WEEKLY EPIDEMIOLOGY BULLETIN NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Mental Health

WORKPI

ers have acknowledged that the wellbein eir staff is at least partly their responsibili

64%

he amount of support offered to

61%

Overveiw: In recent years, there has been increasing acknowledgement of the important role mental health plays in achieving global development goals, as illustrated by the inclusion of mental health in the Sustainable Development Goals. Depression is one of the leading causes of disability. Suicide is the second leading cause of death among 15-29-year-olds. People with severe mental health conditions die prematurely – as much as two decades early – due to preventable physical conditions. Despite progress in some countries, people with mental health conditions often experience severe human rights violations, discrimination, and stigma. Many mental health conditions can be effectively treated at relatively low cost, yet the gap between people needing care and those with access to care remains substantial. Effective treatment coverage remains extremely low. Increased investment is required on all fronts: for mental health awareness to increase understanding and reduce stigma; for efforts to increase access to quality mental health care and effective treatments; and for research to identify new treatments and improve existing treatments for all mental disorders. In 2019, WHO launched the WHO Special Initiative for Mental Health (2019-2023): Universal Health Coverage for Mental Health to ensure access to quality and affordable care for mental health conditions in 12 priority countries to 100 million more people.

Burden: Mental health conditions are increasing worldwide. Mainly because of demographic changes, there has been a 13% rise in mental health conditions and substance use disorders in the last decade (to 2017). Mental health conditions now cause 1 in 5 years lived with disability. Around 20% of the world's children and adolescents have a mental health condition, with suicide the second leading cause of death among 15-29-year-olds. Approximately one in five people in post-conflict settings have a mental health condition. Mental health conditions can have a substantial effect on all areas of life, such as school or work performance, relationships with family and friends and ability to participate in the community. Two of the most common mental health conditions, depression and anxiety, cost the global economy US\$ 1 trillion each year. Despite these figures, the global median of government health expenditure that goes to mental health is less than 2%.

Should workpl

41%

8%

5%

10%

RACONTEUR



https://www.who.int/health-topics/landslides#tab=tab_1

55%

369

Released October 16, 2020

SENTINEL SYNDROMIC SURVEILLANCE Sentinel Surveillance in





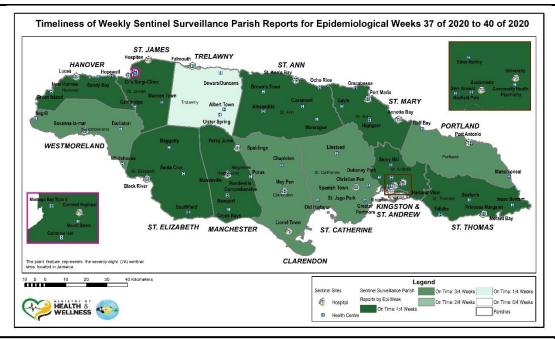


Parish health departments submit reports weekly by 3 p.m. on Tuesdays. **Reports submitted after 3** p.m. are considered late.

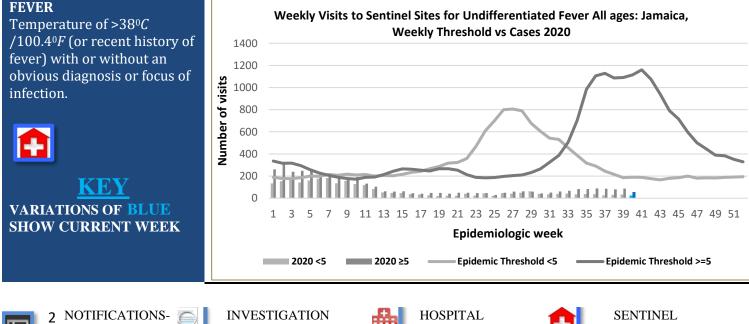
A syndromic surveillance system is good for early detection of and response to public health events.

Sentinel surveillance occurs when selected health facilities (sentinel sites) form a network that reports on certain health conditions on a regular basis, for example, weekly. Reporting is mandatory whether or not there are cases to report.

Jamaica's sentinel surveillance system concentrates on visits to sentinel sites for health events and syndromes of national importance which are reported weekly (see pages 2 -4). There are seventy-eight (78) reporting sentinel sites (hospitals and health centres) across Jamaica.



REPORTS FOR SYNDROMIC SURVEILLANCE



All clinical sites

REPORTS- Detailed Follow up for all Class One Events



ACTIVE SURVEILLANCE-30 sites. Actively pursued



REPORT- 78 sites. Automatic reporting

Released October 16, 2020

FEVER AND NEUROLOGICAL

Temperature of >38°C /100.4°F (or recent history of fever) in a previously healthy person with or without headache and vomiting. The person must also have meningeal irritation, convulsions, altered consciousness, altered sensory manifestations or paralysis (except AFP).



FEVER AND HAEMORRHAGIC

Temperature of $>38^{\circ}C$ /100.4°*F* (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.

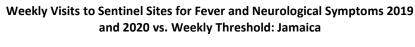


FEVER AND JAUNDICE

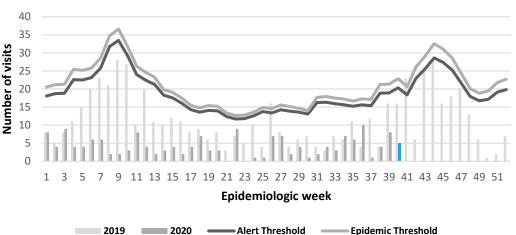
Temperature of $>38^{\circ}C/100.4^{\circ}F$ (or recent history of fever) in a previously healthy person presenting with jaundice.

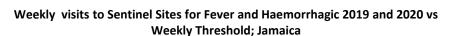
The epidemic threshold is used to confirm the emergence of an epidemic in order to implement control measures. It is calculated using the mean reported cases per week plus 2 standard deviations.

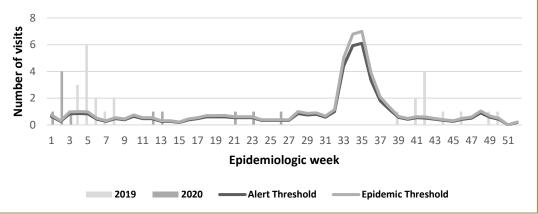


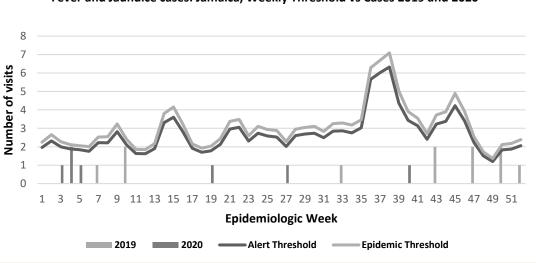


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Fever and Jaundice cases: Jamaica, Weekly Threshold vs Cases 2019 and 2020



NOTIFICATIONS-All clinical sites

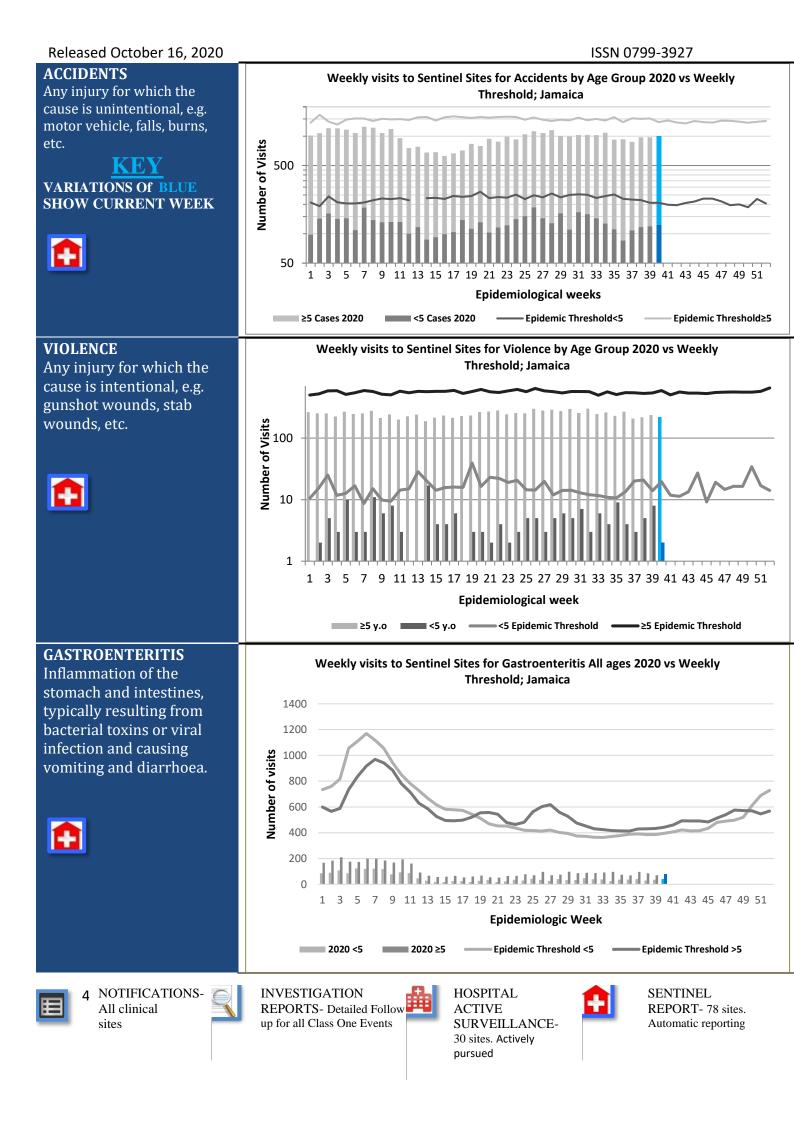


INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE-30 sites. Actively pursued





ISSN 0799-3927

CLASS ONE NOTIFIABLE EVENTS

Comments

			Confirmed YTD		AFP Field Guides
	CLASS 1 EV	/ENTS	CURRENT YEAR 2020	PREVIOUS YEAR 2019	from WHO indicate that for an effective
AL	Accidental Poisoning		22	59	surveillance system, detection rates for
NO	Cholera		0	0	AFP should be 1/100,000
NATIONAL /INTERNATIONAL INTEREST	Dengue Hemorrhagic Fever*		NA	NA	population under 15
	Hansen's Disease (Leprosy)		0	0	years old (6 to 7) cases annually.
	Hepatitis B		0	11	·
	Hepatitis C		0	2	Pertussis-like
	HIV/AIDS		NA	NA	syndrome and Tetanus are clinically confirmed classifications.
	Malaria (Imported)		0	0	
	Meningitis (Clinically confirmed)		1	20	
EXOTIC/ UNUSUAL	Plague		0	0	 * Dengue * Dengue Hemorrhagic Fever data include Dengue related deaths; ** Figures include all deaths associated with pregnancy reported for the period. * 2019 YTD figure was updated.
H IGH MORBIDIT/ MORTALIY	Meningococcal Meningitis		0	0	
	Neonatal Tetanus		0	0	
	Typhoid Fever		0	0	
	Meningitis H/Flu		0	0	
SPECIAL PROGRAMMES	AFP/Polio		0	0	
	Congenital Rubella Syndrome		0	0	
	Congenital Syphilis		0	0	
	Fever and Rash	Measles	0	0	*** CHIKV IgM positive cases
		Rubella	0	0	
	Maternal Deaths**		30	52	PCR positive cases
	Ophthalmia Neonatorum		23	161	
	Pertussis-like syndrome		0	0	
	Rheumatic Fever		0	0	
	Tetanus		0	0	
	Tuberculosis		26	48	
	Yellow Fever		0	0	
	Chikungunya ^{***}		0	2	
	Zika Virus ^{****}		0	0	NA- Not Available



5 NOTIFICATIONS-All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE-30 sites. Actively pursued



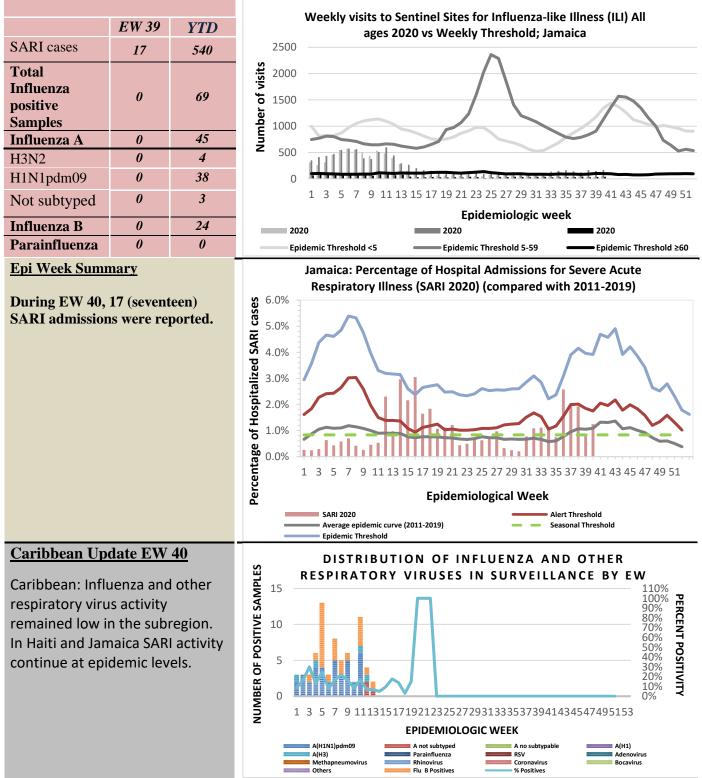
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NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

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EW 40

September 27, 2020 -October 03, 2020 Epidemiological Week 40





6

NOTIFICATIONS-All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



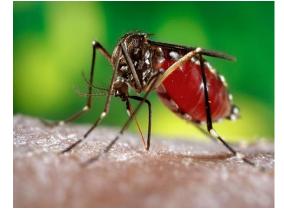
HOSPITAL ACTIVE SURVEILLANCE-30 sites. Actively pursued

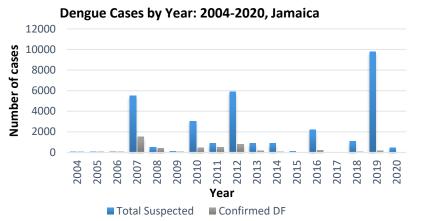


Dengue Bulletin

September 27, 2020 – October 03, 2020 Epidemiological Week 40

Epidemiological Week 40

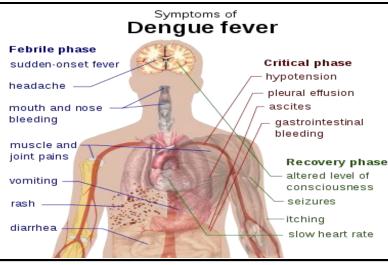




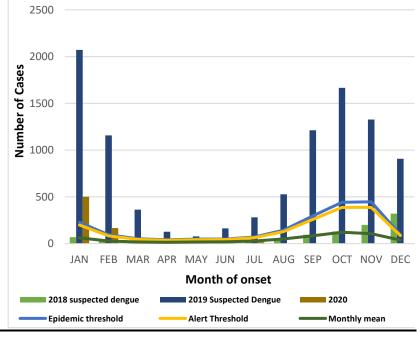
Reported suspected and confirmed denguewith symptom onset in week 40 of 2020EW 400YTDEW 400YTDTotal Suspected Dengue
Cases0**749**Lab Confirmed Dengue
cases

0**

1**



Suspected dengue cases for 2018 and 2019 versus monthly mean, alert, and epidemic thresholds



Points to note:

CONFIRMED

Dengue Related Deaths

- ** figure as at October 16, 2020
- Only PCR positive dengue cases are reported as confirmed.
- IgM positive cases are classified as presumed dengue.



NOTIFICATIONS-All clinical sites

S-

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE-30 sites. Actively pursued



RESEARCH PAPER

ABSTRACT

Mental Health Awareness training in courses such as First Aid for Mental Health can act as a means of early intervention, treatment, prevention and help to change societal views, especially amongst youths and professionals who can influence change.

Trudy King1 ECAF, UK1

Aim: Stigma and the lack of mental health awareness training shape societal views of mental illness in Jamaica. Many do not know the causes, signs and how to help. As a result, minor mental health conditions escalate into crisis. However, First Aid for Mental Health training can help. It's simple, non-clinical form can be delivered by a qualified instructor and is suitable for all, including the police and youths. Policy change can support this, but the benefits have not been explored. This study aims to explore the benefits of First Aid for Mental Health awareness training, as a means of early intervention, prevention, treatment and destigmatization.

Method: The paper is a review of secondary quantitative and qualitative data, peer-reviewed articles, and recent newspaper articles. The study can be expanded on with primary data.

Results: Fear and danger are the common perceptions of people with mental illness. Awareness training is attached to crisis cases and is carried out by the MOH, through integrated community healthcare, but they are stretched. The police and young people should be trained as they are more likely to be at risk. An enforcing of the Occupational, Health and Safety Act 2017 would make mental health as important as First Aid.

Conclusion: Mental health awareness training is needed to counter perceptions held. Accessing community healthcare training happens only if individuals have experienced a crisis, therefore, enforcing the OHS would include training in workplaces and schools, which is the environment the police and youths would better receive it.

Keywords: mental health, fear, community healthcare.



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NOTIFICATIONS All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE-30 sites. Actively pursued

