

Meeting on
Partnership for Mental
Health in the Pacific



Wellington, New Zealand
25-26 February 2008



Meeting Report

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REPORT
MEETING ON PARTNERSHIP FOR MENTAL HEALTH IN THE PACIFIC

Convened by:

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REGIONAL OFFICE FOR THE WESTERN PACIFIC AND HEADQUARTERS

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NOTE

The views expressed in this report are those of the participants of the Meeting on Partnership for Mental Health in the Pacific 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 Meeting on Partnership for Mental Health in the Pacific, which was held in Wellington, New Zealand from 25 to 26 February 2008.

SUMMARY

A Meeting on Partnership for Mental Health in the Pacific was convened by the WHO Regional Office for the Western Pacific and the Department of Mental Health and Substance Abuse, WHO Headquarters, from 25 to 26 February 2008, to discuss how nongovernmental organizations (NGOs) in the Pacific and international organizations could collaborate on mental health in the region and contribute to the work of Pacific Islands Mental Health Network (PIMHnet).

The objectives of the meeting were:

- (1) to promote networking of mental health-related nongovernmental organizations and other partners by sharing information and discussing the potential to align work programmes;
- (2) to improve mental health services by maximizing use of NGO services and resources in harmony with international best practices and WHO recommendations; and
- (3) to strengthen the links between nongovernmental organizations and formal mental health services.

Twenty-four temporary advisers attended the meeting. It was the first time for NGOs to come together to share their expertise and explore potential contributions to mental health in the Pacific. Following an overview and plenary discussion of PIMHnet activities, the participants worked in small groups to discuss how they could contribute to the objectives of PIMHnet. The meeting was closed with a draft action plan that outlines concrete actions that each organization can take in partnership with PIMHnet to improve mental health in the region.

1. INTRODUCTION

A Meeting on Partnership for Mental Health in the Pacific was held in Wellington, New Zealand, from 25 to 26 February 2008, to introduce nongovernmental organizations (NGOs) and international organizations to the work of the WHO Pacific Islands Mental Health Network (PIMHnet) and to establish how they could collaborate to improve mental health services in the region.

PIMHnet was established in 2005, following discussions at a Meeting of Ministers of Health for the Pacific Island Countries, as a mechanism to address and overcome geographic and resource constraints in mental health in the region.

PIMHnet has received funding from the New Zealand Ministry of Health and the Overseas Development Agency of the Ministry of Foreign Affairs and Trade, New Zealand Agency for International Development (NZAID), to carry out its activities for three years.

PIMHnet's overall aim is to foster improvements within countries and across the region in communication, coordination and cooperation, and capacity and capability. To assist with achieving this goal, PIMHnet received further funding from NZAID to identify and engage NGOs and international organizations that could contribute to achieving the objectives of PIMHnet, as well as to host this meeting.

1.1 Objectives

The objectives of the meeting were:

- (1) to promote networking of mental health-related nongovernmental organizations and other partners by sharing information and discussing the potential to align work programmes;
- (2) to improve mental health services by maximizing use of NGO services and resources in harmony with international best practices and WHO recommendations; and
- (3) to strengthen the links between nongovernmental organizations and formal mental health services.

1.2 Opening remarks

The meeting commenced with a prayer and *karakia mihimihi whakatau*¹ performed by Kaumatua Murdoch Pahi.

Honourable David Cunliffe, New Zealand's Minister of Health, presented an opening speech.

Mr Simone Silapelu, President of Tonga Association of NGOs (TANGO), responded on behalf of Pacific nongovernmental organizations, expressing his gratitude to the New Zealand Minister of Health for his valuable and insightful opening address. He also thanked Mr Murdoch Pahi, Kai Korero Kaumatua, for extending a traditional welcome to all

¹ Maori welcome to visiting guests

participants. Mr Silapelu acknowledged and thanked the New Zealand Government and WHO for organizing the first WHO-Pacific NGO partnership for mental health meeting.

Dr Chen Ken, WHO Representative in the South Pacific, presented an opening speech on behalf of the WHO Regional Director for the Western Pacific, Dr Shigeru Omi. Dr Chen emphasized that mental health is an important issue in the Pacific region and that ministers of health are interested in it. The human capacity to deal with mental health issues, however, is weak. Mental health needs assistance, support and involvement from families and the wider community. Dr Chen acknowledged NZAID's generous contribution to PIMHnet's ongoing work and to the NGO partnership meeting. Dr Chen explained that WHO remains committed to working closely with all its partners, including PIMHnet, to ensure that mental health services become integrated and services are responsive, humane and of a high standard.

Mr Mark Ramsden, Team Leader, Growth and Governance Programmes in the Pacific Group, NZAID, spoke briefly about his agency's role in funding PIMHnet. He explained that rights-based principles, which are essential to addressing poverty, permeate NZAID work. Insufficient attention has been paid to mental health in the Pacific despite increasing mental health issues in the region, including high rates of youth suicide and drug and alcohol abuse. Mr Ramsden stressed that NZAID believes approaches are more effective if coordinated and that the NGO workshop would help to build relationships in this area.

2. PROCEEDINGS

2.1 Overview of objectives and agenda – discussion

Dr Michelle Funk, Coordinator, Mental Health Policy and Service Development (MHP), Department of Mental Health and Substance Abuse, WHO Headquarters, provided an overview of the meeting objectives and agenda. She noted that the meeting would:

- (1) bring together NGO groups with different types of expertise, including medical expertise, to discuss ways to achieve the objectives of the network;
- (2) give people an opportunity to discuss mental health issues and challenges they are confronting in their countries;
- (3) introduce participants to the WHO PIMHnet;
- (4) highlight specific objectives of the network and areas for action (developed on basis of a situational analysis as well as in consultation with member countries); and
- (5) end with concrete actions that each organization can take in partnership with PIMHnet to improve mental health in the region.

Discussion took place about the proposal to develop an action plan. Some NGO representatives raised concerns about their authority to sign an action plan and the need for more preparation time. Participants felt that they needed time for consultation in the field before they could commit to a definitive plan of action. It was agreed that organizations need to ensure that they put limits on what they can achieve.

Participants then discussed the challenges involved in delivering mental health services including:

- (1) Mental health services have, in many places, been located outside of health services for a long period of time.
- (2) Funding has always been an issue in mental health.

2.2 Introduction to the WHO PIMHnet

Dr Michelle Funk provided an overview of mental health, mental disorders and the PIMHnet. She stated that mental disorders are serious and account for 90% of all suicides. She also noted that although detailed information on mental disorders in the Pacific region is lacking, dramatic increases in mental health problems, particularly among youth, have been observed. These problems include violence, suicide, drug and alcohol abuse, and depression, which are related to stresses such as a lack of education and poverty.

Many challenges in providing mental health services are faced by Pacific island countries. Underlying these are issues of poor staffing and inadequate funding. Human rights are often violated within psychiatric institutions.

PIMHnet was established to work with countries to address these challenges.

2.3 Plenary discussion on PIMHnet – key issues and key actions / questions and answers

Meeting participants were given an opportunity to raise questions and discuss issues regarding the work of PIMHnet and mental health across the Pacific region.

The Peace Corps provides medical assistance and governments have their own physicians or they have primary health care providers who can involve many different people. There is probably not enough medical coverage in many areas, but innovative practices are occurring across the region and need to be recognized.

Education and advocacy are important activities. However, focusing only on health care workers at primary level is not enough. Community groups at this level must also be educated.

Participants discussed the process by which partnership, cooperation and collaboration occur and asked whether PIMHnet would consider having NGO representation in addition to government representation. PIMHnet's main counterpart at present is the ministry of health, which is the reason for having a government-appointed National Focal Contact (NFC) for PIMHnet. Greater representation needs to occur through in-country networks that have been or are being established by each NFC in each PIMHnet member country. New Zealand, for example, has many national networks and stakeholder groups and more champions are needed. Some thinking needs to occur around how this could work.

Participants asked how improvements in mental health could be made without adequate resources. This issue was identified as an important topic to discuss in workshop groups, considering in particular the constraints that would impede progress in improving mental health and how these could be overcome.

Traditional systems of health were discussed by the group and concerns were raised about the marginalization of these systems in favour of Western ways of defining mental health. It is important not to lose sight of traditional methods and to take a holistic approach.

2.4 Group work session – How can NGOs contribute to the PIMHnet objective on advocacy for mental health?

Meeting participants were divided into three groups to discuss how NGOs could contribute to the PIMHnet objective on advocacy for mental health. Feedback from group discussions is shown in Table 1.

Table 1. Feedback from group discussions about advocacy for mental health

Description	Actions / details
Issues participants would like to advocate for in mental health	Policy, strategic approaches, planning, legislation, service standards, access, affordability, human resources
Advocacy at political level	<ul style="list-style-type: none"> • Convene a workshop with parliamentarians to get buy-in and to raise awareness of what NGOs have to offer in mental health. Consider requesting support from WHO and sponsorship from the ministry of health. • Act as a “watch-dog” to ensure that follow-up programmes are carried out after any workshop. Monitoring programme outcomes and follow-up are extremely important. The experience of New Zealand and Australia shows that the best champions are those who have family members suffering from mental illness; there is a need to be aware of potential advocates. • Identify a problem, solution or theme around which to advocate. Think up a national campaign slogan to awaken people and stimulate discussion and action. Focus on public awareness. • Lobbying – Engage ministers, finding an entry point of influence, for example, ministry funding, legislation reviews or training in academic partnerships. The College of General Practitioners in New Zealand, for example, has contact with the Minister and Ministry of Health and therefore is in a good position to advocate for educational requirements for mental health. The College has advocated successfully in the past for resources for mental health training. • National Focal Points – Establish a role for NGOs to be involved at this level in policy development process. • Develop a relationship with the minister of health – problems and solutions can be identified. Personal stories, told first-hand through the media, can have a big impact. For example, in Fiji, the Minister of Health talked about a daughter’s suicide during Suicide Prevention Week. • Research and situation analysis – Gather data and advocate for solutions. Stakeholders should be involved in participatory approach. NGOs have responsibility of working with stakeholders to identify priorities for advocacy and designing an advocacy strategy – what will be achieved, how it will be achieved, timeframes, etc. • Stay engaged and positioned to keep people talking and working with the same position.

Description	Actions / details
Community strategies	<ul style="list-style-type: none"> • Champions, celebrities, sports people who have experienced mental illness to speak out • Public meetings and public hearings as an opportunity to raise issues • National day – focus on an event – suicide prevention week, for example – could focus around a song or event • T-shirts – e.g. youth promotion t-shirt and launch • Bumper stickers with themes or slogans to promote a positive approach to mental health • School curriculum – include information in school curriculum on drugs, peer pressure, violence • Mental health resource kit • Community outreach and community services – grassroots level – telling people what mental health is about – first-hand exposure to people who have had experiences • Human rights – everyone should have access to mental health care, i.e. safety net. Funding support to ensure access –importance of stakeholder groups working together to provide funding • Use of songs and indigenous approaches – importance of communicating indigenous perspectives using creative ways of increasing advocacy and awareness. Drama, song – devise own concepts. Taking concept and discussing and negotiating so it is owned by communities. • Importance of working with and training other NGOs such as church groups, youth groups and women’s groups so they can then raise awareness within their own communities. • Need to promote and develop national plans and strategies
Other strategies	<ul style="list-style-type: none"> • Network with skilled colleagues in other Pacific island countries. • Establish a central point for NGOs to have information about donor agencies. • Invite medical students and professionals to learn about the role of NGOs. • PIMHnet to share promotional materials with NGOs as well as NFC so resources are distributed widely. • Tie in with the Pacific plan to engage and involve national leaders. • Pacific Disability Forum should be working in advocacy with psychiatric survivor organizations. • PIMHnet to assist NGOs to get involved in World Federation of Mental Health – many countries in the Region not represented. • Determine how NGOs can support PIMHnet’s National Focal Contacts. • Link with World Mental Health Day and use their materials for advocacy – need to look at other important world days such as International Day for the Elimination of Violence Against Women. • Study the potentially enormous impact of climate change and rising sea levels on mental health in this part of the world.

Description	Actions / details
If NGOs had more resources, what would they like to do?	<ul style="list-style-type: none"> • Offer more support and services to people with mental health problems. • Step up networking and information sharing within countries. • Building administrative capacities in order to develop proposals to provide more services. • Provide core activities in areas of capacity-building, information dissemination, and activity coordination.
Key areas	<ul style="list-style-type: none"> • Information and data gathering around needs of population and particular groups, policy and legislation. • Human rights education and training advocacy for work. • Services and family support, counselling, service delivery advocacy, issues around medications – access and distribution and appropriateness of treatment. • Identifying advocacy strategy to ensure budget process participatory and understood. • Concerns about stigmatization and discrimination – challenging and training the media. • Alliances and associations for families who have the responsibility of caring for people with mental illness.

Discussion

Following the feedback session, participants discussed strategies and actions regarding advocacy for mental health.

Participants discussed the possibility of PIMHnet or other organizations funding the participation of Pacific NGOs in the World Federation of Mental Health. Formed in 1948, the Federation’s founding members consisted of representatives of NGOs, professionals, consumers, and carers. The Federation, which has a consultative status with the United Nations and WHO, originated World Mental Health Day and provides support to organizations in seven world regions. While Africa and Asia are well represented, Oceania has only four members, all of which are from Australia and New Zealand (i.e. no representatives from Pacific island countries).

The need to set up global projects for mental health services and projects was discussed. The view was expressed that global projects help to ensure that countries work together. WHO has global projects for mental health; however, because they are not well resourced, they tend not to have as high a profile as would be desired and have less capacity to bring countries together on a regular basis.

Participants discussed involving the church and church leaders in addressing the issue of mental health. Churches are involved in addressing the root causes of mental health problems, for example, bullying in schools. The need to be mindful of root causes was stressed as concerns were raised about NGOs offering “band-aid” solutions.

The need to focus not only on treatment but also on prevention was also raised.

When preparing materials, NGOs need to avoid the mistake of trying to simplify psychiatry. Misinformation can result. Information also needs to be closely monitored and standardized to take into account culture and religion.

Participants queried how much mental health costs in Pacific countries. This is a data issue and costs are difficult to quantify. We do know, however, that funds committed to mental health are far lower than the proportion of the burden of disease attributable to mental disorders. Some countries have no specific funding for mental health.

2.5 Group work session – How can NGOs contribute to the PIMHnet objective on human resources for mental health?

Meeting participants were divided into three groups to discuss how NGOs could contribute to the PIMHnet objective on human resources for mental health. Feedback from group discussions is shown in Table 2.

Table 2. Feedback from group discussions about human resources for mental health

Description	Action / details
Training	<ul style="list-style-type: none"> • Provide mentoring, supervision, support, resources, links and between islands • Provide training at various levels • Provide spiritual or faith-based training • Provide values training – how to empower agencies and/or families to regain position and responsibility • Train families and support groups (healthy response to stress, etc.) • Use existing agencies and groups – links and integration
Other strategies	<ul style="list-style-type: none"> • Use local context and translate into medium for communities to use (cost depends on training materials used) • Do not overemphasize on creating new institutions • Consult with each other and respect each other • Support services crucial but not in competition or duplication • Share existing tools, e.g. Mental Health State Examination and checklists for alcohol and drug use and suicide • Extend existing international networks to the Pacific region • Identify needs within the Pacific region and seek expertise from international organizations in specialist areas such as alcohol and drug abuse, children and youth. • Advise international organizations of needs – updated database

2.6 Group work session – How can NGOs contribute to the PIMHnet objective on service delivery?

Meeting participants divided into three groups to discuss how they could contribute to the PIMHnet objective on service delivery. Feedback from the group discussions is shown in Table 3.

Table 3. Feedback from group discussions about service delivery

Description	Action / details
Information	<ul style="list-style-type: none"> • Establish an NGO clearinghouse for information to be collected and disseminated to all member NGOs. Information could be posted on a website and linked to PIMHnet, translated into other languages as required, and cross-referenced to other NGOs. • Prepare a directory of NGOs for families and/or agencies seeking information about available support. The directory could be distributed to police, health services, social services, etc.

Description	Action / details
Other strategies	<ul style="list-style-type: none">• Set up a mental health advocacy team to assess service needs.• Set up and strengthen support groups for vulnerable groups and mental illness.• Provide and build on respite services available.• Consider sharing facilities and staff.

2.7 Development of an action plan for working with PIMHnet

Following the group work sessions, participants discussed the components of a draft action plan and how NGOs could contribute to achieving the actions that have been discussed during the course of the meeting. A draft action plan is attached as Annex 2.

The purpose of the action plan is to outline concrete activities that can be undertaken by NGOs in order to help improve the mental health situation in Pacific island countries. Some of the activities could attract funding through networks such as those used by the Foundation of the Peoples of the South Pacific International (FSPI) model.

Discussion followed on the role of the NFC and how the initial link with this person should take place. The NFC should look at the ongoing activities of NGOs working on social justice issues to determine which activities address mental health issues.

Participants expressed concerns that some of the draft actions proposed did not address the root causes of mental health problems in the Pacific region and were “band-aid” measures. A set of principles is required to underline the actions proposed. Thus far, the document is based on the premise that actions will lead to a better understanding of mental health issues.

Countries were asked to review the draft action plan individually and indicate areas that they could assist with or that they were interested in developing further. The draft action plan will be updated after further consultation with meeting participants.

2.8 Introduction to New Zealand NGOs

Representatives of New Zealand NGOs introduced themselves and provided information about the role and function of their organizations. The following individuals were involved in this session:

- (1) Suzette Geisler, College of Mental Health Nurses;
- (2) Kaye Carncross, College of Mental Health Nurses;
- (3) Marion Blake, Platform;
- (4) Judy Clements, Mental Health Foundation of New Zealand;
- (5) Florence Leota, Schizophrenia Fellowship New Zealand Inc.; and
- (6) Erin Ingram, Global Volunteer Network.

2.9 Closing session

The Secretariat closed the meeting. Dr David Chaplow, Director, Mental Health and Chief Advisor, New Zealand Ministry of Health, thanked participants and reinforced the availability of PIMHnet to respond to any individual needs and requests.

Murdoch Pahi, Kaumatua, then closed the meeting with a *karakia*.

3. CONCLUSIONS

It was the first time for NGOs to come together to share their experiences and explore potential contributions to mental health in the Pacific. In order to reduce duplication and fragmentation of mental health services in NGOs, and to strengthen the links between NGOs and formal mental health services, a draft action plan was developed and agreed upon in principle by the participants. Concrete actions are proposed under three priority areas: advocacy, service delivery, and human resources development, for PIMHnet and for NGOs, respectively.

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MEETING ON PARTNERSHIP FOR MENTAL HEALTH IN THE PACIFIC
WELLINGTON, NEW ZEALAND
25–26 FEBRUARY 2008

ACTION PLAN

Introduction

Before considering these actions, NGOs need to be clear about what each wants to achieve and then each nongovernmental organization (NGO) actions and activities will be tailored accordingly. To assist NGO's we have added actions which Pacific Islands Mental Health Network (PIMHnet) have identified as a need in this area. These have been added into each box under actions, please put your organizations name against this action if you are able to assist. Under each heading, we have included two tables—one contains actions for PIMHnet, the other contains actions for NGOs and other organizations.

1. Advocacy

Advocacy is a key area for PIMHnet and consultation has identified it as a priority area for action. There is a level of discrimination and stigmatization experienced by people with mental illness and their families and there is a need to develop education programmes to inform communities about mental illness and fight stigma.

Table 1 – Actions for PIMHnet

Action – Advocacy	Timeframe	Progress
Facilitate a workshop with parliamentarians to get buy in and raise awareness. Timed with anticipated policy or law to be officially adopted		
Contact National Focal Contacts (NFCs) and brief them on NGO meeting, provide contact details of NGOs and other participants at the meeting and encourage communication and coming together of groups	April 2008	Update provided in the April 2008 PIMHnet newsletter which is available on the PIMHnet website (http://www.who.int/mental_health/policy/pimhnet/en/index.html). The newsletter includes contact details for all NGO workshop participants.
Work with NGOs to prepare proposals for funding based on concrete activities to be achieved	Ongoing	
PIMHnet share promotional materials with NGOs (as well as NFCs) so that resources are shared widely	Ongoing	PIMHnet information guideline package in progress which will be provided to NGOs once published.

Annex 2

PIMHnet to determine which PCC programmes address mental health issues		
Promote PIMHnet in collaboration with NFC		

Table 2 – Actions for NGOs and organizations

Action - Advocacy	Responsibility/interest in working on this further	Timeframe
NGOs contact their country NFC to see how they can better interact locally with the NFC and the in-country network to work together to improve services, address stigma, and discrimination and to try to encourage regular meetings.	ALL	Apr 2008
Hold public meetings/awareness events (or media activities) to fight stigma and discrimination and improve knowledge by: <ul style="list-style-type: none"> identifying and working with key figures to speak out about their problems identifying and working with consumers to talk about their problems (use of songs / storytelling and indigenous perspectives) 	FANGO ICRAF with mental health NGO committee NIUANGO (Niue Association of NGOs) MICNGO ACH NIANGO KANGO WONCA (HK) Catholic Church (Solomons) All FSPI network partners in youth and mental health project Mental Health Taskforce (Samoa)	Mar – Dec 2008 2008 2008 Within a year Feb 2009 Ongoing May 2009

Action - Advocacy	Responsibility/interest in working on this further	Timeframe
Meet with other NGOs within country to discuss mental health issues and see how they can collaborate with the other NGO groups (such as church groups, youth groups, women's groups)	CIANGO FANGO WFSAD ICRAF meet with NGO mental health committee to see which organizations are represented on the committee and co-opt other groups MICNGO (Priority 2) ACH NIANGO KANGO WONCA (HK) WONCA Catholic Church (Solomons) All FSPI Network partners SUNGO TANGO	May 2008 Jul – Aug 2008 Ongoing (begin within a year) May 2008 2008 Within a year Feb 2009 As needed Ongoing
Hold meetings to build relationships with other regional NGO groups for example FSPI, Pacific Disability Forum	CIANGO FANGO in collaboration with PIANGO, PIMHnet, OXFAM, etc ICRAF – NGO mental health committee NUIANGO MICNGO (Priority 3) ACH NIANGO KANGO WONCA Pacific Conference of Churches (PCC) will not be involved with PIMHnet as resources are already stretched Partners for Community Development (Fiji) FSPI TANGO	ASAP Mar – Dec 2008 2008 2008 As soon as possible As required Ongoing

Annex 2

Action - Advocacy	Responsibility/interest in working on this further	Timeframe
Liaise with medical, nursing, allied health, schools in order to get students exposed to community mental health issues.	CIANGO FANGO ICRAF MICNGOs ACH NIANGO WONCA (HK) WONCA Catholic Church (Solomons) FSPI – PCDF (FIJI); FSPV (Vanuatu) and other YMH projects	Sept / Oct 2008 Ongoing 2008 and ongoing 2008 Feb 2009 12 months Ongoing
Develop relationships with the media, share media contacts with others and PIMHnet members	FANGO NIUANGO MICNGO ACH NIANGO WONCA (HK) WONCA FSPI – all YMH do this	Ongoing 2008 Feb 2009 As appropriate Ongoing
Contact the World Federation for Mental Health to link with World Mental Health Day and related activities to raise awareness of mental illness within countries	CIANGO FANGO ICRAF NGO Mental Health Committee NIUANGO MICNGO (Priority 4) ACH NIANGO KANGO WONCA (HK) WONCA Catholic Church (Solomons) FSPI – all YMH encouraged to do this Mental Health Taskforce (Samoa) to work in close collaboration with MoH National Health Services	Oct 2008 Mar 2008 – 2008 and ongoing 10 Oct 2008 Feb 2009 Ongoing Ongoing

Important advocacy activities however not necessarily doable in the short-term

Action – Advocacy	Responsibility/interest in working on this further	Timeframe
Facilitate national campaign or slogan to stimulate discussion and action	FANGO	2009

2. Service Delivery

Improving mental health service delivery is a key priority for PIMHnet. In particular, PIMHnet aims to ensure mental health is integrated into primary health care. Most people are unable to receive adequate attention for mental illness in the primary health care setting in many parts of the Pacific region. WHO and most experts recommend that primary health care should be the first point of contact for most mental health problems. Treatment and care provided through general hospital settings is also insufficient. Strengthening service provision will require the development of human resources for mental health at primary and secondary levels.

Table 3 – Actions for NGOs and other organizations

Action – Service delivery	Responsibility	Timeframe
Develop a directory of NGOs in each country describing their role, send to PIMHnet	CIANGO	ASAP
	FANGO (NGO directory in place needs annual updating and distribution)	Nov 2008
	MICNGO already in existence	2008
	ACH	
	NIANGO	
	KANGO	As soon as feasible
	FSPI – YMH Situation Analysis Solomons (SIDT), Tonga (TCDT) this olesiosiomaga (Samoa) Tuvalu (Tanoo) in progress	March – Dec 2008
	Mental Health Taskforce – specifically NGO focal point	Revise end of every year
	TANGO	Completed
Liaise with different health, social and Police services in order to highlight the mental health supports and services that NGOs can offer in mental health (once directory is developed).	FANGO NIANGO / NFP Catholic Church (Solomons) FSPI – all YMH project countries encouraged to do this Mental Health Taskforce (Samoa) TANGO	Nov – Dec 2008
Establish and strengthen support groups	CIANGO	Ongoing

Annex 2

Action – Service delivery	Responsibility	Timeframe
for vulnerable groups and mental illness	FANGO ICRAF to use existing services and counselors MICNGO – seek T/A to (Priority 1) ACH NIANGO KANGO Catholic Church (Solomons) FSPI – YMH Project is committed to this has developed support service	Ongoing Dec 2008 Ongoing for thematic areas As soon as feasible
Provide and build on respite care services available: <ul style="list-style-type: none"> • Discuss with NFC and MOH • Assist with project proposal for funding building project Family community mental health, crisis management, counseling and rehabilitation	CIANGO FANGO ICRAF to use existing services TANGO	Mar 2009 2009
Consider collocation - facility sharing, staff sharing – and consider opportunities to share resources and facilities	CIANGO FANGO NIANGO FSPI undertakes exchanges on YMH project between 8 network partners MH Taskforce (Samoa)	May – Dec 2009 Ongoing Ongoing

3. Human Resources and Training

Many Pacific Island countries have few or no specialist mental health professionals. Many areas do, however, have a number of general health workers, such as registered nurses and doctors who could be provided with further training which would improve access to and delivery of services to people with mental illness. Improving human resources and training in the Region remains key to the work of PIMHnet.

Table 4 – Actions for NGOs and other organizations

Action – Human resources and training	Responsibility	Timeframe
Discuss with NFC training needs to be incorporated into country HR plan for MH improvement- integrated approach	FANGO NIUANGO MICNGO (Priority 1) ACH NIANGO WONCA (HK) FSPI YMH could facilitate stakeholder discussion on this need and other service/MH needs and issues in 8 countries	Apr – May 2008 2008 Feb 2009 Ongoing
Share existing educational material for clinicians and mental health workers to PIMHnet countries for example Mental Health State Examination, checklists such as Drug and Alcohol, Suicide	CIANGO FANGO NIUANGO RANZCP WONCA FSPI and YMH project will share resources – MH Resource Kit will be available on website	Ongoing Ongoing
Provide mentoring support links and supervision via telelinks between islands (ext national 24 hour support lines to other countries)	FANGO MICNGO WONCA FSPI website will link	Mar 2008
Adapt existing resources and consumer carer guidelines for PIMHnet countries utilization. Pacific region	CIANGO FANGO / regional expert partners WFSAD will support and action if needed WONCA RANZCP	ASAP Jul – Aug 2008
Assist with extension of existing international networks to Pacific region, by communication and links through newsletters, website links with PIMHnet	CIANGO FANGO MICNGO (Priority 2) RANZCP NIANGO KANGO WONCA	ASAP As soon as feasible
Provide/ co ordinate clinical support to PIMHnet countries according to their identified HR plan in a range of specialist areas such as alcohol and drug, children and youth, etc.	CIANGO FANGO WFSAD will link in as required ICRAF NGO Mental Health Committee MICNGO	ASAP Apr – May 2008

Annex 2

Action – Human resources and training	Responsibility	Timeframe
	RANZCP FSPI YMH project regularly invites professional resource people to participate in stakeholder network MH meetings / education awareness workshops	Ongoing
Assist to identify future donor for PIMHnet projects.		

Additional Comments

Organization	Comment
Pacific Conference of Churches (PCC)	<ol style="list-style-type: none"> 1. PIMHnet has brought us together to address the involvement of NGOs in mental health. The core issue is that the basis of actions (as proposed in this document) are “BAND AID” measures that do not address the causes of mental health problems in the Pacific. Hence the framework of this document needs to be revised to reflect this point. 2. We need a set of principles that would underline the actions proposed. Thus far, this document is based on the premise that actions will lead to a better understanding of mental health issues. The churches are ultimately concerned about a holistic contextual and culturally sensitive response that addresses the root causes of mental ill health. 3. NFC to look at ongoing activities of organizations in the Pacific working on social justice issues to determine which activities address mental health issues. 4. We need the accompaniment of NGOs rather than training / the accompaniment of NGOs has a different logic to TOT. 5. PIMHnet to work in close coordination with regional NGOs to advocate for mental health in the regional policy and legislative framework 6. Regional NGOs to influence partnerships in advocacy and develop activities at regional level. Regional NGOs include FSPI, PCC, PCRC, PACFAW, PIANGO, SPOCTU 7. Regional NGOs also work through other regional agencies including CROP agencies (CROP – Council of Regional Organizations of the Pacific)

CONTENTS

	<u>Page</u>
1. INTRODUCTION	1
1.1 Objectives.....	1
1.2 Opening remarks.....	1
2. PROCEEDINGS.....	2
2.1 Overview of objectives and agenda – discussion	2
2.2 Introduction to the WHO PIMHnet	3
2.3 Plenary discussion on PIMHnet – key issues and key actions / questions and answers	3
2.4 Group work session – How can NGOs contribute to the PIMHnet objective on advocacy for mental health?	4
2.5 Group work session – How can NGOs contribute to the PIMHnet objective on human resources for mental health?	7
2.6 Group work session – How can NGOs contribute to the PIMHnet objective on service delivery?	7
2.7 Development of an action plan for working with PIMHnet	8
2.8 Introduction to New Zealand NGOs.....	8
2.9 Closing session	9
3. CONCLUSIONS	9

TABLES:

TABLE 1 - FEEDBACK FROM GROUP DISCUSSIONS ABOUT ADVOCACY FOR MENTAL HEALTH.....	4
TABLE 2 - FEEDBACK FROM GROUP DISCUSSIONS ABOUT HUMAN RESOURCES FOR MENTAL HEALTH.....	7
TABLE 3 - FEEDBACK FROM GROUP DISCUSSIONS ABOUT SERVICE DELIVERY	7

ANNEXES:

ANNEX 1 - LIST OF TEMPORARY ADVISERS, OBSERVERS,
AND SECRETARIAT

ANNEX 2 - ACTION PLAN

Key words

Mental health / Partnership / Nongovernmental organizations / Pacific islands / Mental health services
