'Pre-Implementation Analysis on the facilitators and obstacles for policy implementation including a policy Chronic Care Model to aid mental health treatment (an NCD) in Aruba'

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Master's Thesis

MSc: Public Administration - Leadership in Public Management

Faculty of Governance & Global Affairs

Leiden University

'Pre-Implementation Analysis on the facilitators and obstacles for policy implementation including a policy Chronic Care Model to aid mental health treatment (an NCD) in Aruba'

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Date: 6 January, 2023

Word Count: **18.487 Words**

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Abstract

This research presents the possible facilitators and obstacles regarding the implementation of a policy chronic care model to aid mental health treatment (a Non-Communicable Disease) in Aruba. To analyze the facilitators and obstacles, a main research question was formulated, namely, '*What are the obstacles and facilitators of the implementation of a policy Chronic Care Model to help the treatment of mental health (a Non-Communicable Disease) in Aruba?'.* To provide an answer to the research question, semi-structured interviews were conducted with professionals in the field in Aruba. Afterwards, results were presented, and conclusions were made. Conclusively, the factors that affect the intended policy implementation in Aruba are, internal and external facilitators and obstacles which include, the mobilization of resources and actions, (un)clear tasks, roles, and responsibilities, availability of resources, (in)adequate theoretical validity, (lack of) availability of resources, (lack of) collaboration, (lack of) involvement, and participation, (lack of) monitoring and evaluation, (lack of) communication, considerate/negligence of contextual factors, inadequate knowledge, skills, and expertise, and lack of continuous support. Lastly, the emergent themes facilitators and obstacles which also affect the intended policy implementation in Aruba are, politics, (lack of) awareness of mental health, and (in)adequate mental health treatment.

Keywords: *NCDs, mental health, policy implementation, policy process, Aruba*

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1. Introduction

1.1 General Background

The World Health Organization (2019) states that mental health conditions affect one in 10 people in any timeframe and are responsible for a huge proportion of non-fatal disease burdens because of their frequency, chronicity and disabling effects. According to the authors Walker, McGee & Druss (2015) 14.3% of deaths worldwide (approximately 8 million deaths per year) are caused by mental health issues. Mental health proposes different difficulties in different aspects such as loss of productivity, individual and family suffering, adverse effects for academic achievements of students (Botezat, Campion, Garcia-Cubillina, Guðmundsdóttir, Halliday, Henderson, & Wahlbeck, 2016), and decreased life-expectancy (Ivbijaro, 2011). Mental health also poses a challenge to the health system in the sense of health personnel and the costs of treatment (Directie Volksgezonheid, 2018). Since 2018, mental health conditions are considered as non-communicable diseases (NCDs) also known as chronic non-infectious diseases that take a long time to develop. These diseases can be genetic or developed through lifestyle choices and are requiring increased attention (WHO, 2018) (Gray & Klein, 2022). The Caribbean and Aruba are no exception to this. The authors Razzaghi, Martin, Quesnel-Crooks, Hong, Gregg, Andall-Brereton, & Saraiya (2019) share that the Caribbean possesses the highest burden of chronic illnesses (NCDs) including mental health for developing nations in the Americas. Additionally, (NCDs) mental health conditions are the leading cause of death in the region. According to Razzaghi et.al. (2019), (NCDs) including mental health conditions cause 70% of deaths in the region which is equal to the global average when compared. Likewise, (NCDs) mental health conditions are also the leading causes of death in Aruba, accountable for 58.16 % of deaths (Razzaghi et.al.,2019). Furthermore, 31.8% of Aruba suffers from one chronic health condition including mental health conditions (The Central Bureau of Statistics of Aruba, 2013). Similarly, 61.3% of the Aruban population struggles with mental disorders such as schizophrenia and other mood disorders (Health Monitor Aruba, 2013). Observingly, (NCDs) mental health requires attention and proper management. One way to tackle (NCDs) mental

health, based on its benefits, is through a Chronic Care Model (CCM). The Chronic Care Model has shown different positive effects for the treatment of mental health conditions and are now becoming part of clinical guidelines to treating mental health conditions (Woltmann, Grogan-Kaylor, Perron, Georges, Kilbourne, & Bauer, 2012).

The Chronic Care Model is designed to aid in practices that improve patient health outcomes through improving and promoting a more integrated health care. This is done through adjusting the delivery of ambulatory care through six interdependent changes in the system intended to create an easily obtainable patient-centered, evidence-based care (Coleman, Austin, Brach, & Wagner, 2009, p. 75). Since Aruba's care is fragmented, disease centered and no regards for the social determinants of health (DVG, 2022), it was advised for Aruba to transform its care to a more integrated people-centered health system involving the introduction of an integrated model of care such as the CCM to aid in solving the mental health issues in Aruba (DVG, 2022).

However, Miller, Grogan-Kaylor, Perron, Kilbourne, Woltmann, & Bauer (2013) highlight that despite the positive effects that Chronic Care Models have shown for the treatment of mental health conditions, the crucial problem relies on the implementation of such models and the sustainability of these models in practice (p. 922). Since, (NCDs) mental health conditions is seen as an arising and still ignored global and public issue, requiring action to resolve (Lai & Chang, 2022), an analysis regarding implementation of such models is requisite to aid in the possible management of the arising issue. Hence, analysis of the possible obstacles and facilitators of the implementation of a policy including a chronic care model to manage non-communicable diseases, specifically mental health is opportune. Policy implementation is a known public administration concept, which is understood as transforming policy goals into action to solve an arising issue including different actors (O'toole Jr.,2000), (Mazmanian and Sabatier, 1980), (Ugwuayni and Chukwuemeka, 2013) (Khan, 2016). Furthermore, policy implementation is considered the most crucial phase of the policy process and can be affected both negatively and positively by different factors such as communication, clear and consistent policy objectives, sufficient resources, knowledge of a problem, commitment, capacity etcetera (Salvesen, 2008, pp. 280-281).

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Evidently, mental health is an arising public issue requiring proper attention and management through the possible introduction of an integrated health care model involving different actors such as the government, policy advisors' etcetera. Since the extent of the success of such models relies on different factors, this research focuses on the analysis of the possible obstacles and facilitators of the implementation of a policy including a Chronic Care Model to manage Non-Communicable Diseases, specifically Mental Health in Aruba. Ultimately, strengthening mental health treatment in Aruba and therefore possibly strengthening the implementation structure and process of such policies in Aruba. **Building on these observations, this master thesis examines the following research question: *'What are the obstacles and facilitators of the implementation of a policy Chronic Care Model to help the treatment of mental health (a Non-Communicable Disease) in Aruba?'*.**

The research question is intended as a pre-implementation analysis of the potential impeding and facilitating factors that can affect the implementation of a policy including a Chronic Care Model to manage NCDs specifically Mental Health in Aruba. The aim of this research is to primarily analyze the factors that could possibly facilitate and impede the policy implementation including a policy chronic care model to manage mental health treatment (an NCD) in Aruba. This research also aims to identify the potential factors that can strengthen the implementation process of a policy including a CCM in Aruba. Therefore, this research also aims to aid in strengthening and enhancing the policy implementation process in Aruba. This research further aims to inspect what can be done by the Government, specialized health professionals and other public institutions involved in Aruba to effectively implement a policy including the introduction of a policy chronic care model to manage mental health (an NCD) in Aruba. Lastly, this research aims to provide recommendations for the future effective implementation of a policy including a chronic care model in Aruba.

1.2 Relevance of Research

The relevance of the research is provided due to the importance that the presence of both a societal and theoretical relevance holds in the social science research domain.

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Societal Relevance

As aforementioned, mental health is since 2018 also enclosed as NCDs correspondingly emphasizing the attention it requires (Gray & Klein, 2022). Mental Health is defined by the WHO (2014) as, "state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (p. 12). Notably, in this definition, "the absence of a mental disorder does not necessarily mean the presence of good mental health" (WHO, 2014, p. 12). Mental health issues are increasing and are identified as prominent causes of both morbidity and mortality globally (WHO, 2019). According to the WHO (2022), ⅛ people live with a mental disorder (p.15). In addition, Walker et.al. (2015) argues that 14.3 % of deaths worldwide (approx. 8 million deaths per year) are caused by mental illnesses. Mental health has different impacts such as decreased life expectancy (life expectancy is 20 years less for males and 15 years less for females) (Ivbijaro, 2011). Mental disorders can also lead to poor lifestyle choices (alcohol abuse, physical inactivity) which are shared risk factors for cancer, stroke etc. and therefore increase the burden of NCDs (Patel & Chatterji, 2015). Furthermore, treatment for different mental disorders can also increase the burden of NCDs (Patel & Chatterji, 2015, p. 1499). Consequently, mental disorders pose socio-economic challenges. Such as, overloaded health system cases including improper treatment, increased personnel needs, increased costs of treatment and most importantly, the emotional burden for the patient self and their families which can also cause distress among family members and thus also increase risk of developing one type of mental disorder (DVG, 2018). In addition, the Organization for Economic Co-operation and Development (OECD) (2021) states that mental illnesses can carry economic costs equal to or more than 4.2% GDP which stem from costs of treatment but mainly (more than ⅓) from indirect costs related to decreased employment rates and reduced productivity (p. 3). Clearly, mental health has several adverse effects. Aruba is no stranger to this. As mentioned, the Caribbean possesses the highest burden of chronic illnesses (NCDs) including mental health for developing nations in the Americas (Razzaghi et.al., 2019). Since Aruba's care is still disease-centered, fragmented and with limited attention being paid to the social determinants of health, it is a requisite that Aruba develops an

integrated model of care including clear conditions of entry at the primary care level, accessible community-based and out-patient services making quality service effective, safe, people-centered and offers services that are timely, equitable, integrated, and efficient (DVG, 2022). Correspondingly, this research becomes an added value for the analysis of possible treatment of chronic illnesses, specifically mental health in Aruba. Furthermore, this research provides an analysis of the different factors that can possibly influence the policy implementation, including a policy chronic care model to aid mental health treatment (an NCD) in Aruba, which in return, can possibly address and enhance both the policy implementation process and the care for mental health in Aruba.

Theoretical Relevance

There is an undeniable gap in the literature regarding the implementation of CCM in the Caribbean islands in comparison to larger countries such as the U.S. and Canada. There is analysis done on islands that are property of the United States (The U.S Virgin Islands) which is known as the study of the 'pacific care model' (Hosey et.al., 2016). There are also reported successes in both Barbados and Jamaica regarding an integrated mental health care system such as improved collaboration with community resources and decreased hospital admissions and assisted the quick access to in-patient care (Ministry of Health Barbados, 2015). However, analysis of the actual implementation of these plans in other Caribbean islands including the factors that may facilitate and impede the implementation of these plans remains insufficient. Unfortunately, analysis done in larger countries such as the United States and Canada are far more extent and specific when compared to the Caribbean region. Consequently, creating a gap in the literature regarding the facilitators and obstacles for the implementation of a policy including a CCM in the Caribbean islands. Similarly, there is no research done or studies conducted regarding the implementation of a CCM in Aruba, the factors affecting the implementation of a policy including the CCM, and there is also limited data concerning Aruba, policy implementation in Aruba, and the Aruban situation regarding mental health. Evidently, there is insufficient data regarding the implementation of a CCM in any other Caribbean Island which truly proposes a roadblock for literature and, thus data. Since as aforementioned, (NCDs) including mental health conditions account for 70% of deaths in the region which is equal to the worldwide rate (Razzaghi

et.al., 2019), it would have been advantageous to have studies done on the effectiveness and failures of a CCM and the different factors that affect the implementation of a CCM in the Caribbean. This data would have aided in; a) provision of data including the different successes and or failures in the implementation of such models b) the causes of these successes and failures, and c) what affects these successes and failures have in the polis and health care field in contexts that are more closely related to the Aruban context. Extracting data from larger countries, such as the U.S. and Canada that are not like the Aruban context limit the applicability of this research in the Aruban context whereas if data regarding the Caribbean was available, the applicability and execution of this research would be strengthened. Hence, this research also aids in theoretical relevance. Primarily, this research provides a case study analyzing the facilitators and barriers of the implementation of a policy including a Chronic Care Model to tackle (NCDs) mental health in Aruba (Caribbean Island). This research analyzes the internal and external factors of the policy implementation structure in the Aruban context aiding in identifying gaps and or relations amid theory and practice or vice versa regarding policy implementation of a CCM in Aruba. Subsequently, possibly enhancing the analysis of effective policy implementation including a CCM in Aruba and thus ultimately in the Caribbean. Furthermore, this research also identifies gaps regarding the different possible effects that the different factors may have on the effectiveness of policy implementation in Aruba through determining the different probable facilitators and obstacles regarding the implementation of a policy including a CCM. This research therefore analyzes the Aruban policy implementation context. As a result, possibly identifying different gaps in the implementation structure and process in Aruba aiding in the augmentation of policy implementation in Aruba and sequentially possibly fulfilling literature gaps.

2. Literature Review

In this chapter, a short review of the literature is presented. This includes the explanation of the CCM, the benefits and disadvantages of the CCM and the different obstacles and facilitators for a CCM.

2.1 The Chronic Care Model

As previously mentioned, the Chronic Care Model (CCM) was designed to promote a more integrated system of care for individuals that struggle with chronic health conditions/ illnesses and to aid the provider-patient relationship and thus ultimately health outcomes (Wagner et.al., 2001). The authors further emphasize that the CCM is not an explanatory concept, rather it is an evidence-based guideline and a combination of the best accessible evidence. The CCM is also open for adaptations when new data arises (Wagner et.al., 2001). The CCM was originally developed by Wagner et.al in 1993 and consists of six different elements that are related and entwined with each other. These are, 1) community resources and policy; 2) the health system and the organization of healthcare; 3) self-management support; 4) delivery system design; 5) decision support; and 6) clinical information systems (Wagner et.al., 2001). The CCM is illustrated in the figure below. See Figure 1 below.

Figure 1: 'The Chronic Care Model' (Barceló et.al., 2012, p. 7).

'Community resources and policy' is understood as the mobilization of resources to meet the necessities of patients that participate in community programs. Meaning that, the healthcare organization is required to create collaboration with the community organizations which fill the inconsistencies in services but also promote the improvement of health care services (Barceló, Luciani, Agurto, Orduñez, Tasca, & Suede, 2012). In addition, *'health system and organization of healthcare'* is described as an organization that promotes prepared, safe, consistent, and first-rate care, withholding improvement strategies as their core and permits patients to roam among different levels of the health system and providers as required (Barceló et.al., 2012). *'Self-management support'* is explained as the empowerment and preparations of patients to play a vital role in the care of their own health through different approaches which are utilized to aid patient self-management such as, evaluation, goals, action planning, problem-solving, and monitoring (Barceló et.al., 2012). Furthermore, *'delivery system design'* is described as, assuring both adequate and efficient clinical care delivery and supporting patient self-management through defined tasks, roles, and responsibilities amid providers of healthcare that aid them in participating in prepared and interactions that are pertinent culturally (Barceló et.al., 2012). Moreover, *'decision support'* is explained as the inclusion of evidence-based clinical guidelines daily (habitually). This also means that the guidelines and information are required to be shared with the patients to stimulate their participation in their own care (Barceló et.al., 2012). Lastly, *'clinical information systems'* is understood as the organization of patient and population data for the delivery of adequate and efficient health care by aiding in adequate planning and proper description of subpopulations and the assortment of care. These systems aim to send reminders to patients and providers to strengthen compliance regarding enhanced protocols and plans (Barceló et.al., 2012).

2.1.2 Benefits of the CCM

The implementation of a CCM is ideal to manage mental health treatment such as depression and other mental health conditions (Holm & Severinsson, 2012) (Wagner, Austin, Davis, Hindmarsh, Schaefer,

& Bonomi, 2001). Vaez, Diegel-Vacek, Ryan, &Martyn-Nemeth (2017) further argue that practices that revamp their system in accordance with the CCM generally show to improve quality of care and the health outcomes for patients suffering from chronic illnesses which are consistent with both the U.S and in international contexts (Vaez et.al., 2017). Moreover, a qualitative study done of a hybrid type II stepped-wedge, cluster randomized trial resulted in improved team communication, increased attendance of patients to their treatment meetings and increased awareness of patients regarding their own care, improved knowledge, and skills regarding community resources, increased evidence-based and measurement-care and these trials indicated improvement in mental health status among patients treated for 3 or more mental health conditions in comparison to the year before (Sullivan, Kim, Miller, Elwy, Drummond, Connoly, & Bauer, 2021) (Bauer, Weaver, Kim, Miller, Lew, Stolzmann, & Elwy, 2019). Likewise, Vaez et.al. (2017) conducted a pilot study chart review including 30 patients with Type 2 Diabetes Mellitus (T2DM) and Serious Mental Illness (SMI) within the context of an urban federally qualified health center (FQHC) that provides primary care to patients that suffer from (SMI) and diabetes. The study resulted in improved delivery system designs in the sense of increased contact and communication with patients and in the variable number of nurse practitioner visits per study period and increased self-management support (Vaez et.al., 2017, pp. 5-6).

2.1.3 Disadvantages of the CCM

Aside from possessing different benefits for health care systems and patient health outcomes, there are also disadvantages of the CCM. Coleman et.al. (2009) emphasized the fact that the CCM is not a separate, immediate replicable intervention. The CCM is a framework within which organizations that deliver care services transform ideas for change into specific and locally appropriate operations. This means that the specific practice changes correlated with a CCM element vary from organization to organization and from countries to countries (Coleman et.al., 2009). In other words, the CCM is not to be generally

implemented, however analysis should be done to appropriately implement and integrate the CCM in the context where the CCM is to be implemented to best fit the context but also for optimal outcomes. This means that contextual and environmental factors should also be included where the implementation can perhaps be delayed; however, it is a requirement for effective implementation. Thus, the CCM is not a "fit for all" approach (Coleman et.al., 2009). Additionally, the author Barr (2003) shared that, though the CCM has shown to be helpful, it lacks to reflect the diversity and complexities of different aspects of prevention and promotion of health that extend beyond clinical preventive services (p.80). The author also argues that the CCM showcases a limited view of the roles that both the informal and formal community supports have in the improvement of health outcomes (Barr, 2003, p. 80). Furthermore, Barr (2003) explain that the functions of health promotion and disease prevention in the community are not clear in the fundamental CCM (p.80). The author also emphasizes that the ways in which the fields of health promotion and healthcare collaborate need to be included, otherwise it will not function (p.80).

2.1.4 Facilitators for the Implementation of a CCM

It is clear from several studies that the CCM possesses different benefits and disadvantages, however as afore-mentioned Miller (2013) made it very clear that the crucial problem relies on the implementation of such models and the sustainability of these models in practice (p. 922). There are different facilitators for the implementation of a CCM. These factors are, 1) coordination, collaboration both with internal and external actors and teamwork with other health care providers such as hospitals, specialist services, communal programs, and projects (Holm & Severinsson, 2012), 2) a healthy organizational culture that promotes multidisciplinary/patient-centered care and proactive follow-up including the different actors (Kadu & Stolee, 2015), 3) up to date information systems to keep track of patients' data. Thus, systems that monitor and keep track of healthcare services and attaining the healthcare standards and or objectives thereof, identifying the gaps in the services and recording successes (Davy

et.al., 2015), 4) the ability to make organizational changes to policies and development to meet implementation needs (Kadu & Stolee, 2015), 5) a strong, committed, and engaging leader in the sense of supportive administration and supervisors with clear objectives (Kadu & Stolee, 2015), 6) having sufficient knowledge, skills and expertise in the field and regarding the CCM (Kadu & Stole, 2015, pp. 4-5), 7) taking the contextual factors (culture, social demographics etc.) into consideration to best implement the CCM (Davy, Bleasel, Liu, Tchan, Ponniah, & Brown, 2015), and 8) considering the timeframe and effort required to implement a CCM (Davy et.al., 2015). This also includes the measurement of the necessary resources for successful implementation involving information and communication systems and funding, sufficient funding, resources (staff, infrastructure) and continuation regarding the implementation of a CCM (Davy et.al., 2015).

2.1.5 Obstacles for the Implementation of a CCM

Contradictory, there are different factors that impede CCM implementation. These are, 1) insufficient administrative and professional capacity for the implementation of a CCM (Holm & Severinsson, 2012), 2) rapid introduction within an oppressed timeframe (Kadu & Stolee, 2015), 3) lack of interest, prioritization, and commitment from all involved actors (Kadu & Stolee, 2015), 4) lack of resources (low funding, staffing) (Kadu & Stolee, 2015), 5) lack of knowledge, skills, and expertise of professionals, and also regarding the CCM (Davy et.al., 2015), 6) lack of information regarding the objectives, outcomes and functioning of the CCM (Davy et.al., 2015), 7) inappropriately developed information and communication systems (Davy et.al., 2015), 8) lack of monitoring and evaluation programs to make adequate changes for the sustainability of the CCM (Davy et.al., 2015). Finally, 9) lack of partnerships and collaboration (Davy et.al., 2015). Evidently, the CCM has several benefits and threats however, all dependent on the way the CCM is implemented thus highlighting the importance that effective implementation has.

2.2 Literature Gaps

As aforementioned, the main gaps found in the literature are the lack of literature regarding the implementation of a CCM in the Caribbean. Observingly, in the previous paragraph various facilitators and barriers regarding the implementation of the CCM is mentioned, such as commitment and resources or lack thereof. However, these analyses are done in a context that is enormous in comparison to the Aruban context. Meaning that, gaps are persistent and prominent in the analysis of the implementation of a CCM to treat mental health in the Caribbean region. Hence, this thesis as aforementioned, aims to also fulfill these gaps through providing a pre-implementation analysis of what factors may possibly affect the implementation of a policy including a CCM in Aruba to treat mental health (an NCD) in Aruba. In other words, this thesis provides content that is related to the Aruban context which can be generalized to other Caribbean islands.

Since the CCM is seen as the possible way to enhance the treatment for chronic illness including mental health (public issue), it is important to analyze the facilitators and obstacles that may have an impact on the implementation of a policy including the CCM which can be translated as an action to be taken to resolve the public issue involving treatment for mental health issues. Hence, to pursue this study, the concept ‘policy implementation’ is defined and the different facilitators and barriers for successful policy implementation are outlined to be able to create a literature foundation to assist the further data process of this research. This is also done to be able to analyze the possible facilitators and barriers for the implementation of a policy including a CCM to treat (NCDs) mental health in Aruba. In the following paragraph the definition of policy implementation and the different facilitators and obstacles thereof are discussed.

3. Literature Review and Theoretical Framework

This paragraph discusses the definition of policy implementation and the different facilitators and obstacles of policy implementation and includes the theoretical framework of this research.

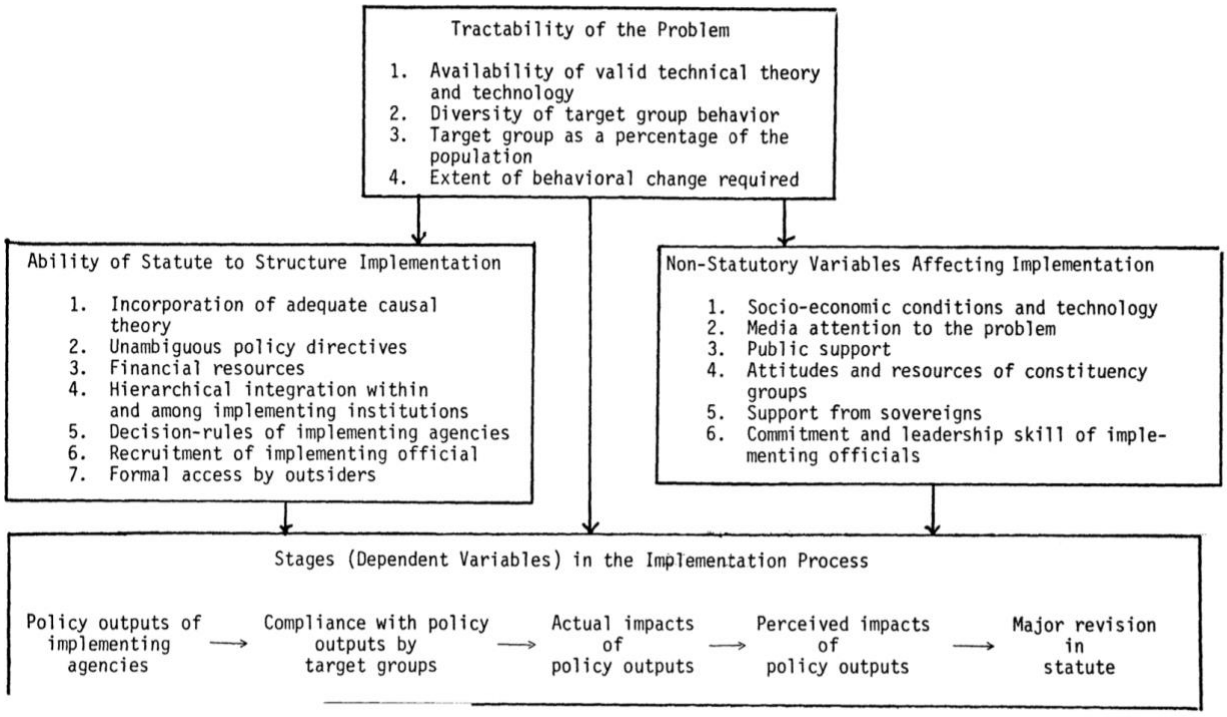
3.1 Policy Implementation

There are different definitions of the concept 'policy implementation' in the public administration field. However, after reviewing the different literature regarding policy implementation, for this research the definition of policy implementation can be understood as translating intended policy objectives into action aiming to either solve or manage an arising issue involving different actors that play a vital role in the implementation of intended policy (O'toole Jr., 2000), (Mazmanian and Sabatier, 1980), (Ugwuayni and Chukwuemeka, 2013), (Khan, 2016). It is further accentuated that policy implementation is an important phase in the process of policy making. According to Nwanko and Apeh (2008) this phase is where either the failure or the success of a policy is defined (Nwanko and Apeh, 2008, as cited by Ugwuanyi & Chukwuemeka, 2013, p. 35). Ugwuanyi & Chukwuemeka (2013) further explain that though policies are adequately and effectively designed, policies are ineffectively implemented by almost all facets of public administration. This results in failure in policy objective(s) of the public policy for which the policy was fundamentally formulated. Wright (2017) argues that effective implementation is required for health policies and legislation to succeed. He further explains that the inability to effectively implement policy not only leads to policy failure but also in population health consequences and ineffective utilization of the various public resources (p.3). Evidently, policy implementation is important. However, policy implementation is not always an effortless process. It carries the factors that can either facilitate and or become an obstacle to implementing the intended policy (Salvesen, 2008). This research, as aforementioned, aims to analyze the possible factors that can facilitate or hinder the implementation of a policy chronic care model to aid mental health treatment (an NCD) in Aruba. To be able to determine these

factors, an analysis of these factors is required. Hence, a review and analysis of these different facilitators and obstacles that can either facilitate or hinder policy was done. These different factors and framework are presented in the following paragraph.

3.2 Theoretical Framework

Within the domain of public administration there are different frameworks for policy implementation. Mazmanian and Sabatier's 'Skeletal Flow Diagram of the Variables Involved in the Implementation Process' from the 1980's is a great example. See Figure 2 below for the framework.



(**Figure 2: 'Skeletal Flow Diagram of the Variables Involved in the Implementation Process' (1980)**).

This framework is known as a 'top-down' approach for the implementation of policies. This generally translates to policies being designed by the 'top' (government etc.) and is afterwards implemented into the society to resolve the issue for which it is meant (Mazmanian & Sabatier, 1980). There are different components that either promote and or impede the implementation of a policy. Mazmanian and Sabatier (1980) proposed that it is

important to determine the different factors that influence the attainment of policy goals during the whole process of policy implementation. They proposed that three broad divisions: (1) the tractability of the problem(s) being addressed by the policy; (2) the ability of the policy to favorably structure the implementation process; and (3) the net effect of a variety of 'political' variables on the balance of support for policy objectives (p. 541). This framework is also chosen as inspiration because it focuses on external factors (changes in socio-economic conditions, public opinion, and other factors that affect the policy implementation) (Mazmanian & Sabatier, 1980, p. 538) which were highlighted as both vital facilitators and obstacles for policy implementation in the literature.

Based on this, the researcher did a thorough analysis of the literature regarding factors influencing policy implementation and the framework designed by Mazmanian and Sabatier (1980). The researcher therefore created her own framework (**See Figure 3 for Framework**) based on the analysis done of the literature in the literature review section (See chapter *3.3 'Facilitators and Obstacles for policy implementation')*, and the example framework proposed by Mazmanian & Sabatier (1980). This was done to facilitate the view of- and to apply the different facilitating and impeding (both internal and external factors) for policy implementation in the involved research context. Additionally, this model was chosen and applied to this research to be able to distinguish the different internal and external facilitating and hindering factors to be able to properly categorize the different factors that arise from the conducted data. This framework also creates a clear view for the design of topic lists, and interview questions. In the following paragraph the factors are listed.

Internal Factors

Primarily, it is adequate to list the factors. From the literature extracted from the work of the authors Mazmanian & Sabatier (1980) and the different other authors such as, Khan (2016), Ugwuanyi & Chukwuemeka (2013), (Makinde, 2005) etc. there are different factors that facilitate and impede the implementation of a policy. These are, a) adequate and inadequate theoretical backup/validity, b) in/consistent and un/clear policy goal(s), c) availability of resources/lack of resources, d) mobilization of resources and actions/lack of coordinated planning, e) organization design & modification/loose organizational structures, f) defined/undefined tasks, roles, and

responsibilities. As aforementioned, these factors are also categorized as factors that rely on the structure of the policy implementation; thus, these factors are considered as 'internal' factors that facilitate the policy implementation (Mazmanian & Sabatier, 1980).

External Factors

Other factors that both facilitate and impede policy implementation are a) adequate skills, knowledge, and expertise b) commitment/lack of commitment, c) lack of/monitoring and evaluation, d) involvement and engagement/lack of participation, e) (in)/adequate leadership, f) communication/lack of communication, g) negligence of contextual factors/consideration of contextual factors, h) collaboration/lack of collaboration, i) continuous/lack of continuous political and community support. These factors are as previously mentioned, considered by Mazmanian & Sabatier (1980) as exogenous factors nonpartisan to the structure of the policy implementation, thus are considered as 'external' factors. All these factors are categorized and illustrated in the framework below in Figure 3. See figure 3 below.

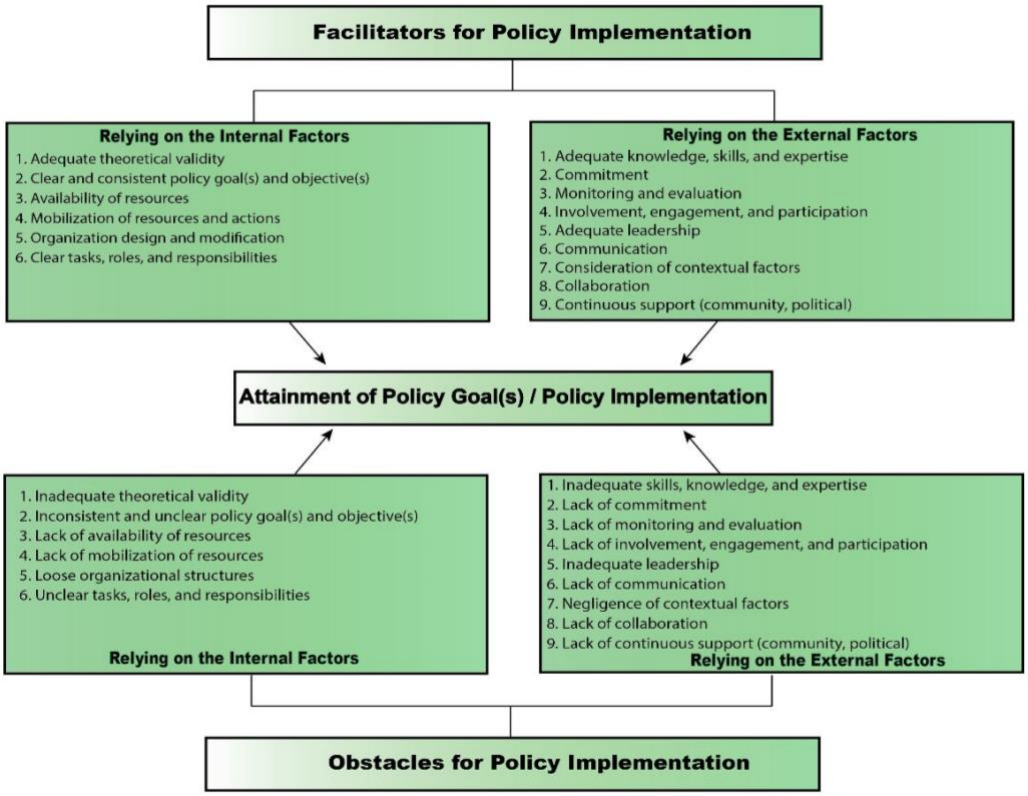


Figure 3: 'Theoretical framework including obstacles and facilitators for policy implementation'

3.3 Facilitators and Obstacles to Policy Implementation

As aforementioned, there are different factors that affect policy implementation. These factors were distinguished as internal and external obstacles and facilitators. These are reviewed and discussed in the following paragraph.

Internal Factors

Within internal factors there are different facilitators and obstacles. The internal facilitators and obstacles include, 1) theoretical validity, 2) clear and consistent policy goal(s) and objective(s), 3) availability of resources, 4) mobilization of resources and actions, 5) organization modification and design, and 6) clear tasks, roles, and responsibilities. These will be elaborated upon in the following paragraph.

Theoretical Validity

There are different authors that highlight different facilitators for policy implementation. Such as, the author Khan (2016) highlights different facilitators such as, *accurate theoretical validity* meaning that for the

policy to be able to succeed it requires an accurate theoretical validity and must be formulated based on applicable theoretical fundamentals. In other words, policy requires to possess accurate data to aid the process of accurate and applicable policy formulation and thus, eventually strengthen the policy implementation process. However, *inaccurate theoretical validity* can also create obstacles for policy implementation. Mazmanian & Sabatier (1980) outline that lack of good theoretical backup can lead to declined political support for the policy and will cause that policy objective(s) will be ignored or modified ultimately leading to policy implementation failure (p. 543). Khan (2016) further states that policies consisting of a *faulty program theory (inaccurate theoretical validity)* cause increased risk in ambiguous policy goal(s) and the policy runs the risk of giving wrong directions in all ways possible and thus lead to implementation failure. Moreover, Thomson et.al. (2014) argue that insufficient timely and relevant data increases the complexity to monitor and evaluate the different policy outputs which in return limits the scope of improving performance thus affecting policy implementation. However, better access to health and health systems information and analysis for policymakers can be an aid in this. Hence, having a valid causal theory/proper theoretical backup is important (p. 543). This categorizes adequate/inadequate theoretical validity as both an obstacle and facilitator for policy implementation.

Clarity of policy goal(s) and objective(s)

Additionally, *clear policy goal(s) and objective(s)* are described both as facilitators and obstacles by Khan (2016). The author explains that a policy must include clear, specific, measurable, attainable, rational, and time-bound (SMART) goal(s) and objective(s) and for the longevity and the future of the intended policy, consensus on the set goal(s) and objective(s) of the policy amongst actors involved with the implementation of the policy and its superiors is vital. This will aid in the sense of clarity regarding the vision of the policy in the future and increased participation and commitment (Mazmanian & Sabatier, 1980). However, the authors Ahmed and Dantata (2016) argues that *unclear and inconsistent policy goal(s)* result in the sense of a blurred vision for the realization of the policy goals from those involved in the implementation of the intended policy and can cause decreased interest and participation by the implementers and thus affect implementation of policy and attaining policy objective(s)

(Ahmed and Dantata, 2016, p. 63). Hence, (un)clear and (in)consistent policy goal(s) are considered both stimulators and barriers for policy implementation.

Availability of Resources

Furthermore, Khan (2016) argues the *availability of resources* as an important facilitator for policy implementation. The author explains that for a policy to properly be implemented it requires appropriate human and technological resources for sufficient staffing, adequate professionals for the execution of the policy, relevant and adequate information on implementation process, the proper authority ensuring policies are carried out as they are intended, and facilities such as land, equipment, buildings etc. adequate technological systems to conduct data, analyze data, share data but also possess the required elements needed for the intended policy implementation (Khan, 2016) (Mazmanian & Sabatier, 1980) (Makinde, 2005). Lack of resources can also cause complications for the implementation of a policy. Makinde (2005) makes it clear that *lack of availability of resources* can also cause implementation gaps because it will result in the impotence of the policy implementers to perform, and a policy has a heightened risk of being abandoned (p.66).

Mobilization of Resources and Actions

Khan (2016) highlights *mobilization of resources and actions* as an important stimulator for policy implementation. In other words, investing the resources and executing action plans where required and intended that can improve and support the implementation of the policy. He explains that this includes proper complete implementation planning, clarity regarding roles, responsibilities, and expectations (performance standards) and action plan conduction (pp. 9-10). Wright (2017) highlights the fact that the success of the implementation relies on how the formulation and planning is developed and is intended to be executed. If no planning or intention is indicated the policy also possesses the risk to be overlooked, ignored and or tailored and thus cause non-achievement of policy objective(s) (Mazmanian & Sabatier, 1980). Hence, *lack of mobilization of resources and actions* is outlined as a barrier for policy implementation (Khan, 2016). This component can also be understood as the improper implementation planning in terms of capacity, manpower, funds, technical infrastructure (resources),

timeframe, overambitious expectations etc. (Ahmed and Dantata, 2016).

Organization Design and Modification

Khan (2016) further adds *organization design and modification* as an important facilitator and barrier for policy implementation (organizational structure). This includes, an adequate and a competent organizational design/structure that supports the implementation of the intended policy and the delegation of authority, an amicable organizational culture enhances the ability of the organization to implement and execute required tasks to attain policy goal(s). This process however may include creating a new organizational structure because overhauling the prior one may be difficult to establish new routines or tasks in it (p. 10). This factor also includes the ability of the organization's ability to align the policy goal(s) to the organization(s) interests and the organization's people. It also involves the capacity of the organization to adapt to external conditions and expectations (stability and flexibility of the organization). Similarly, an organization that obtains clear roles, tasks, responsibilities, rules, has a clear structure of authority and also integrates the importance of the organization to adapt its structure to meet implementation requirements is considered stimulator for policy implementation because these factors reduce the chance of errors, disobedience, and negligent behavior of involved actors and can maintain the anonymity of public policies (Nurdin, Stockdale & Scheepers, 2011) (Kadu & Stole, 2015). However, *Loose organizational structures* are considered as obstacles for policy implementation. According to Nurdin, Stockdale & Scheepers (2011) if organizational structures and hierarchy are not adapted it impedes the integration of a service and or administrative processes that are accompanied by the policy, it delays services and thus policy implementation (Nurdin, Stockdale & Scheepers, 2011).

Clarity of tasks, roles, and responsibilities

Different authors outline the importance of *clear tasks, roles & responsibilities.* The authors argue that clear-cut tasks and responsibilities regarding the actors involved in the policy implementation increase commitment and prioritization of attaining policy goal(s) and the execution of the policy. Resulting in the insurance of both the continuity and longevity of the policy (Ahmed and Dantata, 2016) (Mazmanian & Sabatier,

1980). *Unclear tasks, roles & responsibilities* create space for ambiguity and thus can initiate blurred vision and thus deviance towards intended policy objective(s) and thus decrease commitment and priority to and of the policy (Ahmed and Dantata, 2016, p. 63).

External Factors

Aside from internal factors there are also external factors that include both facilitators and obstacles for policy implementation. The external facilitators and obstacles include, 1) adequate skills, knowledge, and expertise, 2) commitment, 3) monitoring and evaluation, 4) involvement, engagement, and participation, 5) leadership, 6) communication, 7) contextual factors, 8) collaboration, and 9) support (political, community). These factors are reviewed and discussed in the paragraph below.

Adequate Skills, Knowledge, and Expertise

Another stimulator for policy implementation highlighted by Khan (2016) is the fact that implementers and other actors involved in policy implementation must possess the *required skills, knowledge, and expertise*. This includes knowledge involving the utilization of accessible resources to achieve policy goal(s), but also include skills, knowledge, and expertise in the area in which they will operate and assist in the policy implementation (Khan, 2016), because if the involved actors do not possess the adequate skills, knowledge, and expertise it can result in inadequate execution of tasks, roles, and responsibilities which lead ultimately to negatively affecting the implementation of the policy because intended objectives are not obtained (Mazmanian & Sabatier, 1980).

Commitment

Moreover, Khan (2016) highlights *commitment* of implementing actors and authorities and other actors involved as an important aiding and impeding factor in policy implementation. He argues that implementers are one of the key actors in policy implementation because lack of commitment to policy goal(s) lead to implementation failure (Khan, 2016). *Lack of commitment* can lead to decreased priority for the intended implementation of the policy and may cause abandonment of policy and ultimately lead to failure of policy implementation (Mazmanian & Sabatier, 1980) (Makinde, 2005).

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Monitoring and Evaluation

Monitoring and evaluation are also considered an important stimulating factor for policy implementation. Khan (2016) proposes that monitoring and evaluation should not be an isolating process, it must include monitoring and evaluation mechanisms from both internal and external factors involved with the intended policy implementation. This ensures that the implementation is enhanced, and the proper adaptations are done to maximize policy objective(s) attainment because otherwise adequate changes cannot be executed therefore impeding the extent to which the policy can achieve its intended goal(s) (Marume, Mutongi, & Madziyire, 2016). Hence, monitoring and evaluation can be considered both a stimulating but also hindering factor for policy implementation (Khan, 2016) (Ugwuanyi and Chukwuemeka, 2013).

Involvement and Engagement and Participation

In addition, *involvement and engagement and participation* is also vital for policy implementation. Khan (2016) discusses that involving interested stakeholders and other actors that are part of the policy implementation as co-producers and engaging actors enhances the implementation process. This also includes the participation of the public (public participation) (Mazmanian & Sabatier, 1980). This factor is also highlighted by Makinde (2005). The author argues that for policy implementation to be successful it should include the involvement and participation of target groups and stakeholders. This is understood as planning with the people rather than for them which will increase the probability of meeting their needs. As a result, they will feel that sense of belonging and thus increase support for the implementation of the policy. *Lack of involvement and engagement and participation* of the target group (public participation) and or other actors involved in the implementation process can ultimately affect the implementation of the policy thus creating an implementation gap. It is important to highlight the fact that policies affect the daily lives of target groups/ beneficiaries and to not permit their participation in the formulation and execution of the policy creates insufficient support of policy and their intended objective(s) and thus hinder the implementation of a policy (Makinde, 2005).Therefore, participation/ lack of participation is considered both a facilitator and a barrier for policy implementation (Makinde, 2005) (Mazmanian & Sabatier,

1980).

Leadership

Furthermore, *adequate leadership* is seen as the key to the success of a policy. Possessing an experienced, skillful, knowledgeable, committed, and tested leader should be chosen to take the lead in the proposed policy implementation (Khan, 2016). This is also supported by the authors Salvesen et.al. (2008) shares that a leader that advocates change, has the knowledge regarding the specific topic that requires attention through the policy, leader that overcomes resistance but also deals with conflict (pp. 284-285) is important for policy implementation because it can increase commitment to policy and its objective(s) (Mazmanian & Sabatier, 1980). *Inadequate leadership* can also impede policy implementation. According to Ugwuanyi & Chukwuemeka (2013) if the bureaucracy is run by ineffective leadership, it can affect the content and quality of a policy where a policy can contain unclear and selfish goals that lead to consequences for policy implementation (p.38). Accordingly, *leadership/inadequate leadership* are considered both stimulating and hindering factors for policy implementation.

Communication

Additionally, *communication* is considered an important element for effective implementation of policies. Makinde (2005) argues that through communication orders to implement policies are expected to clearly be transferred to the adequate personnel and such orders must be accurate and consistent. This means that unclear communication increases the risk of incorrect information that leads to misunderstandings for implementers and others involved and thus causes confusion regarding what is expected of them and creates a space for ambiguity, lack of obedience and thus adversely affects the implementation process of the policy. Aside from this, Thomson et.al. (2014) highlights the importance of ensuring transparency in the communication process. Being clear and informative with every (un)suspected change in either budget cuts or other measures will increase trust and responsibility among the leaders and actors involved and as a result enhance policy implementation. *Lack of communication* is also considered an impending factor for policy implementation. Marume, Mutongi and Madziyire (2016) argue that lack of transmissive communication (operative communication system and

information blockage) lead to ignorant decisions, orders, guidelines and decrease clarity. Increased unclarity leads to vague instructions regarding when, where or how the policy is to be implemented and inconsistent communication leads to erratic involvement with policy by its implementers and other involved actors and ultimately adversely affects policy implementation (p. 89). Mazmanian & Sabatier (1980) also emphasize that lack of communication can cause unclarity and as a result cause lessened commitment and prioritization to policy goal(s) thus affect attainment of the proposed policy goal(s). Therefore, categorizing *communication/lack of communication* both as impeding and enhancing factors for policy implementation (Mazmanian & Sabatier, 1980).

Contextual Factors

Moreover, the ability for implementers and those involved to *consider the social, political, economic, and administrative context* when analyzing for policy formulation also can enhance the policy implementation process. The authors Rechel, Williams, Wismar, & World Health Organization (2019) outline the importance of ensuring *appropriate and receptive policy context.* Rechel et.al. (2019) further explains that implementation is complex and involves various actors at multiple levels that cannot be compared to other countries. They accentuate the fact that it is very difficult to create a single/simple model that is ideal for the best implementation because of contextual differences. There is no 'one-size-fits-all' approach to policy implementation. Taking in the contextual factors and molding the policy in accordance with its contextual factors surely enhance policy implementation. Hence, it is important to take into consideration the social, political, economic, and administrative context when a policy is intended to be implemented (p. 21). Furthermore, *the lack of consideration of the social, political, economic, and administrative context* when analyzing for policy formulation also causes failure to implement policy. An example given by Makinde (2005) fits the situation perfectly, imagine a policy maker in a Muslim dominated context introducing a policy that offends the beliefs of Islam, this policy make naturally will face implementation resistance and thus implementation failure. Makinde (2005) further explains that a policy that is contrary to the objective(s) of the government and or political agenda in power really has adverse effects in the implementation stage because it can cause lack of financial and administrative support. Additionally introducing a policy without

taking in the economic context and impact is also detrimental for implementation. Hence, taking the environment/the social, economic, political, and cultural context into account in the policy formulation stage really assists in preventing an implementation gap of the intended policy (Makinde, 2005). Hence, consideration/lack of consideration of contextual factors are considered both facilitators and barriers for policy implementation (Makinde, 2005).

Collaboration

Collaboration (work with other sectors and public participation) is also mentioned by Rechel et.al. (2019) as a stimulating factor for policy implementation. Collaboration indicates that affected parties have access to decision-making and power so that they acquire a meaningful stake (Rechel et.al., 2019). As a result, stakeholders become more involved, interested, and increase commitment to policy goal(s) attainment. Additionally, collaborative action leads to outcomes that are greater than the sum of individual efforts. This means that collaboration fundamentally stems from the notion of synergy where different groups of people, organizations, involved actors, implementers etc. combine their skills, knowledge, expertise, resources, and perspectives to attain policy goal(s). Hence, collaboration is a stimulator for policy implementation (Thomson & Perry, 2006). Collaboration also creates a space for involved actors to share their concerns and provide feedback and thus also enhance policy implementation (Rechel et.al., 2019). Ultimately, Peterson & Godyby (2020) highlight that through collaboration between citizens and involved policy makers ‘co-create’ policy and expertise regarding effective problem solving becomes viable (pp. 412-413). *Lack of collaboration* (lack of creating and maintaining relationships and communication with implementers, superiors and or other actors involved) is considered an obstacle for policy implementation. Collaboration is vital because lacking in these elements leads to ambiguity, space for errors and ultimately, in decreased commitment and prioritization to policy goal(s) thus affect attainment of the proposed policy goal(s). Importantly, collaboration occurs between stakeholders, implementers etc. Stakeholders or other external institutions may have interest in investing in the policy and or have invested, and not maintaining and or having a good working relationship with them can cause a lessened possibility for investments

and thus also affect policy implementation (Mazmanian & Sabatier, 1980, p. 551). Collaboration also increases the complexity of joint action (the number of actors involved in the implementation process) because dependence on different factors can result in increased disagreements but also delay in implementation of the proposed policy which also impedes policy implementation. Hence, proper collaboration is required (Khan, 2016). *Collaboration/lack of collaboration* is therefore considered both a strengthening but also weakening factor for policy implementation.

Support (political, community).

Continuous political and community support for policy is also an important stimulating factor. Mazmanian & Sabatier (1980) emphasize the fact that both political and community support for policy is of high importance because the support of these actors defines the extent that the policy will achieve its intended and desired goal(s). Hence, a *lack of continuous political and community support* can create an obstacle for policy implementation and thus the attainment of policy objective(s) (Mazmanian & Sabatier, 1980).

Summarizing the factors analyzed in the literature above, it becomes clear that internal and external factors affect the implementation of a policy. The internal factors that affect policy implementation according to literature reviewed are, a)theoretical validity, b) consistent and clear policy goal(s) and objective(s), c) availability of resources, d) mobilization of resources and actions, e) organization design & modification, f) clarity of tasks, roles, and responsibilities, g) adequate skills, knowledge and expertise h) commitment, i) monitoring and evaluation, j) involvement, engagement and participation, k) leadership, l) communication, m) contextual factors, n) collaboration, and support (political, community) which both stimulate and hinder policy implementation.

Since this research takes place in Aruba, it is important to elaborate upon the methods that was utilized to execute this research and the context that this research was conducted in. The methodology and the research context are discussed in the following paragraph.

4. Methodology

In this chapter the methodology used in this research is described. Therefore, the research design, the research type, methods of data collection, participants, the work field procedure, the role of the researcher, ethical considerations, method of data analysis, and reliability and validity are discussed to clarify how this research was executed.

4.1 Research Design

Bryman (2016) describes research design as a provision of a framework to collect and analyze data. The design of this research is qualitative of nature. Bryman (2012) describes qualitative research as a research strategy that accentuates words rather than quantifications in collecting and analyses of data (p. 380). Applying this theory to the context of the research, the researcher chose a qualitative nature of study because she aimed to gain specific, detailed and content heavy data rather than quantifiable data which provides the researcher with in-depth perspectives and experiences of the different involved actors aiding in the identification of the possible factors that may affect policy implementation including a CCM in Aruba to aid mental health treatment (an NCD).

4.2 Research Type

Aside from having a qualitative nature research design, the type of this research is a single case study. Bryman (2016) describes case study as the detailed and intensive analysis of a single case (p. 60). In relation with this research, the case is known as the analysis of the facilitators and obstacles of the implementation of a policy including a CCM to aid mental health treatment (an NCD) in Aruba.

4.3 Research Setting - Aruba & (NCDs) Mental Health

As mentioned, this research is labeled as a single case study. To properly execute this research and understand the case, the context where this research took place is provided. Aruba is a Caribbean Island and is the

fourth leading island where NCDs hold the highest mortality and morbidity rate (Razzaghi et.al., 2019). United Nations Interagency Task Force on NCDs, United Nations Development Programme, & Pan American Health Organization (2019) also highlight the fact that mental health disorders are the main cause of disability and the key contributor to increased NCDs in the region. Between the periods of 1999 and 2017, NCDs were the main causes of death in Aruba (DVG, 2018). The Central Bureau of Statistics of Aruba (2013) shared that 31.8% of the Aruban population suffers from at least one chronic health condition including mental health conditions. According to the study Health Monitor Aruba (2013) 61.3 % of the Aruban population suffers from schizophrenia and other mood disorders. DVG (2018) further highlights the fact Aruba has experienced increases in different mental disorders since 2013, these mental disorders include, sleep problems, loneliness, depression and so forth. Moreover, DVG (2022) further explains that mental health lacks prioritization but simultaneously lacks financing which have led to shortcomings of staff and quality of care for all that require it. Furthermore, primary health care and prevention of mental health are severely underfunded and lastly, data is collected by individual organizations which unfortunately are paper-based and are kept internally (p.5). To be able to tackle (NCDs) mental health Aruba treats mental (ill) health through its healthcare system and different other actors and institutions involved. The main actors in mental health treatment in Aruba are, 1) the Ministry (Government) and the IVA which are the main actors since they could modify this structure and provide fundings to different public health departments to manage mental health conditions in Aruba (Eelens, 2021). Furthermore, Respaldo, the *Social Psychiatric Unit (SPD),* The *Bureau of Addiction Care (BOV),* FMAA and Foundation anti-drugs Aruba (FADA), The *Huisartsen Vereniging Aruba (HAVA),* Algemene Ziektekosten Verzekering (AZV), The *Department of Public Health* (DVG) Fundacion Adopt an Addict, Corporacion con Animo in Colombia and Klinica Capriles in Curaçao, The *Department of Social Affairs* are also vital for the treatment of mental health in Aruba (Eelens, 2021). Moreover, there are many independent psychologists established in Aruba (private sector) some of them are united in the Aruban Association of Psychologists and Special Education Specialists which also aid mental health treatment in Aruba. Furthermore, other governmental departments, foundations and NGOs are involved that are either funded or not funded by the

Aruban Government. Such as, the Jordan Ling Foundation, Alcohol Anonymous, Aliansa Nobo Foundation, Elieser Foundation, Teen Challenge Aruba which also aid mental health treatment (Eelens, 2021). However, it is very important to highlight that the mental health treatment system has changed. Recently, the foundation FMAA and the department SPD were merged since February 2022 and is now the responsibility of the Minister of Justice and Social Affairs and is no longer the responsibility of the Minister of Tourism and Public Health (Antiliaanse Dagblad, 2022), (participant 3, personal communication, 15 November, 2022). This was done to be able to promote coordinated and collaborative working for efficiency and is now the responsibility of the Minister of Justice and Social Affairs. See figure 3 below for the overview of the mental health treatment system.

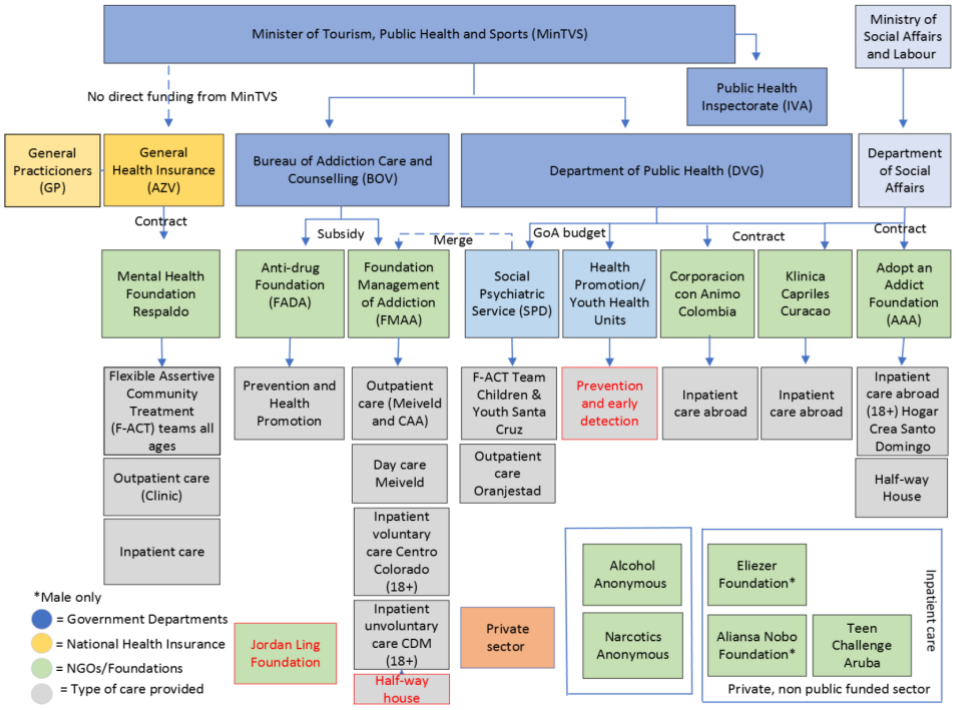

Figure 3: 'Overview Mental Health System' (Eelens, 2021, p.8).

Since there are different actors involved within the domain of tackling (NCDs) mental health in Aruba, the data collection process becomes vital to include the perspectives of all involved within the polis field and the mental health field in Aruba to properly analyze what factors can possibly affect the implementation of a policy

including a Chronic Care Model (CCM) to tackle (NCDs) mental health issues in Aruba. Therefore, the data collection methods, and the participants are discussed in the following paragraph.

4.4 Data Collection

The data collection method chosen for this research was interviews, specifically semi-structured interviews. Semi-structured interviews are referred to by Bryman (2016) as a context in which the sequence of the questions can be varied by the interviewer. The interviewer can also possess the ability to ask further questions in response to what are seen as significant replies and the questions are in a general form in comparison to a structured interview (p. 201). Hence, this method was chosen for the variations and sequences of interview questions, and for the insights, perspectives of the interviewees, their experiences, and opinions regarding the implementation of a chronic care model and the priorities regarding the management of (NCDs) mental health in Aruba. Furthermore, physical face-to face meetings were not possible because the researcher lives in the Netherlands and this research contexts' is Aruba where Aruban interviewees and Aruban professionals in the field were required. As a result, digital methods that aid in conducting online interviews were utilized such as Zoom, Google Meet and Microsoft Teams, specifically Microsoft Teams. However, before the interviews took place the researcher conducted desk research whereas the researcher gained the ability to gather information required for the field in which the researcher conducted the research. This means that different academic and scientific articles, research reports, books with different concepts and theories were analyzed to be able to formulate a concise perspective and understanding and to provide background information and data regarding the research topic. Data collection took place from the 2nd week of November 2022 to the 1st week of December 2022.

4.4.1 Ethical considerations

Lastly, the researcher contacted the participant through email where their participation was requested for the research. Furthermore, a consent form consisting of information of the researcher and the purpose of the research was emailed to them for them to sign upon agreement of participation in this research. This is done in accordance with the ethical principles emphasized by Bryman (2016). He describes these ethical principles as very vital and include whether there is harm to the participants, whether there is lack of informed consent, whether there is invasion of privacy and whether deception is involved (pp. 133-144). To ensure ethical principles of research, all interviewees were approached by the researcher and were asked if they are interested in the participation of this research. The participation was required to be voluntary. The researcher introduced herself and explained the purpose of the research and what will be done with the data. All participants received an email with an invitation of participation (**See Appendix B**) including a description of the researcher, her role as a researcher and the objective of this research, the relevance of the research, and what will be done with the data. Attached with the invitation, the interviewees received a consent form (**See Appendix C**) ensuring anonymity of their identity, affirming that no harm will be caused to them, ensuring voluntarily answers to questions, and that they could leave and or end the interview whenever they feel uncomfortable. The consent form was required to be signed prior to the interview both by the researcher and the interviewee. This was done to ensure all ethical principles in research are met.

4.5 Sample

The sample method chosen for this research is known as snowball sampling. This means that the researcher made initial contact with a small group of people that are relevant or involved to the research topic, in this case the Department of Public Health in Aruba (Directie Volksgezondheid Aruba (DVG)) and then the researcher uses this contact to further establish others that can or are involved with the research

topic (Bryman, 2012, p. 202). The respondents of this research were all part of the policy implementation process regarding the treatment of mental health in Aruba and are highly involved and experienced with the research topic. These participants include governmental departments, non-governmental organizations concerned with public health care duties, legislators, policy advisors, policy makers and implementers and health care professionals in the field of mental health and policy implementation in Aruba. All aspiring participants were chosen with the sole purpose of this research in mind, meaning that each participant served their purpose regarding attaining the research objectives of this research. All participants that were chosen, have an impact on the analysis of the introduction of the policy chronic care model to aid mental health treatment (an NCD) in Aruba.

4.5.1 Participants

The participants for this research are the policy advisors of the Department of Public Health in Aruba (Directie Volksgezondheid Aruba/DVG Aruba), FADA, AZV (National Health Insurance), Stichting HUNTO (Foundation HUNTO), Parliament Member involved in the Commission of Public Health of the Parliament of Aruba, and the Policy Advisors and the Head of the bureau of Ministry of Justice and Social Affairs and lastly, the Minister of Justice and Social Affairs of Aruba. This research involves prospectively 9 participants in the specialized required field. It was intended however to interview approximately 12-14 people including other organizations such as BOV, SPD, RESPALDO. However, no reaction was received upon invitation to participate in the research and cancellations of interviews took place. Hence, this research consists of 9 participants and excludes the organizations BOV, SPD, and RESPALDO. However, conclusions could be made because the saturation point was reached and thus there was no necessity for new or more interviewees.

4.6 Methods of Data Analysis

The data was analyzed through the method known in qualitative research as 'thematic analyses'. This concept is understood as "the analysis of qualitative data to refer to the extraction of key themes in one's data" (Bryman, 2016, p. 697). Programs that assisted in data analysis was the Microsoft program known as excel, for the utilization of excel sheets. This is where all data collected was coded through colors and themes correspondingly. This means that all data conducted was characterized by a color to be able to break down, examine, compare, conceptualize, and categorize the data. This is also known as open coding (Bryman, 2016, p. 574). Conclusions of the data was made using saturation, meaning that when no additional data was being found and information is continuously and consistently repeated, the researcher stopped the interviews and was confident to be able to adequately categorize a dataset and thus was assured that every category is saturated and thus made adequate conclusions of the data. This also means that, upon reaching saturation point, the researcher confidently concluded that no new interviewees were required (Bryman, 2012). To be able to distinguish and categorize the data, the measurement of these concepts was important. This is also known as the operationalization process in research. Thus, translating the abstract constructs of the research into researchable and interpretive terms (Baarda, 2011, p. 81). The different concepts and indicators are included in Appendix E, 'Operationalization of Concepts Table'. **(See Appendix E)** for operationalization of concepts table.

4.7 Validity and Reliability of Research

The information that is conducted by the researcher is very essential to be reliable and valid. Bryman (2012) defines reliability as the extent to which a study can be replicated (Bryman, 2012, p. 390). and validity concerns itself with the issue of whether a measure of a concept is truly measuring what it is supposed and intended to measure (Bryman, 2012, p. 170). Furthermore, Bryman (2012) explains internal validity as the alignment between the researchers' observations and the theoretical ideas established (p.

390), and Bryman (2012) explains external validity as the extent to which results can be generalized across social settings (p. 390). Reliability is ensured in this research through its research instruments. Meaning that, through the interview questions utilized reliability was ensured. Each participant was asked the same questions in the interviews, ensuring that the measurement of the concepts is not only consistent but were also frequently, adequately, and properly measured. Furthermore, this research can be externally generalized and thus utilized in social settings like those in Aruba. Meaning that, this research can be generalized and utilized to analyze the facilitators and obstacles for the implementation of a policy including a CCM for Mental health (an NCD) in other Caribbean countries and or small developing islands. In other words, this research is considered externally valid (Bryman, 2012). Since this research as aforementioned includes the saturation method, it can also be considered valid (Bryman, 2012). As a result, internal and external validity are assured. Likewise, this research is further considered reliable because methods of data analysis such as, transcripts, coding sheets and analysis will be available upon request if desired to replicate the study or conduct a similar study. As a result, this ensures internal and external reliability of this research.

5. Data Results and Analysis

This chapter includes the results to mainly sustain the answer to the main research question, namely, **'*What are the obstacles and facilitators of the implementation of a policy Chronic Care Model to help the treatment of mental health (a Non-Communicable Disease) in Aruba?'*.** Hence, the different internal and external facilitators and obstacles to the implementation of a policy including a CCM in Aruba to aid mental health treatment (an NCD) are presented in the following paragraph. In addition, the different emergent themes of this research are also explained and presented in the following paragraph. As aforementioned, the essence of this research is to potentially identify the different factors that can either aid or hinder the implementation of a policy including a CCM in Aruba to treat an NCD involving mental health. Within these factors, the internal and external facilitators and obstacles are distinguished. These are discussed below.

5.1 Data Results – Internal Factors

From the interviews it becomes clear that there are different internal facilitators and obstacles that can aid the implementation of a policy including a CCM to help the treatment of a NCD including mental health in Aruba. These are primarily, **mobilization of resources**, **(un)clear tasks, roles, and responsibilities, availability of resources, (in)adequate theoretical validity, and lack of availability of resources.**

It was expressed by different participants that *mobilization of resources* is of utmost importance. It was explained by different participants that there are certain professionals that lack the adequate knowledge, skills, and expertise to execute their tasks. It was emphasized by Participants 1, 6, and 3 that resources should be utilized for training of these professionals to upgrade and update them to work effectively instead of outsourcing which can help to not only reduce costs but also enhance the knowledge, skills and expertise required to successfully implement the policy. For example, participant 3 argued that

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"What the island needs right now is training. Because, if you are going to seek for problems, you need people there to address the issues. Where are we going to put or give this service and guidance if we do not have people trained to deal with that. Training is important because there are new illnesses, there are changes happening in the field that professionals also need to update themselves with. Thus, it is important to give trainings, professionalize your team but also keep them updated for the best given service possible" (Participant 3, personal communication,15 November, 2022).

Clear tasks, roles, and responsibilities was also expressed as an important facilitator and obstacle for policy implementation in Aruba. It was shared by different participants that clarity of tasks, roles, and responsibilities should be provided to the involved institution with implementation regarding who provides what service to whom, why, and how. It was also emphasized that these services should be clear not only for institutions involved, but also for the community/the citizens/patients. According to Participant 2, "There are different institutions providing different types of services. We need to map out what institution gives what services and be specific about this. Not only for the institution to be able to continue functioning but, also for the patients outside, they also need to know where to go for what. You'll have institutions saying no we want to do everything or other institutions that say no you have to do A, but they will tell you no we have always done B, I want to do B I don't want to do A. Maybe lobbying for that. If you call it the task of addressing mental health or the services pie chart that it's divided and assigned. specifically, who should do what, why, and how" (Participant 2, personal communication, 14 November, 2022). The participants also shared that clarity of tasks, roles, and responsibilities is also vital to avoid overload of workload, and according to the different participants, because tasks, roles, and responsibilities are so vaguely written and left in the open, it is difficult for the different institutions involved in mental health treatment in Aruba to uphold their responsibilities. For example, participant 3 shared that, "at first when I took the new position in February they were like, yes, it's PAHO'S road map. I'm like no it is not. It's not a 'PAHO's thing'. They may say no, it's PAHO's thing. No, it is your thing. So, I'm trying to put it back to

them and not to bring it to us. Why I say this is because when people do not exercise accountability or are responsible, it can cause that loads of other colleagues rise which affect the commitment but also the continuation of the intended program because they will have a burnout too" (Participant 3, personal communication, 15 November, 2022).

Additionally, *(Lack of) Availability of resources* was also expressed as a key facilitator and obstacle for implementation of the policy in Aruba. The resources that are required to be available to successfully implement a policy in Aruba are, infrastructure in the sense of facilities, and technological necessities such as the patient registering system. The patient registration system is highly needed to not only measure effectiveness of the care, but it is also to keep data of the patients which facilitates the treatment process and to open the possibilities for further funding because of the data. For example, Participant 7 emphasized that, "We don't have a system to say this patient was here. We have been dealing with this problem for so long that we know but we don't have it registered. That's why for us it's very important to have a system to follow the patient. So, every professional knows what kind of patients it is, what kind of treatment and plans they already got. What was the problem and why did they seek help? If you know all that small stuff, that's very important for the continuation of the care. So that's why it's very important for us to have a patent registering system" (Participant 7, personal communication, 28 November, 2022). Furthermore, it was expressed by different participants that Aruba is missing different facilities to be able to fully treat mental health patients. These facilities include the treatment of people with dementia, double cases which are known as both mentally challenged individuals that also suffer with addiction and teenagers/young adults. Participant 5 accentuated the fact that, "A lot of youth have problems with addiction and mental health, but we do not have the infrastructure or place to hospitalize them. What we do? we send them offshore, to Colombia, Santo Domingo, some of them go to Holland or Curacao. So, you know how much money we pay, for one client a day? If we have the infrastructure to put this kind of persons, we will save a lot of money" (Participant 5, personal communication, 17 November, 2022). It was also emphasized that,

there is lack of resources in the field regarding lack of professionals in the field, lack of finances/funding, and lack of infrastructure. It was emphasized that there is a lack of psychologists and psychiatrists in the field and in return this can negatively affect the service quality given to the patients because of overload of work. Lastly, lack of finances was emphasized as a vital obstacle for policy implementation in Aruba because, without funding there is no possibility to acquire resources needed for policy implementation in Aruba. Participant 6 highlighted the fact that lack of professionals affects the service quality given to the patients because of overload of work, highlighting the importance of resources. “All the psychologist and psychiatrists are all taken 4 cases per day. Which causes an overload of work for the psychologist that we have and in return can influence the quality of service given by the psychologist because, you know she's tired? We really need more professionals in the field because it really has a bad influence on the quality of service of mental health care and blocks policy implementation to improve treatment for mental health” (Participant 6, personal communication, 21 November 2022).

Furthermore, *(In)adequate theoretical validity* is also an important stimulating and hindering factor for policy implementation in Aruba. It was expressed that Aruba lacks data and therefore adequate theoretical validity to formulate and sustain policy and it was expressed that data is needed to be able to formulate evidence-based policy. Consequently, inadequate theoretical validity was frequently expressed by the participants as the lack of data to formulate policies, to adequately adapt policies when required, and to utilize data for funding. For example, Participant 3 outlined that the data that is available on the island is very basic, “We have too much basic data. How many people from there? etc. It is very basic. As soon as you want or you need to give more details and for the donor, which is important, there we are stuck many times. What we are doing right now is that, if you want the money you need to show where it's going. If you wrote a policy, it needs to include these types of data to identify precisely what we are trying to improve and treat. It also is important because then we can know as well where we need to change or adapt these plans when it is needed. So, reporting the data back and having data is very important and sadly it is

not something that happens very often" (Participant 3, personal communication, 15 November, 2022).

Aside from internal facilitators and obstacles, there are also external facilitators and obstacles, which are presented in the following paragraph.

5.2 Data Results - External Factors

From the data conducted and analyzed, it can be concluded that the different external facilitators and obstacles that aid and hinder the implementation of a policy including a CCM to aid mental health treatment (an NCD) in Aruba are, **(lack of) collaboration, (lack of) involvement, and participation, (lack of) monitoring and evaluation, (lack of) communication, considerate/negligence of contextual factors, inadequate knowledge, skills, and expertise, and lack of continuous support.**

It was frequently expressed by different participants that *collaboration* is important to effectively implement the policy, but it can also hinder policy implementation. Participant 6 explains that "we have like 60 work groups to work on the different focus point of mental health. We also invite people and the different disciplines who are related to the certain points of attention that we need to work on which is important because there are so many stakeholders and they all have different experiences and expertise, so this becomes important to work together" (Participant 6, personal communication, 21 November, 2022). In addition, participant 2 emphasized that, "I also think that one of the reasons why policies fail is because, the different institutions working all within the mental health sector, see each other as a competition and we work in like silos or islands, very separate from each other and not like colleagues working towards a common goal. They're competing against each other. So how are we going to improve the treatment if we cannot work together? We really need to work harder on collaboration" (Participant 2, personal communication, 14 November, 2022).

Furthermore, *Involvement and participation* is also a crucial facilitator and obstacle for policy implementation. Participants shared that involvement and participation is crucial for the sustainability,

support, and success of the policy implementation. It is important to highlight that involvement and participation includes the involved important implementing actors but also the community to avoid resistance to change. In addition, it was expressed that, top-down approach may not work anymore, because opinions of the professionals in the field are required to tackle the problem effectively and efficiently at hand. Participant 3 argued that "The most important thing is, if we look at it like this, it is for the people, right? So, of course involving the people but also other stakeholders, professionals in the field because who knows the field better than the experts that workday in day out there" (Participant 3, personal communication, 15 November, 2022). Participant 2 also shared that, "Often when things don't go as we wish, it's mostly because not everyone that's a part of let's call it chain of performance, was involved from the start. People really become resistant to changes; this is not new. Once you have a policy that's made, let's say from the top down, and you reach the operational part and if the operational part wasn't involved from the get-go a lot of times you will get a lot of hesitancy, or they say no, why didn't you approach us first and no you should have done it this way or you should have told us three years ago. So, we could have planned it better sometimes with valid points and that is not always the case. Involvement from the start is important. Trying to involve and seek participation of all stakeholders from exactly the initial phase really would help the policy. This is something that does not often happen in Aruba, sadly" (Participant 2, personal communication, 14 November, 2022).

Additionally, various participants shared *monitoring and evaluation* is of high importance in the sense of monitoring results, making adaptations and to report data back to further formulate policies. It was also emphasized that monitoring is important to lobby for further funding. Moreover, it was also shared that institutions measure differently, and this also causes a roadblock. Participant 7 argued that "We need control monitoring or sort of supervision, of what you are doing with the funds, what, where how and why you are giving services, how many people are you treating, what are you treating, why are you treating it, how is their progress etc. We do not do this. I do believe that the organizations have data, but they also do

not share it. So, we really need some type of supervision, monitoring, and controlling tool in place because we waste money" (Participant 7, personal communication, 28 November, 2022). Furthermore, Participant 3 argued that "the monitoring and evaluation tool you're using is important to see if you're reaching your goals. Because in two years maybe let's say, I will have less depression, like 5% less depression in the next two years. You have a problem set for that and you see that over two years you are the same, not even 1% down or 10% up. So based on that data, you can change or adapt, you know. Whatever you need to adapt in the program itself" (Participant 3, personal communication, 15 November, 2022). Lastly, Participant 2 outlined that, one is counting the number of patients they treated and the other one is counting the number of patients that were cured. They're measuring differently and that performance measurements, if you put it like that, are also mostly used for lobbying for finances. So, how are you going to say to one institution you have been performing better? When you are measuring different things. If you have plans for extension or for tackling more patients here you go this is your cash but how do you benchmark that if you're measuring different stuff, that's the issue. This really can have a negative impact on policies" (Participant 2, personal communication, 14 November, 2022).

Moreover, the participants also expressed that *communication* is a vital facilitator for policy implementation. The participants stated that communicating both with the stakeholders involved, government and the community stimulates policy implementation. "Make sure that the policy or change is communicated well to the public that they know where they have to be for what type of mental health issue. When the intention of the policy or changes is communicated with the community and they receive enough information, they can support the policy better (Participant 4, personal communication, 16 November, 2022). Participant 4 also stated that this also counts for other involved actors, "Make sure that you have minutes of all the meetings, make sure they are sent to everyone, so that everyone is on the same page when it comes to things you agreed upon. Also make sure that everybody understands. What is written down, who it is meant for and that it is clear and understanding so everything is clear for everyone (Participant 4,

personal communication, 16 November, 2022).

Consideration with contextual factors was also outlined as an important facilitator and the negligence thereof as an obstacle. The participants explained that considering contextual factors stimulates policy implementation. Participant 1 shared that, "In Aruba we have the tendency to copy paste. We love following other countries like the Netherlands and other islands in the Caribbean without standing still on the design of our reality and the actual situation of our Island. A lot of times we talk about being aware, but we do not act in coherence with what we want. We do not take our own societal culture into account, how they act, how they behave themselves, their opinion. A lot of times we copy paste and say this is ours without taking into consideration if the policy will work and if, we will achieve the goal that we have with the plan. We do not evaluate if our infrastructure or our own people are ready for the intended plan. So, it is important that we pay attention to our environment" (Participant 1, personal communication, 13 November, 2022). Participant 2 also discussed that, "a lot of times from a policy level, is just an example, you copied something from Holland or from the region that and that it will work for Aruba and a lot of times when you go to and talk to the operational side, and they will tell you no this will never work. We encounter this and this, you should have done it this way and those are the feedbacks that mostly in real life matter because they know they know the practice they know what happens on a daily basis so. I know from experience that, that is something that does affect the introduction of policies in Aruba. We do not take in our own cultural and social factors and obviously it won't work because they have more funding, professionals, more resources etcetera so this really where we are stuck" (Participant 2, personal communication, 13 November, 2022).

Moreover, *(Lack of) adequate skills, knowledge, and expertise* was also expressed as a facilitator but also an obstacle for policy implementation. Participant 7 discussed that, "They don't have the sufficient knowledge and you know the level of education that they possess is not enough. In other words, good capacity or good knowledge really is not there. That is the problem that we have on the island. So that's

why now we are training the people because if we go out and if we speak about it, I'm going to get help. We don't have enough people to help, or enough people with the sufficient knowledge to attend to the problems" (Participant 7, personal communication, 28 November, 2022). Additionally, participant 3 also explained that some of the professionals lack knowledge, skills, and expertise in the sense of insufficient proficiency to move the given resources. Participant 3 gave an example of the social crisis plan, "I think now at the end of this year it's the final. So, the finance departments said no, everything has to be finalized now, everybody knew that it was supposed to be finalized at the end of December 2021, but they extended it for one year. Now you see that not all the money has been spent. The thing is you do not have to spend the money because you have it, but you need to have a project that you can show that's important. For the community and then you will get the money. But what the department of finance is saying and seeing right now is, yeah, you had. I think it was 1.5 million for this year and you almost didn't use half of it. What we see is that sometimes you have the money there, but it was not used (Participant 3, personal communication, 15 November, 2022). Participant 3 shared that this can be because of, "You have people that because of the years of experience they're there, but the level of education lacks and because of that, it's not moving forward. So, I feel in the last months more in that direction. At first, we thought it was the money, but no, having discussions with the Finance Department and those kinds of things, you feel, no, it's more lack of experiences, knowledge etcetera. to be able to use the money that that they give to them" (Participant 3, personal communication, 15 November, 2022).

Lastly, *continuous support* was also an important obstacle for policy implementation in Aruba. Continuous support was expressed in the sense of the interest of the government and the community in the policy which affects the longevity of the policy and thus ultimately, policy implementation. Participant 6 argued that "The success of the policy, I have to say it all depends on the interest and the support from the government and for the other stakeholders. So, like, if they do not support it year after year it cannot go well. Like I said, I have been working 30 years in the psychiatric field and I have experienced what it

means to work with a lack of interest from the government's lack of funding, lack of professionals so the support consistently I know is important. The Arubans need to believe in the policy as well, so we need to really seek support and we do not have it. The government changes and they change priorities, so their interests change with that" (Participant 6, personal communication, 21 November, 2022).

In summary, the external facilitators and obstacles for policy implementation including a policy CCCM to treat mental health a NCD in Aruba are **(lack of) collaboration, (lack of) involvement, and participation, (lack of) monitoring and evaluation, (lack of) communication, considerate/negligence of contextual factors, inadequate knowledge, skills, and expertise, and lack of continuous support.**

Aside from the internal and external facilitators and obstacles that correlate with the theory, there are themes that are not correlated with theory but have been frequent and prominently mentioned during the interviews that are applicable and relatable to the Aruban context that could have not been excluded. These themes are known as, emergent themes and these are discussed in the following paragraph.

5.3 Data Results - Emergent Themes facilitators and obstacles

Within these themes there are potential obstacles and facilitators. The important emergent thematic facilitator and obstacle for Aruba to successfully implement the policy includes **politics, (lack of) awareness of mental health, (in)adequate mental health treatment.**

Politics was a prominent emergent theme that was mentioned by the different participants. For example, Participant 7 stated that, "I also think that politics has a huge role in every decision that's going on. So, I think it depends a lot on who and what is the vision of the Minister? And how important it is for him or her to take the treatment, take the prevention on the next level and this is really an obstacle because when one comes in that does not worry, then nothing improves or moves" (Participant 7, personal communication, 28 November, 2022). In addition, participant 5 shared that, "as a politician, if you give prevention, if you must put money for prevention, before you see the 1st result, maybe After 8 to 10 years

you will see the 1st result and that is the problem in Aruba. These things are really influenced by politics. Most politicians here in Aruba don't want a result in 10 years. They want to see it in the term of four years, or they want to see the result today, and not tomorrow or in 10 years (Participant 5, personal communication, 17 November, 2022).

Additionally, it was frequently stated by the different participants that for a policy to be effectively implemented for mental health, *the awareness of the Aruban citizens requires attention*. Awareness of mental health, expressed by the participants, is understood in the sense of bringing awareness to the community and to the loved ones that are suffering from mental health problems, thus also involving families of the patients. Participant 3 highlighted the fact that, "It also is important to bring awareness and educate the families and those involved with the person getting treatment. If the families or loved ones don't know how to deal with them, they will end up on the streets again or keep getting treatment and increasing costs and thus, it is important to involve loved ones, so the circle does not repeat" (Participant 3, personal communication, 15 November, 2022). Furthermore, *awareness* was also emphasized as an obstacle by the participants. Participant 1 expressed that, "If us as society keep labeling people that have mental health problems as people that are crazy or mentally weak people etc. will cause that they won't want to talk about their problems, and that they won't want to seek help because more people will find out about their problems. We have to stop with certain cultural thoughts and judgements that do not benefit the process of change that really is necessary to create a sustainable solution" (Participant 1, personal communication, 13 November, 2022).

Additionally, *(in)adequate mental health treatment* was also highlighted as a facilitator and obstacle for policy implementation in Aruba. Adequate mental health treatment includes focus on prevention, reintegration programs, and splitting specialized and basic mental health care because it helps with cost but also effectiveness of care including mental health in Aruba. Participant 3 explained that splitting basic mental health care and specialized care is considered beneficial, "We have a basic GGZ (basic mental

health care) project through the AZV that gave us 350,000 Florins to address this issue. We had a waiting list at Respaldo and to alleviate that waiting list and to see what was happening. The question was, was everybody in need of specialized care? Or is it basic GGZ that they needed? how many treatments are needed. All that information was not and is still not available. So, what they wanted to have with this project is to see if somebody goes. You know, maybe just lost his work, and needs to seek treatments with a social worker, and they assess with, you know, getting this person work again, etcetera. So maybe with two or three sessions, this person doesn't need to go to a specialized service. It's cheaper for us and we also get a view of how big the issue is and how much it costs. And as soon as we have that data available for AZV, they can decide for 2024 if they're going to put this in the basic package of the AZV for the whole population" (Participant 3, personal communication, 15 November, 2022). Furthermore, Participant 8 accentuated the fact that, "we don't treat the family for when they come out and to help integrate them back. Most of the time, the family doesn't know how to deal with them and then they step into the environment again and can go back to their old ways. Like we do not only lack the knowledge for the patients, but also the knowledge for the people that need to deal with the patients. But we don't even have services for the patient's let alone for the people so definitely we need reintegration plans (Participant 8, personal communication, 22 November, 2022). In summary, the emergent themes facilitators, and obstacles for policy implementation in Aruba include politics, (in)adequate mental health care and lack of awareness of mental health. In the figure below. See Figure 4 for all the factors that affect the policy implementation including a policy CCM to treat mental health (an NCD) in Aruba are depicted for an evident and applicable conclusion of the factors.

FACILITATORS AND OBSTACLES FOR MH POLICY IMPLEMENTATION IN ARUBA

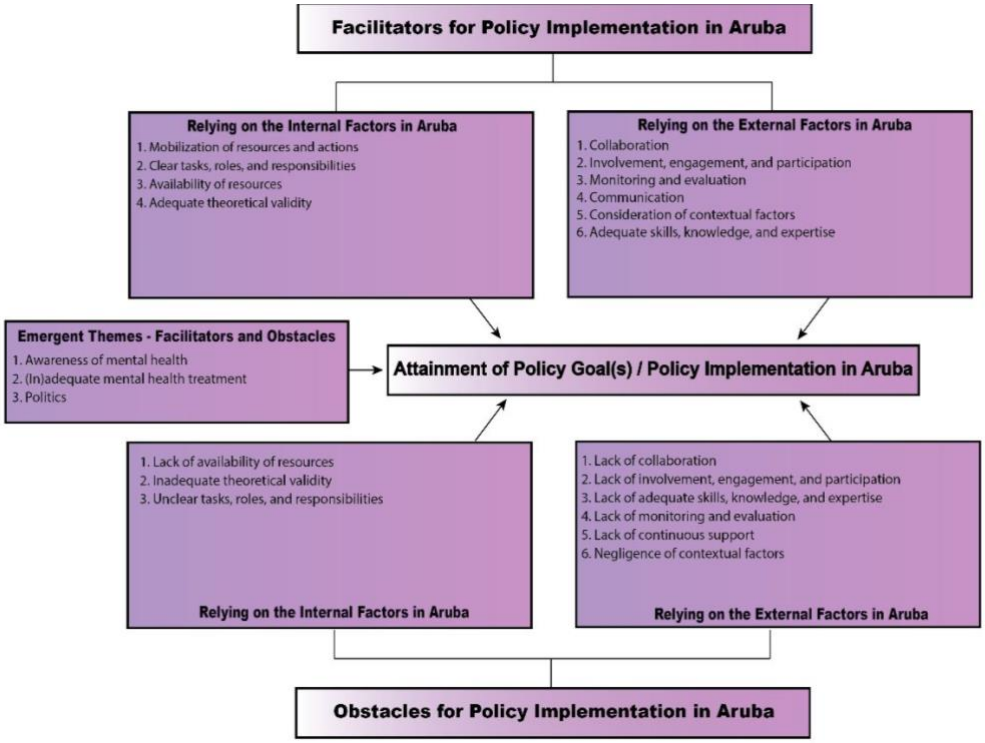

Figure 4: 'Possible facilitators and obstacles for the implementation of a policy including a policy chronic care model to aid mental health treatment (an NCD) in Aruba'

Chapter 6: Conclusions and Recommendations

This chapter presents a summary of the researched topic, the discussion of the results, implications of the research, the relevancy of the theoretical gaps, and finally, recommendations to strengthen both the treatment of mental health in Aruba but also the policy implementation process involving the introduction of a policy CCM to aid the treatment of mental health (an NCD) in Aruba.

6.1 Summary

As aforementioned, this research aimed to analyze the possible factors that can either facilitate or impede the implementation of a policy chronic care model to aid the treatment of mental health (an NCD) in Aruba. The different factors were researched and analyzed, and it can be concluded that, the factors that have the possibility to affect policy implementation of a policy chronic care model to aid the treatment of mental health (an NCD) in Aruba relies on internal, external factors and other emergent factors. These internal factors include both facilitating and hindering factors which are, **mobilization of resources**, **(un)clear tasks, roles, and responsibilities, availability of resources, (in)adequate theoretical validity, and lack of availability of resources.** Aside from internal factors, there are also external factors that also affect policy implementation of a policy chronic care model to aid the treatment of mental health (an NCD) in Aruba. These are, **(lack of) collaboration, (lack of) involvement, and participation, (lack of) monitoring and evaluation, (lack of) communication, considerate/negligence of contextual factors, inadequate knowledge, skills, and expertise, and lack of continuous support.** Lastly, the factors that do not correlate with literature but are emphasized by participants, known as the emergent themes, which also affect policy implementation of a policy chronic care model to aid the treatment of mental health (an NCD) in Aruba, include: awareness of mental health, (in) adequate mental health treatment, and politics.

These results should be considered when implementing a policy including the policy chronic care model for mental health treatment (an NCD) in Aruba. Literature and the data from this research overlap

each other, namely, the internal and external facilitators and obstacles, however this research does challenge the literature when it comes to the Aruban context because aside from overlapping of literature and data there were the emergent themes facilitators and obstacles that do not correlate with literature but surely do have an effect on the implementation of a policy including policy chronic care model for mental health treatment (an NCD) in Aruba. This means that, upon implementing such policies it is really important to not only consider the internal and external facilitators and obstacles but to pay close attention to politics, awareness of mental health, (in)adequate mental health treatment, and politics because as concluded, these can truly have an effect on the attainment of policy objective(s) and thus the success of the implementation of a policy including a policy chronic care model care model for mental health treatment (an NCD) in Aruba but also the effectiveness and efficient treatment of mental health in Aruba.

6.2 Discussion of Results

This research analyzed the potential factors that perchance can facilitate and or impede the policy implementation including a policy chronic care model to manage mental health treatment (an NCD) in Aruba. Hence, this research also identifies the potential factors that can strengthen the implementation process of a policy including a CCM in Aruba. All factors analyzed will be concluded and discussed in this chapter to ultimately provide an answer to the main research question.

Firstly, the data shows that the factors that most influence policy implementation in Aruba are internal factors that stimulate or hinder policy implementation in Aruba including, **mobilization of resources**, **(un)clear tasks, roles, and responsibilities, availability of resources, (in)adequate theoretical validity, and lack of availability of resources.** Different authors such as Mazmanian & Sabatier (1980), Wright (2017), Ahmed & Dantata (2016), (Khan, 2016), (Makinde, 2005), Thomson et.al. (2014), support the fact that these different internal factors affect policy implementation. For example, *(Lack of) availability of resources.* It was expressed by the different participants as the necessity for

infrastructure in the sense of facilities and technological necessities such as the patient registering system to effectively implement the intended policy. It was consistently expressed that Aruba is missing different facilities to be able to fully treat mental health patients. These facilities include the treatment of people with dementia, double cases which are both mentally challenged individuals but also suffer with addiction and teenagers and children. The patient registration system is highly needed to not only measure effectiveness of the care but also to keep data of the patients which facilitates the treatment process. Furthermore, lack of availability of resources was argued as, lack of professionals in the field, lack of finances/funding, and lack of infrastructure which involves lack of facilities both primarily for double cases in Aruba, the young adults, and elderly people that suffer from Alzheimer's disease. Different authors argue that availability of resources provides different resources for appropriate human and technological resources such as buildings, adequate technological systems to conduct data, analyze data, share data, and adequate professionals for the execution of the policy which are all required to effectively implement a policy (Khan, 2016) (Mazmanian & Sabatier, 1980) (Makinde, 2005). However, lack of availability of resources causes gaps in implementation due to the infrequency of policy implementers to perform and thus can result in an abandoned policy (Makinde, 2006, p. 66).

Additionally, the data also shows that the factors that also most affect policy implementation in Aruba are external factors including external facilitators and obstacles. These are, **(lack of) collaboration, (lack of) involvement, and participation, (lack of) monitoring and evaluation, (lack of) communication, considerate/negligence of contextual factors, inadequate knowledge, skills, and expertise, and lack of continuous support.** Different authors such as Mazmanian & Sabatier (1980), Thomson & Perry (2006), Makinde (2005), Marume, Mutongi, & Madziyire (2016), Rechel et.al. (2019), Khan (2016). For example, the participants frequently expressed that *collaboration* is important because it includes different perspectives and expertise. However, it was emphasized by the participants that Aruba has an island way of working meaning, working in silos, separately and competing against each other which

affects quality of treatment of mental health in Aruba and thus is seen as an important obstacle for policy implementation in Aruba. This is also discussed by the authors. Thomson & Perry (2006) explain that collaboration includes the combination of the different professionals and experts in the field and other involved actors to come together and combine their skills, knowledge, expertise, resources, and perspectives to attain policy goal(s) (Thomson & Perry, 2006). In addition, collaboration also creates a space for involved actors to share their concerns and provide feedback and thus also enhance policy implementation (Rechel et.al., 2019). As a result, stakeholders become more involved, interested, and increase commitment to policy goal(s) attainment (Thomson & Perry, 2006). However, lack of collaboration leads to ambiguity, space for errors and ultimately, lessened possibility for investments and as a result in decreased commitment and prioritization to policy goal(s) thus affect attainment of the proposed policy goal(s) (Mazmanian & Sabatier, 1980, p. 551).

Aside from having correlations and support by literature, there are factors that are not supported by literature in this thesis but are, however, prominently, frequently and consistently emphasized by the participants and thus, are truly applicable to the Aruban context when it comes to implementation of policies in Aruba and thus, cannot be ignored. These factors can be categorized as emergent themes. There are emergent themes which are considered as facilitators and obstacles for policy implementation in Aruba. The emergent themes facilitators and obstacles include *politics, awareness of mental health,* and (in)*adequate mental health treatment. Awareness of mental health* is explained as bringing awareness to the community and to the loved ones that are suffering from mental health problems because the more awareness is brought to the citizens, the more they are willing to talk about it and seek help, because mental health is still a taboo on the island and labeling people is an obstacle. Culturally, the Arubans have the tendency to label individuals that suffer from mental illnesses as ‘crazy’, which creates an obstacle for people that suffer from mental health problems to accept that they have mental health issues and thus simultaneously impedes people to seek help or treatment. Ultimately, affecting mental health treatment and

a policy to treat mental health in Aruba. Additionally, *adequate mental health treatment* is also considered an emergent theme facilitator and obstacle. Adequate mental health treatment includes focus on prevention, reintegration programs, and splitting specialized and basic mental health care because it reduces costs but also improves treatment of mental health. Lastly, the emergent theme of politics is considered an obstacle because when a minister is elected, it depends if the policy for mental health treatment correlates with their government plan or vision, and politicians focus too much on short-term results rather than focusing on long-term sustainable results.

6.3 Relevance of Theoretical gaps

The main gaps in the literature as aforementioned include the lack of literature regarding the implementation of a CCM in the Caribbean, because the different literature analyzed belong to larger countries such as in the U.S and Canada. As a result, this caused persistent and prominent gaps in the analysis of the implementation of a CCM to treat mental health in the Caribbean region. This made it difficult for applicability of these theories to this research. However, since this research takes place in the Aruban context which is a Caribbean Island it is safe to conclude that, this research can possibly aid in fulfilling the literature gaps involving the factors that can facilitate or hinder the implementation of a policy including a policy chronic care model for mental health treatment (an NCD) in Aruba. This research provided the different internal and external facilitators and obstacles that can potentially affect the intended and analyzed policy, and these factors overlap with the literature. However, importantly, there were also emergent themes factors that were accentuated that also have an impact on the implementation of the intended analyzed policy. Hence, this research adds theoretical values specifically for the implementation of policies in Aruba including the treatment of mental health (an NCD) through a chronic policy care model. This research can also be applied and utilized for analyses that are intended to be done in the Caribbean region and or context.

6.4 Recommendations

In this paragraph the different recommendations for internal, external, and emergent themes obstacles are provided to aid policy implementation in Aruba.

Internal factors

1) *Lack of availability of resources* was an important obstacle for policy implementation in Aruba. Since the focus of the resources is on the lack of professionals in the field, facilities, and technological systems such as the patient registering systems are advised.

2) For the *professionals* it can be advised to, seek from within thus instead of trying to seek abroad. For example, basic mental health care can be included in the sector wellbeing at the EPI the school you know, so when they finish their degree included in, they can also help and assist family physicians as praktijk ondersteuners (practice supporters) for mental health and thus will also help the treatment of mental health in Aruba and facilitated the implementation of the policy.

3) For the f*acilities and technological systems,* it is advised to maybe seek for possibilities of international funding or investments to aid the funding for both facilities and the patient registering system and all its required installation and further costs.

4) Furthermore, providing or publishing existing and most recent data and research to aid evidence-based policy formulation since this was a point that various participants emphasized upon.

5) Moreover, provide clear tasks, roles, and responsibilities in the sense of clearly defining whose task, roles, and responsibility it is for the different mental health problems on the island. For example, Respaldo is for those who suffer only from mental health problems and the foundation HUNTO is responsible for both addiction problems and mental health problems and write these down in an agreement, so the space of deviation is flexible but not detrimental.

Aside from internal obstacles, there are external obstacles which are, lack of collaboration, lack of involvement and participation, lack of adequate knowledge and expertise, lack of monitoring and

evaluation, lack of continuous support, negligence of contextual factors, lack of commitment the recommendations thereof are discussed in the next paragraph.

External factors

1) It is advised for *lack of collaboration* to enclose an MOU in between the stakeholders involving their commitment but also enclose their clear tasks, roles, and responsibilities to minimize lack of commitment and enhance collaboration but also to execute the required tasks to ensure commitment and continuity of the policy.

2) *Lack of involvement, engagement and participation* can be enhanced through asking for advice, opinions, expertise, and knowledge from the professionals of the intended field through calling meetings to present the idea of the policy and ask for their advice and they can have a say in the changes that require to be changed. Hence, a more bottom-up approach is advised to successfully implement this policy. In return this enhances commitment and active participation to the policy and thus ultimately stimulates policy implementation.

3) Furthermore, *providing training, extra courses etcetera to the professionals* to be able to keep them up to date to be able to properly execute their given tasks, roles, and responsibilities is also advised to be able to properly implement the policy.

4) Since, emphasis was put on *monitoring and evaluation*, it is suggested to assure a monitoring and evaluation tool, a tool where all professionals measure effectiveness and efficiency of services equally and ensure an agreement to regularly report these data back to further receive funding and to be able to provide data for further policies and or research.

5) Ensuring participation of citizens and providing information for clarity can *enhance continuous support* of the public to the policy, thus it is suggested for increased involvement of the public in the policy process for continuous support of the policy.

6) In addition, since the focus of *continuous support* relies on the ever-changing government and its

priorities, it is advised for when policies are introduced, they are, bottom-up, and the execution relies on the implementing agencies and its follow-up, funding etcetera relies on an impartial of the government institution such as, e.g., PAHO to ensure support, commitment, continuity and sustainability of the policy.

7) Moreover, it is suggested upon designing a policy and or program in Aruba, to *utilize data that is most applicable to the Aruban context*, such as the Caribbean region context. Aside from this, it is also suggested that, prior to the introduction of a policy and or program, analyze the different strengths, weaknesses, opportunities, and strengths of the intended policy to be able to know what are points that need improvement before implementation to aid maximization of effective policy implementation.

Besides the internal and external obstacles there are the emergent obstacles that, as aforementioned, are very important. These are, politics, inadequate mental health treatment, lack of awareness for mental health which's recommendations are discussed in the following paragraph.

Emergent themes

1) *Politics* involve the focus on short-term results and interest of the government. Thus, it is suggested that the implementation of the policy relies on the implementing actors, and the follow-up, funding, etcetera confide in an impartial institution such as, e.g., PAHO ensuring continuity of the policy.

2) For *Adequate mental health treatment*, it is advised to provide awareness to the families of the patients to avoid relapse and thus increased mental health care costs, thus the focus on reintegration is one that should not be ignored. As a result, this supports the longevity of the policy.

3) Furthermore, *investing in bringing awareness for mental health* is very important since it was expressed that may be citizens that are not even aware they suffer from a mental illness. Thus, it is advised to try and increase awareness for mental health such as, for example, encourage a Minister to talk about their struggle with mental health to encourage individuals to seek help, or show local cases of people that are willing to share their story, to be able to bring more awareness on the topic but also to minimize any stereotypical cultural thoughts of the citizens. This should be done from the start, hence, it is also advised to, for

example, go to schools to give information to students so they know what mental health is, when you have a mental health problem, what you need to do when you have a mental health problem, and where you need to go to seek help.

7. Strengths, Limitations and Future Research

With any research comes limitations and simultaneously strengths. The limitations for this research, was firstly, the period in which this research was required to be conducted and finished, it was very limited. Secondly, the lack of data and the access thereof regarding Aruban data regarding policy implementation, mental health etc. to support this thesis/research theoretically and to properly build a foundation for this research is also considered a weakness. However, data that was analyzed and utilized was considered sufficient to build a theoretical basis for this research but having more could have really been advantageous. Furthermore, the collaboration of stakeholders/external parties for participation (the researcher experienced various times late responses and or no responses or cancellations of interviews with different institutions) which was also a limitation. Lastly, the existing literature gap regarding the implementation of the policy CCM in the Caribbean will remain a limitation specifically in the theoretical and literature foundation of this research. However, the strengths of this research are the provision of an analysis before the implementation of a policy including a policy CCM to enhance mental health treatment (an NCD) in Aruba to help define what can possibly stimulate or hinder the implementation thereof. This in some way aids the implementation of the intended policy regarding what to do to prevent failed policy implementation and how policy implementation can be enhanced to implement the intended policy effectively, efficiently, and adequately. This research can also serve as background data for other research consisting of the similar research topic, in the Caribbean region and in Aruba. Furthermore, this research also provides recommendations to be able to enhance the policy implementation process including a policy chronic care model to aid mental health treatment (and NCD) in Aruba. Hence, this thesis can be utilized for further policies and research, and thus this thesis possibly filled certain literature gaps identified, such as insufficient data regarding policy implementation in Aruba. This research also brings awareness to the topic of Non-Communicable Diseases (NCDs) and mental health, integrated care systems and chronic care models, and policy implementation in Aruba involving the mental health sector.

Lastly, to further strengthen this research, future research for this topic is required to be considered. It is firstly advised to conduct research including the citizens opinions and perspective regarding mental health to analyze where, what, why and how awareness should be most focused on. It is also advised to analyze the capacity of the mental health sector for the introduction of this policy chronic care model. Thus, a SWOT analysis is advised to identify the different strengths, weaknesses, opportunities, and threats before the introduction of this policy chronic care model to analyze what needs to be enhanced before the introduction of this policy to strengthen effectiveness of the implementation of the policy. Furthermore, it is advised to conduct quantitative research to acquire most recent statistical data regarding the mental health status of the Aruban citizens, and their opinions, perspectives, and to identify what should be the most required and needed treatment that should be focused on. Hence, it can be ultimately advised to try and utilize evidence-based approach for the design and introduction of policies in Aruba.

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Appendices

Appendix A: 'Interview Questions'

General Questions:

1. What is your name?
2. Can you tell me a bit about your position and your experiences?
3. Are you familiar with the concept of NCDs and mental health?
4. How do you think Aruba experiences the treatment of mental health in Aruba?
5. How does Aruba experience in your years of expertise, the implementation of policies regarding the treatment of mental health?

Interview Questions:

1. How does the process usually go and what is taken into consideration when implementing a policy including the treatment of Mental Health in Aruba?
2. Have you experienced the implementation of a policy including the treatment of MH in Aruba?

a) Was it a success or failure in your opinion? Can you please elaborate upon your answer as to why you think it was a success/failure?

b) What factors do you think contributed to its successful/failed implementation? (Free for interviewee to mention factors, however, if the interviewer misses a factor, she will fill in with the external/internal facilitators and barriers from her TFW).

c) What do you think could have gone better? Can you please elaborate upon why?

d) How do you think it could have gone better? (Free for interviewee to mention factors, however, if the interviewer misses a factor, she will fill in with the external/internal facilitators and barriers from her TFW).

3. What factors in your experience have continuously/usually affect the implementation of a policy regarding the treatment of MH in Aruba?

4. What in your perspectives and experiences could be the main facilitators for implementation of a policy including the treatment of MH in Aruba? / In your experience, what do you think usually aids successful policy implementation including the treatment of MH or in general in Aruba? (Free for interviewee to mention factors, however, if the interviewer misses a factor, she will fill in with the external/internal facilitators and barriers from her TFW).

a) Why do you think these factors specifically aid the effective implementation of the policy?

b) Can you please elaborate in your experience, how these factors affected the implementation of an intended policy regarding the treatment of MH in Aruba?

c) Which of the factors in your perspective still needs enhancement and why?

5. What in your perspectives and experiences could be main obstacles upon implementing a policy including the treatment of MH in Aruba? / In your experience, what usually impedes the successful implementation of a policy for the treatment of MH or in general in Aruba? (Free for interviewee to mention factors, however, if the interviewer misses a factor, she will fill in with the external/internal facilitators and barriers from her TFW).

a) Why do you think these factors specifically impeded the effective implementation of the policy?

b) Can you please elaborate in your experience, how these factors affected the implementation of an/the intended policy regarding the treatment of MH in Aruba?

6. What in your opinion is missing to effectively implement a policy including the treatment of MH in Aruba? (What process and elements do you think need to be strengthened, improved/ enhanced in your perspective and experience to effectively implement a policy including a CCM to treat mental health issues in Aruba? can you please elaborate upon why this specific element? (Free for interviewee to mention factors, however, if the interviewer misses a factor, she will fill in with the external/internal facilitators and barriers from her TFW).

FACILITATORS AND OBSTACLES FOR MH POLICY IMPLEMENTATION IN ARUBA

Appendix B: 'Invitation of Participation'

Hi everyone, I hope everyone is doing well.

My name is Verenuska Rincon, I am 23 years old, and I am currently a student finalizing her master thesis at Leiden University situated in the Hague, Netherlands, at the faculty of Global Affair and Governance. The master program is known as 'Master's in Public Administration with specialization in Leadership in Public Management'.

The reason I am writing this proposal is to request the participation of professionals and experts in the field regarding mental health treatment in Aruba in the research I am conducting for my master thesis. The research I am conducting explores the research question: *'What are the obstacles and facilitators of the implementation of a Chronic Care policy Model to deal with mental health (a Non-Communicable Disease) in Aruba?'*. Additionally, the research question is intended as a pre-implementation analysis of the potential impeding and facilitating factors that can affect the implementation of a policy including a Chronic Care Model to manage (Non-Communicable Diseases NCDs) specifically Mental Health in Aruba.

Globally mental health conditions are on the rise, according to the WHO (2019) state that mental health conditions affect one in 10 people in any timeframe and are responsible for a huge proportion of non-fatal disease burdens because of their frequency, chronicity and disabling effects. In addition, the authors Walker et.al. (2015) state that 14.3% of deaths worldwide (approximately 8 million deaths per year) are caused by mental health issues. Furthermore, mental health proposes different difficulties in different aspects such as loss of productivity, individual and family suffering, adverse effects for academic achievements of students (Botezat et.al., 2016), decreased life-expectancy (Ivbijaro, 2011), mental health also pose a challenge to the health system in the sense of health personnel and the costs of treatment (DVG, 2018). Since 2018, mental health conditions are considered as non-communicable diseases (NCDs) also known as chronic non-infectious diseases that take a long time to develop. These diseases can be genetic or developed through lifestyle choices (WHO, 2018) requiring increased

attention (Gray & Klein, 2022). The Caribbean and Aruba are no exception to this. Razzaghi et.al. (2019) share that the Caribbean possesses the highest burden of chronic illnesses (NCDs) including mental health for developing nations in the Americas. Additionally, (NCDs) mental health conditions are the leading cause of death in the region. According to Razzaghi et.al. (2019), (NCDs) including mental health conditions cause 70% of deaths in the region which, when compared to the global average, is equal. Likewise, (NCDs) mental health conditions are also the leading causes of death in Aruba, accountable for 58.16 % of deaths (Razzaghi et.al.,2019). Furthermore, 31.8% of Aruba suffers from one chronic health condition including mental health conditions (The Central Bureau of Statistics of Aruba, 2013). Similarly, 61.3% of the Aruban population struggles with mental disorders such as schizophrenia and other mood disorders (Health Monitor Aruba, 2013). Observingly, (NCDs) mental health requires attention and proper management. One way to tackle (NCDs) mental health, based on its benefits, is through a Chronic Care Model (CCM). The Chronic Care Model has shown different positive effects for the treatment of mental health conditions and are now becoming part of clinical guidelines to treating mental health conditions (Woltmann et.al., 2012). The Chronic Care Model is designed to aid in practices that improve patient health outcomes through improving and promoting a more integrated health care (Coleman et.al., 2009, p. 75). Since, Aruba's care is fragmented, disease centered and no regards for the social determinants of health (DVG, 2022), it was advised for Aruba to transform its care to a more integrated people-centered health system involving the introduction of an integrated model of care such as the CCM to aid in solving the mental health issues in Aruba (DVG, 2022). However, Miller et.al (2013) highlights that despite the positive effects that Chronic Care Models have shown for the treatment of mental health conditions, the crucial problem relies on the implementation of such models and the sustainability of these models in practice (p. 922).

Hence, this research explores potential impeding and facilitating factors that can affect the implementation of a policy including a Chronic Care Model to manage (Non-Communicable Diseases NCDs) specifically Mental Health in Aruba to possibly strengthen mental health treatment but also the policy implementation process in Aruba.

Thus, I wanted to request the participation of professionals and experts in the mental health field and policy field with specialty in mental health in Aruba to share their experiences and thoughts, opinions, and perceptions regarding the treatment of mental health specifically in the field of policy implementation. For example, if you have experienced an implemented change in the system, what were your experiences regarding this implementation/changes, what in your eyes were the obstacles, what in your experience could have been done differently? What should have more attention paid to it (resources, communication, collaboration etc.).

This research consists of interviews of between 30 to 45 minutes where questions will be asked and interchanges and discussions regarding the research topic will take place. This is done through recording where later I will transcribe and analyze this data to be able to apply the results to the research context. Prior to the interviews a consent form will be emailed to the prospective interviewee including a short elaboration on the research topic, the request for their participation in the interview, what will be done with the data and the assurance of anonymity meaning that no names or identities will be mentioned or published.

If you are interested, please contact me at xxx@gmail.com or WhatsApp: xxx

I thank you in advance.

Kindest regards,

Verenuska Rincon.

Appendix C: 'Consent Form'

Universiteit Leiden
Governance and Global Affairs

Consent for Participation in Research

Research Title:

'Pre-Implementation Analysis on the facilitators and obstacles for policy implementation including a Chronic Care Model to tackle NCDs specifically Mental Health in Aruba'

Research Question:

'What are the obstacles and facilitators of the implementation of a Chronic Care policy Model to deal with mental health (a Non-Communicable Disease) in Aruba?'.

Researcher

Verenuska Rincón-Bravo

Universiteit Leiden

Faculty of Governance & Global Affairs

MSc Leadership in Public Management Organization

Introduction

The WHO (2019) states that mental health conditions affect one in 10 people in any timeframe and are responsible for a huge proportion of non-fatal disease burdens because of their frequency, chronicity and disabling effects.

(NCDs) Mental Health not only has a toll on health but also undermines workforce productivity and threatens economic prosperity. As a result, the *goal* of this research is to analyze and identify the different possible factors that can facilitate/impede effective policy implementation including a Chronic Care Model to target (NCDs) mental health in Aruba to strengthen the policy implementation process of such models and the sustainability of such models, and to improve mental health treatment in Aruba.

Research Objectives:

1. Analyze the factors that could possibly facilitate and/ impede the policy implementation including a chronic care model to manage NCDs specifically Mental Health in Aruba
2. This research also aims to possibly fill literature gaps and serve as a basis for literature/data for future research concerning an involving similar research topic and context for Aruba and ultimately for the Caribbean Islands.
3. This research also aims to identify the potential factors that can strengthen the implementation process of a policy including a CCM in Aruba.
4. This research also aims to possibly aid in strengthening and enhancing the policy implementation process in Aruba.
5. This research also aims to inspect what can be done by the Government, specialized health professionals and other (semi) public institutions involved in Aruba to effectively implement a policy including the introduction of a Chronic Care Model manage (NCDs) mental health.
6. Lastly, this research aims to provide recommendations for the future effective implementation of a policy including a chronic care model in Aruba.

FACILITATORS AND OBSTACLES FOR MH POLICY IMPLEMENTATION IN ARUBA

Research Consent Form

My name is Verenuska Rincón-Bravo. I am a master student at the Faculty of Governance & Global Affairs at Universiteit Leiden, working with my thesis supervisor, Amandine Lerusse with a specialty in Leadership in Public Management,

I would like to ask for your consent to participate in my research for my master thesis.

Procedures

If you agree to participate in my research, I will conduct an interview with you at the time and language of your choice. The interview will involve a conversation relating to the following variables: health, policy, policy implementation, facilitators, obstacles, governance and (NCDs) mental health. With your permission, I will record (audiotape) and take notes during the interview. The recording is to document the information you provide and will be utilized only for analysis purposes. After the data has been analyzed, the data will not be further shared or saved, but it will be immediately deleted. If you agree to be recorded but feel uncomfortable at any time during the interview, I will turn off the recorder upon your request. I expect to conduct only one interview, however if clarification is needed you will be contacted by mail or phone for further information if deemed necessary.

Confidentiality

Your research data will be handled confidentially. All results and data do not involve the utilization of individual names or other identifiable information. This also includes if the results of this study are intended to be published or presented. Thus, anonymity is assured.

Rights

Participation in this research is completely voluntary. You are free to decline to take part in the research at any time. You can decline to answer any questions and can stop the recording. There will be no penalty to you in case such cases present themselves.

Questions

FACILITATORS AND OBSTACLES FOR MH POLICY IMPLEMENTATION IN ARUBA

If you have any questions about this research, please feel free to contact me at my *mobile or WhatsApp: +31 (06) 43203174* or *email: s3103773@vuw.leidenuniv.nl or vererincon99@gmail.com*.

If you have any questions about your rights or treatment as a research participant in this research, please contact the involved Thesis Supervisor and professor at Universiteit Leiden, Mrs. Dr. Amandine Lerusse (Ph.D.). *Her email is: a.v.lerusse@fgga.leidenuniv.nl*

Consent Participant

1. I agree to be interviewed for the purposes of the research named above.

2. The purpose and nature of the interview has been explained to me, and I have read the research and/or information as provided by the researcher.

3. I agree that the interview may be recorded.

4. Any questions that I asked about the purpose and nature of the interview and assignment have been answered to my satisfaction.

Name of interviewee_____

Signature of interviewee_____

Date_____

Agreement Researcher

I have explained the project and the implications of being interviewed to the interviewee and I believe that the consent is informed and that he/she understands the implications of participation.

Name of interviewer_____

Signature of interviewer_____

Date_____

Appendix D: 'Interview Methods Table'

Participants	Status	Source	Saturation	Format	Length	Recording	Transcript
Parliament Member	Conducted online via Microsoft Teams	Sample frame	No	Semi-structured	47 Minutes	Audio recording	Unpublished/ Upon request.
Policy advisor Department of Public Health Aruba	Conducted online via Microsoft Teams	Sample frame	No	Semi-structured	39 Minutes	Audio recording	Unpublished/Upon request.
Head of the bureau of the minister of Justice and Social Affairs, specifically mental health.	Conducted online via Microsoft Teams	Sample frame referred to by Policy advisor Department of Public Health Aruba	No	Semi-structured	52 Minutes	Audio recording concurrent and supplementary notes	Unpublished/Upon request.
The minister of Justice and Social Affairs	Conducted online via Microsoft Teams	Sample frame	No	Semi-structured	42 Minutes	Audio recording	Unpublished/Upon request.
Policy Advisor and Maker at the Bureau of Justice and Social Affairs	Conducted online via Microsoft Teams	Sample frame	Yes	Semi-structured	47 Minutes	Audio recording concurrent and supplementary notes	Unpublished/Upon request.
Director of Stichting Hunto	Conducted online via Microsoft Teams	Sample frame	Yes	Semi-structured	49 Minutes	Audio recording	Unpublished/Upon request.
Director of FADA	Conducted online via Microsoft Teams	Sample frame referred to by Policy advisor Department of the minister of Justice and Social Affairs.	Yes	Semi-structured	35 Minutes	Audio recording	Unpublished/Upon request.

Policy Advisor at the Bureau of Justice, and Social Affairs.	Conducted online via Microsoft Teams	Sample frame	Yes	Semi-structured	38 minutes	Audio recording	Unpublished/Upon request.
AZV	Conducted online via Microsoft Teams	Sample frame	Yes	Semi-structured	40 Minutes	Audio recording concurrent and supplementary notes	Unpublished/Upon request.

Appendix E: 'Operationalization of Concepts Table'

Measure – Internal Factors/ External Factors	**Concept**	**Indicators**
Internal Factor	(In)adequate Theoretical Validity	1. (Lack of) Evidence-based policy making 2. (Lack of) Data 3. (Lack of) data-based policy making
Internal Factor	(Un)clear and consistent policy goal(s) and objective(s)	1. Ambiguity 2. Vagueness 3. (Lack of) Commitment 4. (Lack of) Continuity 5. (Un) clear definition of policy goal(s) and objective(s) 6. (Lack of) Aligning policy goal(s) and objective(s)

Internal Factor	(Lack of) Availability of resources	1. (Lack of) Funding 2. (Lack of) Experts/professionals/staffing/human capital 3. (Lack of) Technology 4. (Lack of) facilities
Internal Factor	Mobilization of Resources and Actions	1. (Lack of) Planning 2. (Lack of) investment in (technology, courses, trainings, research and analysis) 3. (Lack of) actions
Internal Factor	Organization Design and Modification	1. (Lack of) authority 2. (Lack of) clarity 3. (Lack of) structure 4. (Lack of) capacity

Internal Factor	(Un)clear tasks, roles, and responsibilities	1. (Lack of) upholding responsibility 2. (Lack of) accountability 3. Clarity regarding tasks, roles, and responsibilities 4. Vagueness regarding tasks, roles, and responsibilities 5. (Lack of) Commitment 6. (Lack of) Consistency 7. (Lack of) Continuity
External Factor	(In)adequate skills, knowledge, and expertise	1. Effectiveness care 2. Efficiency of care 3. (Lack of) knowledge for the utilization of technology/digital systems 4. (Lack of) knowledge for mobility of resources 5. Limited knowledge regarding different mental health illnesses and treatments. 6. Capacity of professionals to execute implementation

		7. (Lack of) experience 8. (Lack of) comprehension of policy and implementation standards
External Factor	(Lack of) Commitment	1. Vagueness 2. Clarity 3. (Lack of) Prioritization 4. (Lack of) Interest 5. (Un) clear tasks, roles, and responsibilities 6. (Lack of) communication
External Factor	(Lack of) monitoring and evaluation	1. (Lack of) reporting data back 2. (Lack of) continuous analysis and evaluation 3. (In)adequate adaptations 4. (Lack of) feedback

External Factor	(Lack of) involvement, engagement, and participation.	1. (Lack of) Involving community and stakeholders in policy design, implementation, and evaluation 2. (Lack of) feedback 3.
External Factor	(In)adequate leadership	1. (Lack of) transparency 2. (Lack of) commitment 3. Ideology 4. (Lack of) interest 5. (Lack of) accountability 6. (Lack of) prioritization 7. Bureaucracy 8. Incentives 9. Bypassing channels 10. (Lack of) Managerial skills

External Factor	(Lack of) communication	1. (Un)clear transmission of information 2. (Lack of) clarity 3. (In) consistent communication and information
External Factor	Consideration/negligence of contextual factors	1. (Lack of) societal-environmental analysis 2. (Lack of) consideration for cultural context
External Factor	(Lack of) collaboration	1. (Lack of) working with other sectors 2. (Lack of) public participation 3. (Lack of) engaging opponents/overriding them 4. (Lack of) Stakeholder engagement 5. (Lack of) working together in the same sector/field

External Factor	(Lack of) continuous support (community, political).	1. (Lack of) prioritization 2. (Lack of) commitment 3. (Lack of) interest 4. (Lack of) sustainability