

Background

Mental health generally ranks low on the public health agenda in the Pacific, where it is forced to compete for scarce resources and public recognition. Consequently, services often are extremely limited, underfunded, and poorly distributed and staffed. As a result, innovative approaches are needed if we are to improve mental health services, strengthen policies and planning, and provide better treatment and care to all Pacific Islanders.

At the last 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. With support from New Zealand's Ministry of Health, the World Health Organization consulted with Pacific Island Countries and Areas to analyse the mental health situation in the region.

A framework for a mental health network was developed and presented to 20 Pacific Island Countries. Eleven countries provided further input in a series of telephone conferences and in a meeting in Tonga in August 2005. All 11 countries expressed strong support for the proposal and nominated official representatives to be part of the network.

Purpose and priorities of PIMHnet

The Pacific Islands Mental Health Network (PIMHnet) brings together countries that share geographical, social and cultural ties, and also experience similar issues or difficulties in the area of mental health. Working together, network countries are able to draw on collective experience, knowledge and resources in order to promote mental health and develop mental health systems that provide effective treatment and care. The three-year priority areas identified by countries within the network are:

- advocacy for mental health throughout the Pacific and within countries
- human resources and training
- strategy, policy, legislation, planning and service development
- research and information
- access to psychotropic medicines.



PIMHnet mode of operation

Participation in the network requires high-level commitment from Ministries of Health, as well as the official appointment of a country focal point and an in-country multisectoral team. Network countries are then required to meet on an annual basis to develop workplans to be officially endorsed by their Ministers of Health. The officially appointed focal point in each country provides coordination and liaison between the PIMHnet members and strategic partners, as well as with the network secretariat and the mental health community. Each country's internal network associates could include mental health clinicians and professionals; those involved in mental health legislation, policy, planning, financing and programme management; nongovernmental organizations and other relevant provider organizations; service users and/or service user organizations; educators, academics and their host institutions in the field of mental health; and representatives from communities and churches, such as elders, leaders and traditional healers.

Countries are being supported by the network secretariat and its strategic partners.

Funding of PIMHnet

Funding to support PIMHnet for three years was provided to WHO by the New Zealand Ministry Agency for International Aid in collaboration with the New Zealand Ministry of Health.

Le Lagon Resort, Port Vila, VANUATU
at
14 March 2007
on
Pacific Islands Mental Health Network (PIMHnet)
to the launch of the

The World Health Organization has the honour of inviting



logo Info
text here

