

Mental Health, Documentation and Health Literacy

Chair: W Abel and R Gibson

(O – 14)

“One Health, One Caribbean, One Love” – promoting a One Health approach across the Caribbean

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Background: One Health is the integrative effort of multiple disciplines working locally, nationally, and globally to attain optimal health for people, animals and the environment. This type of Intersectoral collaboration is extremely limited within and between Caribbean countries, both at policy and technical levels. The European Union (EU) funded project “One Health, One Caribbean, One Love” aims to promote and entrench a “One Health” approach to resolving priority health issues within the Caribbean region.

Methods: This project is building the capacity of Caribbean national veterinary, public health and environmental health services, through the development of a regional One Health policy, a regional One Health strategic plan and national sub-plans and the creation of regional and national One Health networks across the Caribbean region. An ongoing One Health Leadership Series is developing a core regional group of One Health Leaders, selected from the governmental, non-governmental and academic sectors and trained in the One Health approach. Information generated by the project is being disseminated on the project website (www.onehealthcaribbean.org).

Results:

- A regional Caribbean One Health policy in place and endorsed by CARICOM
- A regional five-year One Health Strategic plan in development

- 35 One Health leaders trained from 12 Caribbean countries
- National One Health projects developed and ongoing in 12 Caribbean countries

Conclusions: This project will promote and entrench a “One Health” approach to resolving priority health issues within the Caribbean region. This approach will yield net benefits to public and environmental health, which in turn should enhance the attractiveness of the Caribbean as a tourist destination.

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Stigma and illness uncertainty: adding to the burden of sickle cell disease

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Background: Persons with sickle cell disease (SCD) experience multiple medical and physical complications; the disease also has numerous effects on their social and emotional well-being. We hypothesized that adults with SCD in Jamaica experience moderate levels of stigma and illness uncertainty and that these experiences may be associated with sociodemographic factors such as gender, educational status and economic status.

Methods: We interviewed 101 adults with SCD (54.5% female; mean age 31.6 ± 10.4 years; 73.3% homozygous SCD) using the stigma in sickle cell disease scale (Adult), Mishel uncertainty in illness scale (Adult) and a sociodemographic questionnaire.

Results: The mean stigma score was 33.6 ± 21.6 (range: 2–91) with no significant difference between males and females (32.3 ± 21.3 vs 34.7 ± 21.9; *p*-value = 0.58). Females, however, exhibited greater, though not signifi-

cant, illness uncertainty than males (88.7 ± 13.5 vs 82.6 ± 19.2 ; p -value: 0.07). Stigma and uncertainty had a significant positive correlation (r : 0.31; p -value: 0.01). In an age and gender controlled model, stigma scores were lower with higher numbers of household items (coef: -2.26; p -value: 0.001) and higher in those living in greater crowding (coef: 7.89; p -value: 0.002). Similarly, illness uncertainty was higher in females (coef: 6.94; p -value: 0.02) and lower with tertiary as compared to primary education (coef: -16.68; p -value: 0.03).

Conclusion: The study highlights socio-economic factors to be significant to the stigma experiences in SCD. Healthcare workers need to reduce patients' uncertainty surrounding their illness which may have further effects on reducing their stigma.

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The epidemiology of mental health disorders at the University Hospital of the West Indies Accident and Emergency unit

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Background: Mental health disorders have a large impact on the global burden of disease. Evidence suggests that mental health related Emergency Department visits are increasing. This study attempts to define various characteristics of persons utilizing the University Hospital of the West Indies (UHWI) Accident and Emergency Unit.

Methods: Enrollment was performed during December 2014 to August 2015. Persons aged ≥ 16 years presenting to the Unit with an acute mental health episode were recruited. A chart review was performed and data extracted on sociodemographic factors, patterns of drug-use and previous mental illness. Data concerning the patient's present diagnosis, reason for the visit and suicidal ideation was extracted.

Results: Two hundred and fifty-two persons were enrolled. Participants were 52.6% male with a mean age of 31 years. The majority (49.8%) of persons achieved high school education; however, 68.9% of participants were unemployed. Drug-use was reported in 56.2% of participants; marijuana being the most common substance and daily drug-use being most frequently reported. No prior medical illness was reported in 72.5%; however, 66.5% of persons had a previously diagnosed mental illness. Schizophrenia was the most commonly diagnosed disorder (38.6%), followed by major depression (16.7%) and bipolar disorder. Suicidal ideation was present in 27.1% of the population.

Conclusions: The data obtained shows a trend towards young males with schizophrenia and marijuana use being the most frequent users of emergency mental health services at the UHWI.

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Research self-efficacy and interest among undergraduate nursing students

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Background: Independent nursing research is essential for continued development of evidence-based practice in patient care and advocacy, however, negative attitudes towards research persists among undergraduate students. This study sought to explore research self-efficacy and interest in research among final year undergraduate nursing students in Jamaica.

Materials: A cross-sectional descriptive correlational study which included a census of 108 student nurses was completed. The demographic questionnaire, interest in research questionnaire (IRQ) [designed to measure the student's level of interest in research-oriented activities] and research self-efficacy scale (RSES)-revised, [designed to determine the student's research self-efficacy level] facilitated the data collection process. Data were analysed using Statistical Package for Social Sciences (SPSS) version 19.

Results: The study achieved an 83.3% (90/108) response rate and majority were females (93.3%, $n = 84$). A mean age of 23.46 ± 2.63 was observed. Three quarters of respondents (72.2%) recorded moderate research interest ($= 3.02 \pm 1.01/5$). Approximately, half of participants 54.4% had a moderate research self-efficacy score ($= 61.45 \pm 19.36/100$). Male participants recorded higher research self-efficacy scores (83.3%) than the females (19.0) [$p = 0.001$]. A strong positive correlation between research self-efficacy and interest ($r = 0.658$, $p = 0.001$) was noted.

Conclusion: A majority of participants' had a moderate level of research self-efficacy and interest which is comparable to graduate students in other settings. Strategies designed to enhance the undergraduates experiences may improve research self-efficacy and interest. This study provides new information regarding undergraduate student's research self-efficacy and interest; additional research is indicated.

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Improving nursing documentation at a Jamaican teaching hospital: a pilot study

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Objective: This intervention study sought to determine the effectiveness of activities designed to improve nursing documentation on selected medical wards at the University Hospital of the West Indies (UHWI).

Method: In 2015, an audit of four medical wards at the UHWI revealed weaknesses in nursing documentation. Amid strong institutional support, the stakeholders held multiple consultative meetings and partnered with the quality assurance unit to develop strategies to address same. All nurses employed on targeted units attended workshops and nurse managers were charged to monitor nursing documentation on a monthly basis. The audit was repeated in 2016. SPSS version 19 was used to compare data from both audits.

Results: Ninety adult medical records were audited in 2015 and 220 in 2016. The audit revealed significant improvement in the conduct of physical assessments within 24 hours of admission (from 82% to 100%) and recording allergies (98%, 91%). Documentation of client's chief complaint (91%, 95%), history of present illness (96%, 95%), past health history (92%, 94%) remained high between audits, respectively. Little to no improvement in documented evidence of client's family health history, number of children, occupation, education or living accommodations was seen. Additionally, evidence of discharge planning or patient teaching within 72 hours of admission (< 30%) remains poor and all the MOH standards accessed (records timed, dated and signed by a nurse) did not improve.

Conclusions: The study highlights continued weaknesses in the nursing documentation on the medical wards at the institution studied. Given the epidemiologic growth of chronic diseases, additional strategies to improve of nursing documentation, continuous monitoring and additional research are imperative to address the concerns raised.

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Neighbourhood walkability and physical activity in the Harbour View Community, Kingston, Jamaica

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Background: Physical activity is important in the management of non-communicable diseases. Neighbourhood attributes such as access to facilities, safety and aesthetics, can affect physical activity level.

Objective: To determine the relationship between physical activity and perceived neighbourhood walkability in the Harbour View Community, Kingston, Jamaica.

Methods: Persons residing in the community for more than a year and who were at least 18 years old were recruited. They completed two questionnaires: the international physical activity questionnaire and the neighbourhood environment walkability scale – Abbreviated. A one-way ANOVA was used to analyse the data.

Results: One hundred persons (51 males and 49 females) participated. The mean age was 37.23 (16.42) years and most persons had lived in the community for over 10 years. Forty-eight per cent was highly active. Persons perceived places (stores, schools, restaurants) in their neighbourhood as being within easy walking distance (mean 3.29 ± 0.68); their neighbourhood as having adequate infrastructure for walking/cycling (mean 3.23 ± 0.49) and did not perceive their neighbourhood as having a high crime rate (mean 1.49 ± 0.58) which made walking unsafe.

Persons who were inactive perceived their neighbourhood as lacking in traffic safety compared to those who were highly active ($p = 0.017$) and those who were highly active did not perceive their neighbourhood as having a high crime rate ($p = 0.045$). There was also a significant relationship between perception of proximity of stores and facilities and physical activity level ($p = 0.014$).

Conclusions: Perceived neighbourhood attributes can affect physical activity level of residents and should be considered in urban planning and health promotion activities.