

# GROWING MENTAL HEALTH SERVICES IN THE PACIFIC

Mental health services in developing countries are often under-developed as they must compete with other health and social issues. **Dr Michelle Funk** explains how the Pacific Islands Mental Health Network has met some of these challenges.

## Background to the network

In January 2005, the World Health Organization (WHO) undertook an analysis of mental health needs and resources in Pacific Island countries. The analysis highlighted that most Pacific nations had growing rates of mental health problems (including suicide) and that the services and resources to help people were not available. As a result of this analysis and in response to requests by ministers of health for Pacific countries in March 2005 in Apia, Samoa, the WHO, with funding from NZAID and the New Zealand Ministry of Health, established the Pacific Island Mental Health Network (PIMHnet). The network was formally launched in March 2007, and currently has 18 member countries, including Australia and New Zealand.

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".

Its mission is "to facilitate and support cooperative and coordinated activities within and among member countries that contribute to sustainable national and sub-regional capacity in relation to mental health".

## Successes and challenges

PIMHnet has made considerable progress in raising awareness of mental health issues in Pacific countries, largely due to the commitment and enthusiasm of its members. The government of each PIMHnet member country has nominated a national focal point to be their representative and to lead national activities to improve mental health, with the collaboration of a specially designated in-country mental health team.

In addition to awareness raising and advocacy, countries have been very active in developing



mental health policies and strategic action plans to build services and capacity to address the mental health problems experienced in their country. This has been a significant challenge. It is common for Pacific countries to have no mental health policy, strategic plan, budget, or legislation to protect the rights of people with mental illness and few (if any) mental health-related skills in their workforce. Services have traditionally focused on in-patient care, which in practice often means detention without treatment – at times in police custody. There is little international aid for mental health in the Pacific and some developing countries have found that any such aid comes with

‘strings attached’ so that services are developed according to the donor’s priorities, rather than in response to local needs.

**Work has also progressed on developing human resource development plans and these are beginning to be implemented in countries.**

The focus of these plans is to identify the mental health workforce needed in each country and, wherever possible, to use the existing primary health workforce to improve services for people with mental health problems.

! A woman in Timor-Leste poses in front of graffiti representing the sun on the occasion of the observance of the World Mental Health Day. Growing mental health services is an issue in many developing countries. UN Photo – Martine Perret



**Q CASE SUMMARY**

## DEVELOPING A MENTAL HEALTH WORKFORCE IN VANUATU

VANUATU is a PIMHnet member country that has made significant progress in starting to develop its workforce to meet the needs of people with mental health problems. Although Vanuatu has no mental health professionals, it does have strong and supportive family and community networks.

**There is growing concern about the rate of suicide, use of substances such as alcohol and kava, and tensions arising within families and communities as traditions are increasingly challenged.**

To help develop the skills of the primary health workforce in Vanuatu, two Australian family physicians with expertise in mental health were engaged (through PIMHnet in collaboration with the World Organization of Family Doctors) to provide training.

The first stage of training has been delivered to 12 very enthusiastic participants and has been successful in equipping them with the tools to deliver basic mental health services throughout their communities. They have already started to treat and support people with mental health problems in their community. This has been

achieved in a short period of time, despite the fact they had no previous experience in mental health, were faced with concepts that were culturally unfamiliar, and most participants spoke Bislama rather than English.

The training included classroom sessions with a high component of interactive activities, as well as organised visits to the hospital. The participants have also started to set up a prevalence study for mental health problems, using a cultural awareness tool translated into Bislama. This study will be particularly helpful, as there is little information about mental health problems in Vanuatu.

One of the tutors described this as “some of the most challenging but certainly the most satisfying teaching I have ever done. Day after day, the two doctors, seven nurses and three community health workers would turn up early, listen attentively and attack their afternoon skills training and group work with more enthusiasm than I have ever seen!”

The training directly led to positive outcomes for the participants and their communities. These include the health workers actively using their new skills to identify and manage mental health



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problems. One participant commented, "I saw someone who was suicidal a few weeks ago and I didn't know what to do so I prayed with her and sent her home. I know where she works so I think I'll go and talk to her about some of the things we know now." Nurses with the specific responsibility of delivering medication to patients with schizophrenia were, at their request, provided with information on how to provide holistic and comprehensive care.

Following on from the training, an information evening for young people on mental health and substance abuse was held. This has since developed into a series of presentations. Positive media interest on local television and in newspapers also helped to raise the profile of mental illness.

The training is the first part of an ongoing process that involves continued liaison and support by internet, telephone, and further training in Vanuatu in September 2009. The highly positive response from everyone involved indicates that this appears to be an effective way of using existing health professionals to assist in developing culturally appropriate services at little cost to governments that are faced with a range of competing health priorities.

Ongoing challenges

While it is exciting to see the progress that has been made in addressing mental health issues in the Pacific, there is still a lot of work to do. Many countries still need to establish mental health policies and plans, draft new mental health legislation, and reform existing laws. There needs to be better access to basic medicines to treat mental illness and more knowledge among health care staff and community organisations. In the current economic climate many programmes in developing countries, including mental health, face uncertain futures with possible tightening of resources. This will have to be managed to ensure gains are not lost and progress continues.

PIMHnet continues to work to address these issues, using the skills of its members and the guidance available from the WHO. 

For further information on PIMHnet's work in the Pacific, please contact Dr Frances Hughes, PIMHnet facilitator (frances.hughes@clear.net.nz); Dr Michelle Funk, WHO HQ, Geneva (funkm@who.int); Dr Xiangdong Wang, WHO Western Pacific Regional Office (wangx@wpro.who.int).

- 1 Dr Jill Benson and the students who took part in the first training in Vanuatu.
- 2 Participants at the second annual WHO PIMHnet meeting in Nadi, Fiji, in September 2008.
- 3 Vanuatu Suicide Prevention Committee Meeting.