



WHO PACIFIC ISLANDS MENTAL HEALTH NETWORK (PIMHNET) – FRAMEWORK

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1. BACKGROUND

The Western Pacific Region of the World Health Organization (WHO) comprises a large number of countries spread across a considerable geographical area with a wide variation in cultural practices, socioeconomic status, and access to health care. Despite the large burden of communicable, maternal, perinatal and nutritional conditions in this region, mental health disorders contribute significantly to the total disease burden. While there have been improvements in physical health over the last 50 years in the region, the situation has worsened in respect of mental health and it has a higher burden of mental and neurological disorder relative to other parts of the world¹.

As elsewhere, mental health in the Western Pacific region is often given a low priority, must compete for scarce resources, and frequently struggles to be recognised at all levels of government and society. Consequently, services are often extremely limited, poorly distributed and staffed, and under-funded. This is particularly true of the Pacific area, where there are many small, isolated communities, with very limited human and financial resources. Given all this, innovative approaches are needed to achieve improved mental health among populations through the development of mental health services, policy, and planning, as well as better treatment and care. Because of the numerous and competing demands on already limited country budgets, achieving these goals will also rest on a reduction in unnecessary duplication and fragmentation of activities and greater co-operation and collaboration. It is important, as well, that any approaches build sustainable national and regional capability and capacity in relation to mental health.

¹ *Regional Strategy for Mental Health*: World Health Organization – Western Pacific Regional Office, 2002.



2. ESTABLISHMENT OF THE PACIFIC ISLANDS MENTAL HEALTH NETWORK (PIMHNET)

The idea of a Pacific mental health network as a means of responding to these issues and challenges was raised and discussed at the Meeting of Ministers of Health for the Pacific Island Countries held March 14-17 2005 in Apia, Samoa. This emerged from an earlier Ministers meeting in Tonga in 2003, which had placed mental health on its agenda and generated interest in and commitment to this important area. A further critical impetus was a Workshop on Human Resource Development for Mental Health in Pacific Island Countries held in Fiji, that same year.

This paper outlines the set-up and operational structure for a WHO Pacific Islands Mental Health Network (PIMHnet). It represents the outcome of various consultations on a draft proposal drawn up by WHO and then circulated to 20 Pacific countries.

2.1 Vision

PIMHnet's vision is the people of Pacific Island countries enjoying the highest standards of mental health and well-being through access to effective, appropriate and quality mental health services and care.

2.2 Mission

To achieve this vision, PIMHnet will facilitate and support cooperative and co-ordinated activities within and among member countries that contribute to sustainable national and sub-regional capacity in relation to mental health.

2.3 Objectives

Given its vision and mission PIMHnet has, as its broad objectives, improvements within countries and across the region in:

- ⇒ Communication
- ⇒ Co-ordination and Co-operation
- ⇒ Capacity and Capability.



2.4 Membership

Membership in PIMHnet is open to all Pacific Island countries and areas on the request of the Minister of Health.

2.5 Guiding Principles

The function of PIMHnet is guided by a set of principles:

1. A desire by its member countries to actively engage in improving mental health in their own countries and across the region as a whole.
2. A willingness of members to work cooperatively and collectively as demonstrated by a commitment to network development both in-countries and among countries.
3. A recognition by members that PIMHnet serves as:
 - a. the primary vehicle for developing and implementing mental health initiatives within and among participating countries in the region; and
 - b. the key mechanism for co-ordinating financial and technical resources associated with such initiatives.

2.6 Structure and Organisation

Several key components make up PIMHnet and are integral to its structure and operation. These are National Focal Contacts, In-Country Networks, the WHO Secretariat, the Network Facilitator, and Strategic Partners.

2.6.1 National Focal Contacts

National Focal Contacts are key to the operation of PIMHnet and they are appointed by each country's Minister of Health as the focal person for that country. More than one person may be nominated as a *National Focal Contact*. They may be identified as specific individuals or aligned with particular positions.

As a general guide, *National Focal Contacts* are people who hold a senior position within government or the public service with responsibility for, or strong involvement in, mental health. Alternatively, they might have a strong background in and knowledge of mental health. *National Focal Contacts* have pivotal functions and responsibilities in respect of PIMHnet in relation to both inter-country and intra-country activities. Therefore, they must be in a position that enables them to attend to both these dimensions. The former involves being the primary country contact for WHO and the *Network Facilitator* for all PIMHnet related business and communications. The latter involves actively fostering and engaging with an in-country mental health network.



2.6.2 In-Country Mental Health Networks

The *National Focal Contacts* have the responsibility of fostering in-country mental health networks. Members of these internal networks could include:

- ⇒ mental health clinicians and professionals
- ⇒ those involved in mental health legislation, policy, financing and planning, and programme management
- ⇒ relevant professional organisations
- ⇒ NGO and other relevant provider organisations
- ⇒ service users and/or service user organisations
- ⇒ family representatives and/or family organizations
- ⇒ educators and academics in the field of mental health
- ⇒ representatives from community and church (e.g. elders, leaders, traditional healers).

National Focal Contacts therefore are responsible for facilitating activities, relationships and communication between individuals, groups and organisations with a role or interest in mental health in that country.

2.6.3 WHO Secretariat

The WHO will serve as the *Secretariat*. The functions and responsibilities of the *Secretariat* include (but is not limited to):

- ⇒ the development, management and dissemination of information and resources
- ⇒ fundraising
- ⇒ the preparation of materials (e.g. discussion papers and reports)
- ⇒ the maintenance of a database of contacts and activities
- ⇒ the overall management and co-ordination of meetings and activities.

2.6.4 Network Facilitator

This refers to a suitably qualified organisation/group contracted by the *Secretariat* to undertake a range of functions and responsibilities on its behalf in order to ensure the ongoing operation of PIMHnet. Key aspects of the *Network Facilitator's* role includes administration, co-ordination and communication with PIMHnet countries.

2.6.5 Strategic Partners

These are individuals or organisations (government, non-government and private) who can provide relevant expertise, resources and support in a wide range of areas and ways (e.g. funding, education and training, policy and legislation, service development and delivery, clinical practice and so on).



2.7 Operating Principles

The operating principles recognise that there may be fluctuating levels of participation in PIMHnet by countries depending on the issues, timing, internal matters and so forth.

Given the spread of countries currently (and potentially) involved in PIMHnet, a transparent system of communication and decision making is necessary that allows all countries equal say and opportunity but does not unnecessarily delay or inhibit action/activities.

2.7.1 Communication

The following provides a basic structure for ensuring clear lines of communication:

1. A dedicated email address is established for PIMHnet
2. PIMHnet communications are managed through the *Network Facilitator* using the dedicated email address or alternative fax number (for countries that may experience difficulties with internet and email access).
3. Each *National Focal Contact* is that country's contact point for all such communications and should acknowledge receipt of communications to the Network Facilitator.
4. The *Network Facilitator* maintains full contact details and a preferred communication protocol for each *National Focal Contact*.

2.7.2 Decision Making

The decision making process is a time-limited protocol based on the above communication strategy. The *Network Facilitator* will co-ordinate the following process when issues require a decision from PIMHnet:

1. All relevant information (including a clear indication of the issues and matters that require decisions) will be provided to each *National Focal Contact* according to the communication structure outlined above.
2. A standard timeframe of TWO weeks will be allowed for responses.
3. At the end of this timeframe, the Secretariat will determine a decision or outcome based on the contributions of those countries that have responded.
4. The results will then be communicated to *National Focal Contacts*.



2.7.3 Regional Activities

Regular Meetings

National Focal Contacts from each country will meet on a regular basis. The frequency and location of these will be determined by funding and other practical constraints. The purpose of these meetings is to:

- ⇒ Report on progress and achievements and review operation of PIMHnet more generally
- ⇒ Undertake planning for the next period:
 - Identify issues, set objectives and develop action/work plans that outline proposed initiatives, programmes, activities and processes of implementation.
 - Keep the Secretariat informed about PIMHnet's requirements and how best the Secretariat can support its work
- ⇒ Participate in information and resource exchange, and training.

An initial meeting is planned for June 2007 to conduct the Inaugural General Meeting. This meeting will be used to establish new or ratify existing structures and processes.

Workplans and Activities

These are the processes and priorities for action identified and planned for at PIMHnet meetings. Consultation has identified key areas for:

- ⇒ Advocacy
- ⇒ Policy, Legislation, Planning & Service Development
- ⇒ Human Resources and Training
- ⇒ Research & Information
- ⇒ Access to Psychotropic Medicines.

Annual workplans are the mechanism to guide activities. Factors such as timelines, workloads and resourcing must be incorporated into planning. Activities may be those that all member nations participate in. Alternatively, working groups could be made up which might be built on geographical or other linkages, or be more issues based. Activities will be selected according to the priorities of countries and PIMHnet's capacities and capabilities.



In-Country Activities

As noted, each *In-Country Network* is an important vehicle for undertaking activities and each *In-Country Network* develops its own structures, operation and momentum for improving mental health in that particular country. A key factor is ongoing information sharing with Ministers and Ministries of Health and advocacy for the continued development of mental health financing, policies, plans, services, and workforces in countries.

2.8 Fundraising

This is a key aspect of PIMHnet since it underpins the sustainability of the network and PIMHnet's ability to undertake activities. As such it is the responsibility of all member countries to be alert to suitable opportunities that PIMHnet can engage with.

WHO maintains a set of criteria regarding appropriate funding requirements. Should any donor seek to set conditions on funds outside these criteria then WHO as *Secretariat* will consult with relevant parties.

