

Choice, Culture and Health

Dream-A-World Culture Therapies: A Holistic and Primary Prevention Approach to Mental Health

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Introduction: Psychohistoriographic cultural therapy (PCT) was pioneered at the Jamaican Bellevue Mental Hospital in 1978, synthesizing large group psychotherapy, dialectic analysis and the creative arts to produce large scale behaviour modification. Dream-A-World-Cultural Therapy (DAW-CT) metamorphosed from PCT in 2006 as a psychotherapeutic response to dysfunctional primary school children.

Method: This multi-modal primary prevention intervention was forged as a 2.5-year naturalistic control trial proof of concept project in one inner-city Kingston primary school; replicated in July 2013 as a scale-up project in four inner-city primary schools. The DAW-CT project was redesigned as the Dream-A-World Cultural Resilience (DAW-CR) pilot project for 70 schools between 2014–2016 and a DAW-CR proof of concept randomized control trial in 20 schools in Eastern Jamaica in 2017.

Results: Six hundred and sixty-nine behaviourally challenged, underperforming Grade 3 students were randomized into a DAW-CR cohort of 329 assigned to specially designed Grade 4 classrooms and a control group of 330 who were assigned to regular school classes. The Achenbach System of Empirically Based Assessment (ASEBA) was used to measure adaptive and maladaptive functioning. At the end of one school year (nine months) the DAW-CR cohort showed a statistically significant reduction ($p < 0.05$) in the number of children having borderline and clinical conditions in the areas of social problems, attention problems, rule-breaking, externalizing problems and total problems on the syndrome scale compared with the controls. The cost per child for the DAW-CT module was US \$2500 compared with US \$130 per child for the DAW-CR module.

Conclusion: The DAW-CR programme is a robust and vibrant primary prevention programme for the reduction of behavioural dysfunction and academic underperformance in Grade 4 primary school children.

Drivers and Determinant Factors in the Choice of Specialty among Medical Students and Junior Physicians in The Bahamas

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Objectives: In this study, we examined factors affecting the choice of specialty among medical students, interns and senior house officers and projections of future specialist availability in The Bahamas.

Methods: We used a cross-sectional survey of School of Clinical Medicine and Research/ University of the West Indies medical students doing clinical rotations in The Bahamas, interns and senior house officers working in the Princess Margaret Hospital, Grand Bahama, Sandilands Rehabilitation Centre and the Ministry of Health in September 2017 to December 2017. Participants' demographic data, choice of specialty and factors influencing the specialty choice were collected using a questionnaire. Data were analysed using a reliable statistical package (IBM SPSS).

Results: The survey was completed by 183 participants, with the response rate of 63.9%. The representation of participants were men 34.1% and women 64% ranging in age from 20 to 54 years within the mean age of 24–35 years, with 92% Bahamian nationals. The most common choices of specialty were Emergency Medicine, Paediatrics and Anaesthesia. Participating future specialist regarded job opportunities, personal interest, controllable lifestyle and a possibility of private practice as the most influential factors in their specialty decision-making.

Conclusions: Physician shortage in certain specialties will persist, it is therefore suggested that through the intervention of mentoring and career guidance from medical school, this shortage can be alleviated. Efforts to address future specialist concerns and aspirations by providing exposure to the specialty that lack workforce, with the help of having a positive role model and positive work culture environment, will ensure the availability of adequate specialist in future healthcare workforce.

Healthcare Professional's Perception of the Benefits of Teledermatology in the Management of Common Skin Conditions within The Bahamas

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Objectives: To describe healthcare professional's perspectives on beneficial and disadvantageous factors associated with collaboratively delivered services in The Bahamas with and without Teledermatology (TD).

Methods: We conducted a cross-sectional study on four groups of healthcare professionals within The Bahamas from April 2016 until November 2016. Prior to and at commencement of the study, each group functioned with or without access to TD. Using IBM SPSS Statistics analysis application software, we calculated descriptive and inferential statistics, including cross-tabulated data's analyses and assessments of strengths of association among variables of interest.

Results: One hundred and twenty-six medical professionals from 12 Bahamian family Islands and New Providence Island, participated in this TD study. All eight participating health professionals using TD found this specialty clinic experience to be positive since they did not have a dermatology service before. Hence, it increased their recognition and treatment of common skin conditions by 100%. Regular access to the specialist for TD consultations facilitated the increase in access to specialist, to supplies and dermatological medications by 31.0%, 34.10% and 43.90%,

respectively. Non-TD users that may have at times seen certain common skin conditions were able to recognize and competently manage presenting skin condition 28.80% and 50.00% of the times, respectively.

Conclusion: With access to TD in the Family Islands of The Bahamas, healthcare professionals self-reported that TD improved their proficiency, precision and quality of medical management of common skin conditions compared to those without access to this technology that enhances collaborative consultations with dermatologists in Nassau, the capital city.

The Case for Collaborative Care in The Bahamas

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This paper discusses the challenges faced in The Bahamas by individuals with mental illness in accessing treatment for medical illnesses and the early detection and management of mental illness experiences by individuals with medical problems. Both mental and medical conditions contribute to morbidity and social issues. Hence, the need to facilitate continuous collaboration among medical and mental health professionals, social workers, patients, and their families to address psychological and physical symptoms. The collaborative care model is presented as a feasible model for health professionals to address these challenges and the potential to improve mental, social and physical health.