Mental health and substance use services in Aruba

Assessment & Recommendations

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6 July 2021

CONTENT

Abbreviations

AZV	Algemene Ziektekosten Verzekering (General Health Insurance)
BOV	Bureau Ondersteuning Verslavingszorg (Bureau of Addiction Care and Counselling)
CAA	Consultorio pa Asuntonan di Addiccion (Office for Addiction Affairs)
CBOS	Coordinatiebureau Overheidssubsidie (Coordination Bureau Government Subsidies)
DVG	Directie Volksgezondheid (Department of Public Health)
FACT	Flexible Assertive Community Treatment
FADA	Fundacion Anti Droga Aruba (Anti-drugs Foundation Aruba)
FMAA	Fundacion pa Maneho di Adiccion di Aruba (Foundation for the Management of Addiction Aruba)
FSMA	Fundacion Salud Mental Aruba Respaldo (Mental Health Foundation of Aruba Respaldo)
GP	General Practitioner
HAVA	Huisartsen Vereniging Aruba (General Practitioners Association)
MinTVS	Ministerie van Toerisme, Volksgezondheid en Sport (Ministry of Tourism, Public Health and Sports)
MNS	Mental, Neurological and Substance Use Disorders
NHA	National Health Account
PAHO	Pan American Health Organization
POH	Praktijkondersteuner Huisarts (POH) (Nurse Practitioner at Primary Care)
SCP	Sociaal Crisis Plan (Social Crisis Plan)
SPD	Sociaal Psychiatrische Dienst (Social Psychiatric Unit)
WHO	World Health Organization

1. Introduction

Mental health is a fundamental component of health and well-being. The Aruban healthcare system has made great strides in ensuring universal health coverage by instituting the General Health Insurance (AZV) scheme. At the center of the healthcare system and primary care level are the general practitioners (GP) who function as gatekeepers that diagnose, monitor, and manage patients. If needed, referrals are made to the secondary care level. Services are provided through a network of primary, secondary and tertiary levels in inpatient and outpatient settings.

The care for mental, neurological and substance use (MNS) disorders is uniquely positioned both within and outside of this system. The current mental health and substance use system in Aruba is one with many actors – including government departments, NGOs, foundations, private sector, etc. – all striving to meet the needs of their clients in the best intended manner by providing various levels and types of care. Whilst inpatient care is common, ambulatory community-based care is increasingly provided. Nevertheless, the services provided are fragmented, disallowing a continuum of high-quality and accessible care. Different levels and types of care are provided, with a significant portion given outside the scope of the GPs and AZV. In recent years, addiction switched back and forth between the justice and health ministries. Since 2017, it falls under the Ministry of Tourism, Health and Sport (MinTVS) and as addiction care is a crucial component of the healthcare system, it needs to be permanently embedded in this system and seen as a disease, rather than a law enforcement problem. Nonetheless, addiction care is currently not covered by AZV.

The coronavirus pandemic in Aruba directly impacted the health and socioeconomic status of those living on the island and has further highlighted the urgent need to create a more integrated, efficient, equitable, effective, and accessible mental health and substance use system that leaves no one behind. To support developing such a strengthened system in Aruba, MinTVS together with the Department of Public Health in Aruba, are collaborating with the Pan American Health Organization/World Health Organization (PAHO/WHO). Mental health and substance use care cannot be met by the health sector alone, however. Funding and intersectoral collaboration among all relevant stakeholders are needed to develop and implement a National Roadmap for the reorganization of mental health and fully integrate this into the general health system. As part of the development of 'National Roadmap on Mental Health and Substance Use', this report presents the first step in this process and provides an overview of the current gaps and recommendations.

2. Expected outcome

This document provides an overview of the current organization of services which will serve as key inputs for the development of the Roadmap. To identify the gaps in the mental health and substance use system, one needs to first determine what the current situation is. Based on this, recommendations are made for the further discussion and development of the Roadmap.

The roadmap exercise will aim at providing a common framework where all national strategies, priority programs and interventions are linked interdependently to one agenda that facilitates the formulation and implementation of strategies and plans of action for moving toward Universal Health[1].

Specifically, the Roadmap will seek to:

1. Build consensus on the way forward for improving access to quality mental health and substance use services in Aruba;
2. Agree on an implementation roadmap for priorities in mental health and substance in accordance with WHO's building blocks and national policies;
3. Identify areas for collaboration among national stakeholders; and
4. Identify areas for technical cooperation between MinTVS and PAHO/WHO.

3. Aruba's healthcare system

In light of reorganizing the mental health and substance use system in Aruba and integrating it in the overall system, this section first provides general information on the healthcare system in Aruba, followed by further insights on the mental healthcare system specifically.

General Healthcare Structure

The Aruban healthcare system mainly follows the national health insurance model, in which universal insurance is provided to all registered residents on a non-profit basis. According to the 2015 National Health Account (NHA), the total cost of healthcare in Aruba in 2015 was Afl. 469.7 million (US$268 million), amounting to Afl. 4,356 (US$ 2,434) per capita. About 75.8 percent of health care is financed through social premium contributions from employers and employees as well as from taxes managed by AZV. Funds are mainly used for first- and second-line curative care, including service provision by GPs, medical specialists, obstetric care, in-hospital admission and nursing, medicine, physiotherapy, certain speech and language therapies, ambulance transportation, medical goods and support services. Dental and oral hygiene care are also limitedly covered. Government employees and pensioners have AZV plus – a more comprehensive health insurance package. Given the scale of the island, some patients are also referred for treatments abroad (DVG, 2019).

Funding is also channeled from MinTVS and the Ministry of Social Affairs and Labour to government departments and non-government organizations providing healthcare services. About 20.3 percent of the total healthcare expenditures are covered this way. Most of this funding is allocated to preventive health purposes, ambulatory and long-term residential care, and care for specific target groups (e.g., people living with a disability) or health issue (e.g., school vaccinations). Much of the primary health prevention

[1] See Glossary (Annex A)

in Aruba is focused upon awareness creation. Promoting a healthy lifestyle, awareness on mental health, administering vaccinations and breast cancer screening are examples of this (DVG, 2019).

The gatekeeper function from primary to specialist secondary care is held by 48 GPs in Aruba. The GP usually holds consultations between 10-15 minutes and certain GP practices also offer additional services, such as diabetes care or pap smear testing. Many GPs in Aruba have a nurse practitioner (POH) in their practice, which is a trained professional more intensely involved in providing (pre-)diabetes care among clients. It allows for more time and attention for a client and has been proven beneficial[2]. The POH system is financed by AZV via the White Yellow Cross. To further help clients who have type 2 diabetes, the Diabetes Foundation of Aruba introduced the Prisma self-management model. This train-the-trainer program established in the Netherlands, trains type 2 diabetics to better understand and self-manage their condition (Diabetes Foundation Aruba, 2021).

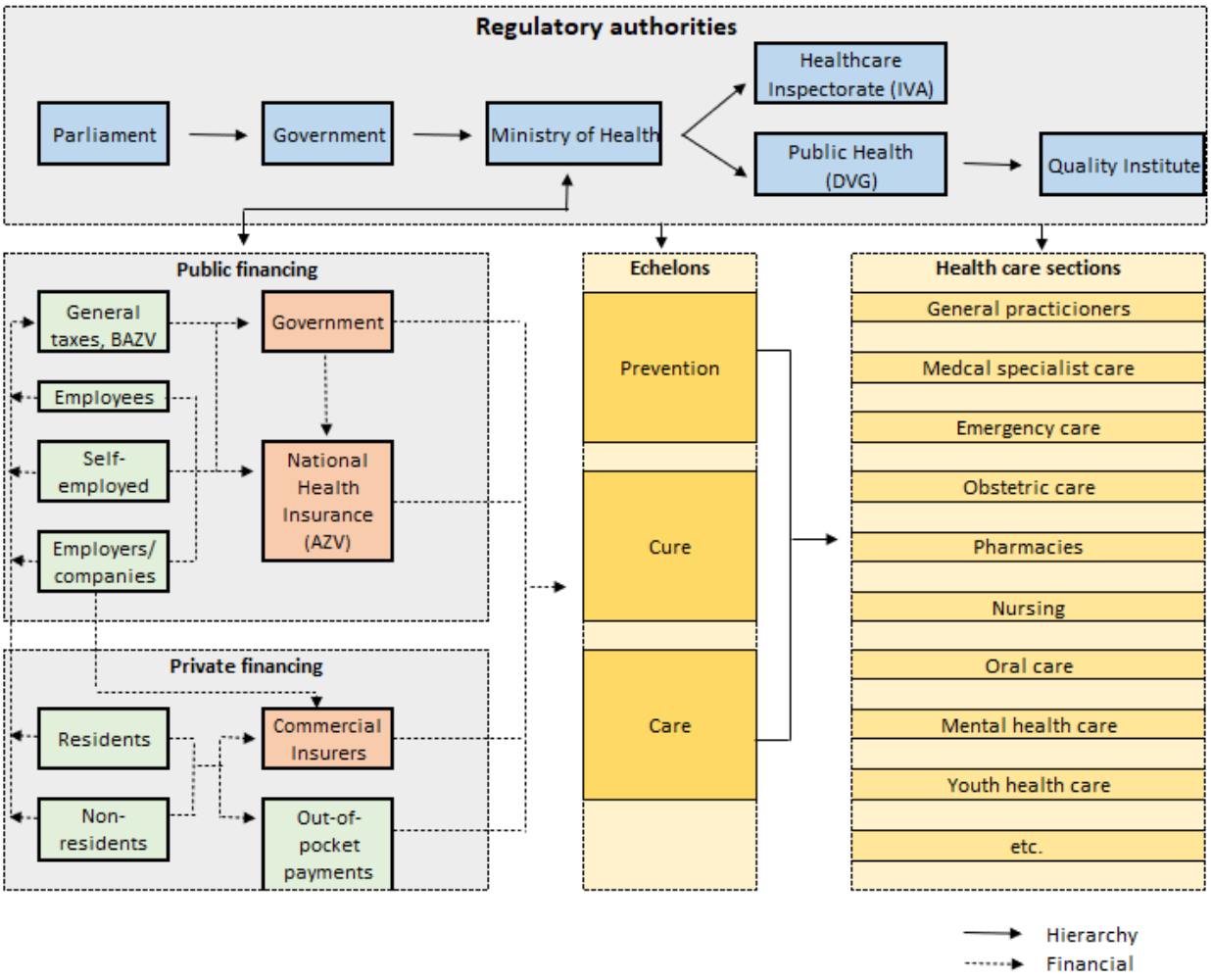
The island has one hospital offering a wide variety of medical services and one ambulatory and outpatient medical treatment center. Persons can also be referred to medical services abroad if they cannot be obtained locally. There are also private medical, psychological, dentistry and lab practices, for instance. Furthermore, a government subsidized nursing home is available for the elderly, along with smaller private providers providing long-term care. Numerous NGOs and foundations provide social support, day care or community care. Several government departments and units are financed by the MinTVS and the Ministry of Social Affairs and provide health care services directly to the community. Limitations experienced with the health insurance model of Aruba include long waiting lists and delays in treatment, among others.

The COVID-19 pandemic has placed an enormous burden upon an already stretched healthcare system in Aruba. A further Afl. 5 million reduction in monthly health spending in Aruba was required by the Dutch government, for the island to qualify for financial support during the crisis (Caribisch Netwerk, 2020).

An overview of the healthcare system of Aruba[3] and the financing flows was provided in the 2015 National Health Account Aruba. Figure 1 presents the national regulatory authorities of the health care system, the financing schemes (public and private), the healthcare echelons that use such funding, and some of the healthcare sections which receive the funding and provide healthcare services (DVG, 2019).

[2] Awaiting official statistics in this respect, but the general consensus is that the approach is beneficial to many.

Figure 1. Overview healthcare system of Aruba[4]



Mental healthcare and substance use structure

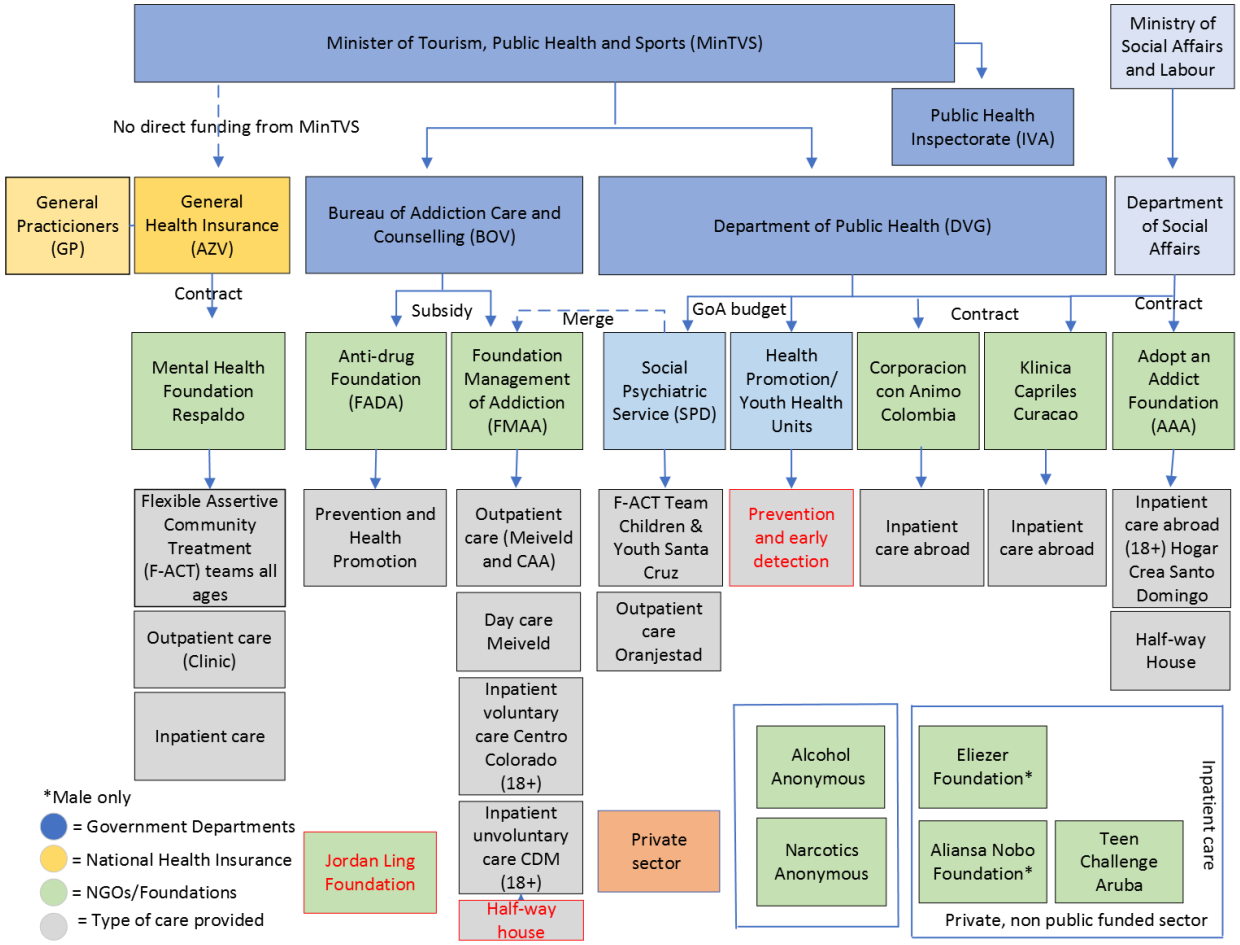
The system providing mental health and substance use[5] services forms part of the general health structure in various ways. The funding scheme for mental health is similar to the general healthcare system, where AZV and the government act as the main financiers. AZV primarily covers mental health services, but services for mental health and substance use disorders may also be covered. The government covers services for both mental health and/or substance use. Legislation on health also (in)directly covers mental health and substances, and several of these documents are in the process of being updated.

Figure 2 depicts the main organizations which are part of the mental health and substance use system in Aruba (at the time of writing).[6] The figure presents the parallel care system that currently exists on the island, in which both AZV and the government finance numerous service providers.

[4] Source: National Health Account Aruba (DVG, 019). Note: figure taken directly from the NHA Aruba publication.

6 It should be noted that this figure is to be reviewed and adapted if more changes occur and other players are consulted.

Figure 2. Overview mental health system[7]



At the top of Figure 2, is the *Ministry of Tourism, Public Health and Sports* with the current vision that *'citizens have a mental health that is as optimal as possible by receiving accessible, integral and high-quality mental health and substance use care in Aruba'* (MinTVS, 2019). The Ministry plays an important role in decreasing the fragmentation in the system and has the authority to (at least partly) rearrange the structure.

Respaldo provides mental health care to about 3,000 clients in 2019 and runs the island's psychiatric institution. The organization has a direct agreement with and is funded by AZV and essentially operates independently from the government. AZV does fall under the portfolio of the Minister, but the Ministry's influence in this respect is limited. Respaldo collaborates closely with the GPs for referrals and follow-up of clients and mostly provides care to those who are covered by AZV. The two Flexible Assertive Community Treatment (FACT) teams consisting of two psychiatrists, three social workers, six nurses, two psychologists and a medical secretary supported around 150 individuals on the island in 2019 (Respaldo, 2020). Respaldo provides both inpatient and outpatient care for mental health and has a total staff of 90 individuals. About 30-40% of Respaldo's clients with serious psychiatric disorders also have an addiction. The organization specializes in providing psychiatric care and mental health promotion, however. There

[7] Note: The items in red in Figure 2 are existing, but the extent of operations remains to be determined

is currently no doctor at Respaldo which is specialized in addiction care. The organization is currently working on incorporating two nurses who will focus on cognitive behavior in addiction care. Someone who solely has a substance use disorder is referred to FMAA or SPD (who employs a psychiatrist specialized in addiction care).

There are numerous government departments, foundations and NGOs funded mainly through government subsidies which are also providing mental health care. The *Social Psychiatric Unit* (SPD) under the Department of Public Health provides ambulatory care to the public, regardless of residence status (which is tied to having insurance coverage via AZV). SPD employs seven individuals: one social psychiatric nurse, four nurse practitioners and two social workers. The organization also employs a part-time psychiatrist. SPD hired nine additional persons through the Social Crisis Plan (SCP) (including one child/youth psychiatrist and one psychologist) which form a FACT team for children and youth located in Santa Cruz. The services and medication provided by SPD are funded by the government and procured through local distributors. Individuals can receive care from SPD without a referral letter from the GP or without AZV coverage. There are a few exceptions, such as the medication prescribed by the FACT team, which is covered by AZV.

The *Bureau of Addiction Care (BOV)* provides subsidies to FMAA and FADA. This entity was set up in 2012-2013 with the purpose to act as the chain between the government and the foundations which execute the work. BOV's role is to produce policies, manage human resources, contracts, budgeting, data system and provide direct policy advice on addiction care to the Minister. Most of the staff hired by BOV are "lend" ('ter beschikking gesteld') to FMAA and maintain their civil servant status.

FMAA was established in 2010 and officially falls under BOV, but much of its policy- and decision-making is done independently. About 80 per cent of FMAA's staff is employed by BOV and "lend" to ('ter beschikking gesteld') FMAA. In 2019, a restructuring of the organization was initiated and a new Board instated. A new director was hired in 2021. FMAA's mission is to provide systematic, accessible, client-friendly, tailored and quality care to anyone needing addiction care. The 54 staff in the organization include a psychiatrist, therapists, social workers, nurses, and a team of therapists providing guidance on activities and employment (FMAA, 2019). They provide clinical or ambulatory voluntary care at Centro Colorado (based on Minnesota Model[8]), judicial non-voluntary care at 'Centro di Motivacion', and social care at 'Consultorio pa Asuntonan di Addiccion' and have a walk-in house. The psychiatrist also holds consultations at SPD and 'Stichting Eliezer'; guides clients seeking care abroad; and is on-call in emergencies (FMAA, 2020).

On 21 October 2020, a Memorandum of Understanding was signed between FMAA and SPD merging the two organizations. In 2021, the organizations will gradually merge their service delivery, infrastructure, IT and other areas. SPD and FMAA have started the merging process and are currently discussing with the Department of Human Resources and the Department of Finance on matters related to personnel and budgeting, among others.

FADA was started 36 years ago by concerned parents intending to create awareness and prevent drug use and addiction among children, youth and their parents. Over the years, the organization has started focusing more on youth empowerment. FADA is currently the main preventive organization on substance

[8] The Minnesota Model expands on the 12-step program and provides personalized and well-rounded treatment via diverse specialists. For more information: https://www.rehabcenter.net/the-minnesota-model/

use and has recently started to incorporate mental health as well. Staff include a director, prevention workers, administrative staff, and telephone operators who work on B-Smart and Paga Tino projects and provide counseling. At the beginning of 2020, FADA received training on the 'Moti-4' program from the Dutch Mondriaan Institute to tackle youth who are beginning to struggle with substance use, gaming or mental health. The program offers four individual talks between a young person and a prevention worker, in attempts to decrease the problematic behavior (Nederlands Jeugdinstituut, n.d.). In 2021, FADA will start implementing this program and assume a more active role in prevention.

The *Huisartsen Vereninging Aruba (HAVA)* has 48 GP members with a gatekeeping role in guaranteeing individuals' health, including mental health. HAVA follows the guidelines of the Dutch General Practitioner Society ("NHG Standaarden") and services provided are directly covered by AZV. In 2010, the health information system "Promedico" was introduced on the island to track client data. This system is linked to AZV. Given the limited time for client's consultations, GPs often refer clients with mental health and substance use problems to second line care.

The *Department of Public Health* (DVG) is the government entity tasked with creating the national policy framework for mental health and advising the Minister accordingly. Besides a policy unit that is already focusing more on mental health, there is a Health Promotion unit that focuses on the prevention of various health topics. In addition, the Youth Health Unit visits schools to vaccinate as well as check, signal and if needed, refer children to the needed services. DVG also works together with Fundacion Adopt an Addict, Corporacion con Animo in Colombia and Klinica Capriles in Curaçao, and is working towards creating a better-quality system that can respond locally to as many mental health needs of the population as possible, rather than sending clients abroad.

The *Department of Social Affairs* is responsible for developing and coordinating the welfare policy on the island. Amongst its tasks, is providing social services through multidisciplinary teams in all districts. The Life and Family department provides psychosocial counseling and treatment. At the time of the report, it is unclear how many staff (psychologists, social workers, etc.) are part of the team as this organization has not been consulted yet.

The *private sector* also forms part of the mental health structure. Certain companies test their staff for drug use. If positive, staff members may need to follow several counselling classes at Consultorio pa Asuntonan di Addicion from FMAA. Besides that, there are many independent psychologists established in Aruba, some of them are united in the Aruban Association of Psychologists and Special Education Specialists.

4. Gaps in the Mental Health and Substance Use System

This section covers gaps within the mental health and substance use system of Aruba and describes them according to the six building blocks of WHO's Health System Framework. Based on the gaps identified in this chapter, recommendations will be made in the ensuing chapter and used as discussion points and inputs for the development of the Roadmap.

Fragmentation of mental health services

The first line of health care is generally provided via the gatekeeping function of GPs and is covered by AZV. Service delivery for mental health and substance use stems from a mix of public and private providers

and depending on the service provider and the type of care, does not always occur via the GP and AZV system. If care is sought via the GP, he/she can often only spend limited consultation time with clients (10-15 minutes) and refers them to second line service providers. The lines between primary and secondary care services are not always well defined and there are no clear agreements between organizations on which organization helps who, how, when and in what way (ambulatory versus intramural care). Whilst the organizations mention that they work with their own protocols/guidelines, they are different from each other and lack standardization and harmonization. This creates confusion between the organizations and compromises the quality of care. Whilst in many cases those seeking purely mental health care are referred to Respaldo (covered by AZV), those seeking services for substance use disorders are sometimes referred to SPD/FMAA (not covered by AZV and subsidized by the government). The latter organizations receive many walk-in clients as well. GPs do not currently have a full picture of the services provided by all the organizations and therefore do not refer clients to all services on offer. The lack of after-care and adequate social support services creates further challenges in the system and the sustainability of care. Finally, substance use disorders remain stigmatized by the public as they are often not seen as a health problem and insufficient attention is given to the issue by decisionmakers.

As in the general health system, the emphasis is on curative care (as opposed to preventive care), though long-term care – in Aruba or abroad – also occurs. Much of the care is still provided in a passive and curative manner, in which organizations wait for clients to come to the clinic. The FACT teams from SPD and Respaldo are bringing a change to this approach, however.

Mental health and substance use care is increasingly provided in an ambulatory community-based manner via the FACT teams, though there are plans for building more institutions which will provide in-patient services as well. Whilst there are only three FACT teams on the island, there are no set agreements between the organizations to streamline these.

Health insurance via AZV is dependent on one's legal residence status, meaning undocumented migrants are not covered. Government-subsidized NGOs and the international refugee protection agency HIAS try to fill this gap, but not in a structured and integrated manner. The prevailing stigma and discrimination surrounding mental health and substance use also discourages or delays seeking help. Furthermore, the public is also not fully informed on what mental health services can be sought where, which can further discourage or delay seeking help. All these factors contribute to the inability for detecting problems at an early stage.

Whilst all organizations are intending to provide the best possible care, service fragmentation; insufficient investment; education and support; stigma and discrimination; and the lack of a systematic approach with oversight means mental health and substance use services are not provided in a people-centered integrated manner to all. The duplication of services; delay in receiving care at the right facility; lack of discussion between health professionals; and limited options within GP practices; among others; has only further left behind those who need help the most. There is currently no clear understanding on the exact needs of the population for mental health and substance use services, though service providers assume that the current response is grossly insufficient.

Workforce dedicated to mental health and substance use

The health workforce is those "engaged in actions whose primary intent is to enhance health", including physicians, nurses, pharmacists and management and support staff who keep the health system running (WHO, 2010). In the mental health and substance use sector in Aruba, insufficient staff are available to respond to the needs of the entire population. Expertise on substance use is slim and there is no dedicated addiction care specialist on the island.

Those working in the field of mental health and substance use in Aruba have a variety of different educational backgrounds, ranging from local to European to Latin American degrees. As a result, the approach to client treatment and the standards that are being upheld by health workers also differs, making collaborative efforts between organizations more difficult.

Organizations which are subsidized by the government are subject to the government's rules and regulations. They do have a certain degree of freedom to develop their own rules, protocols, or formation report ("formatie rapport") for example. Considering the foundation of Aruba's healthcare model, a significant portion of higher-level staff are recruited from the Netherlands. Whilst these professionals are used to the same Dutch standards and protocols, sustainability of this workforce is a disadvantage as their stay on the island is often only temporary. There is currently no comprehensive Human Resources Information System which provides reliable and timely information on human resources for mental health and substance use and tracks recruitment and retention of the workforce. Having such a system in place can provide the evidence needed to plan for quality health workers at the needed time and improve the system's quality and sustainability. Such a system would not only include the health worker density (number of workers), but also their characteristics (gender, language spoken, education and professional experience, etc.), training needs and opportunities, number of relevant graduates from educational institutions, and those who leave the workforce and reasons for doing so.

Information systems for mental health and substance use

An information system that contains reliable information is the foundation of decision-making across the entire health system and its building blocks (WHO, 2010). Currently, Aruba does not have an information system for health and lacks a unified system that joins data from the mental health and substance use sector. Organizations providing mental health and substance use care to clients usually record patient information on paper and there is no method to compile all the information. Several organizations are planning to develop their own information system which can provide a better understanding of the situation but can also jeopardize unified planning and decision-making and further fragment service delivery.

Financing of mental health and substance use services

Mental health and substance use have long been neglected in health, as well as the financing of it. Health financing not only refers to the sufficient funding for delivering essential services, but also ensuring most at-risk populations are protected (WHO, 2010).

Current funding provided by the government and AZV is insufficient to take care of all those needing mental health and addiction care. Financing for Respaldo comes almost entirely from AZV, with some additional income from several private consultations and care to several tourists. AZV does not cover the first line of mental health care, except for public servants who are covered by additional insurance 'AZV Plus'. Due to the limited options in primary mental health care, some revert to private psychologists as

they are readily available, but expensive (at least 150 florin per hour). The government-subsidized foundations (FMAA/SPD and FADA) receive funding through government output subsidies and via the Social Crisis Plan (SCP) budget, none from AZV.

The structure of government subsidies has changed in recent years. The Coordination Bureau of Government Subsidies (CBOS) developed the 2016-2017 *Handbook on Government Subsidies* and introduced a new way of providing subsidies, namely through 'output subsidies.' This new approach was needed to improve financial accountability, as in the past the government had limited oversight on the subsidies and results produced. Subsidy is subject to the organization fulfilling a 'program of requirements' and producing outputs based on the related department's policy (CBOS, 2016).

As some organization budgets were enhanced with the introduction of the SCP in 2018, this presents a sustainability challenge, as the SCP is due to end in December 2021. Organizations have started to initiate and request other ways to obtain funding in attempts to maintain the same budget. There is currently insufficient budget for the organizations to be able to fully meet the mental health and substance use needs of the population.

In general, all organizations suggested a great need among the population for mental health and substance use services and only a portion of those needs can be met. Financing for mental health and substance use primarily targets curative care, with only limited funds for prevention. This underinvestment means that services for most individuals on the island is only secured at a later stage of the problem, making it more complicated and costly in the long run. Furthermore, addiction care is also not covered by general insurance and undocumented migrants who need specialized mental health care also do not have much option in Aruba.

Leadership and governance

Strengthening the mental health and substance use system and harmonizing these requires adequate leadership and governance arrangements to be in place. There is currently no national strategic policy framework that is combined with effective oversight, partnerships, regulation, and an accountability framework (WHO, 2010). Most organizations have a vision and a mission that drives their work, though strategic direction is not always developed in detail and/or does not trickle down to all staff members.

The government-subsidized organizations are due to follow regulations of the government where decision-making is often centralized. Respaldo's reporting must be in line with AZV's requirements. Furthermore, FMAA, FADA and Respaldo all have Boards which are tasked with oversight of budgeting and general operations. This means that organizations in the mental health and substance use sector are following certain rules, but they are abiding by different ones, depending on the oversight body as well as funder. Adherence to standardized quality standards or the governance code for example differs, and this is due to a lack of an overall oversight body enforcing accountability. Assessments based on needs, quality, or cost-effectiveness of services are not conducted and would help organizations in identifying collaborative opportunities and delivering better and more needs-based, cost-effective care. Monitoring and evaluation systems which track progress in service delivery and completion towards organization outputs and outcomes, does not form an integral part in the organizations. Furthermore, partnerships between mental health and substance use service providers or other multi-sectorial partnerships are limited.

Access to essential medicines

An optimal, well-functioning mental health and substance use system requires equitable access to medicine, vaccines, and relevant technologies (WHO, 2010). The assessment did not delve into this component (yet) thus gaps and recommendations have not been identified.

5. Recommendations

Integrate mental health and substance use services and improve needs-based, people centered delivery

- Develop a shared vision for the mental health and substance use sector in Aruba. A vision-setting exercise with the National Steering Committee on Mental Health and other key stakeholders is recommended.
- Improve integration of mental health and substance use services into the general health care system by strengthening primary care and including primary mental health care and addiction care in the AZV package.
- Review the current offer of (quality) services provided by organizations and how this relates to the population's needs. Develop and adopt a joint strategy for organizing a people-centered and needs-based model of care based on an optimal mix of quality mental health and addiction care services, including a community-based and life-course approach to actively deliver services to individuals, families and communities. Organizations need to collaborate on developing protocols that are agreed upon that fulfill and reflect the needs of the multi-cultural population of Aruba. Capacity should be strengthened to ensure services are provided in a high-quality, accessible, and comprehensive manner and focus on health promotion and prevention. The plan should also include a quality improvement strategy of service delivery, coverage for vulnerable groups and building workforce competencies where needed.
- Define and universally adopt a clear pathway of care that responds to all mental health and substance use needs, focusing on the central gatekeeping role of the GP. A communications strategy should be developed and implemented to ensure all service providers and the public know where and how care can be accessed. A Referral System Protocol should be jointly developed, and relevant stakeholders trained on its implementation. Communication and collaboration between GPs and service providers should be strengthened to allow for full use of services on offer and better quality of care.
- Embed policymaking on addiction (substance use disorders) care in national policymaking on health to avoid its separation from mental health and the judicial connotation it had in the past. This should also reduce stigma and discrimination. Further joint efforts, particularly on public perceptions of substance use disorders as being a health problem, are greatly needed to tackle discrimination and stigma surrounding mental health and substance use.

Build a workforce that is sufficient and capable to respond to the population's needs

- Map the number and characteristics of current mental health and substance use workers through primary and/or secondary sources (e.g., labour force survey, health facility assessment, census, DRH, etc.). Identify ways to strengthen the current workforce and consider ways to better plan human resource attrition and replacement (e.g., developing an information system on human resources as part of a wider information system; strengthen local education institutions; etc.). Crucially missing in the workforce are addiction care specialists.

- Consider the possibilities for implementing the WHO Mental Health Gap Action Program (mhGAP) which aims at scaling up services for mental health and substance use by building the capacity of non-mental health specialists to conduct assessments, perform brief interventions and make referrals if needed.

Adopt a joint mental health and substance use information system

- Gather information on current (efforts in setting up) health information systems and seeks ways for harmonization. Based on this, conduct further research and define the scope of the system (e.g., monitoring and evaluation, early warning system, patient facility management, policymaking and planning, etc.), the coverage levels and the multiple user needs. Develop a reliable real-time information system that follows the client wherever services are accessed, links back to the gatekeeper and responds to the different information needs of the users. A good information system links all relevant partners and should include a human resource component that tracks workforce availability and needs. It is of utmost importance that this system is aligned with DVG's plans for an Information System for Health, as well as the Government's plan in establishing a National Statistical System.

Increase cost-effective financing and mobilize joint resource mobilization efforts

- Whilst funding for mental health and substance use is insufficient, given the current budget cuts in health, a realistic and evidence-based approach should be assumed for better financing of the mental health and substance use system. First, an evaluation should be conducted on the current use of resources (human and capital) and the return on such investments. Further evidence should be gathered on the added value of additional financing of the sector, including in prevention, expanding community- and primary care, or building infrastructure. Joint efforts from the National Mental Health Committee members should be made on making the investment case for mental health and substance use services in Aruba in order to mobilize, accumulate and allocate money that meets the needs of the population, including the financial risk protection of vulnerable groups. The way funds are raised as well as how they are pooled to spread the risk across population groups should be an important consideration to avoid leaving anyone behind.
- Identify ways for saving resources in the system – for example by pooling purchases of essential medicines or bringing current clients back from abroad – and use freed up resources for investment elsewhere. In addition, determine impact of current prevention, awareness, and curative programs. Ensuring efficiency in the system includes reducing waste; establishing who should provide what services and avoiding duplication; the package of care that should be available for existing resources; how service providers are paid to ensure quality and efficiency; as well as considering spending on specific target populations.
- Joint efforts should be made in identifying and mobilizing additional domestic and external sources, particularly considering the current national budget cuts and ending of the SCP in December 2021.

Strengthen leadership and governance

- Strengthen organizations by developing and implementing a robust and evidence-based strategy that is regularly monitored and evaluated. The impact, outcomes and outputs, along with the required activities and inputs needed for this, should be clearly stipulated and well managed.

These should be aligned with other organizations' plans, national health policies, specific policies on mental health and substance use, the SDGs, and perhaps others.

- Define and instate a centralized oversight body which promotes organizational alignment, ensures harmonization of services and evidence-based clinical guidelines, and monitors the availability, readiness, and quality of service delivery. A routine health facility reporting system should form an integral part of this.
- Strengthen the role of the Inspectorate of Public Health (IVA) within the mental health and substance use system to supervise mental health providers' provision of quality care and compliance with the law and set agreements.

6. Conclusion

Stronger partnerships, capacity, communication and joint agreements and protocols, as well as political commitment and dedicated resources, are key to strengthening the mental health and substance use system and meeting the needs of the multi-cultural population of Aruba. This document has provided an overview of the main gaps within the current mental health and substance use system and includes broad and preliminary recommendations on addressing these. The latter shall serve as inputs to further discussions on developing a 'Roadmap for the reorganization of mental health and substance use in Aruba.'

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Annex A. Glossary

Universal Health

The WHO defines **universal health** as "…all people have access to the health services they need, when and where they need them, without financial hardship. It includes the full range of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care" (WHO, n.d.).

Integrated people-centered health services

Health services which are **people-centered** consciously include the perspectives of individuals, families and communities. The approach views these as participants and beneficiaries of health care services that can be trusted and respond to their needs. Care should be provided in a humane and holistic way and requires people to be sufficiently educated and supported in participating and making decisions regarding their own care.

Integrated health services are managed and delivered in a manner that guarantees individuals obtain a continuum of care. This includes health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care services that correspondent to all individuals' needs during their entire life. It includes the different levels and sites of the healthcare system.

An integrated people-centered health system that is oriented around empowering and fulfilling the needs of individuals, families and communities - rather than being passive beneficiaries of care – means health care is more effective, inexpensive, participatory and improves health literacy. Finally, it also allows for better preparation in health crises (WHO, 2015).

Health Systems Thinking Approach

When applying **systems thinking** to the health system, it aids understanding in the underlying characteristics and relationships between various components of the system (e.g., the building blocks). It essentially creates a better understanding of the "behavior" of the health system by viewing problems as part of a wider, dynamic system. By using a systems thinking approach, it allows key actors to map and measure the health system, identify gaps and challenges, and can help develop interventions which tackle weaknesses in a synergized and sound manner. It assesses how the different components of a health system – such as the building blocks – influence and interact with the introduction of a certain intervention (WHO, 2009).