Substance Use and Abuse and Its Effects on Mental Disorders in Trinidad and Tobago – The Available Prevention and Management Strategies

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ABSTRACT

This paper deals with the relationship between substance abuse and mental illness in Trinidad and Tobago, its implications and management strategies. Dealing with mental health issues is an uphill battle and an attempt will be made in this paper to address the major issues at hand.

Keywords: Disorders, management, mental health, prevention strategies, Trinidad and Tobago

Uso y Abuso de Sustancias y Sus Efectos sobre los Trastornos Mentales en Trinidad y Tobago – Prevención Disponible y Estrategias de Manejo

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RESUMEN

Este trabajo aborda la relación entre el abuso de sustancias y las enfermedades mentales en Trinidad y Tobago, sus implicaciones y estrategias de manejo. Ocuparse de problemas de salud mental es una batalla difícil, y en este trabajo se hace un intento por abordar los problemas principales más acuciantes.

Palabras claves: Trastornos, manejo, salud mental, estrategias de prevención, Trinidad y Tobago

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INTRODUCTION

Trinidad and Tobago is plagued by the social 'disease' of heavy drinking, use of cocaine, marijuana and other illicit drugs. According to the World Health Organization Global Status Report on Alcohol in 2004, students' first introduction to alcohol consumption was through close family members during childhood or through attempts to experience drinking on an experimental basis (1). Most often, as in the introduction to cocaine, they become 'hooked' on the drug which may cause the downward trend toward mental disorders, disease or death.

The progression to mental illness through substance abuse is not uncommon and many a breadwinner, father, mother, son or daughter has literally taken to the streets to live the life of a 'vagrant', 'bum', or 'dropout', thus causing pain and misery in the family circle and an extra economic burden on the state.

BACKGROUND INFORMATION

The socio-economic problems that are linked to mental disorders in Trinidad and Tobago are not in any marked way far removed from those that exist globally. At any level, mental illness as stemming from drug abuse is often times related to poverty, deprivation, social abuse, domestic violence, wars, victimization of all sorts, loss of employment and low self-esteem that often lead to feelings of melancholy and depression that could, if not addressed in a timely manner, result in suicide and/or homicide.

Informed observational 'on-the-ground' reports now conclude that there exists a direct correlation between alcohol use, drug abuse, violence, criminal acts, morbidity, mortality and progression to mental illness in Trinidad and Tobago (2). Indiscipline in schools of the twin island republic stems from the aforementioned vices, which are not only allowed in some homes but are also somewhat endorsed by the society *via* advertisements that seem to 'push' the so-called 'macho' image of drinkers and smokers. These advertisements tend to 'okay' alcohol and other types of drug use in the home and in the wider society (3).

Experts agree that substance and lifestyle abuse such as binge drinking, smoking tobacco and marijuana, cocaine use, poor dietary habits, lack of physical activity and inappropriate sexual conduct could easily lead to HIV infection and other

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sexually transmitted diseases. In Trinidad and Tobago, within the last ten years or so, there has been an increasing trend among females to openly indulge in alcohol, tobacco use and the attendant 'bar brawl' occasional behaviour at almost every stratum of society. This pattern has now entered family circles and has contributed to the moral breakdown of society. Severe bouts of depression can easily follow frequent sessions of substance abuse and binge drinking and if this health problem is not effectively observed, reported and/or treated, major depressive disorders will occur which will not only affect the person and family but the society as a whole.

FACING THE DILEMMA

Mental health issues in Trinidad and Tobago are functionally connected to this global dilemma. In order to meet the looming challenges facing mental healthcare, we must make it our main goal to create an international forum or organization comprising researchers, clinicians, public health advocates and educators to work toward advancing a global agenda for research, education, as well as clinical practice of evidence-based integrative mental healthcare. In a greater effort to stem the tide of this dilemma, global dialogue on serious issues regarding mental healthcare are required with the hope of achieving some appreciable quantum of individualized, integrated, client-centred and humane mental healthcare.

At every level, albeit governmental and societal, mental healthcare and substance abuse education locally and globally go hand-in-hand and, with the use of technology, new research and other educational interventions should be increasingly introduced and utilized as humanitarian efforts increase toward bridging the gap between the healthcare centre and the immediate and extended society.

CASE STUDIES

The following case studies are based on the author's own observations and investigations and highlight the complex relationship between abuse and mental health disorders.

Case 1 – Progression from child abuse, to mental illness, to death

Research has shown that child abuse and domestic violence are principal causative factors of mental health disorders. Many people who are classified as mentally deranged almost always had a history of child abuse in different forms. There was a time, unfortunately, when child abuse situations never arose in the public domain because they were thought to be "private".

In Trinidad, for example, there is a known, yet unpublished case of a boy called X, who shared the same age as the author. From the young age of about seven years, boy X was beaten by his father, with whom he lived, almost every afternoon between the hours of 4:30 pm and 7:00 pm. The father usually returned home from work at 4:30 and for reasons unknown, he would be heard quarrelling with his son, whose voice was usually unheard in the home.

The loud-voiced accusations by the father would suddenly come to an end, soon to be followed by shrieks of pain, as boy X would beg his father, usually by saying, "Oh God, daddy doh beat me so much nah. Daddy doh beat me nah–ah do all de work." ("Oh God, daddy, don't beat me so much. Daddy don't beat me, I did all the work.") At times, boy X could also be heard calling, "Tanty Maud, Tanty Maud, daddy killing meh." ("Aunty Maud, Aunty Maud, daddy killing me.") No one in the village dared to enter the home, not even Aunty Maud who lived next door. Unfortunately, during the 1960s in Trinidad, reports of this nature to any police station were not professionally dealt with because it was classified as a "domestic matter". The beatings continued until boy X ran away from home. In 1970, I saw him as another vagrant on the streets of our town. At first, I could not believe my eyes when I saw him scavenging morsels from the heaps of garbage that littered the streets. Believe it or not, boy X, who had now grown to young man X, was actually battling with the dogs and flies for his share. He looked a bit familiar, and when I enquired about his identity, I was told, "You don't recognize him? That is Mr Bullwhip's son." The father was given that name by villagers for the type of whip he used to beat his only child. "Has he…?" "Yes, he's gone off the rocker." In other words, he had lost his mind. At that time in our town and country, child abuse reports were never taken seriously, and hundreds of children like boy X became homeless and destitute. Sad to state, young man X was run over by a car while crossing the street late one night, possibly unaware of his surroundings. Boy X's father – Mr Bullwhip – was hardly ever sober during his lifetime and he had very poor social relationships in the small town in which we lived. Boy X mainly stayed indoors, spoke to almost no one, did not play games with us because he was not allowed to mix and hardly attended school–he just stayed at home all day doing the house work with the hope that his father would be pleased and not beat him that day. 'That day' never arrived and boy X gradually lost his mind.

Case 2 – Progression from depression, to mental illness, to suicide

Jerome (fictitious name), was about five years my senior. He was soft spoken, pensive looking and he would never raise his head to speak to anyone. He had developed a strange habit of spitting on the ground as he walked, while mumbling things to himself. I do not know much about his schooling but I do recall that he did a lot of odd jobs in the neighbourhood. At around 1965, I overheard his mother telling my mother that her son had "worries" because his father used to hit him and curse him a lot, telling him that he was not his son.

My mother, who was like the village councillor and head nurse, used to council her friend by telling her to "pray a lot sister, the boy always sad, I know that." It is possible that my mother had known a few facts about depression without even knowing the word "depressed". Jerome would disappear for days on end and they would find him sitting in the bushes as though he was hiding from everyone. I witnessed a few times

when he was "found" and brought back home, only to receive a severe tongue-lashing from his infuriated father. The months passed while Jerome drifted further and further away from the home, until 1969 when I enquired about him from his brother and I was given the sad news that "he walk away, and he never come back." To this day it is not known whether Jerome is dead or alive. His poor mother, who was showing definitive signs of mental suffering all her life, became very depressed, stopped taking care of herself and became very withdrawn. I was told that in 1970, she walked down to the nearby river and drowned herself.

SOME PREVENTIVE MEASURES AND MANAGEMENT STRATEGIES

Preventive measures and management strategies are multi-pronged and traverse all levels of society including the home, the school, religious organizations, councillors, leaders and planners of public policy. In the Trinidad and Tobago context, the saying "charity begins at home" has a strong relevance and meaning to the topic being discussed. During the formative years of a child's life, the values that are instilled in the child will help to shape his/her personality, level of intelligence, abil-ity to share, respect others and consideration for the immedi-ate and extended community. In this context, good habits and traits as well as bad/criminal habits and traits can be formed; in the case of the latter, if remedial strategies are not started early in life, a drug user/abuser, maladjusted person and prospective criminal could be the result.

According to a report on the mental health systems in Trinidad and Tobago, an affirmative mental health approach is "conceived as an inner balance, ability to manage the everyday deals and to choose a correct solution of personal problems, as well as to adhere to the conventional behavioural standards" (4).

Educators and other experts agree that during the early years of the child, some mild to moderate psychiatric disorders such as depression or anxiety are not considered to be serious emotional problems, and the concept of "mental illness" only points toward severe psychiatric disorders. This is an error that is made not only by parents but also by elders, religious leaders and by others who could have "picked up" these problems in the early years for the purpose of the implementation of remedial and reinforcement strategies. Of equal importance is the fact that due to the stigma that is attached to psychiatric disorders, many patients and their families try to conceal the reality of the actual problem by not reporting the cases to the relevant mental healthcare bodies. Little or no change has been made to this method of dealing with mental disorders over the last twenty years in Trinidad and Tobago.

The prevention and management of mental disorders locally is mainly hospital based, and while psychiatric social workers may be deployed to health centres and to homes occasionally, there still exists a severe gap in effective communication and treatment between the mental health worker and the patient. Human resources as well as financial implementation are much needed to realize the proper organization of mental health systems. This would assist in the construction of mental health outpatient facilities to access patients and clients throughout Trinidad and Tobago. At the present time, unfortunately, the larger numbers of specialists, psychiatrists and mental health nurses/personnel are mainly based in the only major mental hospital in Port-of-Spain and this is a great disadvantage to patients who are being treated for drug use/abuse and for patients with a history of mental disorders.

CONCLUSION

It is imperative that we embark upon an aggressive programme to facilitate prevention and management of substance use/abuse and mental disorders. Indeed, community-based education programmes must be one of the first steps in our national efforts to effectively deal with these problems. By so doing, we will be embarking upon much-needed strategies to reach out to 'victims' of drug use/abuse and mentally ill patients who will themselves see us as the ones who truly care in a genuine, humane and sincere manner and thus 'swing' their allegiance from the 'pusher' to us, the empathetic educator, nurse, doctor or other professional.

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