



Drive to improve mental health care in the Pacific

November 5, 2010

<http://www.radioaustralia.net.au/pacbeat/stories/201011/s3057961.htm>

Mental health patients are forced to compete for scarce resources and public recognition in many Pacific Islands.

Services are extremely limited and underfunded.

In 2005 a Pacific Mental Health Network was established by New Zealand's Ministry of Health and the World Health Organization.

13 island countries are now part of the network.

The aim is to develop country teams of mental health clinicians and professionals; those involved in mental health legislation, policy, financing and programme management.

Dr Frances Hughes is the facilitator for the WHO Pacific Islands Mental Health Network.

Presenter: Geraldine Coutts

Speaker: Dr Frances Hughes, W-H-O Pacific Islands Mental Health Network

HUGHES: There's still a great deal of stigma and discrimination around mental health, and in the world of health, in the world of illness even in the medical hierarchy, mental health, mental illness is still way down the pecking order. It's not surprising that throughout the globe that it's not a priority, but it's compounded in vulnerable countries where they have limited resource. And of course our donor to date has been New Zealand aid, and for the past year we've had, the funding has been through WHO, but we've just managed to get another three years funding from New Zealand aid. But it takes a lot of work and there's no real other donors out there at the moment that have expressed interest. A lot of that is because they don't see it as a priority issue. It's terrible to have to compete within health and illness resources, but I have to say diabetes, HIV, AIDS, those other illnesses and diseases are more top of the pops, and people and donors when they do have money, would rather go to those areas than mental illness. It's still about that ignorance and discrimination and stigma.

COUTTS: Is it because also as you've just said, I mean there are a lot of other illnesses ahead of it and worthily so, but is it because there's no bruises or overt signs most of the time for mental health that it doesn't get the recognition that it deserves?

HUGHES: I think it's about the fear of the unknown. I think that they always see that when people, they look at someone, how would you know he had a mental illness, and if they do think people who are a little bit odd, do they want to really know what that's about? Part of that is addressing our own humanity because the bottom line dealing with mental health and mental illness is about dealing with human rights. And most of our work has gone into working with countries to make sure they can start adjusting their policies, their legislation, or actually starting from scratch, because many of them had no protection. And there's still a lot inhumane practices occurring, and of course that goes also to the human resources, their support staff, their medical staff, their nursing staff, the staff they have on the ground, many of them have had inadequate training in mental health and mental illness, and so human resources there are still very poor in regards to their knowledge and skills in mental illness.

COUTTS: Inhumane practices still going on, what do you mean, can you give examples?

HUGHES: Well I'm talking about the fact that they have an inability to access treatment, they are still at times are isolated, many times when there's no treatment facilities they end up in jails. I'm talking about where they can be secluded, I'm talking about the fact that in some countries they can still be shackled. You don't have to go to Africa, you don't have to go to some of the other countries in the world to see practices which Australia, New Zealanders would be horrified to see. But they're still out there and they still continue and a lot of it's through ignorance.

COUTTS: Are mental health patients winding up in the jails as you've just described because there's nowhere else for them to go?

HUGHES: Absolutely, there're two reasons; one is that when they commit their crime they have inadequate assessments by health professionals or they don't have a health professional that's trained like a psychiatrist. Many countries don't have psychiatrists at all. Their court system, the legislation is not there to protect them so they've committed a crime and at the same time they may have been depressed or had some major mental illness, and they've ended up in jail. And on top of that you have prisoners who also can be developing depression or have underlying mental illness while they're in there. And there has been work, and aid agencies have done work in the Pacific on building new prisons, but when they're in there they need access to good mental health professionals who can give them good liaison, good treatment while they're in there as well.

COUTTS: In 2005 as I've already mentioned the Pacific Health Mental Network was established by New Zealand's Ministry of Health. Has that had any impact on the situation?

HUGHES: Oh it's had a vast impact, there's two funders that help. Initially it was the Ministry of Health put funding into New Zealand, and then New

Zealand Aid took over. But what we've had now is we've got all the countries in our network now have a human resource plan, about how they're going to move their human resources in country to get better skills. Two-thirds of the countries have a draft policy, which brings in human rights and the basic guidelines from WHO on what mental health policy should be about. We're putting a lot of in-country training in. We've had some amazing partners in this process, with WONCA, with the World Organisation for Family Physicians, with the Australian and New Zealand College of Psychiatrists. We've got some really good strategic partners in the region, but the fundamental issue is we lack basic donor funding to keep this up. This is not a short-term fix, but most of the donor funding are very short projects, and this is not a project, this is a sustainable development to bring a lot of countries up. So my biggest issue all the time is trying to educate donors to understand how important it is in the Pacific that they have people who are mentally well, that they have resources in there because it effects economically, it effects productivity, and it effects the stability of these countries when they do not have good processes around mental health and working and treating those with mental illness.

COUTTS: Many of the mental health illnesses are for a lifetime, it's a treatment-based process. So how many in-country facilities do you have and where are they are in the Pacific?

HUGHES: Every country has a medical hospital or medical service, and at the end of it not many of them have acute in-patient services. Most of the reliance on services is a primary care level, with junior doctors or nurses. So that's why our human resource plans are around trying to build up the skills. I've just been to the Cooks for example with a Malaysian psychiatrist and we've been doing skills workshops in the Cooks, we're doing it in Vanuatu, we're doing it in Solomons, we're doing it in Palau, in Marshalls; building up that basic group. Many of them are community, and I say community but there's no community services. So they're looked after where they are or they are looked after in their homes or in their villages. But our biggest move is to try and get community services where we have clinics and where we have places for people to go. And we've got 17 to 18 per cent of the burden of disease in the Pacific is mental disorders. This is not a small issue, this is a big issue, and about 16 to 17 per cent of the adult population in the Pacific are mental disorders.