

First Meeting of
the WHO Pacific Islands
Mental Health Network



Apia, Samoa
5-8 June 2007



Meeting Report

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REPORT
FIRST MEETING OF THE WHO PACIFIC ISLANDS
MENTAL HEALTH NETWORK

Convened by:

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5–8 June 2007

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NOTE

The views expressed in this report are those of the participants in the First 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 First Meeting of the WHO Pacific Islands Mental Health Network, which was held in Apia, Samoa from 5 to 8 June 2007.

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. A total of 15 of the 16 PIMHnet countries and areas were represented at the meeting. Apologies were received from the Federated States of Micronesia as international travel for officials was temporarily suspended at the time of the meeting. PIMHnet facilitators, WHO staff from Headquarters, the Western Pacific Regional Office and Samoa country office, and observers also attended the meeting.

The objectives of the meeting were:

- (1) to finalize and endorse the framework of the PIMHnet workplan for 2008;
- (2) to share country experiences and international best practices in mental health policy plan development and implementation;
- (3) to introduce the WHO guidelines to develop a mental health policy and plan and to conceptualize and map out key components of the policy/plan; and
- (4) to develop recommendations for regional cooperation in promoting development and implementation of mental health policy.

The meeting was divided into two parts. The first part was the inaugural PIMHnet meeting and focused on discussing operational matters and developing and agreeing on a programme of work for PIMHnet for 2007–2008.

The second part of the meeting was a policy and planning workshop in which countries were given the opportunity to work in small groups developing their own mental health policies and plans with the assistance of a facilitator. Countries worked through the WHO *Mental Health Policy, Plans and Programmes* document.

The meeting was successful in achieving its objectives. The draft PIMHnet framework was endorsed and finalized by members in attendance. Meeting participants worked through and agreed on a programme of work for PIMHnet for 2007–2008. Countries shared experiences of the status and development of mental health policies, plans and legislation within their region, and identified key components they would like to include in a mental health policy/plan. Major action points were agreed on and are further outlined in this report.

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Key words

Mental health / Health policy / Pacific islands

1. INTRODUCTION

At the 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 and WHO has received three years of funding to support the network activities from the New Zealand 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 the PIMHnet was organized in Apia, Samoa from 5 to 8 June 2007. The meeting was attended by 15 of 16 PIMHnet member countries and areas, PIMHnet facilitators, WHO staff and observers.

The meeting was divided into two parts. The first part was the inaugural PIMHnet meeting and focused on discussing operational matters and developing and agreeing on a programme of work for PIMHnet for 2007–2008.

The second part of the meeting was a policy and planning workshop in which countries were given the opportunity to work in small groups developing their own mental health policies and plans with the assistance of a facilitator. Countries worked through the WHO *Mental Health Policy, Plans and Programmes* document.

1.1 Objectives

The objectives of the meeting were:

- (1) to finalize and endorse the framework of the PIMHnet workplan for 2008;
- (2) to share country experiences and international best practices in mental health policy plan development and implementation;
- (3) to introduce the WHO guidelines to develop a mental health policy and plan and to conceptualize and map out key components of the policy/plan; and
- (4) to develop recommendations for regional cooperation in promoting development and implementation of mental health policy.

1.2 Opening remarks

The meeting commenced with a formal opening ceremony and a prayer.

Dr Kevin Leigh Palmer, WHO Representative for American Samoa, Cook Islands, Niue, Samoa and Tokelau presented an opening address on behalf of the WHO Regional Director for the Western Pacific, Dr Shigeru Omi. Condolences were offered to Samoan participants and to other attendees from the Pacific region on the passing of their Head of State Malietoa Tanumafili II. Dr Palmer emphasized the importance of an intersectoral approach to mental health promotion, prevention and treatment of mental illness and the importance of integrating mental health treatment into general health services. He acknowledged that a process of change management is required to achieve these goals and that the WHO remains committed to working closely with all participants to ensure that mental health services become integrated and that services are responsive, humane and of a high standard.

Honourable Gatoloifaana Amataga Alesana-Gidlow, Minister of Health for Samoa was then introduced to all participants to deliver her welcome address.

Ms Helen Leslie, New Zealand Agency for International Development (NZAID) Manager, New Zealand Consulate in Apia, briefly spoke about NZAID's commitment to funding the work of the network.

Dr Michelle Funk conveyed greetings of the Director-General of the World Health Organization, Dr Margaret Chan. She described some of the challenges for the network which included:

- (1) Advocacy. WHO PIMHnet is an instrument of advocacy.
- (2) Policy and planning, including human resources development and training.
- (3) Strengthening mental health service provision by integrating it into general services. General hospital care also needs to be strengthened.
- (4) Legislation. Many Pacific island countries (PICs) either have no mental health legislation, or it is out of date. Fiji, Samoa, Tonga and Vanuatu all do have mental health legislation or plans to introduce it.

1.3 Appointment of Chairperson, Vice-Chairperson and Rapporteur

Ms Frances Brebner (National Focal Contact for Samoa) was elected Chairperson and Dr David Chaplow (National Focal Contact for New Zealand) was elected Deputy Chairperson. Mr Russell Edwards (National Focal Contact for the Marshall Islands) was elected Rapporteur.

2. PROCEEDINGS

2.1 Overview of PIMHnet activities

The meeting commenced with an overview of PIMHnet activities. These activities include:

- Establishment of in-country networks
- Workforce assessment template
- Information for mental health information package

Countries provided an update on the progress that had been made on PIMHnet-related activities within their country and an outline of mental health systems and structures. The progress made varied considerably between countries with some countries having already developed mental health policies and/or plans and others not having yet made any progress. Some countries highlighted the difficulty of focusing on mental health policy where the population is very small.

Workforce issues were also raised with many countries having few or no specialist mental health professionals. Recruitment and retention of specialists such as clinical psychologists, psychiatrists and mental health nurses are a significant challenge for many areas. Mental health training is not available uniformly. Other countries with sophisticated mental health policies and plans indicated that workforce issues centred on the lack of specialist staff in remote areas and that challenges lie in providing skills to health professionals practising in these areas.

Some countries that have commenced work on mental health policies indicated the importance of involving nongovernmental organizations (NGO) and churches into the development process and the important role that churches play on a daily basis in many Pacific communities.

Other areas are in the initial stages of developing mental health policies and are working on raising awareness of mental health issues at a grass roots level.

Some areas face challenges brought about by the political climate which affects the availability of funding for health and within this, mental health. Funding for mental health is an ongoing issue for most countries with either no dedicated budget for mental health, or a very small percentage of the total health budget. Most countries also indicated that stigma is a significant issue and strategies are required to enable access for people who require mental health treatment. Papua New Guinea discussed a unique mechanism developed to provide advice with regard to mental health via a radio network.

Pacific island countries (PICs) also face unique challenges due to their geographic isolation from each other and also within each country as some comprise many smaller islands or atolls. In some cases, these are separated by vast distances and in many cases no mental health services are provided on smaller islands.

Mental health policies and plans were tabled during the meeting and shared with participants by the following countries that have either completed or have draft policies and plans in place:

- Australia
- Nauru
- Palau
- Samoa

2.2 Operational matters

Operational matters with regard to PIMHnet, including communication processes and barriers, were discussed. Communication processes used to communicate with the network to date included regular newsletters, teleconferences, e-mails, fax, and postal contact. Concerns were raised by participants regarding the issue of staff turnover and whether communications should be directed to the post or the person. Communications always occur through the countries' national focal contact (NFC) who has been nominated by the country's Government. To this end, the facilitators are reliant on advice from the NFC about up-to-date contact information. If the NFC changes due to staff turnover, the countries' Government is responsible for advising PIMHnet of the newly appointed NFC.

Action

- (1) PIMHnet countries to ensure that they advise the network facilitator if contact details change or if they wish communications to come to them via a particular mechanism.

Countries discussed the mechanism by which issues could be raised via the network for discussion. The network facilitator will ensure that if countries have an issue they would like members to comment on that they will either include the issue in the next PIMHnet newsletter, or raise the issue via e-mail.

Dates for future teleconferences were provided to PIMHnet members:

- 13 September 2007
- 6 December 2007
- 20 March 2008

Members were asked to consider dates for next year's meeting which could take place in Fiji, New Zealand, the Philippines or Samoa.

2.3 PIMHnet framework

Ms Brebner chaired discussion about the PIMHnet framework.

The PIMHnet framework was developed in 2006 and has been consulted on extensively. Meeting participants were given the opportunity to raise issues or to comment on the framework.

Dr Chaplow moved that the PIMHnet framework be officially endorsed. Dr Rangiau Fariu seconded the motion and the framework was endorsed.

Action

- (2) PIMHnet endorsed the PIMHnet framework as a final document.

2.4 Building in-country networks

Dr Chaplow outlined the in-country network developed in New Zealand and emphasized the fact that it cannot be replicated in any other country. Each country will have different structures, systems and potential in-country network members. New Zealand's in-country mental health network was developed out of demographics.

The PIMHnet framework (refer item 2.3) contains detail about the potential composition of each in-country network. 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 organizations;
- NGO and other relevant provider organizations;
- service users and/or service user organizations;
- family representatives and/or family organizations;
- educators and academics in the field of mental health; and
- representatives from community and church (e.g. elders, leaders, traditional healers).

National focal contacts are responsible for facilitating activities, relationships and communication between individuals, groups and organizations with a role or interest in mental health in that country.

Countries then discussed how an in-country network would work in their own country and the potential organizations that could form part of their networks. Countries have indicated some difficulties with networking at a higher level with Government and senior officials. Much of the discussion focused on the NGO in countries and their level of engagement with governments at present. In some countries, mental health services are very

fragmented and NGO are few. Members acknowledged that regardless of the size of the country, developing in-country networks is a challenging task and bringing groups and individuals together in a coordinated way can be very difficult.

Some countries indicated that they would need to rely heavily on the support of New Zealand. In particular, Niue indicated a need for assistance and for advice about cases of patients treated in New Zealand and returned to Niue without adequate communication about treatment that has occurred at Counties Manukau District Health Board (DHB). Tokelau has the same issue with patients who have been treated by Capital and Coast DHB.

Dr Frances Hughes referenced a study commissioned by the New Zealand Ministry of Pacific Island Affairs and undertaken by the Samoan Nurses Association (New Zealand) about the Pacific Nursing Workforce in New Zealand of which there are between 900–1000. This study highlighted several issues about the Pacific Nursing Workforce:

- The number of nurses from the Pacific islands who could not register in New Zealand as nurses and were therefore inactive. These nurses had viable registrations in their own countries.
- Pacific health services demanding that Pacific island professionals provide services.

The survey assisted the Ministry to consider developing a strategy in order for nurses registered in PICs to become registered in New Zealand. The survey highlighted the fact that human resources in PICs are in short supply. The report was significant for New Zealand.

Dr Funk emphasized the importance of countries to engaging all mental health stakeholders in their in-country networks. This includes consumers and their families, governments, professional organizations, and other organizations as well as NGO.

Actions

- (3) Niue has requested specific assistance regarding patients returned to New Zealand without an indication of the treatment they have received at Counties Manukau DHB. New Zealand NFC, Dr Chaplow, and the Network Facilitator, Dr Hughes, to assist with a process to establish better communication.
- (4) Tokelau has requested assistance, as above, regarding communication processes with Capital and Coast DHB. Dr Chaplow and Dr Hughes to assist with this process.

PIMHnet members then discussed the role of PIMHnet and potential assistance it could provide in future. Dr Wang Xiangdong outlined the purpose of PIMHnet as questions had been raised with him by PIMHnet members. The fundamental purpose is to provide mutual ongoing support among members.

PIMHnet provides a mechanism to mobilize resources for member countries. The New Zealand Government via NZAID has provided funding for the network over three years and Dr Wang acknowledged how grateful they are for this support. However, this support is not enough and they need to work together to mobilize additional aid from other donor agencies. This could include Australia, Japan, and the United States of America among others.

PIMHnet can be a resource in terms of providing advice to countries if PIMHnet members consider that this is important.

Some countries, including Cook Islands and Niue, requested specific support from PIMHnet about their mental health structure and about restructuring within their countries.

Other countries asked whether site visits could be conducted to PIMHnet countries to study mental health policies and programmes and help countries address what they need. Both Dr Funk and Dr Hughes indicated that site visits are important to the extent that funding can be accessed to do that. In addition, Dr Funk highlighted that site visits should not just be limited to the WHO secretariat and facilitator but should be undertaken by other experts from PIMHnet. It may be appropriate for other individuals with specific expertise to perform a site visit and provide advice.

Further discussion centred around the need for information on which to base policy development. It has been a challenge in some areas to identify prevalence data. Some countries requested whether PIMHnet could conduct a needs assessment within their country. This was further discussed in the policy workshop.

2.5 Develop PIMHnet work programme for 2007–2008

The next discussion item was the PIMHnet work programme for 2007–2008. The activities for PIMHnet identified were those that had been identified by participants at the meeting in Tonga in 2005. Each of the activities is described in further detail.

2.5.1 Workforce assessment template

First, assessment of service and workforce needs and a template has been distributed to all countries in order to capture data on the workforce and training provided in country so that PIMHnet can gain an understanding of human resources in each country. Key points:

- Trying to capture data on workforce.
- Identifying where there is training in countries.
- Gives PIMHnet a wider understanding of human resources in PICs.

Dr Funk provided an overview of the mental health structure in The Gambia for countries as an example of how services and workforce could be mapped. In addition to the few human resources available in existing mental health services, there is a huge untapped potential of health workers, located within the wider health system, for example, general hospitals and health facilities in different districts. Also other informal health care providers such as traditional healers are an important but untapped resource for providing mental health treatment and care.

What is now required is a mapping of the health systems in all countries to help assess resources available in each country. Dr Hughes indicated that the facilitator can do this but we require information from countries. Information required is as follows:

- A detailed diagram on the structure of the health system, how mental health maps on to the health system and services as well as a detailed description of the services and what they provide. For each service, information is required on:
 - number and type of health workers to identify potential pool of mental health resources and the degree to which they have received training in mental health treatment and care;
 - specialist mental health professionals and the training that they have undertaken;
 - the role of informal health care providers, e.g. traditional healers, as a potential part of the mental health workforce;

- o capacity; and
- o training needs and whether health professionals have access to continuing education and training.

Good data such as these are essential for developing policy and plans.

Countries then discussed their challenges. Some countries do not have a mental health structure and they requested assistance from PIMHnet to help them with this process. Other members discussed their structure, restructuring processes and the mental health staff practising within their country. For some, the current mental health structure presents obstacles for delivering appropriate mental health services in terms of funding and centralization of resources.

During the discussion the concept of PICs having the opportunity to have a method of standardized training and certification for mental health workers (e.g. community mental health workers) was discussed. A tiered/staggered method of certifying workers across PICs could then boost capacity across the region.

Traditional healers are an issue in many countries and are a potential resource that need to be utilized.

Dr Wang emphasized the need to think about the issue of human resources in a more practical way. Some PICs have nursing training schools. Human resources is an integral part of any mental health policy and plan and training needs to be followed up to ensure trainees use what they have learned in every day practice. Single training workshops are therefore not necessarily the answer if there is no mechanism of follow-up or mentor trainees. A more sustainable system of mentorship needs to be established than is currently available. Countries need to share with each other what has worked and what has not so that these experiences can be built on by other countries.

Action

- (5) Further consideration to be given to the concept of standardized training and certification for mental health workers in PICs.

Time frames

Description	Time frame
Completion of workforce assessment template – data collection phase	July 2007
Analysis of information	August 2007
Development of individual human resources plan for each country	November 2007

2.5.2 Mental health information package

The mental health information package, which will serve as a resource package for both health professionals and the social services to provide basic information about mental illness, was outlined by Dr Hughes. A reference group has been established which will provide advice during the development of the package. The reference group comprises representatives from the following countries:

- Cook Islands
- Fiji
- New Zealand
- Papua New Guinea
- Tonga

Discussion from the group centred around the fact that the information package is currently light on information about talking therapies. Guidance on essential drugs for each country will also be included following the groups' advice. PIMHnet countries will all have the opportunity to review the draft information package before it is made final.

PIMHnet then agreed that the information package will be useful and endorsed it as part of work programme.

Action

- (6) PIMHnet countries agreed that the information package will be useful and will include more detail on the following areas:
- Talking therapies
 - Essential drugs

Time frames

Description	Time frame
Development framework document outlining content of resource package	June 2007
Identify best practice guideline material which could inform the development of the package	June 2007
Consult with reference group and PIMHnet members	Ongoing for the duration of the project
Final information package disseminated to PIMHnet countries	December 2007

2.5.3 Engagement with collaborative partners

A database of potential collaborative partners which will include academic, NGO, professional organizations, individuals and so on who could contribute to the work of PIMHnet technically, financially, clinically or politically, is currently being set-up. Fields will be developed for the database which will include:

- the organization;
- key contact people in the organization;
- their potential contribution to PIMHnet (for example, training, clinical supervision and mentoring, advocacy for mental health, advocacy for the network); and
- a field allowing the details of their contribution to be specified, as well as whether the contributing organization is able to cover the costs of the activities.

Countries then discussed the potential collaborative partners that could be added to the database and developed criteria for determining which groups and individuals should become potential collaborative partners:

- Support principles and objectives of WHO PIMHnet
- Provide support for WHO
- Those who can contribute technically, financially, politically and clinically
- Agree to strategic partnership in a particular area

Countries should then spend some time identifying specific organizations that could be considered potential collaborative partners to be added to the database.

Time frames

Description	Time frame
Identification of potential collaborative partners	June 2007
Develop a process for engaging with agreed potential partners	July 2007
Engage collaborative partners	August 2007

2.5.4 NGO workshop

A forum of NGO in the Pacific region is being planned for December this year in New Zealand. Approximately 30 NGO would attend the workshop. The proposed workshop would be chaired by Dr Benedetto Saraceno, Director of the Department of Mental Health and Substance Abuse, WHO Headquarters.

The NGO workshop is dependent on the outcome of a funding proposal to NZAID. The workshop will involve NGO from PICs who will be selected from the strategic partnership database and other NGO databases.

PIMHnet countries then discussed the workshop and potential attendees. The importance of PIMHnet forming collaborative partnerships with existing organizations to avoid duplication and ensure resources are used efficiently was discussed.

Participants were advised that they would be kept informed with regard to the workshop.

Meeting participants then listed NGO within their countries.

Time frames

Description	Time frame
Advice from NZAID about status of the proposal	July 2007
Identification and invitation of participating NGO	August 2007
Workshop facilitated	December 2007

2.5.5 Engaging remaining PICs

Efforts will be made to engage other countries in the network. An information sheet will be put together that clearly describes the process for applying to the network. Additional funds would be required to support the participation of these countries. Dr Hughes explained that there has been some confusion about how countries become involved in PIMHnet. The facilitator will be developing a "new country information pack" which will outline the process and provide information for new countries. In order for more countries to be involved in the network, donor funding will be required.

Time frames

Description	Time frame
Identify remaining countries (including Solomon Islands and Guam)	July 2007
Develop proposals for donor agencies to obtain further funding to support increased number of countries joining the network	Ongoing as necessary
Engage countries	2007

2.5.6 Ongoing donor funding

So far, PIMHnet only has funding from the New Zealand Government via NZAID. We need to look for other donors. Future proposals for PIMHnet work that have been raised are:

- (1) Mental health training for nurses. Some countries currently have little or no access to mental health training nurses.
- (2) Clinical support on the ground and mechanisms for coordination and funding to assist countries with this.

PIMHnet countries fully supported these proposals. Countries also proposed that thought be given to an additional proposal regarding exchange programmes, particularly in smaller countries with a very small mental health workforce.

Dr Funk then requested advice from PIMHnet countries about any critical additional issues that should be included in the PIMHnet workplan. Discussion centred on the issue of access to appropriate medications within their budgets. Concern was raised about counterfeit medications. PICs have small market purchasing power and access to cheap drugs which are potentially counterfeit. Some countries have direct experience of counterfeit medications which do not provide good outcomes for their patients. Countries were advised about the existence of a website developed by major pharmaceutical companies which identified current counterfeit medications: <http://www.fda.gov/counterfeit/>

PIMHnet members agreed that an additional project be considered and scoped regarding medications to map out initially the current situation in each country using each country's essential drug list and advice from countries to map out the problem. Dr Funk indicated that there is a separate department in WHO that works in the area of pharmaceuticals and she has gained initial support from this department to assist with this work.

Actions

- (7) The two proposals presented were fully supported by meeting participants.
- (8) PIMHnet agreed that a further project be scoped regarding medications available in each country. Countries to provide information – essential drug list, cost of drugs, where drugs are obtained from to identify the issues.

Time frames

Description	Time frame
Proposals to be developed for donor agencies	
Project to be scoped regarding medications in PICs	By end 2007

The Chairperson, Dr Chaplow, announced the end of the Inaugural Meeting of the Pacific Islands Mental Health Network and the meeting closed at 14:20.

All delegates signed the PIMHnet logo poster.

2.6 Policy and planning workshop

2.6.1 Workshop introduction

Dr Wang introduced the workshop, stating that the inaugural meeting of PIMHnet and the policy workshop be combined in order to facilitate capacity-building within Pacific island countries.

Dr Wang asked countries to note that working through developing a policy and plan for each country did not necessarily mean each country was expected to introduce a mental health policy and plan within the very near future. However, the workshop helps participants understand the policy and planning process and map out the available resources. It is also a useful exercise to improve the overall situation in countries.

The overall goal is to understand the importance of mental health policy and that people have different backgrounds and different views on policy.

Participants were advised to be prepared/equipped to lobby to initiate mental health policy development within their countries.

Dr Funk emphasized the fact that both policies and plans are essential elements. Policy is broad, involving values, principles, and priorities but does not provide the detailed schema. Policy on its own is not sufficient, a tool is needed to implement the policy. A clear "action plan" needs to be developed.

In countries without a policy or plan, activities will be fragmented, duplicated and without coordination. A policy and plan allows for coordination and maximizes the use of resources. There is a need to have high level commitment prior to the development of a policy and plan and also pay close attention not only to the content but also to the process for

its development. Countries that have made progress with their mental health policy and plans have high level commitment to not only the content but also to the process of developing the policy and plan. Stakeholders need to be involved so that the final policy and plan is a shared one in which all stakeholders are willing to contribute to its implementation.

Policies and plans do not need to be complex, and should aim for simplicity. If policies and plans are complex, then they are less likely to be effective. Larger countries, however, are more likely to have more mental health services and more activities, therefore they are likely to have more complex policies and plans.

PIMHnet provides the ideal opportunity therefore, to share draft policies and plans to get feedback and is a means of further developing policy and planning skills.

Action

- (9) Countries to advise network facilitator if they require feedback on their draft policies and plans.

2.6.2 Development of a mental health policy and plan – key content and process issues

Dr Hughes then introduced the WHO's Mental Health Policy, Plans and Programmes module. An updated copy of the WHO's document *Mental Health Policy, Plans and Programmes* was provided to each participant.

2.6.3 Samoa experience

Background

Ms Brebner, Acting Chief Executive Officer, Health Resources Planning Information and Research Development (HRPIRD) Division, Ministry of Health, Samoa, provided an overview of the Samoa experience of developing a mental health policy. Samoa's mental health policy, workforce plan, and mental health bill were tabled.

At the forefront of the development of Samoa's mental health policy was the people for whom the policies and plans are being developed. The concept that policy needs to be sensitive to people was seen as important in the policy development process since policy and laws are developed for the people.

Mental health in Samoa is an area that needed to be addressed. While the targets and objectives may not change, the strategies to address issues are necessary and are constantly changing.

Two national symposiums identified the need for strategies to be sensitive to the cultural environment as well as to service delivery problems including skilled human resources. Suicide and substance abuse in youth were highlighted as issues needing to be addressed.

Process

A situational analysis was undertaken to obtain workforce and prevalence data.

A multisectoral working committee was established involving:

- family support members;
- National University of Samoa (faculty of nursing and health science);

- Government ministries (e.g. Police and Prisons, Education, Office of the Attorney General); and
- Ministry of Health service providers.

Drafting of policy multisectoral identifying problems, objectives and goals and was aligned with the drafting of the new Mental Health Act 2007.

Draft policy was consulted widely:

- community groups
- NGO
- government ministries
- service providers

Feedback was then included in policy.

Key messages:

- Policy-makers need to be sensitive to the needs of people and to be nurturing.
- Drafting policy was a group process.
- Policy was widely consulted by all. If key stakeholders are not involved in the policy development process, the policy becomes "dead policy".
- Policy was distributed widely and was a family/community-oriented document. The document was developed in English but translated for consultation.
- Values and principles included moving away from institutionalization which takes people away from their families. Where people are institutionalized they are removed from the family environment and often do not fit in when they return.
- Stigmatization by own people is apparent. Promoting informed public opinion became very important.

2.6.4 Issues countries would like addressed in their own mental health policy

Countries were then given an opportunity to discuss issues that they would like addressed in their own countries which they would then work through during the policy workshop:

- Review of mental health legislation
- People with mental illness treated fairly
- Public education programmes to reduce stigma
- Funding and resources for mental health
- Better cross-sectoral approach
- Human rights – protection of the rights of people with mental illness
- Advocacy
- Information systems
- Employment issues – no discrimination
- Infrastructure and logistics
- Focus on families

2.6.5 Introduction of key WHO guidelines for developing mental health policy and plans

Dr Funk highlighted the Mental Health Service Guidance Package. All participants have the mental health policy, plans and programmes module. There are 15 modules in total. Countries can obtain the hard copy of the full package from Dr Funk and it can be provided on CD-ROM if this is preferred.

WHO is developing a condensed version of the entire mental health service guidance package which may be published as a book. Countries can view a draft version if they are interested.

The purposes of the workshop are:

- to take people through the steps for developing a mental health policy and plan;
- to give knowledge to people so that they can lead the process;
- to give people the tools to establish a drafting committee within their country to develop a mental health policy, plans and programmes;
- to provide assistance, guidance and advice to countries; and
- to provide the opportunity for countries who have not gone through the process of developing a policy and plan to learn from countries that have developed one.

Dr Funk then took people through the mental health policy, plans and programmes training module which included discussion about the importance of data. WHO recommends different levels of data collection in order to obtain as much data as possible. These methods can include:

- Talking to different experts and stakeholders;
- An indication of the situation by looking at other similar countries; and
- International data – e.g. World Mental Health Survey which gives a good indication across countries and the pattern of information that is emerging. Of a population, 3% will have a severe mental disorder, including alcohol disorder and a further 10% of the population will have a mental disorder requiring treatment, care and support.

Epidemiological data are important and could include:

- Prevalence – major mental health problems in country over a period of time
- Categories of illness
- Alcohol- or drug-related

Service data also important:

- Visiting clinicians
- Number of facilities
- Where people with mental illness get treatment

Health system data:

- Health professionals, how they are linked to mental health
- Services available

Some countries do not have this level of data, countries need to understand that they have to work with the data that they have.

Dr Wang explained that in terms of prevalence data, many mental illnesses have the same prevalence – e.g. rates of schizophrenia across countries are very similar. Severe psychosis, for example, is about 1% of the population and is consistent. With this knowledge in mind, then it is not too difficult to map out a country's prevalence rates using population data. With these data, it is then possible to bridge the treatment gap.

Dr Sylvia Wally, NFC for Palau, then provided a more specific outline of the information that could be used:

- Prevalence data
- Survey data available in other ministries
- Noncommunicable Disease (NCD) Health Survey
- Report data for example related to outpatient, emergency, crime assistance programmes
- Policy report data – suicide attempts, arrests that are mental health-related
- School clinic data may be able to provide information about emerging potential mental health issues

Actions

- (10) Countries to advise Dr Funk whether they require a copy of the Mental Health Service Guidance Package and if so in which format (hardcopy/CD-ROM).
- (11) Countries to advise Dr Funk whether they would like to view a draft version of the condensed publication of service guidance package.
- (12) Facilitators will provide to countries data that they have obtained from a range of sources, including WHO's Mental Health Atlas, World Mental Health Survey and other sources and sharing of data from individual PIMHnet countries.

2.6.6 Group workshop

Countries were given the opportunity to work through the mental health guidance instrument in small groups to commence work on their own policies and plans with assistance from facilitators.

Participants continued to work through the guidance instrument discussing the development of their policies and plans.

2.6.6.1 Feedback from workshop groups

Temporary advisers were separated into three groups to discuss the development of their own policies, plans and programmes.

Dr Sylvia Wally chaired the feedback session.

Workshop discussion following the exercises outlined in the guidance instrument provided to participants prior to, and during, the meeting. Each country identified mental health policy issues that they would like to see policy developed for within their own country. Some countries identified detailed issues such as child and adolescent mental health, while others wanted to address legislation, service provision and quality of care.

Countries identified groups that should participate in a policy drafting committee and this extended to include church groups, which are important to acknowledge, as tradition and culture is very important. Church groups should be included as a stakeholder as well as NGO and other organizations.

Challenges faced across Pacific island countries are the same:

- Geographic isolation and transport issues making the dissemination of information difficult
- Stigma
- Funding
- Human resources
- Prioritizing the development of mental health policy
- Insufficient data on which to then base policy. Data are partly insufficient due to a lack of statistician and epidemiologist input to translate the data.

Comments were provided from participants about the exercise. The following comments were made:

- A useful and valuable exercise
- More empowered to lead the process for developing a policy and plan
- Promotion and prevention should be separated in the exercise as separate areas of action as more beneficial to look at each individually to ensure improved outcomes.

Groups also raised the following:

- Proposal to develop a cross exchange DVD movie to destigmatize the issue of mental health policy by getting consumers to talk about what policies have impacted on treatment outcomes and policy that have driven mental health services to benefit consumers.
- The economic burden of mental health is not recognized and spoken about in many countries and this burden needs to be spelt out as it is a loss that is not being seen. Leaders and political people do not think it is preventable and need to establish impact of ignoring this burden.
- Funding for mental health is very important and needs to be secured to ensure it is not siphoned off into other areas.
- Need to profile mental health in the Pacific – draft a statement from this meeting to go to forum leaders in the Pacific – aim to get political support for the Region.

Mechanisms by which the WHO Headquarters can help were discussed and include:

- technical assistance to provide feedback on policies;
- subsequent training to this workshop to build on competencies, coordinated communications at country level, proactive support at government/political meetings;
- resource guidance; and
- funding support – assist with fund-raising processes via other mechanisms in Pacific.

2.6.6.2 Country feedback

Each country then stated how it would move forward with the development of mental health policy and plans over the next year:

Cook Islands

Complete the policy started, identify stakeholders and meet with them this year.

Fiji

Make a presentation to Fiji Medical Conference in August regarding mental health; contact stakeholders about national policies that need to be revived and improve relationships with academics and NGO. The ultimate goal is developing a policy.

Indicated a realization that there is a lot of work to be done in Fiji regarding mental health.

Marshall Islands

Write a plan – the prerequisite to this is to educate people so they can understand mental health, starting with families and the community. Mobilize a team to work on areas such as data collection so causes of the current situation are understood.

Niue

Report to the Director on the meeting, have discussions with stakeholders and make a start on mental health policy.

Commonwealth of the Northern Mariana Islands

Will confirm whether a mental health policy and plan needs to be developed with Ms Josephine Sablan, Director of Mental Health; information gathered at this meeting and workshop will be shared with the mental health division and clinical providers; collaborative partners will be identified; guidance instrument will be used for developing policy and plan; and continue contacts with PIMHnet and other PICs.

Palau

Meeting as planned; legislation in place but will meet with superiors to determine how to secure technical assistance.

Papua New Guinea

Provide major input in the health restructuring process currently underway, draft policy and revisit what has been discussed, facilitate a consultation meeting before draft policy and legislation is sent to Dr Funk.

Samoa

Will be implementing the Mental Health Act 2007 and learning and revising as necessary. Samoa has a policy but no plans or programmes. Indicators to be introduced. Share experiences with other members.

Tokelau

Develop cabinet paper and consult stakeholders.

Tonga

Initial contact will be made with psychiatric unit about meeting and actions.

The most important issue is to analyse current data that they already have as basic information is needed for policy development. A mental health advisory committee meeting will then be organized to advise on how to move forward, but base data are needed first.

Vanuatu

Formalize a national mental health committee to review current legislation and mental health policy.

Ms Brebner chaired the afternoon session.

2.7 Closing session

Mr Edwards, representative of the Marshall Islands and elected Rapporteur, summarized the meeting and a summary document was tabled for participants.

Issues highlighted in summary:

- communication methods – regularity of teleconferences – must include progressive reports, countries to advise preferred communication methods;
- development of policies and plans – some countries have in hand, others have none;
- lack of training for personnel poses a problem for many countries across the Region;
- proposed that training be standardized across PICs;
- proposal regarding exchange programme for health professionals;
- need to develop and strengthen relationships with key stakeholders who can actively advocate for PIMHnet;
- The PIMHnet framework was endorsed. Dr Chaplow, NFC for New Zealand, moved to endorse the PIMHnet framework by New Zealand. The motion was seconded by Dr Rangiau Fariu, NFC for Cook Islands and the motion was passed;
- information package;
- in-country network development;
- recognized importance of including families and consumers in mental health policy; and
- Examine Samoa experience in developing mental health policy and plan.

Following reporting back, an open discussion focused around the importance of maintaining momentum.

Dr Wang discussed the venue and timing of the next PIMHnet meeting. One proposition suggested for the location of the next meeting was Manila, around August or September 2008. Other propositions for a venue centred around various islands that are members of PIMHnet. It was agreed to continue discussions with members about agenda, venue and timing for the next meeting. It was also proposed by members that a half-day tour be included in the programme.

Dr Wang indicated that in some countries there might be a need for access to funds to support daily operations. Contact Dr Wang if this assistance is required – it is limited to a small amount for small countries (US\$ 2000), for larger countries (US\$ 3000), and for help with organizing seminars and operational issues.

Dr Wang indicated that this was a successful meeting and as the Responsible Officer for the meeting he was pleased with feedback from participants that the policy and planning workshop was a useful exercise.

On behalf of WHO Headquarters and the Regional Office, sincere appreciation was conveyed to the Government of Samoa, Minister of Health, and Ms Brebner, who was involved in the organization of the meeting. Participants were thanked for their active input and sharing of valuable experiences.

Dr Funk thanked participants, facilitators and chairs of the meeting and reinforced the availability of the WHO secretariat and the PIMHnet Facilitator to respond to individual country needs and requests.

Dr Rangiau Fariu closed the meeting with a prayer.

3. CONCLUSIONS

The draft PIMHnet framework was endorsed and finalized by members in attendance. Meeting participants worked through and agreed on a programme of work for PIMHnet for 2007–2008. The Network Facilitator and WHO will continue to work closely with countries in developing the current work programme including:

- Development of workforce and training plans for each PIMHnet country
- Establishment of a guideline package
- Identification of potential collaborative partners

The work programme will include researching new projects as identified and advised by PIMHnet members, in particular with regard to medications and mental health training for nurses. Funding will be sought for these projects via donor agencies.

Participants shared their experiences of the status and development of mental health policies in their countries, identified key components for mental health policy/plan in their countries/areas, and were empowered to lead the development and implementation of mental health policy and plans upon returning to their countries.

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

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OPENING REMARKS OF
DR SHIGERU OMI
WHO REGIONAL DIRECTOR
FOR THE
WESTERN PACIFIC AT THE FIRST MEETING
OF THE PACIFIC ISLANDS MENTAL HEALTH NETWORK
5-8 JUNE 2007
APIA, SAMOA

TALOFA LAVA, WARM PACIFIC GREETINGS TO YOU.

Welcome to Samoa and this inaugural meeting of the World Health Organization's Pacific Islands Mental Health.

I would like to offer my sincere condolences to our Samoan participants over the passing away of His Highness Malietoa Tanumafili II, Head of State of the Independent State of Samoa. I realize you are grieving the loss of your great leader whose passing has been deeply felt across the Pacific region. Our sympathies go out to you. We will all miss his diplomacy, his leadership, his compassion, his wisdom and his humour.

It is fair to say that historically, mental health in Pacific island countries and areas has not been given sufficient funding or attention. While there have been some gains in the treatment of people with mental illness over the years in some areas of the Pacific, we still have a long way to go.

The WHO Pacific Island Mental Health Network gives countries that share geographic, social and cultural conditions an opportunity to address common issues and difficulties. For example, we know there is a growing mental health burden in the Pacific, including high suicide rates and drug and alcohol problems. However, services are just not there to treat and support people with mental disorders and problems. By working together, network countries have the opportunity to draw on their collective experience, knowledge and resources in order to improve the mental health situation in their countries.

Today, 16 Pacific countries are members of the network. The network operates through National Focal Contacts who serve as the first point of contact for the World Health Organization. Without all of you-the National Focal Contacts-this important work just would not be possible. We know how committed you are to your own regular jobs and appreciate the additional commitment you have all demonstrated through your participation in the network. We rely on you and thank you for the time you have dedicated to this important project.

I was privileged to have the opportunity to speak at the official launch of the network in Vanuatu earlier this year. I know the network's activities with Member States will ultimately lead to improved mental health services in the Pacific.

The work of the network relies on the generous three-year contribution from the New Zealand Agency for International Development. I would like to take this opportunity to publicly acknowledge NZAID's support. This network is a reflection of New Zealand's commitment to make significant gains in mental health in this region. Without this support, the work of the network would not be possible.

Annex 2

I want to briefly talk about the strategic approach that WHO takes in regard to mental health and its vision for mental health in the Pacific. WHO supports an intersectoral approach to mental health promotion and the prevention and treatment of illness, including work on legislation, policy and workforce training. This requires that knowledge gained in these areas be gathered and disseminated. An intersectoral approach draws together the relevant agencies and organizations to provide a supportive environment for diagnosis, treatment and prevention of mental disorders.

“Integration” is a key word in mental health system development. WHO recognizes the importance of integrating treatment for mental disorders into general health service systems. Such integration requires care providers to address stigma and other negative community attitudes that stand in the way of access and service provision. It also means increasing support for family, consumer advocacy and self-help groups.

Clearly, the integration of mental health into general health care, particularly primary health care, requires a shift in thinking and community values. Achieving such a goal calls for continued management of change in the years ahead. WHO is committed to working closely with its partners to achieve that integration and ensuring that mental health services are responsive, humane and of a high standard.

I have great confidence in the WHO Pacific Islands Mental Health Network and what it will achieve. It presents a tremendous opportunity to overcome many of the challenges experienced by the Pacific region in providing appropriate mental health services to consumers. I thank you all for your role in creating and supporting this network. This is a great opportunity to share information and collaborate on mental health strategy, policy and legislation to improve mental health in the Pacific region. I wish you a productive meeting and a pleasant stay in beautiful Samoa.

Thank you.

PROVISIONAL AGENDA

- (1) Opening session
- (2) Overview of Pacific Islands Mental Health Network (PIMHnet) activities
- (3) Operational matters
- (4) PIMHnet framework
- (5) PIMHnet workplan 2008
- (6) Introduction of key WHO guidelines for developing the mental health system in countries
- (7) Country experiences in the development of mental health policy and plan
- (8) Group work sessions on the development of a mental health policy and plan
- (9) Conclusions and summary
- (10) Closing

TENTATIVE TIMETABLE

Time	Tuesday, 5 June	Time	Wednesday, 6 June	Time	Thursday, 7 June	Time	Friday, 8 June
	PART I – INAUGURATION OF PACIFIC ISLANDS MENTAL HEALTH NETWORK (PIMHnet)						
09:00-09:30	REGISTRATION	9:00-10:15	Finalization of PIMHnet work plan 2008	09:00-09:15	Introduction	09:00-09:15	Introduction
09:30-10:00	(1) Opening session - Opening remarks - Self-Introduction - Election of officers			09:15-10:45	Continuation – Presentation of countries with issues they would like to see addressed in their national mental health policy and plan	09:15-10:30	Continuation – Group work sessions – Development of a mental health policies and plans and specific work plans
10:00-10:45	(2) Overview of PIMHnet activities - Review of progress of PIMHnet activities at country and regional levels	10:15-10:45	Coffee break			10:30-11:00	Coffee break
10:45-11:15	Group photo and coffee break	10:45-12:30	Continuation – Finalization of PIMHnet work plan 2008	10:45-11:15	Coffee break	11:00-12:30	Continuation – Group work sessions – Development of a mental health policies and plans and specific work plans
11:15-12:15	(3) Operational matters - Ongoing communication with the network - Identification of barriers to the network's operation and solutions for overcoming these barriers			11:15-12:15	(8) Group work sessions – Development a mental health policy and plan		
12:15-13:00	(4) PIMHnet framework						
13:00-14:00	<i>LUNCH BREAK</i>	12:30-13:30	<i>LUNCH BREAK</i>	12:15-13:45	<i>LUNCH BREAK</i>	12:30-13:30	<i>LUNCH BREAK</i>
			PART II – MENTAL HEALTH POLICY AND PLANNING MEETING				
		13:30-13:45	Introduction			13:30-15:30	Feedback and discussion on group work
		13:45-14:00	Overview of workshop (6) Introduction of key WHO guidelines for developing the mental health system in the countries	13:45-15:30	Continuation – Group work sessions – Development a mental health policy and plan		
14:00-15:15	Building in-country networks	14:00-14:30	Development of a mental health policy and plan – key content and process issues			15:30-16:00	Coffee break
		14:30-14:45	Samoa experience				
		14:45-15:00	(7) Country experiences in the development of a mental health policy and plan				
15:15-15:45	Coffee break	15:00-15:30	Coffee break				
15:45-17:00	(5) Development of PIMHnet workplan 2008 - Development of training plan based on human resource needs assessments - Mental health information package - Engagement with strategic partners	15:30-17:00	Presentation of countries with issues they would like to see addressed in their national mental health policy and plan	15:30-16:00	Coffee break	16:00-17:30	(9) Conclusions and summary
				16:00-17:00	Continuation – Group work sessions – Development of a mental health policy and plan	17:30-18:00	(10) Closing
18:00	Reception (TBC)						

ACTIONS

Action	Responsibility	Time frame
1. PIMHnet countries to ensure that they advise the Network Facilitator, Dr Hughes, if contact details change or if they would like communications to come to them via a particular mechanism (e-mail, fax, post).	All to contact Dr Hughes	Ongoing
2. PIMHnet endorsed the PIMHnet Framework document as a final document. Document to be sent to all and provided to new PIMHnet countries as they join.	Network Facilitator to provide a copy of the final PIMHnet framework to members Network Facilitator to ensure new members receive a copy	ASAP Ongoing as necessary
3. Niue has requested specific assistance regarding patients who have been treated in New Zealand by Counties Manukau DHB and return to New Zealand without adequate information about treatment received. Better communication processes need to be established.	Dr Chaplow and Dr Hughes	ASAP
4. As above, Tokelau has experienced the same issue with patients treated by Capital and Coast DHB.	Dr Chaplow and Dr Hughes	ASAP
5. Further consideration to be given to the concept of standardized training and certification for mental health workers in PICs.		
6. PIMHnet agreed that the information package presented will be useful but will need to include more detail about talking therapies and essential drugs.	Network Facilitator as part of information package project	November 2007
7. PIMHnet agreed that the two proposals presented regarding mental health training for nurses and clinical support were fully supported for further development and submission to donor agencies.	Network Facilitator	July–September 2007

Action	Responsibility	Time frame
8. PIMHnet agreed that a further project be scoped regarding medications available in each country to identify issues and problems. Countries to provide specific information: <ul style="list-style-type: none"> • Essential drug list • Cost of medications • Where obtained from 	Network Facilitator to assess extent of issues using information obtained from PIMHnet	August 2007
9. WHO HQ, WHO WPRO, and Network Facilitator available to provide advice, assistance and feedback on draft mental health policies and plans. Countries to advise if they require assistance.	Countries to advise Network Facilitator	As necessary
10. Countries to advise Dr Funk if they require a copy of the Mental Health Service Guidance Package and if so, in which format (hardcopy/CD-ROM)	Countries to advise Dr Funk	As necessary
11. Countries to advise Dr Funk whether they would like to view a draft version of the condensed publication currently being developed.	Countries to advise Dr Funk	ASAP
12. Network Facilitator to provide to countries data that have been obtained from a range of sources relevant to their country. Sources include WHO Atlas, World Mental Health Survey, and others.	Network Facilitator	August 2007
13. Countries to advise Dr Wang if funding is required to support everyday operations - US\$ 2000 for smaller countries and US\$ 3000 for larger countries.	Countries to advise Dr Wang	ASAP