; B --> C[New solutions];
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Different  
contexts

Different  
challenges

New  
solutions

**Workshop outline**

Culture

Religion

Small island  
communities

**Different contexts**

Dutch Caribbean	European Netherlands
Working language English	Working language Dutch
Oral culture	Written culture
Family structures ('We')	Individuality ('I')
Personal approach	Functional approach
Organic worldview (nature, cosmos)	Mechanistic worldview (physical causes)

Note PP: bij family structure horen eigenlijk ook dingen als respect for elderly, praten mét kinderen (over sex, drugs) soms te weinig, [...]

## Different contexts: Culture (1)

Demographics: Spanish speaking community, medical students

Postcolonial structures and mindsets

Different attitude towards sickness, addiction and use of medication

*NB Differences as a consequence of legislation (Dutch law versus BES/Antillean law) are not the scope of discussion in this workshop*

**Different contexts: Culture (2)**

Saba	St. Eustatius	Netherlands
60% catholic, 14% anglican, 22% other	27% methodist, 25% catholic, 21% seventh day adventist, 19% other	45% no religion, 28% catholic, 18% protestant, 6% other

- Great influence of the different religious groups on community structure and politics
- Importance of different parishes in economic and social support
- Different perception of causes of addiction (and cures for it)

**Different contexts: religion**

### General

- Poor basic facilities (educational, cultural, sports)
- Lack of supporting facilities (economical, social, housing)
- Low living standards
- Island mentality where people in general don't like change

### People

- Fear of loss of privacy is a threshold for people to seek help
- Psychological trauma is not often addressed as such
- Unknown with addiction and psychiatric care/treatment

### Health care

- Absence of specialist health care
- Lack of supporting health care organizations/structures on the islands
- Lack of opportunities for health care training in the region

## Different contexts: Small island communities

## Community

- Building trust (people are skeptic towards new developments especially coming from 'Holland')
- Off-island treatment effects clients and family
- More research is needed on substance abuse and related problems on the islands

## Health care professionals

- Challenging working conditions for health care professionals (isolation, lack of privacy, limited resources)
- European Dutch professionals may be confronted with language difficulties, unfamiliarity with cultural codes, lack of (emotional) support from family members close by etc.
- Limited FACT team

## Health care structure

- Health care structure is in development: not everything is in place
- Psychiatrist and specialist facilities are not on the island
- Facilities for aftercare are missing or difficult to initiate
- Psychiatric care for minors is not yet regulated
- Different countries, different legislation

# Different challenges



- **Results: basic psychiatric and addiction care in place**
  - Specialized staff on Saba and Statia
  - Contract with Mental Health Foundation for monthly visits psychiatrists
  - Clear working procedures with local medical staff
  - Effective agreements with police and social workers
  - Day centre on Statia
  - Prevention project in cooperation with local GGD
- **Success factors**
  - Flexibility, creativity and patience
  - Professionalism
  - Good collaboration between general and family practitioners, psychologists, psychiatrists, clinical counselors, and social workers

**What went well and why**

## Community

- Focus on positive differences: what are the strengths of the people?
- Adjusting treatment to needs of the community
- Education and prevention: using the appropriate communication message and channels

## Health care professionals

- Creating training opportunities in the region
- How to build additional expertise (outreach, fieldwork, prevention, lifestyle training)
- Staff selection: what competencies are needed
- Safety aspects

## Health care structure

- Improving aftercare structure (work and housing)
- Cohesion among professionals, shared vision on health care
- [???
- [???

# New solutions: key areas