

Mental Health in the Pacific: the role of the Pacific Island Mental Health Network

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Abstract

This article summarises the work being undertaken by the World Health Organisation Pacific Islands Mental Health Network (PIMHnet) since its inception in 2006. The article also outlines the mental health issues that present particular challenges in the Pacific region, and the innovative approaches that have been taken to address those issues, with the goal of improving mental health throughout the Pacific.

PIMHnet is co-ordinated by Dr Michelle Funk (Coordinator Mental Health Policy and Service Development Department of Mental Health and Substance Abuse WHO); Dr Xiangdong Wang (Regional Mental Health Advisor, WHO Regional Office for the Western Pacific); Dr Frances Hughes (Facilitator, PIMHnet and Stephanie Calder (Senior Analyst, PIMHnet).

Introduction

This article is a summary of the work being undertaken by the WHO Pacific Islands Mental Health Network (PIMHnet) since its inception in 2006. The article also presents a strong argument for an increased focus on mental health issues in the Pacific, and greater involvement from countries that have a close relationship with developing Pacific nations.

Background

The Pacific is a fast-developing region, rich in cultures and history. While medicine in the Pacific region has developed considerably over recent years, there is a need to ensure that development keeps pace with emerging issues. This is particularly evident in the area of mental health, where services have not developed at the same pace as other health services in the Pacific. Mental health needs include not only disorders such as depression, psychosis and others but also drug and alcohol abuse. There is considerable evidence that the latter are increasing in the Pacific, and that suicide among young people is increasing.

Funding for health services (inclusive of mental health) is low among many Pacific Island countries,

with a strong emphasis on curative services. Health promotion initiatives tend to be poorly supported in terms of funding and expertise, and delivery of health services is hindered by a lack of reliable equipment, access to modern medicines and lack of trained health workers. These issues, and in particular the problems presented by migration of skilled workers from the Pacific, were the subject of a report to the WHO in November 2006.¹

Mental health needs in the Pacific

In January 2005, WHO undertook a situational analysis of mental health needs and resources in Pacific Island countries ('the Mental Health Needs report'), to examine mental health needs in the Pacific and the resources available to meet those needs.¹ Although the report noted the strong primary health basis in most Pacific countries, it also emphasised that this does not include the delivery of mental health services. Furthermore, the report found that primary health training and education for mental health is based on scarce resources and there is a need to invest more time and resources in building human resource capacity.

¹ Hughes F, Finlayson M, Firkin MP, Funk M, Drew N, Barrett T, Wang X, Fristch F. Situational Analysis of Mental Health Needs and Resources in Pacific Island Countries, Centre for Mental Health Research, Policy and Service Development, World Health Organisation, January 2005

There are few secondary services or specialty mental health services in the Pacific and even where these exist, access is often limited as a result of geography and transport. This means that in terms of day-to-day service delivery, people in many islands or regions are reliant on primary health care workers for mental health needs. Mental health is integrated into primary care only in some countries, with communities, churches and families being important elements of care arrangements. Inpatient facilities are available in Fiji, Kiribati, Papua New Guinea, Tonga, and Vanuatu. Fiji and Papua New Guinea have large institutional style inpatient facilities, while Kiribati has a large facility attached to a general hospital. Although a ward was built for this purpose in the general hospital in Vanuatu, this has since been used for other purposes due to lack of staff. Cook Islands, Samoa, Niue, and Micronesia do not have inpatient facilities. This has led to the use of a jail in some areas for safe care.

Mental health promotion and service delivery are not seen as priorities for the governments of Pacific Island countries, with health issues such as tuberculosis or HIV/AIDS taking precedence. The needs analysis also discovered a lack of support for mental health services at government level, and little apparent interest from health professionals (particularly doctors) in tackling mental health issues. Where mental health legislation exists, it is often outdated, with little or no focus on the rights of people with mental illness.

What is PIMHnet?

PIMHnet (the Pacific Islands Mental Health Network) is a joint initiative of the WHO Regional Office for the Western Pacific and the WHO Headquarters in Geneva, launched in March 2007. Its purpose is:

“to facilitate and support cooperative and coordinated activities among member countries, to contribute to better health outcomes for people with mental illness.”

PIMHnet is working on advocacy, policy, legislation, planning and service development, human resources and training, research and information and access to psychotropic medications to help in the development of mental health services in Pacific countries. Those countries that have joined PIMHnet currently include American Samoa, Australia, Cook Islands, the Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, New Zealand, Niue, Northern Mariana Islands, Palau, Papua New Guinea, Tokelau, Tonga, Samoa, Solomon Islands and Vanuatu.

The facilitator for WHO PIMHnet is the author of this article, and is based in Wellington, New Zealand. The role of facilitator is to undertake a range of ongoing

activities and support functions.. Among other activities, this has included making presentations to the following organizations to raise the profile of PIMHnet and provide information about its role and function:

- College of Mental Health Nurses, Hamilton, New Zealand (July)
- SAMHSA (August)
- World Federation of Mental Health, Hong Kong (August)
- National Council of Mental Health Colleges, Australia (August)
- WHO – Health Promoting Schools (October)

PIMHnet's activities for 2008 include:

- Carrying out a detailed assessment of the current mental health workforce situation and needs in each country and across all health system levels;
- Providing clinicians with best-practice guidelines for improving the mental health of their patients;
- Engaging strategic partners who can provide expertise, resources and support to ensure the sustainability of mental health services in the region;
- Organising a training workshop on mental health policy and planning with all PIMHnet member countries;
- Holding a workshop with Pacific Island non-governmental organisations in the area of mental health.

Progress to date

Because PIMHnet is a collaborative network, we have been able to make considerable progress in raising the profile of mental health issues in Pacific countries. This has largely been due to the work undertaken within individual countries, by the dedicated and enthusiastic national focal contacts – senior representatives who are responsible for working with a wide range of stakeholders in their own countries. The work undertaken by PIMHnet to date includes:

Assessing service and workforce needs:

This has taken place in two stages, involving:

- An initial rapid assessment to enable work planning to begin
- A more detailed human resource plan developed by each country.

The process of gathering information provided a critical insight into the state of mental health services in the Pacific, as many countries were unable to provide basic data about their health workforce, competencies and training. Work on gathering this information has continued, but it has rapidly become evident that some PIMHnet countries have:

- no mental health professionals
- no information about the prevalence of mental illnesses in their country or region, and
- no mechanism to collect information about the general health workforce in their country.

Furthermore, most countries have only been able to provide a little information about their mental health workforce requirements or training needs as they have no data on which to base this information. The development of workforce plans are therefore a 'work in progress' and will take some time to fully complete.

Developing a communications strategy:

One of the most important aspects of PIMHnet is its role on ensuring that its members are well-informed and supported. Communications take place in a number of ways:

- A one page newsletter every 3 to 6 months provide information and updates on PIMHnet activities.
- Encouraging and facilitating the establishment of PIMHnet committees in countries. Member countries have been provided with information on establishing committees, and progress updates are provided at regular teleconferences.
- Determining and developing appropriate mechanisms for ongoing communication both with the current PIMHnet countries and between the countries. For the most part, email communication is relatively reliable, however, for three countries (Tonga, American Samoa and the Federated States of Micronesia) postal contact is preferred. In some cases, both email and post are used.
- Teleconferences are held with member countries every six months. These provide opportunities are given for countries to request assistance or provide updates and feedback is given to participants on the PIMHnet work programme.

Policy development and strategic planning:

The development of policy and strategic planning is a key priority of PIMHnet. Many countries are actively drafting policies and plans. Progress is varied however once policies and plans have been developed they will serve as the main tool/mechanism for implementing comprehensive national reform for mental health. Member countries are encouraged to share their policies and plans with other countries.

Engaging strategic (collaborative) partners:

Mental health in the region is dependent on many psychosocial factors and its improvement will require the involvement of many different partners. Because

of this PIMHnet is actively seeking to engage other collaborative partners who could contribute to its work. A total of 135 potential partners have now been identified, including NGOs, academic organizations, donor agencies, professional organizations, church and spiritual organizations, and others. All potential partners have been contacted either by formal letter posted or by email to establish their interest in becoming involved in the work of PIMHnet and to clarify their organisation's role and function. Responses are currently being awaited, and will be actively followed up.

Developing a comprehensive mental health information package:

In early 2007, best practice guideline materials in mental health were identified, with the assistance and advice of PIMHnet countries. Member countries then indicated that two levels of information would be useful:

- Information for general health workers about mental illness
- Information for social services.

The information package has been drafted and divided into four parts. Part 1 contains information about mental illness for mental health professionals; Part 2 is a simplified version for social services which may be the first contact for people with mental illness. Part 3 contains templates and forms which countries may wish to adapt for use in their own country and Part 4 provides country-specific information such as mental health services and NGO contact information.

The information package has been distributed to PIMHnet members as a working tool.

Conclusion – the need for change

As outlined in this article, there are few mental health services in the Pacific and a history of little interest at government level. There are indications that this is changing, but it is unlikely to do so without the support of countries from outside the region. Many of the difficulties that face the Pacific are basic and are shared by other developing nations. They include a lack of health professionals, conflict and political instability, environmental crises, poor access to pharmaceuticals and increased use of drugs and alcohol.

Help for the Pacific from its wealthy neighbours has tended to be sporadic, poorly co-ordinated and unsustainable. It is often most apparent at times of environmental crisis, or is based on responding to outbreaks of communicable diseases. Mental health is an area that struggles for funding – it lacks the 'feel good' appeal of public health campaigns (e.g. drinking water) and requires long-term investment, with the majority of benefit being felt at country

level. Changing economic times also impact on international aid; ironically, at the very times when it may be needed the most.

The need for mental health problems in the Pacific to be addressed on a more cohesive basis has recently been signalled by AusAID, in its consultation paper on the development of a Disability Strategy for Australia's Aid Programme. PIMHnet has made a submission in response to the consultation paper, seeking an increased emphasis on mental health issues in the strategy, and offering our support in the strategy's implementation.

PIMHnet offers a unique opportunity to improve mental health in the Pacific, and our best chance to do so, is through the support of the countries and organisations already involved in health and social services in the Pacific. If your organisation is interested in our work, please contact the author.

Acknowledgements

PIMHnet is a WHO WPRO/HQ initiative to improve mental health in Pacific island countries. There are 18 member countries, including Tonga, Fiji, American Samoa, Papua New Guinea, Vanuatu, Tokelau, Kiribati, Niue, the Federated States of Micronesia, the Cook Islands, Samoa, Palau, the Marshall Islands, Nauru, New Zealand, Australia, the Commonwealth of the Northern Mariana Islands, and the Solomon Islands. Each country is represented by a national focal contact; Dr Mapa Puloka and Mele Lupe Fohe (Tonga); Dr Odille Chang (Fiji); Mr Utoofili Aso Maga and Ms Elizabeth Ponausuia (American Samoa); Dr. Umadevi Ambihaiphar (Papua New Guinea); Mr. Jerry Iaruel and Len Tarivonda (Vanuatu); Dr Iosefa Tekie (Tokelau); Mr Koorio Tetabea and Dr Burentau Teriboriki (Kiribati); Ms Ketu Fereti and Dr Kara Gafa (Niue); Dr Imaculada Gonzaga-Optaia (Federated States of Micronesia); Dr Rangiau Fariu (Cook Islands); Ms. Palanitina Tupuimatagi Toelupe, Ms Frances Brebner and Ms Sina Faaiuga (Samoa); Dr Sylvia Wally (Palau); Mr Russell Edwards (Marshall Islands); Dr Si Thu Win Tin and Sunia Soaka (Nauru); Dr David Chaplow, (New Zealand); Ms Colleen Krestensen, (Australia); Josephine T Sablan, (Commonwealth of the Northern Mariana Islands); Mr William Same and Dr Paul Orotaloa, (Solomon Islands).