Second Meeting of the WHO Pacific Islands Mental Health Network

Nadi, Fiji

9–11 September 2008

World Health Organization

Western Pacific Region

Meeting Report

(WP)2008/DHP/03-E English only

Report series number: RS/2008/GE/40(FIJ)

REPORT

SECOND MEETING OF THE WHO PACIFIC ISLANDS MENTAL HEALTH NETWORK

Convened by:

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR THE WESTERN PACIFIC AND HEADQUARTERS

Nadi, Fiji
9–11 September 2008

Not for sale

Printed and distributed by:

World Health Organization
Regional Office for the Western Pacific
Manila, Philippines

June 2009

NOTE

The views expressed in this report are those of the participants in the Second Meeting of the WHO Pacific Islands Mental Health Network and do not necessarily reflect the policies of the Organization.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for governments of Member States in the Region and for those who participated in the Second Meeting of the WHO Pacific Islands Mental Health Network, which was held in Nadi, Fiji from 9 to 11 September 2008.

SUMMARY

Following the official launching of the WHO Pacific Islands Mental Health Network (PIMHnet) at the Meeting of Ministers of Health for the Pacific Island Countries in Port Vila, Vanuatu on 14 March 2007, the First Meeting of the PIMHnet was held in Apia, Samoa from 5 to 8 June 2007.

The Second Meeting of PIMHnet was held in Nadi, Fiji from 9 to 11 September 2008. A total of 15 of the 18 PIMHnet countries and areas were represented at the meeting. Apologies were received from Australia and Papua New Guinea. American Samoa did not respond. PIMHnet facilitators, WHO staff from Headquarters, the Western Pacific Regional Office and the Fiji country office, and observers also attended the meeting.

The objectives of the meeting were:

(1) to review progress achieved in implementing a PIMHnet workplan and mental health in general in PIMHNet countries and areas;

(2) to review the different operational models for the network and revise if necessary;

(3) to discuss and agree on the PIMHnet workplan for the next two years; and

(4) to support PIMHnet members to implement national mental health policies and plans.

The meeting was divided into two parts. The first was the Second PIMHnet meeting and focused on discussing operational matters, progress within countries and reviewing the programme of work for PIMHnet for 2008–2009.

The second part of the meeting was a technical workshop in which countries were given the opportunity to work in small groups to develop their human resources and training plan, with the assistance of WHO Headquarters, the Regional Office for the Western Pacific and the network facilitator.

The meeting was successful in achieving its objectives. Countries shared experiences in the status and development of mental health policies, plans and legislation within their region, and made considerable progress in updating their human resources development plans, which are a key component of their overall mental health policy and plan.
Major action points agreed on are outlined in this report. Significant progress was made with country human resources and training plans.

CONTENTS

1. INTRODUCTION 1

1.1 Objectives 1
1.2 Opening remarks 1

2. PROCEEDINGS 2

2.1 Overview of PIMHnet activities over 2008 2
2.2 Country summary of progress of mental health policy, planning and legislation development 3
2.3 Open forum on operational matters 5
2.4 PIMHnet work programme for 2008–2009 7
2.5 PIMHnet workplan for 2009–2010 9
2.6 Workshop sessions developing human resources and training plans 10

3. CONCLUSION 12

ANNEXES:

ANNEX 1 - LIST OF PARTICIPANTS, TEMPORARY ADVISERS, OBSERVER, AND SECRETARIAT

ANNEX 2 - OPENING SPEECH OF DR SHIGERU OMI, WHO REGIONAL DIRECTOR FOR THE WESTERN PACIFIC

ANNEX 3 - PROVISIONAL AGENDA

ANNEX 4 - TENTATIVE TIMETABLE

ANNEX 5 - TENTATIVE PROGRAMME OF ACTIVITIES

ANNEX 6 - PROPOSED PIMHNET WORKPLAN 2009–2010 – TIME FRAMES AND RESPONSIBILITIES

ANNEX 7 - PIMHNET STATUS OF IN-COUNTRY NETWORKS AND ADVOCACY; TIME FRAMES FOR MENTAL HEALTH POLICY, PLAN, AND HUMAN RESOURCES PLAN DEVELOPMENT

ANNEX 8 - SUMMARY OF PROGRESS WITH HUMAN RESOURCES AND TRAINING PLANS

Key words

Mental health services / Work programme / Information networks / Strategic planning / Regional cooperation / Pacific Islands

1. INTRODUCTION

At a meeting of Ministers of Health for the Pacific Island Countries, held in March 2005 in Apia, Samoa, the idea of a Pacific mental health network was discussed as a means of overcoming geographical and resource constraints in the field of mental health. Based on findings from situation analysis and extensive consultations with Pacific island countries, a final funding proposal for setting up and operating the network was developed, with WHO receiving funding to support network activities from New Zealand's Ministry of Health and the Overseas Development Agency of the Ministry of Foreign Affairs and Trade. Following the official launching of the WHO Pacific Islands Mental Health Network (PIMHnet) at the Meeting of Ministers of Health for the Pacific Island Countries in Port Vila, Vanuatu on 14 March 2007, the First Meeting of PIMHnet was organized in Apia, Samoa from 5 to 8 June 2007.

The Second Meeting of PIMHnet took place in Nadi, Fiji from 9 to 11 September 2008 and was divided into two parts. The first was the Second PIMHnet meeting and focused on discussing operational matters, progress with mental health policy and planning within countries and regions, and reviewing the programme of work for PIMHnet from 2007 to 2008 and revising for 2008–2009.

The second part of the meeting was a technical workshop in which countries were given the opportunity to work in small groups to develop their human resources and training plans.

1.1 Objectives

The objectives of the meeting were to:

(1) review progress achieved in implementing PIMHnet workplan and in mental health in general in PIMHNet countries and areas;

(2) review the different operational models for the network and revise if necessary;

(3) discuss and agree on the PIMHnet workplan for the next two years; and

(4) support PIMHnet members to implement national mental health policies and plans.

1.2 Opening remarks

Dr Temo Waqanivalu, Nutrition and Physical Activity Officer, WHO Representative, South Pacific, welcomed participants to the Second Meeting of the WHO Pacific Islands Mental Health Network and thanked all participants and the secretariat, expressing gratitude for their commitment to the work programme.

Dr Marita Edwin, participant from the Marshall Islands, opened with a prayer.

Dr Wang Xiangdong, Regional Adviser in Mental Health and Control of Substance Abuse, WHO Regional Office for the Western Pacific, presented an opening address on behalf of Dr Shigeru Omi WHO Regional Director for the Western Pacific Region. He acknowledged that the network has grown significantly and has made many significant achievements. Progress has been exciting and congratulations were conveyed to all countries for their work, particularly

Kiribati and Vanuatu. This success is due to the hard work of the national focal contacts (NFCs). The NFCs are critical to the success of the network and PIMHnet relies on their active involvement. Much more work needs to be done in the area of mental health, in particular addressing the problem of discrimination, which should be made a priority. The sustainability of the network should be addressed from within countries, the field of mental health and other sectors, including nongovernmental organizations (NGOs), and government agencies.
The funding contribution by the New Zealand Agency for International Development (NZAID) was acknowledged.

Participants then introduced themselves and outlined their expectations for the meeting. The following issues were raised:

(1) the challenges and the way forward for particular countries and regions;

(2) the desire to learn from the developments that have taken place in other Pacific countries;

(3) the importance of advocacy and health promotion as well as evidence-based practices;

(4) the desire to access the expertise of PIMHnet to ensure quality services; and

(5) assistance in completing work, such as the human resources and training plans.

Dr Frances Hughes, Network Facilitator, provided copies of resources from the Mental Health Foundation in New Zealand and thanked them for their generous contribution.

Dr Michelle Funk, Coordinator, Mental Health Policy and Service Development, Department of Mental Health and Substance Abuse, WHO Headquarters, remarked that considerable progress has been made by countries in developing their mental health policies and strategic plans and that this great effort needs to continue. While this work needs to continue next year, there should also be a major focus on the implementation of human resources development plans where these have been finalized. Dr Funk thanked Fiji for hosting the Second Annual PIMHnet meeting.

Dr Odille Chang, participant from the host country, Fiji, agreed to chair the meeting over the three-day period with temporary advisers acting as rapporteurs.

2. PROCEEDINGS

2.1 Overview of PIMHnet activities over 2008

Dr Funk introduced this session and reviewed progress of PIMHnet activities since the inaugural PIMHnet meeting in June 2007.

(1) Comprehensive policy and planning. Together, these form the framework and specific actions to improve mental health within a country. Without a framework, activities become fragmented and efforts and resources are wasted when they are not coordinated. This represents a long process which will take a number of years to finalize. Plans must be realistic and the key is to make them clear and simple. The action plan

itself should include concrete activities tied to a budget and time frames. Actions should be aligned with the amount of resources available. WHO, bilateral donors and government agencies may be able to help fund activities. Countries are now sharing plans and best practice and experiences to ensure appropriate draft policies and plans. The NFCs have been liaising well in some areas. Vanuatu has almost completed its mental health policy and plan. Kiribati is making good progress and Samoa has implemented its mental health policy.

(2) Human resources development is needed and workforce plans need to be completed. There has not been any concrete work done on the frontline yet, however there are some good planning documents in development and implementation will begin soon. Once plans have been finalized, funding proposals can be written and work begun. Human resources plans rely on good data—hospital locations and numbers, staff type and volume, primary health care facilities numbers, training and medical assistants. Data can be difficult to come by in terms of capacity and training requirements and there is a lot of variation between countries and their needs.

(3) Tools and materials for training—mental health information package. This provides information on key mental health illnesses and issues for professionals and other sectors. It covers both the pharmacological management and psychosocial rehabilitation, focusing on treatment and prevention.

(4) Strategic partnerships—there are many NGOs in Pacific island countries which are diverse and extremely valuable. They are motivated and close to the people. They can be a major resource for the mental health service and the country. They can offer mental health sufferers support and services to complement those provided by the government. PIMHnet has been developing strategic partnerships with NGOs and has an extensive database. An NGO workshop was facilitated in New Zealand in February 2007 and a full report is available in participants' folders.

(5) New PIMHnet countries—these should be supported in their policy and planning and guidance offered and efforts will continue to bring in more new member countries.

(6) Advocacy needs to be built up. The profile of PIMHnet and mental health in general needs enhancing. The PIMHnet website was shown to the meeting. There are two additional features which will be useful technically throughout PIMHnet and globally—the country pages and summary. These provide an overview of the mental health situation, system and services in countries in relation to overall development, and also map out what the country has been doing to improve the situation, including major milestones. It also provides links to key official government documents, such as relevant policies and laws, and links to NGO groups and donor agencies. These country pages and summaries will provide a useful database of essential information for PIMHnet countries, as well as for donor agencies, health agencies, foundations and NGOs, and other networks.

2.2 Country summary of progress of mental health policy, planning and legislation development

Participants were split into three groups, each with a chairperson and PIMHnet facilitator, and were asked to discuss achievements over the last year in terms of policy, plans and human resources and training plans.

Groups reported back as follows.

Group 1: Cook Islands, Nauru, New Zealand, Niue and Tokelau.

- Cook Islands: has a mental health service in place and has recruited two nurses from an NGO (one is a psychiatric nurse) who are assisted by a medical officer and psychiatrist from New Zealand. Currently, there is a need to assist and support existing services, as well as develop new ones. The Cook Islands works well as the country has a Memorandum of Understanding with the New Zealand Ministry of Health, and smaller islands may wish to consider this in the future.
The Cook Islands is active with advocacy work. A mental health policy is in draft form and is now moving to its final phase.

- Nauru: has no workforce for mental health services but has a medical officer and nurse handling case management. In terms of advocacy, discussions have taken place with Government political leaders and the community. Speakers on mental health issues are recognized as effective. A mental health policy is in place, however it has not yet been implemented and assistance is needed to move this forward.

- Niue: cases are managed by the medical officer. Serious cases are referred to Auckland, New Zealand. Discussions with political leaders have taken place and discussions are needed with the new Minister of Health. So far, he is supportive of mental health work, as is the community and women's and educational services, especially regarding mental health issues for schoolchildren. There is no mental health policy, but there is a policy for case management within the health department for assistance with referral cases, helped by visiting New Zealand. A memorandum of understanding would be useful in terms of assistance.

- Tokelau: some lags in the system exist because of a resignation. Mental health planning will now be taking place. Some cases are managed by the hospital medical officer with others referred to Samoa and New Zealand for specialized management. In terms of advocacy, discussion with political leaders has to be done for support and there are intentions to work with the community. There is no mental health policy in place, however, a draft is in progress. Guidelines are in place for case management within the hospital.

Group 2: Kiribati, the Commonwealth of the Northern Mariana Islands, Solomon Islands and Vanuatu.

- Kiribati mental health policy is completed and awaiting approval. Mental health plans are integrated with main programmes. The human resources plan is completed.

- The Commonwealth of the Northern Mariana Islands has not yet completed its mental health policy or human resources and training plan.

- Solomon Islands will begin work on a mental health policy by the end of September 2008 and it will be completed by December 2009 and presented at a national conference. Mental health plans are integrated into mental health programmes. Human resources and training plan is near completion.

- Vanuatu mental health policy is completed and awaiting approval.
  The corresponding mental health action plan is in the process of being costed.
  Human resources and training plan is completed.

Group 3: Fiji, the Marshall Islands, Palau, Samoa and Tonga.

- Fiji: started tackling stigma via the Australian Agency for International Development Dare to Care campaign. Fiji has a mental health and suicide plan (2007–2011) being endorsed. A draft Mental Health Bill (2007) is in the final stages of development and funds are available for final consultations. The suicide prevention policy was endorsed in June 2008.

- The Marshall Islands: Mental Health Legislation is completed. A new psychiatrist is in place as well as six nurses and counsellors. Mental health policy is in progress.

- Palau: no mental health plan but a Public Health Strategic Plan is in place, as is a recovery counsellor. This year Palau held its first advocacy workshop using PIMHnet tools. Legislators and cabinet members did not attend to support this, however. Difficulties were reported with the in-country network.

- Samoa: Mental Health Legislation is in place. Its mental health policy was launched this year. Mental health needs to be integrated into general health. It is included in the health sector plan to have separate rooms for counselling, a five-bed unit within the general hospital as a mental health service led by nurses and social workers, and to assist in training at national university by accrediting undergraduate and graduate level mental health programmes.

- Tonga: mental health policy is currently at a standstill due to the political situation. The community section of the mental health legislation is not implemented due to lack of funding. A clinical psychologist is now in place and psychiatrist nurse assistants are increasing in numbers. Mental Health Act is in place.

2.3 Open forum on operational matters

Participants were given the opportunity to discuss with operational members what is satisfactory, what challenges exist and which areas need improvement. Positive aspects were identified as follows:

- Newsletters and meetings are all satisfactory.

- Information distributed through the network facilitator is very useful and the information packages are being used.

- Reminders and updates are useful.

- Teleconferences are not always effective so multiple methods of communicating are important.

- Communications are good.

Challenges:

- In-country networks can be difficult to engage and different strategies have been used by PIMHnet members to overcome this (for example, providing a lot of information to potential members and hoping this will prompt action).

- NFCs – in some cases they lack a mental health background and this can present challenges.

- Priorities at a national level are sometimes a barrier as WHO has many networks and linkages. Dr Funk acknowledged that there are multiple networks – alcohol, human resources, mental health networks, for example, and linking these would reduce duplication and fragmentation. This point will be raised at WHO to try to reduce this barrier.

- Niue specifically requested assistance with needed recruitment and resources. Would also like to be visited by WHO consultant to add some weight and raise awareness on the island. It was asked whether New Zealand could fund a person that could be dedicated to the work of mental health and PIMHnet in Niue.

- Getting mental health on to the agenda of annual meetings of governments is important and would provide an opportunity to integrate mental health with other health services and countries. When NFCs have standing meetings, it would be useful to invite or suggest that mental health be on the agenda so that others could attend. NFCs pointed out that they are often left out of meetings of this nature and therefore do not always know about them.

- Limited resources for mental health. For many donors, the interest is in HIV and diabetes, however there are strong links between HIV and a need for counselling and support. PIMHnet needs to populate other strategies with mental health linkages as this will increase the understanding of the mental health cause. Mental health should be incorporated into noncommunicable diseases (NCD) plans. At present, disaster and emergency plans are popular and mental health should be part of this, as there is a component of mental health in disaster and emergency management.

What can PIMHnet do to address challenges?

- More visits from a facilitator would be welcomed. The visits to a number of countries had helped develop country actions, plans and policy. The PIMHnet members need to be clear with the PIMHnet secretariat what it is they require and the most useful form of support. NGOs in countries are valuable partners.

A discussion followed about the frequency of PIMHnet meetings and the proposal that funds used for annual meetings could be diverted into visits and individual support for countries and areas. Participants were divided, with some requesting that PIMHnet meetings be held annually since there is much health reform occurring in the Pacific in terms of the development of mental health services and building capacity and workforce. An internet chat room is a valuable tool for maintaining relationships and progress, and could replace annual meetings. A final decision regarding the frequency of meetings was not agreed on and will be raised again during communications with PIMHnet.

Dr Hughes indicated that regardless of whether PIMHnet meets annually, it is necessary to raise the profile of PIMHnet with donor agencies. The profile of mental health is still low, and PIMHnet has much work to do together with our NGO partners. The sole funder at present is NZAID and PIMHnet needs to continue to advocate for donors as mental health needs are growing in the Pacific.

2.4 PIMHnet work programme for 2008–2009

A review of last year's programme was presented earlier during the meeting and participants were asked to consider what should be continued for the coming two years. Areas include:

- assessment of service and workforce needs;
- development of an information package;
- engagement with collaborative partners;
- development of in-country networks;
- an NGO workshop;
- engaging remaining Pacific island countries;
- ongoing funding for identified projects and continuing effort to meet resource mobilization needs; and
- policy development and strategic planning.

Dr David Chaplow asked participants how useful information provided to NFCs on memory sticks has been and how it has been used:

- Fiji – parts 1 and 2 are used and it is appreciated that different countries will have differing uses. Journal articles are useful, however access to these is not always easy. Good when they are circulated via the network.
- Kiribati – the information is being used for workshops to inform managers from different areas. Acknowledgement that some parts of the package were not appropriate for every country, but they could pick, choose and change to their needs.
- The Marshall Islands – has not received the information package, as previous NFC has it.
- The Federated States of Micronesia – terminology is simple and not too technical. The package is being used as a primary reference document for training. Work has started with Social Affairs and exploring how this information can be utilized. A positive factor is that the information package is specific to the Pacific Islands and is not lost in other country issues not relevant to the Pacific region.
- Niue – information has been very useful and the information is often referenced.

- Palau – information has been used to check that the relevant systems and processes, strategies and policies are in place. The information has been used as an investigative tool.

- Samoa – noted how this was useful for mental illness but a package on mental health and rehabilitation activities is now needed. Dr Funk clarified the purpose of the information package developed in response to requests of PIMHnet NFCs, who indicated that they did not have any guidelines or information. All NFCs received the information with 70% actively using it. New NFC had issues regarding a lack of adequate handover, thus not realizing the USB sticks and information package were available.

- Solomon Islands – the information has been useful for educating church leaders and community groups and for presentations.

- Tonga – the advisory committee each have a copy. Appropriate parts have been used to inform service development.

All participants were advised to inform the secretariat/facilitator if they do not have the information discussed in this part of the meeting. Clinical journals can be linked to NFCs on current issues if this is useful.

Discussion then took place about how PIMHnet may be able to assist with advocacy activities. Dr Temo Waqanivalu indicated that NCD, until recently, was low profile and much advocacy has been needed. The provision of tools that help form a better argument to policy-makers has been useful. Simple data can be useful in costing the impact of mental health for countries. The language of mental health needs to be translated into language understandable by decision-makers that will persuade them this is an important issue. It was proposed that PIMHnet come up with an advocacy tool that shows the need to treat people with mental health problems and what effect it has on their country. This then translates information into actionable language.

Dr Michelle Funk indicated that we have advocacy tools, for example mental health Gap Action Programme (mhGAP), which have just been developed at WHO Headquarters, as well as a range of other tools and advocacy materials. Tools already in use need to be used more effectively. Participants then discussed the following:

- In Samoa, there is a steering committee that reports to the Ministers of Health meetings and it was suggested that mental health be put on the agenda for this meeting, as they are high level and are obligated to report to the Pacific Island Ministers Meeting.

- PIMHnet should be aware of trade ministers meetings as this will affect substance abuse (alcohol and tobacco trading rules). Proposals also need to be presented in a way that is understandable to lay persons and explains the significant effect of substance abuse on the community.

- The best way to get mental health issues on the agenda for regional meetings is for a country to suggest it, because if it is proposed by a country then it will be discussed.

- What can mental health contribute to a country? There is a need to talk in the language of policy-makers and decision-makers if more is to be achieved, and

creative approaches should be used. Patients are treated poorly and mental health is underfunded. As people with mental health problems do not work, this results in a loss of productivity, and time and care by family members also causes a further loss in productivity.

Participants then discussed linkages with the media. A media package for advocacy for general use could include media strategies, building networks with the media, language and content of media releases, community forums, stigmatization of mental health and advocacy. The Carter Center in the United States of America has much expertise and a comprehensive policy that deals with such issues as reporters, ethics and patients rights.

2.5 PIMHnet workplan for 2009–2010

Dr Chen Ken, WHO Representative in the South Pacific, welcomed participants to the second day and spoke about the importance of establishing networks and the definition of health. Dr Chen noted that more attention needs to be paid to mental health issues and PIMHnet and its members need to work together to mutually recognize and facilitate the understanding of health as wider than physical. According to him, establishment of the network is easy, however, keeping it active is not so easy. He also added that Pacific islands face many challenges, among them a lack of human resources and limited capacity in mental health. Dr Chen mentioned that there is a need to concentrate on strengthening capacity but this cannot wait until full capacity is reached before PIMHnet and its members begin to act. Dr Chen also noted that practical actions are needed to fit the needs of the Pacific region, which is unique and requires a novel approach. Dr Chen posed the question, "How can PIMHnet and its members integrate mental health into the general public health services provided in each country, and the primary health services such that turnover has less of an impact?" According to Dr Chen, Pacific island countries have a rare geographical distribution of primary health care facilities, with one health centre or health post in the local area, so how can PIMHnet and its members make the right services accessible? In June next year, the Health Ministers will meet again and will want to know what PIMHnet has achieved, and what is needed. PIMHnet can provide technical assistance to establish, improve and support.

Discussion continued from previous day and a proposed work programme for the upcoming year was presented (see Annex 6) and a draft work programme was developed. Aspects of the work programme were then discussed. The work programme for the upcoming year includes a focus on completing work in progress, such as the human resources and training plans, engagement and communication with potential collaborative partners, communication and engagement with additional Pacific island countries, support for policy development, strategic planning, implementation of human resources and training plans. Additional important activities included on the work programme are a series of advocacy activities, such as the development of briefing materials as required by countries and coordinated media activities.

Country summaries

Country summaries are comprehensive documents which place mental health within the wider health and development agenda. They are a useful tool for sharing experiences, for advocacy, for monitoring progress towards improving mental health in the country and for individual country fund raising.

Assessment of human resources and workforce needs

This should include the Health Alliance Network of which the Suva Office is the secretariat. PIMHnet needs to formally request to be an observer of this. Participants requested a summary of the alliance and participants to include in the meeting report as an appendix. The steering committee for the alliance is comprised of all Chief Executive Offices (CEOs) or Secretaries of Health in the region. The next meeting of the alliance is in Cook Islands in 2009 and PIMHnet will advocate to be represented there.

Action – Dr Temo Waqanivalu to formally request on behalf of PIMHnet to have observer status with the Health Alliance Network

There is a need to identify skills and competencies in each country for developing the workforce and determine what more can be done to train people. It was proposed that there is a need for facilitation of competencies across the region by PIMHnet and this could be put into the human resources plans. There is a common set of competencies that are required for those people working with those with mental illness. This can then be used as a benchmark to measure the safety of practice, with everyone then held to the same standards, no matter where they come from.

Advocacy

Dr Temo Waqanivalu indicated that proper planning of advocacy activities is required and that there needs to be a strategy for accomplishing something of greater scope.
Dr Wang Xiangdong discussed the PIMHnet goal of bridging the treatment gap. As a minimum, treatment must be provided, as presently approximately 70%–80% of people with depression are not receiving treatment.

The issue of priorities was raised, with countries indicating that they have many priorities, including World Mental Health Day, questioning if a Pacific Mental Health Day is really necessary since mental health is being absorbed into other areas. The concept of a Pacific Island Mental Health Day could be linked to World Mental Health Day.

PIMHnet could liaise with Secretariat of the Pacific Community and other organizations.

2.6 Workshop sessions developing human resources and training plans

Dr Michelle Funk introduced the Human Resources and Training Plans session and the sections and type of information contained within each plan:

- Background – relevant demographic, historical and social information.
- Health and mental health challenges – Health Services – structure and coordination, description/number of specific services at various levels of system, specialist/tertiary/hospitals/primary health care level/community health services/informal community health services, diagram of health services, including number of services and types of staff, policies, plans and laws, mental health financing, proportion of health budget going to mental health, out-of-pocket costs.
- Psychotropic medicines – availability, drug policy, who can prescribe, training for prescribing, cost of medicines to patients, procurement distribution and rational cost.

- Mental health services – long stay facilities, mental health services in general hospitals, community mental health services, primary care settings, informal community, their location and numbers of doctors, nurses and community workers attached to these different facilities.

- Mental health workforce – numbers of psychiatric doctors and nurses.

- Education and training – who is providing education, who is being trained, what courses are offered, equipment and computers.

- Identifying training priorities – health professionals, training required, number requiring training, proposed education provider, duration of training in-country, sending out, supervision and mentoring by overseas or visiting professionals (workshops/joint consultations).

Participants were then divided into workshop groups to review their own country human resources and training plans and to fill in any gaps. Participants also worked one-on-one with the secretariat and facilitator to complete human resources and training plans and provide assistance where required.

Workshops and one-on-one sessions continued. Closing comments included the following:

- There is a need to penetrate countries beyond the NFC. The NFC does not need to be the only liaison point and the only person that information is distributed to, however, it is the NFC's responsibility to link the PIMHnet secretariat and facilitator to other stakeholders. To avoid in-country conflicts, the NFC must give permission by listing who the information should be sent to.

- Dr Josephine Herman, Cook Islands, is the CEO of the Pacific Medical Association in New Zealand which is holding a conference between 6 to 10 July 2009. She formally raised the issue of participation of PIMHnet and indicated the possibility to dedicate a day to mental health in the meeting's programme.

- There is a WHO Nursing and Midwifery collaborating centre at the University of Technology Sydney, New South Wales, for the South Pacific. It is suggested to explore how to engage them in the network.

Dr Wang Xiangdong thanked Fiji for hosting the meeting and acknowledged the contribution of NZAID. He also thanked all participants for their constructive comments and the need to support interactions. Ms Pele Stowers, Samoa, expressed gratitude and thanks on behalf of the NFCs to the secretariat and acknowledged the hard work in reviewing legislation, policy and plans.

3. CONCLUSION

The work programme for the upcoming two years was endorsed and finalized by members in attendance. The Network Facilitator and WHO will continue to work closely with countries in order to develop the current work programme.

Participants shared experiences of the status and development of mental health policies, identified key components for mental health policies and plans in their countries and areas, and were encouraged to lead the process of developing and implementing mental health policies and plans upon returning to their countries.

Major action points were agreed on during the course of the meeting.

Countries made significant progress during the Technical Workshop and developed their human resources and training plans.

ANNEX 1

LIST OF PARTICIPANTS, TEMPORARY ADVISERS, OBSERVER, AND SECRETARIAT

1. PARTICIPANTS

AMERICAN SAMOA
Ms Jackie Tulafono, MCH Coordinator, Department of Health, American Samoa Government, Pago pago AMS 96799.
Tel. No.: (684) 633 4616 / 4606. Fax No.: (684) 633 5379 4617.

COOK ISLANDS
Dr Josephine Herman, Director, Community Services, Ministry of Health, Rarotonga. Tel. No.: (682) 29664. Fax No.: (682) 29100.
E-mail : j.herman@health.gov.ck

FIJI
Dr Odille Chang, Acting Medical Superintendent/Consultant Psychiatrist, St. Giles Hospital, Reservoir Road, Suva.
Tel. No.: (679) 3381399. Fax No.: (679) 3381132.
E-mail : odillechang@connect.com.fj

KIRIBATI
Mr Koorio Tetabea, Principal Nursing Officer, Ministry of Health and Medical Services, Nawerewere, Tarawa. Tel. No.: (68 6) 28 703.
Fax No.: (68 6) 28 152. E-mail : ktetabea@yahoo.com.au

MARSHALL ISLANDS, REPUBLIC OF THE
Dr Marita Edwin, Director, Division of Human Services, Ministry of Health, P.O. Box 16, Majuro, MH 96960.
Tel. No.: (692) 625 3355/3399 ext. 2442.
E-mail : marita_edwin@yahoo.com

MICRONESIA, THE FEDERATED STATES OF
Dr Imaculada Gonzaga-Optaia, Clinical Director, FSM Mental Health and Substance Abuse Program, P.O. Box PS70, Department of Health and Social Affairs, Palikir, Pohnpei 96941.
Tel. No.: (691) 320 5520/5521. Fax No.: (691) 320 5263.
E-mail : igonzaga@fsmhealth.fm

NAURU
Ms Virginia Abraham, Nurse Aide, Mental Health Services, Nauru Department of Health, c/o Ministry of Health, Government Offices, Yaren District. Tel. No.: 4443883 ext. 112.
E-mail : naurumentalhealth@cenpac.net.nr

NEW ZEALAND
Dr David Chaplow, Director, Mental Health and Chief Advisor, Ministry of Health, P.O. Box 5013, Wellington.
Tel. No.: (64 4) 496 2304. Fax No.: (64 4) 496 2559.
E-mail : david_chaplow@moh.govt.nz

NIUE
Mrs Ketiligi Fereti, Principal Nurse Officer, P.O. Box 33, Health Department, Niue Foou Hospital. Tel. No.: (683) 4180.
Fax No.: (683) 4265. E-mail : ksfereti_pno@mail.gov.nu

NORTHERN MARIANA ISLANDS, COMMONWEALTH OF THE
Ms Josephine T. Sablan, Director, Community Guidance Center, Department of Public Health, P.O. Box 500409, Saipan MP 96950.
Tel. No.: (670) 323 4066/60. Fax No.: (670) 323 6580.
E-mail : cgcl@dphcgc.com

PALAU, REPUBLIC OF	Mrs Everlynn Joy B. Temengil, Special Assistant, Division of Behavioral Health, Ministry of Health, Box 6027, Koror PW94940. Tel. No.: (680) 488 1907. Fax No.: (680) 488 1211. E-mail : everlynnjoy@gmail.com
SAMOA	Professor Pelenatete Stowers, Assistant Chief Executive Officer of Nursing and Midwifery, Ministry of Health, Private Bag, Apia. Tel. No.: (685) 68103. Fax No.: (685) 307 775. E-mail : pelenatetes@health.gov.ws
SOLOMON ISLANDS	Mr William Same, Director, Integrated Mental Nursing Services, Ministry of Health and Medical Services, P.O. Box 349, Honiara. Tel. No.: (677)20688. Fax No.: (677)20085. E-mail : wsame@moh.gov.sb
TOKELAU	Dr Lameka Sale, Medical Officer, Tokelau Apia Liaison Office, Box Number 865, Apia. Tel. No.: (690) 2112.
TONGA	Mrs Mele Lupe Fohe, Psychiatric Social Worker, Ministry of Health, P.O. Box 59, Nuku'alofa. Tel. No.: (676) 23 200. Fax No.: (676) 24 291. E-mail : mfohe@health.gov.to
VANUATU	Mr Thiery Yaruel, Focal Point for Mental Health Program and Physical Activity, Ministry of Health, PMB 9009, Port Vila. Tel. No.: (678) 22512. Fax No.: (678) 25438. E-mail : ijerry@vanuatu.gov.vu

2. TEMPORARY ADVISERS

Dr Frances Hughes, Director, Profocs Limited, P.O. Box 58026, Whitby, Porirua, Wellington, New Zealand. Tel. No.: (64 21) 276 4977. Fax No.: (64 4) 234 8689.
E-mail : frances@wellpro.co.nz

Ms Freya Smith, Analyst, Office of the Director of Mental Health, Mental Health Group, Population Health Directorate, Ministry of Health, Wellington, New Zealand.
Tel. No.: (64 4) 496 2156. Fax No.: (64 4) 496 2559. E-mail : Freya_Smith@moh.govt.nz

3. OBSERVER

HELTI PASIFIK KOMUNITI PROGRAM	**Ms Margaret Marie Leniston,** Regional Health Programme Manager, Helti Pasifik Komuniti Program, Foundation of the Peoples of the South Pacific - International (FSPI), Victoria Corner Building, (Corner Victoria Pde and Gordon St), P.O. Box 18006, Suva, Fiji. Tel. No.: 679-3312250 (Ext 126) ; 679-3308469. Fax No.: 679-9927628. E-mail : margaretl@fspi.org.fj

4. SECRETARIAT

Dr Wang Xiangdong (Responsible Officer), Regional Adviser in Mental Health and Control of Substance Abuse, WHO Regional Office for the Western Pacific, P.O. Box 2932, 1000 Manila, Philippines. Tel. No.: (632) 528 9858. Fax No.: (632) 521 1036.
E-mail : wangx@wpro.who.int

Dr Temo Waqanivalu, Nutrition and Physical Activity Officer, WHO Representative, South Pacific, World Health Organization, Level 4 Provident Plaza One, Downtown Boulevard, 33 Ellery Street, Suva, Fiji. Tel: (679) 3309 600. Fax No.:: (679) 3300 462 and 3311 530.
E-mail : waqanivalut@sp.wpro.who.int

Dr Michelle Funk, Coordinator, Mental Health Policy and Service Development (MHP), Department of Mental Health and Substance Abuse, World Health Organization, 20 Avenue Appia, CH-1211 Genève 27, Switzerland. Tel.: (41-22) 791 3855. Fax No.: (41-22) 791 4160. E-mail : funkm@who.int

ANNEX 2

OPENING REMARKS OF
DR SHIGERU OMI
WHO REGIONAL DIRECTOR,
FOR THE WESTERN PACIFIC
AT THE SECOND MEETING OF THE
WHO PACIFIC ISLANDS MENTAL HEALTH NETWORK
9 – 11 SEPTEMBER 2008
NADI, FIJI

DISTINGUISHED EXPERTS, COLLEAGUE FROM HEADQUARTERS, LADIES AND GENTLEMEN.

Nibula and warm greetings to you all. I am honoured to welcome you to this important occasion, the second meeting and technical workshop for the World Health Organization's Pacific Islands Mental Health Network.

The network has grown significantly over the last three years, increasing its membership from 12 to 18 countries in the Pacific. This growth in membership has strengthened opportunities for collaboration. I am delighted to welcome Solomon Islands to the network. We look forward to working closely with you.

I am aware that PIMHnet has been working steadily over the last year, continuing to support countries as they work towards improving mental health at the national level and across the Pacific region. An assessment of workforce training needs is progressing and I understand that part of your workshop will continue, and hopefully complete, much of this work. The mental health workforce is a very critical component in the provision of appropriate services to meet the needs of people with mental illness. Earlier this year, WHO established a PIMHnet website that provides useful information about the network and mental health in the region. I understand that a comprehensive mental health information package, to which you have all provided input, is near completion. I hope that you will find this tremendous resource useful.

The network has been actively supporting countries to develop their own mental health policies—the progress made by these countries is very exciting. I congratulate those of you who have developed policies that are appropriate to your country and culture.

I would like to make specific mention of the tremendous progress that Kiribati and Vanuatu have made in the last year, consulting with stakeholders in drafting their own mental health policies. This achievement was a result of very dedicated and active national focal contacts who were closely coordinating with the network's facilitator and with WHO. This is a great example of how the network can operate in supporting the development of policies, plans and legislation. I feel very proud of the achievements that have been made by these two countries. I look forward to learning more about the progress of your policy development work and to hearing about mental health policy developments in other areas.

It is important to acknowledge that this work would not be taking place if it were not for the generous contribution of NZAID, New Zealand's International Aid Agency. I would like to take this opportunity to thank NZAID for their ongoing contribution and commitment to this very important area of improving mental health in the Pacific.

Of course we cannot forget that critical to the success of the network are the national focal contacts. Thank you to all of you who are here. Please pass on my sincerest appreciation to the focal contacts who could not attend the meeting today. The success of the network relies on your commitment and active involvement.

In the course of doing our work, we have learnt some hard lessons, including the realization that much more needs to be done in the region in terms of mental health. For example, we must do more to protect the human rights of people with mental disorders. Due to stigma and discrimination, this group of people is ostracized from society and is unable to receive the necessary care. The network needs to carry on for as long as it takes to support member countries to take on the responsibility of addressing their challenges and priorities in mental health. Sustaining the work of the network requires careful consideration and needs to

be driven from within countries themselves in order that their needs are met in a sustained manner.

Given the challenge of addressing or responding to specific mental health issues in a sustained manner, it is important that countries engage in broad partnerships not only within the health field but also with other sectors, including nongovernmental organizations.

It is really important for countries to work closely with WHO country liaison officers or representatives as well as with NGOs. Improving mental health is about ensuring that people with mental illness have the same resources as others—clean water, clean environment, and protection from communicable diseases. We already know if a direct link between diabetes and Axis 1 disorders - schizophrenia and bipolar disorders. Thus "mental health" is part of "health" and we must ensure that it stays there.

I wish you all the best for your meeting and technical workshop over the next three days and look forward to hearing about your progress.

ANNEX 3

PROVISIONAL AGENDA

1. Opening session
2. Pacific Islands Mental Health Network (PIMHnet) activities over 2008
3. Country summaries of progress with mental health policy, planning and legislation development
4. Operational matters
5. PIMHnet 2009 programme and workplan
6. Agreement on the draft plan
7. Issues and challenges and moving forward
8. Human resources and training plans
9. Closing session

16 June 2009
ENGLISH ONLY

TENTATIVE TIMETABLE

Time	Tuesday, 9 September	Time	Wednesday, 10 September	Time	Thursday, 11 September
08:30-09:00 **09:00-09:30** **09:30-10:00** **10:00-10:30** **10:30-11:45** **11:45-12:30**	**REGISTRATION** 1. Opening session - Opening remarks - Self-Introduction - Election of officers 2. Pacific Islands Mental Health Network (PIMHnet) activities over 2008 Review of progress of PIMHnet activities and achievements since 2007 meeting Coffee break and group photo 3. Country summaries of progress with mental health policy, planning and legislation development Break into three groups: 30 minutes in group 10 minutes feedback per group Work to update on achievements over the last year Each country to present three things they have achieved in relation to workplan 4. Operational matters • What has been happening • Do we need to improve and change • Discussion about operation of the network – barriers and solutions – revise current operational models if necessary	**08:30-09:00** **09:00-09:30** **09:30-12:30**	6. Agreement on the draft plan developed day before Introduction to Day 2 Coffee break 7. Issues and challenges and moving forward – discussion how to overcome blocks • Overview • Vanuatu experience • Discussions	**08:30-10:00** **10:00-10:30** **10:30-12:30**	Progressing Human Resources and Training Plans – working session Coffee break Working session continues
12:30-13:30	***LUNCH BREAK***	**12:30-13:30**	***LUNCH BREAK***	**12:30-13:30**	***LUNCH BREAK***
13:30-15:00 **15:00-15:30** **15:30-17:00**	5. PIMHnet 2009 programme and workplan What is continuing from 2008 and what is new Brainstorming and then agreement on activities Coffee break PIMHnet 2009 programme and workplan discussion continues Draft work programme to be developed from discussion in evening for comment Wednesday morning	**13:30-14:00** **14:00-15:30** **15:30-16:00** **16:00-17:00**	Introduction to technical workshop 8. Human resources and training plans: Progress with each country training plan and training needs identified by countries Three working groups with sets of human resources plans to work on Coffee break Report back – feedback on progress/discussion about areas where further assistance required by countries	**13:30-15:00** **15:00-15.30**	Report back – feedback on progress/discussion about areas where further assistance required by countries 9. Closing session
17:30	Reception				

ANNEX 4

WORLD HEALTH ORGANIZATION

ORGANISATION MONDIALE DE LA SANTE

REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU REGIONAL DU PACIFIQUE OCCIDENTAL

SECOND MEETING OF THE
WHO PACIFIC ISLANDS MENTAL HEALTH NETWORK
Nadi, Fiji, 9-11 September 2008

TENTATIVE PROGRAMME OF ACTIVITIES

PART 1

Tuesday, 9 September 2008		**Responsible/Presenter**
08:30-9:00	Registration	
09:00-09:30	Opening remarks	
09:30-10:00	Pacific Islands Mental Health Network (PIMHnet) activities over 2008 Review of progress of PIMHnet activities and achievements since 2007 meeting	Michelle Funk
10:00-10:30	Coffee break and group photo	
10:30-11:45	Country summaries of progress with mental health policy, planning and legislation development Break into three groups: 30 minutes in group 10 minutes feedback per group Work to update on achievements over the last year Each country to present three things they have achieved in relation to workplan	Michelle Funk
11:45-12:30	Operational matters • What has been happening • Do we need to improve and change • Discussion about operation of the network – barriers and solutions – revise current operational models if necessary	Wang Xiangdong
12:30-13:30	Lunch break	

13:30-15:00	PIMHnet 2009 programme and workplan What is continuing from 2008 and what is new Brainstorming and then agreement on activities	Wang Xiangdong
15:00-15:30	Coffee break	
15:30-17:00	PIMHnet 2009 programme and workplan discussion continues	

Draft work programme to be developed from discussion in evening for comment Wednesday morning

PART 2 – TECHNICAL WORKSHOP

Wednesday, 10 September 2008

08:30- 09:00	Agreement on the draft plan developed day before Introduction to Day 2	
09:00 – 09:30	Coffee break	
09:30 – 12 30	Issues and challenges and moving forward experienced by countries – discussion how to overcome blocks • Overview • Vanuatu experience • Discussions	
12:30 – 13:30	Lunch break	
13:30 – 14:00	Introduction to technical workshop	Michelle Funk
14:00-15:30	Human resources and training plans: Progress with each country training plan and training needs identified by countries Three working groups with sets of human resources plans to work on	
15:30 – 16:00	Coffee break	
16:00 – 17:00	Report back – feedback on progress/discussion about areas where further assistance required by countries	

Thursday, 11 September 2008

08:30 – 10:00	Progressing human resources and training plans – working session
10:00 – 10:30	Coffee break
10:30 – 12: 30	Working sessions continue
12:30 – 13:30	Lunch break
13:30 – 15:00	Report back – feedback on progress/discussion about areas where further assistance required by countries
15.00 - 15.30	Closing remarks

PROPOSED PIMHNET WORKPLAN 2009-2010 – TIMEFRAMES AND RESPONSIBILITIES

Description	Actions required	Timeframe	Responsibility
1. Human resources development	a. Complete the needs analysis and resource requirements b. Operationalize training plan	Dec 08 Aug 09	PIMHnet NFCs responsible for ensuring information required included PIMHnet Facilitator responsible for completing HR plans following provision of required information from countries
2. Advocacy	a. Build in activities for PIMHnet around World Mental Health Day, 12 October b. Develop relationships with local journalists c. Develop at least two media articles per year on health, led by the NFCs d. PIMHnet represented in the main health and development networks: – HR alliance – Building healthy schools etc e. Contribute to newsletters, there is not enough providing of information for this.	Ongoing	
3. Building networks within and outside of, the country and region	a. Identify three potential collaborative partners and actively pursue (for example, Council of Churches, Foundation for the Peoples of the South Pacific, Peacecorps, etc)		

ANNEX 6

Description	Actions required	Timeframe	Responsibility
4. Develop country summaries	a. Move to develop summaries (Secretariat will develop using information provided by NFCs according to what information is available) b. PIMHnet will send out the requirements for information.	TBA	PIMHnet Facilitator / Secretariat to complete
5. Policy development and strategic planning (integration of mental health into policy and strategy)	a. Countries work with in-country networks to develop mental health policies and plans	Ongoing	NFCs to work with their networks and advise PIMHnet Facilitator / Secretariat if assistance / review is required

PIMHNET STATUS OF IN-COUNTRY NETWORKS AND ADVOCACY; TIME FRAMES FOR MENTAL HEALTH POLICY, PLAN AND HUMAN RESOURCES PLAN DEVELOPMENT

Country	**Mental Health Policy**	**Mental Health Plan**	**Human Resources Plan**	**In-country networks**	**Advocacy**
American Samoa					
Cook Islands	In draft – complete by Oct 08	End 08	Oct 08	Ongoing	Ongoing
Fiji	Final policy – Dec 08	Complete 2007–11	Phase three by Dec 08	Ongoing	Ongoing
Kiribati	Draft endorsement awaiting March 09	Complete – 2008 – 2011	Complete	Ongoing	Ongoing
Marshall Islands	Draft mental health policy – end 09	Complete	Finish all three phases June 09	Ongoing – regular meetings	Ongoing
Micronesia	June 2009	June 2009	March 09	Ongoing – regular meetings twice yearly, April review plans, August review achievements	Ongoing
Nauru	Draft form 2007 – final pending	Draft form 2007 – final pending	Final draft Sept 09	No established in-country network – intermittent	Ongoing
Niue	Get started Sept 09	September 09 draft	Dec 09	Ongoing – regular meetings and contact	Ongoing
CNMI	Dec 08	Dec 08	Nov 08	Ongoing – regular meetings	Ongoing
Palau	Final policy June 09	June 09	Draft Dec 08	Ongoing monthly meeting	Ongoing
Samoa	Legislation and policy complete	Draft complete but final March 2009	Final by March 2009	Ongoing	Ongoing
Solomon Islands	Completed January 09	Complete	Dec 08	Ongoing	Ongoing
Tokelau	Draft by June 09	Draft by June 09	Draft September 08, Final Dec 08	Ongoing – get a person for each island August / Sept 09	Ongoing

ANNEX 7

Country	Mental Health Policy	Mental Health Plan	Human Resources Plan	In-country networks	Advocacy
Tonga	Endorsement of draft Dec 09	Dec 09	Draft Sept 08	Ongoing, quarterly	Ongoing
Vanuatu	Complete	Complete	Complete	Ongoing meetings quarterly	Ongoing

SUMMARY OF PROGRESS WITH HUMAN RESOURCES AND TRAINING PLANS

Country	Progress
American Samoa	NFC did not attend meeting, however HR plan is in draft with country awaiting advice and further infoirmation
Cook Islands	NFC revising and will resend PIMHnet updated version when complete
Fiji	To be revised and final review by NFC
Kiribati	Revised version sent to Kooria Tetabea and Pam Messervu 16/10 to approve final changes regarding workforce training priorities
Marshall Islands	To be revised and final review by NFC
Micronesia	To be revised and final review by NFC
Nauru	To be revised and final review by NFC
Niue	To be revised and final review by NFC
Northern Mariana Islands	To be revised and final review by NFC
Palau	To be revised and final review by NFC
Papua New Guinea	NFC did not attend meeting, however plan has been revised by country and requires updating and final approval.
Samoa	To be revised and final review by NFC
Solomon Islands	Revised version sent to NFC 15/10 for review and information about how referrals to the National Psychiatric Hospital take place, and the numbers of workers requiring training.
Tokelau	To be revised and final review by NFC
Tonga	To be revised and final review by NFC
Vanuatu	COMPLETED