Summary of Recommendations.
National Symposium on Mental Health Issues in Samoa.
Kitano-Tusitala Hotel, 8-11 April 2003.

The symposium is a new beginning for positive change to improve public awareness and attitudes on mental health issues and thereby promotes a greater integration between community-based social groups and governmental mental health services.

Leota Dr Lisi Petaia, Mental Health Unit
Assisted by Galumalemana Steven Percival

30 May 2003
FAO Conference Room
This Summary of Recommendations made at the National Symposium on Mental Health Issues in Samoa held 8-11 April 2003 has been produced under the direction of Lolofietele Taule’ale’a ausumai Dr Eti Enosa, Chief Executive Officer of the Ministry of Health, the Government of Samoa’s key agency for mental health services. A companion book entitled “Final Report of a National Symposium on Mental Health” is also available.

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Edited by Galumalemana Steven Percival and Leota Dr. Lisi Petaia.
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Upu Tomua

Tatalaga o le Falema’i mo Gasegase o le Mafaufau
(Motootua 1970, a o Palemia Tupua Tamasese Lealofi IV)

Ua ta matamuli e tautala i le taeao lenei, ona ua se faafeagaiga a le fiso ma le tolo. O lau afioga a le alii Palemia o le Sui Minisita o le Soifua Maloloaina, a ua le mafai fo’a ona ‘alofia le tiute tau’ave o le Ofisa o Galuga aua o i latou na faatūina lenei fale. O le a leai sa’u upu e aga’i i lau afioga a le alii Palemia, i lou sa ma lou tau lagalaga na mafua ai ona faatū lenei fale, ne’i faitau mai le magafagafa ua vivii i le lau o le tolo le lau o le fiso.

A ou te le’i foa’i tauloa atu lenei fale, se’i muamua fai sa’u upu puupuu i lona aogā ma le tatau.

E momomo le mafaufau pe a toe tepa i tua i le molimoli faamalosi o le gasegase i Tafa’igata po o Tuasivi. O le a le agasala? A o le a fo’i le solitulafono, vagana ai le mafaufau ua faau ma le ma’i? Pagā le Malo ua oge alofa, ua ‘ela le faatatau, e faasala le ma’i faapei o le gaoi po o le faistotu tagata. Mā, o le itūmu muamua ua tatau ai ona faunia lenei fale, ina ia silafia e tagata ma le o loo gasegase, ua le o se solitulafono e togisala, a o se gasegase e togafitiona.

E le gata i lea, a o le taofia i le falepuipui u atili faa’amu’amu ai tagata faapea o se maka. O le faatūina la o le lenei maota gasegase i Motootua, o le a taofia po o le a faaitiitia le aamu ma le faatauemu; ona ua ao loa ona silafia, o le gasegase o le mafaufau, e faapei lava o le manu’a o le lima po o le vai, po o se isi lava gasegase o le tino. E lele i le manu’a o vai po o lima, e foma’ia i le vai, ma e le afaina i uiga ma amio. A e faaeteetegatā le gasegase o le mafaufau, aua e faapei le manu’a i le tāga faatauemu ma le amio le le alofa.

Ma mafalo a taga’i se isi i le faatauva o le maota, ma manatu i le finagalo lautele faasino i lenei gasegase, ona fua la lea i le fua faatauatu lenei taeao.

A ou te manatu a’u, o se taeao faaitauina lenei i talatuu o Samoa. E moni e le lenei na sala ai o le nuu, po o le taeao na tafteto ai le samo. O taeao ia e maualuga i le fua a tagata, ae noa i le faitau a e Atua.

E maualuga le taeao lenei ona o le taeao o le alofa. Le alofa lea e ta’u e le Tusi: E ui i lea ma lenā ae a aunoa ma le alofa. I le ma le isi: ’Amu’ia lē e alofa atu... Ma, o itū ia, ua maua ai so’u manatu e faa’upu faapenei: ’Amu’ia lē lava’i i le vai vai o lona uso, au a o le alofa lea e fiafia i ai le Atua.

Ma le faaaloalo e tatau ai, ou te tuuina atu i lau afioga a le Sui Minisita o le Soifua Maloloaina, le maota e faapitoa i le gasegase o le mafaufau.

Tuiatua Tupua Tamasese Efi
Acknowledgements

The Honourable Minister, Chief Executive Officer and the Ministry of Health would like to acknowledge with gratitude the generosity of our major international and local sponsors, as well as individuals, who have contributed to the success of this symposium.

- The Japan International Cooperation Agency (JICA), especially Afioga Muliagatelle Tsutomu Moriya and Ms Pippa Tomane, for understanding and your immediate willingness to support our present (and future) programs. Thank you for co-funding the symposium as well as providing a computer set now in the Mental Health Unit and a vehicle to arrive soon.

- The World Health Organization (WHO), especially Dr. Han Tieru and Ms. Nancy Macdonald, for your continuous support in sponsoring visiting consultants who have been reviewing mental health services in Samoa. Your assistance in co-funding the symposium and the proposals now in place for the future enhancement of mental health is deeply appreciated.

- AUSAID via the Pacific Island Project, for sponsoring Dr. Charles Whan who has been instrumental in this symposium and remains a major player in the reforms of our mental health services. His insightful report into the state of the current mental health services in Samoa serves as an important guideline into the development of the area.

- Honourable Tuiatua Tupua Tamasese, for sharing your wisdom and insights into our culture.

- Honourable Misa Telefoni Retzlaff, Deputy Prime Minister and Minister of Finance, for your continuous efforts to improve mental well-being in Samoa.

- Honourable Patu Tiava’asue’ Falefatu M. Sapolu, Chief Justice of Samoa for your willingness to address the symposium on a difficult aspect of mental health.

- Reverend Oka Fauolo, Chairman of the National Council of Churches, and Reverend Utufua Naseri, for your spiritual guidance.

- The Family Centre, Social Policy and Research Unit of Wellington New Zealand. Special thanks to Taimalieutu Kiwi Tamasese and Loudeen Parsons for your valuable expertise and guidance throughout the symposium.

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- Hon. Tui Atua Tupua Tamasese, Statesman
- Hon. Patu Tiavaasue Falefatu M. Sapolu, Chief Justice of Samoa
- Rev. Dr. Otele Perelini, Principal Malua Theological College
- Dr. Charles Whan, Consultant Psychiatrist, AUSAID
- Taimalieutu Kiwi Tamasese, Family Centre, Social Policy and Research Unit; Wellington, New Zealand
- Papalii Lio Masepau, Assistant Commissioner of Police
- Mr Tony Lawson, Parliamentary Counsel, Attorney General’s Office
- Luagalau Foaiga Eteuati Shon, Director Ministry of Women Affairs
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Summary of Recommendations presented 30 May 2003.
National Symposium on Mental Health Issues in Samoa held 8-11 April 2003.
Dr Satupaitea Viali, Consultant Physician  
Afamasaga Toleafoa, Consultant  
Professor Pelenatete Stowers, Director of Nursing

- The Manager and staff of the Hotel Kitano-Tusitala for services and for free accommodation for our overseas presenters.
- The Samoa Umbrella for Non-Governmental Organisations (SUNGO), Karen Talan and Mose, for assisting with the Poster Session.
- All the Non-Governmental Organisations that participated in the Poster Sessions: Mapusaga o Aiga, Fa’atua Le Ola, Samoa Family Health Association, Nuanua o le Alofa, Health Education and Promotion Services, The Flame.
- All those who participated in the Aiga Night: Toloa (Samoa Polytech) Maritime Students, Lototaumafai Students, Avele College Students, UPY Students, Mr. George Carter, The Flame Youth Centre, Melanie Lesoa, Nina Netzler, and the Samoa Visitor’s Bureau String Band.
- Le Moana Cafe, Ms. Tili Boyle and Agnes Florist, Ms. Agnes Erichson, for the delicious supper at the Aiga Night.
- Radio Polynesia, Afioga Maposua Rudolf Keil, for your significant contribution by broadcasting the proceedings of the symposium free of charge.
- Molio’o Sumeo Si’itia, for hosting the Aiga Night.
- TV Samoa, Samoa Observer, Savali Newspaper, Radio 2AP, for your coverage of this event.
- Polynesian Airlines for assistance with travel for the international presenter.
- Soifua Manuia Clinic, Dr. Viopapa Annandale and Dr John Atherton, for support and advice.
- Big Island Rentals and Apia Rentals, Tuifa'asisina Maraea Slade and Sina Retzlaff-Lima, for your support and services throughout the symposium.
- Leotele Amosa for your strong support and negotiating skills in preparation for the symposium.
- Bluebird Lumber and Harware, Fa’amausili Andrew and Luailepou Kereti Ah Liki, for your encouragement and support.
- Siva Afi Designs for the much admired banner.
- Malua Press/Bookshop, Reverend Tonu P Mauafu, General Manager, for assistance with the symposium programme.
- Maria’s HealthCare Pharmacy Ltd, Maria Westerlund-Hunter, for financial assistance with the production of this report.
- Ink Patch, Louisa Cronin for supplying disks for the electronic version.
- Apia Business Machines, Muagututaga and Salá Ana Ah Him, for stationery supplies.
- The Tiapapata Art Centre, Galumalemana Steven and Wendy Percival, for designing resource and promotional material for the symposium and for assisting with the editing, layout, and design of all final reports. Your full, strong support and assistance before, during and after the symposium is very much appreciated. The high standard you set has really helped to bring attention and interest to this long neglected subject.

Fa’afetai tele lava. "E manatua Pule ae le manatua Fa’aalaeo".
Summary Report

The Mental Health service in Samoa has been identified by the Ministry of Health over the last few years as a service that is in need of strengthening and expansion.

Working at the Mental Health Unit over the last two months has given me insight into the reality of our current mental health services. I acknowledge all past efforts, especially the work and dedication of our doctors and nurses- Dr Malaefou Elisaia, Dr Hans Thieme, Dr John Boyle, Dr Simi Tafunai, and others who laid the foundation for mental health care in Samoa.

I also acknowledge Matamua lokapeta Enoka and the team of nurses who continue to strive to help those suffering from mental disorders of one kind or another, under difficult circumstances. I am also keenly aware of the isolation and the lack of resources that we have and continue to experience. Nonetheless, I am positive that the support we can now foresee will encourage and motivate us to work even harder.

In collaboration with relevant government departments, educational institutions, religious and community groups and non-government organisations, the symposium was initiated as part of a process aimed at improving the quality of the mental health services, the goal of the symposium.

The event was co-funded by JICA and the World Health Organisation.

The symposium aimed to improve the dialogue amongst all those involved in mental health care and served as a catalyst, not only to identify current needs but also on how to address them. This more holistic and unified approach hopes to produce a more hospitable and effective way of dealing with mental health issues.

The objectives of the symposium were:

1. To enhance knowledge and understanding of mental health issues.
2. To promote co-operation amongst stakeholders for the improvement of Mental Health Services.
3. To raise professional as well as public awareness on aspects of mental health and its related social issues.

The content of the symposium was derived from its objectives and focussed on two main areas.

THE FIRST FOCUS : Sharing information about Mental Health

- To disseminate information about Mental Health and Mental Health Services.
- To provide a space for each of the service providers to share their own conceptions and descriptions of mental health.

It was envisaged that this first focus will bring forth information about the Mental Health Services that are provided, their strengths, their weaknesses and a range of possible solutions to address these weaknesses.

This first focus was achieved through;

- Paper presentations.
- Group discussions.
- A poster session.
- The Aiga Night.

THE SECOND FOCUS : The Needs and Strengths Assessment

The second focus of the symposium was to carry out a Needs and Strengths Assessment of the Mental Health Services in Samoa. Such an exercise is considered vital as the findings will drive future directions of servicing and workforce development, and any possible legislative and policy initiatives.

The format of the symposium included a diverse range of presentations relating to Samoan culture, theology, education, justice, etc., and how these relate to mental health.
An international presentation titled "A qualitative investigation into Samoan Perspectives on Mental Health and Culturally Appropriate Services" by Taimalieutu Kiwi Tamasese was a highlight of the symposium.

The presenters were asked to focus their presentations around 6 key questions to ensure a common approach and allow for practical and realistic solutions at the conclusion of the symposium.

1. What is Mental Health to you, your organisation, Department etc.
2. How does your organisation service Mental Health.
3. What are the shortcomings (if any) in your service.
4. What solutions can you recommend.
5. What is a vision for Mental Health in Samoa from your perspective
6. How would you monitor and evaluate your work in the future

Most if not all of the presentations were of high quality information.

The participants were members actively working in non-government organisations, government departments, legal professions, educational institutions, and included church and community leaders plus other interested parties. Participants explored the relationship of their services to mental health as part of the development of mental health services in Samoa.

Another highlight of the symposium was the Aiga Night where secondary and tertiary students performed items in the form of skits, dances, songs and poetry around the theme of the family or 'aiga' being the primary source of well being and healing.

Having come together and looked at the issues, it was clear that there is an urgent need for considerable strengthening not only within the Mental Health Unit but also in the health care sector generally, and in non-government and community organisations. These groups all have important complementary roles to play in providing primary mental health care.

In dealing with a concern as crucial as mental well being, we also all need to be aware of our own limitations, or we risk doing more harm than good.

The Symposium is the beginning of positive change to improve public awareness and attitudes on mental health issues and thereby promote a greater integration between governmental mental health services and various community-based groups concerned with social issues facing modern Samoa.

The Ministry of Health hopes very much that donors like WHO, JICA, AusAID and UNDP, who are helping us now, will continue to support our collective efforts to improve mental health care in Samoa.

I am delighted with the level of interest and co-operation demonstrated by all our partners in mental health care. I believe we have a much better sense of unity of purpose than before and I look forward to working with you and to seeing commitment and determination from all those involved in mental health care.

My sincere thanks and gratitude to all those who supported and assisted in making this symposium a resounding success.

Faafetai tele lava! Afai ua sala se aqa po'o se gagana a le 'au'auna,, ia malu ave l fale ma ia va'atele I o outou finagalo. O le naunautaiga lava ia tatou so'oso'o tauau ia taunuu ma le manuia lenei faamaemo ma "Ia Ao Samoa" I lenei mataupu fita ma le lavelave.

Soifua ma ia Manuia!

Leota Dr Lisi Petaia
Mental Health Unit
Tupua Tamasese Meaole II Hospital, Motootua
Summary of Recommendations presented 30 May 2003.
National Symposium on Mental Health Issues in Samoa held 8-11 April 2003.

Figure 1: Vision and Mission

<table>
<thead>
<tr>
<th>VISION</th>
<th>MISSION</th>
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<tr>
<td>For all Samoans to enjoy mental wellbeing through a multi-sectoral approach aimed at building a healthy and productive society.</td>
<td>Holistic, responsive and effective mental health services that is evidence-based, culturally sensitive, affordable and accessible to all Samoans.</td>
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</table>

Figure 2: Partners in Mental Health Promotion and Advocacy

Government of Samoa
Ministry of Health
MENTAL HEALTH UNIT

Health sector partners
Counsellors
Community Groups
NGOs
Educational Institutions
Government Ministries
Religious Organizations
Media

Periodic meetings:
Workshops & Symposia.

Consultation
Mental Health Partners
Learning & Research

Figure 3: Needs of People with Mental Disorders

Department of Mental Health and Substance Dependence, WHO Geneva
World Health Report 2001
Objectives and Expected Outcomes of the National Symposium on Mental Health Issues in Samoa held 8-11 April 2003.

**Goal:** To improve the quality of mental health services in Samoa.

**Strategy:** To promote a multisectoral approach to Mental Health Issues.

**Objectives:**
1. To enhance knowledge and understanding of Mental Health issues.
2. To promote co-operation amongst stakeholders for the improvement of Mental Health Services.
3. To raise professional and public awareness on key aspects of mental health and related social issues.

**Expected Outcome:**
2. To achieve realistic and pragmatic goals by the end of the Symposium.

Official photo taken at the Symposium Opening, 8 April 2003.

Official photo taken on the first day of the Symposium, 9 April 2003.
THE REFERRAL PROCESS:

Any individual (self-referral) or family (aiga) may refer a person to any one of the partners in mental health care listed above.

All individuals with perceived mental health problems should be thoroughly assessed, using a standardized assessment form to be developed, and referred to the appropriate service provider.

For example, if a person appears mildly depressed he or she may be referred to a Counsellor or one of the NGOs for counselling. If that same person is considered severely depressed or is suicidal, he or she must be referred to the mental health unit for treatment and follow up.

Referral information and feedback flows in both directions to all partners and the family involved in each case.

ROLE OF THE MENTAL HEALTH UNIT:

- Assessment, management and follow up of Psychiatric disorders.
- Training of Mental Health Care Providers.
- Mental Health promotion through public education and awareness campaigns including development of psycho-educational materials.
- Assist formulate Mental health Policy and Legislation.
- Research.
- Monitor and Evaluate Mental Health Services.
- Multi-disciplinary team: Psychiatrist(s), Psychiatric nurses, Counsellors, Social Workers, Clinical Psychologist(s), Occupational Therapist(s).
<table>
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<tr>
<th>Six Key Elements</th>
<th>Recommended Actions</th>
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<tr>
<td>1. Advocacy</td>
<td>Mental health education &amp; awareness raising campaigns for public &amp; decision-makers.</td>
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<td></td>
<td>Fight Stigma and Discrimination.</td>
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<td>2. Service Provision</td>
<td>Specialist training for mental health care professionals.</td>
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<td>Provide support and training for other mental health services providers.</td>
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<td>Provide proper counselling services for schools, workplace and community.</td>
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<td>Ensure availability of effective psychotropic drugs.</td>
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<td>Ensure mental health services target all recognised mental health conditions and, in general, restrict the use of resources to these conditions.</td>
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<td>Provide essential support for patients and families in the community.</td>
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<td>Strengthen community based Mental Health Services.</td>
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<td>Use of “aiga” as the strength of culture to facilitate mental health care.</td>
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<td>Use of a Standardized Referral System among the mental health care providers to ensure adequate care for individuals with mental problems.</td>
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<td>Develop a community alcohol and drug service.</td>
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<td>Establish a Division of Social Services.</td>
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<td>Support the formation and function of self help groups.</td>
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<td>Provide suitable holding facilities to care for the mentally ill in a safe &amp; secure environment.</td>
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<td>3. Mental Health Promotion</td>
<td>Integrate mental health into educational curriculum at all levels and for all referral partners.</td>
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<td>Involve mass media to promote mental well-being.</td>
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<td>To develop programmes to promote mental health through social interventions.</td>
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<td>World Mental Health Day Activities - October 10.</td>
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<td>4. Policy and Legislation</td>
<td>Formulate a Mental Health Policy for Samoa.</td>
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<td>Reform the Mental Health Ordinance.</td>
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<td>Reform in the area of Mental Health is a partnership between persons with a mental disorder, their families, clinicians, professional mental health workers, the community &amp; the Government.</td>
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<td>5. Research</td>
<td>Encouraging the Development of a Research Culture and Capacity.</td>
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<td>Evaluate prevalence and treatment.</td>
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<td>Suggested Major Scoping Study: Family Centre; New Zealand</td>
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<td>Phase 1: We need to understand the extent of Mental illness in Samoa.</td>
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<td>Phase 2: We need to understand the capacity, both government and non-Government, within Samoa to meet that need currently.</td>
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<td>Phase 3: To deduce from that information three scenarios to address the problem - minimal response, an adequate response and a best scenario preferred response.</td>
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<td>Phase 4: To develop evidence based, treatment protocols that are culturally appropriate with demonstrated efficacy.</td>
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<td>The research would need to be practical and closely involved with all mental health partners. It should aim to provide Samoan based solutions and recommendations that can be achieved within Samoa’s capacity to resource them.</td>
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<td>The research work needs to be carried out in relation to culturally informed earlier research in this field to avoid inappropriate exclusively western solutions that may not be able to address the Samoan understanding of the mentally well self.</td>
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<td>6. Suicide Prevention</td>
<td>Develop Samoa’s suicide prevention strategy and program.</td>
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<td>Raise awareness about dimensions, nature and determinants of prevention of suicide.</td>
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<td>Collect and maintain health sector suicide data.</td>
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<td>Support and treat populations at risk - adolescents, elderly, those with depression.</td>
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<td>Support survivors of suicide attempts- self help groups.</td>
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<td>Reduce availability of means of suicide (especially Paraquat).</td>
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<td>Wider availability of counselling agencies for people in distress.</td>
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</tbody>
</table>
# Contents

Upu Tomua, Tuiatua Tupua Tamasese ................................................................. i
Acknowledgements ........................................................................................... ii
Summary Report, Leota Dr Lisi Petaia, Mental Health Unit, TTM II Hospital ........ iv
Figure 1: Vision and Mission ........................................................................... vi
Figure 2: Partners in Mental Health Promotion and Advocacy ....................... vi
Figure 3: Needs of People with Mental Disorders ........................................ vi
Objectives and Expected Outcomes of Symposium ....................................... vii
Official Symposium photograph, taken 9 April 2003 ..................................... vii
Figure 4: Mental Health Services Referral System ......................................... viii
Figure 5: Framework of Action ................................................................. ix
Table of Contents ......................................................................................... x

## Recommendations

1. **Leota Dr Lisi Petaia, Mental Health Unit, and Dr Charles Whan** ....................... 1
2. **Culture and Mental Health**........................................................................ 2
   Hon. Tui Atua Tupua Tamasese, Statesman
3. **Theology and Mental Health** ..................................................................... 2
   Professor Rev. Dr. Otele Perelini, Principal Malua Theological College
4. **Mental Health Care in Samoa** ..................................................................... 3
   Matamua Iokapeta Enoka, Consultant Psychiatric Nurse
   Dr. Charles Whan, Consultant Psychiatrist, AUSAID
6. **Education and Mental Health** ..................................................................... 4
   Gatoloai Tili Afamasaga, Dean Faculty of Education, National University of Samoa
7. **Women and Mental Health** ....................................................................... 4
   Luagalau Foisaga Eteuati Shon, Director Ministry of Women Affairs
8. **Youth and Mental Health** .......................................................................... 5
   Mr. George Carter, President University Preparatory Year, National University of Samoa
9. **Counselling and Mental Health** .................................................................... 6
   Ms. Elena Peteru, Counsellor Samoa Polytech
10. **Fitness to Stand Trial, Criminal Responsibility, and Psychiatric Evidence** ... 6
    Hon. Patu Tiavaasu’ee Falefatu M. Sapolu, Chief Justice of Samoa
11. **Law Reform on Mental Health Legislation** ................................................ 7
    Mr Tony Lawson, Parliamentary Counsel, Attorney General’s Office
12. **Law Enforcement and Mental Health** ........................................................ 7
    Papalii Lio Masepau, Assistant Commissioner of Police
13. **Suicide: A Particular Mental Health Issue, A Profile of Suicide in Samoa** ... 8
    Galumalemana Steve Percival
14. **Fa’ataua le Ola and Samoa Lifeline Counselling Services** .......................... 9
    Ms Ofeira Manutai, Director of Fa’ataua le Ola and Samoa Lifeline
15. **Community Approaches to Mental Health** ............................................. 10
    15.1 Tevaui Letiu Palupe, President of Mapusaga of Aiga .................................. 9
    15.2 Tapsalai Faatoni Faletoese, President of Komiti Tumama o Samoa ............. 9
16. **"Taeao Afua" (The New Morning), A Qualitative Investigation into Samoan**... 10
    Perspectives on Mental Health and Culturally Appropriate Services
    Taimalieutu Kiwi Tamasese, Family Centre, Social Policy & Research Unit, NZ
17. **Stakeholder Recommendations** ............................................................... 11
    17.1 Religious Organisations ........................................................................... 11
    17.2 NGO/CBO Group ................................................................................ 11
    17.3 Government Ministries and Boards ....................................................... 12
    17.4 Ministry of Health ................................................................................ 13

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Summary of Recommendations presented 30 May 2003.
National Symposium on Mental Health Issues in Samoa held 8-11 April 2003.
Recommendations from Leota Dr Lisi Petaia and Dr Charles Whan

- Produce psycho-educational materials in Samoan (brochures, flyers etc.) to be distributed widely.
- A Psycho-education Taskforce can be established to review materials from overseas, adapt when deemed necessary and translate into Samoan information that may be used to educate our people about mental health issues.
- Interested parties should be encouraged to amass statistical data, to audit, and to explore research topics in their areas of interest. Such initiatives should be sent to the Research Committee of the Ministry of Health for approval.
- Suitably qualified and experience organisations should be engaged in formulating a national strategy for mental health in Samoa as well as to undertake qualitative and quantitative research into priority mental health issues.
- Efforts should be supported to determine the underlying causes of suicide in Samoa including qualitative research measures such as “psychological autopsies” of suicide victims.
- Strengthen the network of mental health care providers and those promoting mental wellness. This should include the use of a systematised referral system to the Mental Health Unit for more difficult cases.
- Strengthen the community-based system of mental health care already in place.
- Establish ongoing specialist training programmes for Mental Health workers.
- Encourage the development of a multi-disciplinary team at the Mental Health Unit, possibly to include qualified Psychiatrists, Psychiatric Nurses, skilled counsellors, social workers, Occupational Therapists and Clinical Psychologists.
- Create a National Samoan Counselling Diploma in an effort to standardize counselling qualifications.
- Include mental health promotion in the Education curriculum.
- Develop graduated protocols and training for Police to deal with situations and people with mental health problems.
- Review the Mental Health Ordinance (due to take place within the year).
- Uncomplicated patients with epilepsy would benefit from transfer to general medical services for regular review and follow up and this is consistent with the restriction of services to mental health problems.
- Alcohol and drug problems are common comorbid conditions of psychiatric disorders. A community alcohol and drug service would definitely help address this.
- Regular workshops for mental health service providers from staff skilled on mental health issues, either from national or internationally based individuals.
- Continued exposure of mental health issues to the media and the public is important. This should, where possible, also include the involvement and use of women committees, the family, the church and the education system in this process.
- Provide, on an annual basis, a forum in which the Government and its partners in mental health care may come together to discuss and evaluate progress.
2 "Culture and Mental Health", Tuiatua Tupua Tamasese, Statesman

- We need an accommodation with the dominant culture, with the tertiary authorities, with politics and with law.
- First and foremost, we need an accommodation within our own cultural groups.
- We need to constantly explore what we mean by culture to establish what is or is not culture.
- We have to revisit the values and principles of tofi, fa'asinomaga, va tapu’ia, tofa mamao, fa’autaga loloto.
- The ideal is to communicate in the indigenous language but the reality is that a lot of the cultural competency cadre do not have the indigenous language so that they can only access the relevant information through English.
- The principal objective in the re-appraisal of our cultures is to define in clear language what our values are because these are the values that validate our work and validate our call for special consideration.

3 "Theology and Mental Health", Rev. Dr. Otele Perelini, Principal Malua Theological College

- It is a Christian responsibility to help and to provide healing in its totality to all who need help.
- The Congregational Christian Church in Samoa recognises the work of doctors and nurses and all clinical personnel and medical research as part of God’s healing process, of which the community and the Church has also a part to play.
- Religion plays a significant part in the lives of many Samoans and as such, their Christian beliefs would be inseparable from any aspect of healing and well-being.
- Ministers and pastors are well placed in congregations throughout Samoa, and they could be further trained and empowered to identify and provide first aid help and counselling to those who may have such problems.
- It is part of theological training of candidates for the ministry of the Congregational Christian Church in Samoa to try and deal with problems of this nature among its church members.
- Counselling is an important part of the ministry and the diversity of spiritual and mental problems that people now face means that more emphasis is needed on this very aspect of the ministry.
- Empower the clergy in congregations and members of the community to identify cases of concern and provide on site help where necessary, before referral.
4  “Mental Health Care in Samoa”, Matamua Iokapeta Sina Enoka, Lecturer, National University of Samoa

- Recognize the need to change attitudes and behaviors towards mental health.
- Make greater use of the family (aiga) as the strength of Samoan culture to facilitate mental health care.
- Integrate and strengthen mental health care in community health nursing activities.
- Provide care and support for parasuicide victims and families affected by suicides and parasuicides.
- Provide counselling for abused victims and their families.
- Provide mental health care for the elderly.
- Provide mental health care for any disabled person with mental health problems.
- Integrate mental health care in terms of traditional and modern approaches.

5  “Report on Current Psychiatric Services in Samoa”, Dr. Charles Whan, Consultant Psychiatrist

- Produce a National Strategy for the Delivery of Mental Health Services to the Samoan population.
- Medical staff specialist training in Psychiatry is essential for any long-term mental health strategy.
- Locum or voluntary Consultant Psychiatrist to be recruited to assist over the next four years to help coordinate and implement suggested changes to the service. His or her role would also be to assist with the establishment of more standardized assessment and management of psychiatric illnesses, and to undertake workshops to upskill mental health care providers.
- Provide for nursing staff training and development.
- Produce psycho-education materials.
- Hold workshops and mental health awareness programmes.
- Provide appropriate facilities for acute admissions.
- Provide suitable transport for mental health services.
- There is a need to have a greater availability and understanding of the use of newer psycho-active substances. Effective pharmaceutical interventions is a cost-effective method of management of major mental illness.
- There should be an annual report to review service delivery.
- Improve multi-sectoral liaison in an annual forum to discuss and evaluate mental health services.
- Undertake research and data collection to improve resource allocation and increase international knowledge of cross-cultural psychiatry in Samoa.
“Education and Mental Health”, Gatoloaifaaana Tilianamua Afamasaga, Dean Faculty of Education, National University of Samoa

- Education plays a vital role in the development of spiritual, cultural and moral values, the pillars of mental well-being.
- For schools to achieve their aspirations in the development of children in body, mind and spirit, other professionals, e.g., health professionals and counsellors must be involved. Such professionals would help to carry forward the work in education to develop not only mental but also physical health among the learners.
- Unless and until the community and people’s attitudes are changed, the development of the totality of children as human beings will always be hampered by negative attitudes.
- We need to accept that children and young people must be protected from the attitudes and prejudices of adults. Attitudes must be changed in the community and mechanisms (both legislative and procedural) must be set up to protect the rights of children and to ensure that children are nurtured to become healthy adults mentally, physically and psychologically.
- Schools need to re-structure to enable other professionals to be part of the processes of educating young people in order for mental health to be improved and sustained. The communities need to provide the supportive infra-structures to enable schools to do their work in developing mental health.
- Teachers need to be proficient in the requisite skills that enable learners to develop thinking, worthwhile learning conflict resolution and problem solving.
- Educational policy needs to address the issue of spiritual and moral education in government schools. Samoa is a small society and its structures and processes need not be the same as in bigger developed countries. Smallness in size is an asset that can be utilized in the development of mental health.
- Failures in education systems have the prospect of becoming problems in society. Addressing needs such as the ones identified above would go a long way to improving the services offered by education for mental health in Samoa.

“Women and Mental Health”, Luagalau Foisaga Eteuati Shon, Director Ministry of Women and Youth Affairs

- The Ministry of Women Affairs has consistently maintained that the clinical aspects of mental health must necessarily be the domain of the Ministry of Health. With this stand, the health-related services provided by the MOWA focuses on the social and economic aspects to complement the work of the Ministry of Health.
- Promote community development services.
- Promote healthy home / healthy village programmes.
- Strengthen CEDAW / CRC partnerships.
- Provide support for the Society of Counsellors, an independent professional association focussed on setting national standards of counselling established by MOWA.
- Enhance counselling and social work intervention services for women and families
- Provide training programmes to those providing care for the mentally and physically disabled.

• Provide for mental health services in rural areas.
• Women play a key role in the provision of mental health services, particularly in addressing the economic and social factors influencing the mental health of women. Through non-government organizations, women have been actively involved in the provision of counselling services, information dissemination on social issues such as suicide, violence against women, domestic abuse and the protection of women’s and children’s right.
• Utilize Counsellors registered with the Society of Counsellors in positions where they can provide mental health services.
• Hold a consultative meeting of all mental health partners to:
  • Strengthen mental health partnerships.
  • Identify/define roles/programmes of mental health partners.

VISION FOR MENTAL HEALTH IN SAMOA:
For all Samoans to attain and maintain good mental health through a multi-sectoral approach with complementarity of roles to ensure that good mental health is an intrinsic part of a person’s total well-being.

8 “Youth and Mental Health”, Mr. George Carter, President University Preparatory Year

• Suggestions of teenagers on solutions to limit suicide or advise to those with mental problems:
  • Take a vacation.
  • Share problems with relatives, friends, teachers or anyone you can trust
  • Turn to God for spiritual healing and enlightenment.
  • Think optimistically, never be pessimistic.
  • Go out and have fun, socialize to try to forget about your problems e.g. go to the movies.
  • Relieve stress by taking up a hobby e.g. play guitar.
  • Cry your problems, it is ‘ok’ to cry and share your problems with someone you trust.
  • Forget about your problems, face life and learn from your mistakes.
  • Think twice.
  • Educate parents to try and open up to kids and their problems.
  • Set up teenage institutions that are free to discuss teenage problems run by teenagers.
  • Have help lines and internet help line.
  • Every school to have a counsellor to talk to teenagers about their problems.
  • Hold concerts to promote suicide awareness.
  • Limit the sale of ropes and weedkillers.
  • See a counsellor.
  • There should be services provided to teenagers with mental problems. Through telephone and internet networks as well as face-to-face counselling. These services and more should be provided to further counter mental health problems.
  • There is a need for symposiums and aiga nights to be held more often.
• Every NGO and public mental health services should promote their service to the public as well have roadtrips and workshops at schools and other educational institutions to publicise their work.

• We need to work together to bring out these problems. Because if we do not, we only put ‘salt’ to the wound by neglecting them and letting the problem deteriorate.

• Everyone has problems, but it is our duty as professionals, parents, friends, brothers and sisters to trust and help each other.

9 “Counselling and Mental Health”, Ms. Elena Peteru, Counsellor Samoa Polytech

• Foster credibility in the counselling profession.
• Find the balance between Traditional vs Western health paradigms.
• Provide support to minimise working in isolation.
• Encourage specialist support services.
• Promote public awareness via schools, media, community outreach, churches.
• Encourage more people to train in specialized fields – Psychiatry, Psychology.
• Prioritize scholarships in mental health and related fields.
• Advocate for a pragmatic approach to Mental Health services.
• Create jobs for counsellors within every sector.
• Establish a formally recognized association/society of Professional Social Workers and Counsellors.

10 “Fitness to Stand Trial, Criminal Responsibility, and Psychiatric Evidence”, Honourable Patu Tiava’asu’e Falefatu M. Sapolu, Chief Justice of Samoa

• Psychiatry holds an important place in the administration of law and justice. This is because of its special relevance to several areas of criminal and civil law.
  • Fitness to stand trial
  • Defence of insanity
  • Psychiatric evidence
  • Criminal responsibility
  • Defence of automatism
• When a psychiatrist is called to give evidence at a trial it is because his or her expertise in psychiatry is relevant to the determination of an issue that has arisen in relation to the trial. Even though the psychiatrist may be called by one of the parties, he or she is more in the nature of an assistant to the Court than he or she is a part of the case for the party who calls him or her.
• The overriding duty of the psychiatrist as an expert witness is to the Court and the administration of justice. The Court depends on a psychiatrist and his or her expertise for the determination of an issue on which his or her expertise is relevant. The more complicated and specialised the issue involved, the greater is the dependence of the Court on the opinion and findings of a psychiatrist as an expert in his or her field, even if such opinion and findings are not legally binding on the Court. Thus there is a great responsibility on the psychiatrist when he or she gives evidence at a trial.

“During the discussion which followed the presentation of this paper, it became clear to me we do not have a “qualified psychiatrist” in Samoa at present. This is a serious matter and I hope the Government will look into it as soon as possible.”

Honourable Patu Tiava’asu’e Falefatu M. Sapolu, Chief Justice of Samoa

Summary of Recommendations presented 30 May 2003.
National Symposium on Mental Health Issues in Samoa held 8-11 April 2003.

- 6 -
11 “Law Reform on Mental Health Legislation”, Mr Tony Lawson, Parliamentary Counsel, Attorney General’s Office

- Reform the Mental Health Ordinance.
- As part of the second stage of its legislative reform program, the Ministry of Health has included the Ordinance for reform in the latter part of 2003 and early 2004. Together with the Office of the Attorney-General, a new draft Act or Acts will be prepared and made available for community discussion and comment.
- In preparing the new legislation we will draw on the lessons learnt in mental health law reform from within the Pacific region and beyond. Furthermore, we will take into account both the strengths and limitations which Samoa possesses in this area. One of those strengths is the aiga (extended family). One of the limitations is the resource constraints, both human and financial, which is part of our reality in Samoa.
- To become involved in the law reform process, people should send their suggestions to the Ministry of Health.
- The introduction of modern mental health laws is a necessary step but is insufficient in itself to ensure that Samoans with a mental illness receive optimal treatment, care and where necessary, protection. Excellent therapeutic programs, trained personnel and adequate resources are also required. Law reform cannot conjure up the programs, personnel and resources needed. This can only be achieved by the community requiring our political leaders, public servants and clinicians to develop the necessary therapies, to train and employ skilled personnel and to allocate the necessary resources.
- Reform in the area of mental health is a partnership between persons with a mental illness, their clinicians and professional mental health workers, their families, the community and the Government.

12 “Law Enforcement and Mental Health”, Papali’i Li’o Masepa’u, Assistant Commissioner of Police

- Provide a suitable holding facility to care for the mentally ill in a safe and secure environment.
- Provide training of Police to improve their skills and understanding of the mentally ill.
- Such training should include the capacity to:
  - Assess the situation involving a mentally ill person.
  - Assess the risk to police officers, the mentally ill person and the public.
  - Practise self control to ensure police understand they are dealing with someone who is not in possession of their normal faculties.
  - Convey interest, concern and understanding of the person’s plight and thereby gain trust.
  - Empathise with the person by use of language which is reassuring.
  - Demonstrate interest and concern in body language and deeds.
  - Understand the need for personal space to ensure the person does not become violent or aggressive.
  - Develop communication strategies.
• Police need to proactively develop a register of contacts and support groups within the community upon which they may call should the need arise.
• Protocols should be developed for interaction between police and health workers in the case of police involvement in the detention of a mentally ill person.
• Mental Health is an issue for everyone and not just the responsibility of those in the Ministry of Health.
• Professionals, government and non-government organizations need to pursue a collective role and strong commitment in strengthening our Mental Health services and promotions in Samoa.
• All must assist the police in the fight against cannabis dealers.
• Police will give its support to the Ministry of Health and relevant government ministries, NGOs, schools, church and local leaders to address mental health and its related social issues in Samoa.

13 “Suicide: A Particular Mental Health Issue, A Profile of Suicide in Samoa”, Galumalemana Steve Percival, Consultant

• Raise awareness about dimension, nature, determinants and possibilities of prevention of deliberate self harm and suicide.
• Support and treat populations at risk.
• Adolescents, elderly, those with depression.
• Support survivors of suicide attempts.
• Self-help groups.
• Train health care workers and others.
• Physicians, nurses, social workers, police, media, etc.
• Reduce availability of means of suicide (especially Paraquat).
• Identify patterns of suicide related to:

Extent of the problem:
• Cultures, subcultures in suicide.
• Social stresses.
• Methods used in suicide and parasuicide incidents.

Primary Prevention:
• Identification and treatment of primary depressive conditions.
• Control of methods of suicide and parasuicide.
• Wider availability of counselling agencies for people in distress.

14 “Fa’ataua le Ola and Samoa Lifeline Counselling Services”, Ms Ofeira Manutai, Director of Fa’ataua le Ola and Samoa Lifeline

• Promote unity of purpose among the mental health partners.
• Working strategies, methodologies, ideas, need to be developed to assist us to care for those with mental health problems, as well as those who are physically, spiritually, and emotionally distressed.
15.1 “Community Approaches to Mental Health”, Tevaui Letiu Palupe, President of Mapusaga of Aiga

A mental health policy for Samoa needs to be developed.

- The present open house/home treatment approach of the mentally ill needs to be evaluated.
- Whilst this approach has been adopted and practised overseas, is it the best approach in Samoa, with our present lack of resources?
- Is the present system the best one for individual patients, some of whom are found roaming the streets of Apia, as well as their families?
- There is a need for qualified psychiatric staff.
- There is a need for a referral system between NGOs working in the field of socio-behavioural problems and between NGOs and the Ministry of Health.
- There is a need to establish a Ministry of Social Services/Affairs.
- All must play a role in defining how best to develop mental health services for Samoa.

15.2 “Community Approaches to Mental Health”, Tapusalaia Faatonu Faletoese, President of Komiti Tumama o Samoa.

- Focus on the family as the foundation of mental well-being.
- Promote better communication skills and the sharing of mental health problems.
- Improve the education of girls and women in society and promote their development in such areas as self-reliance and self-esteem and its hidden strengths for mental well-being.
- Promote self-expression regardless of the emotional content- whether happy, sad or dissatisfied.
- Hold workshops to raise awareness and understanding of the issues in a caring and peaceful framework.
- Promote equal opportunity to training in mental health counselling.
- Specialist training for mental health professionals.
- Government to provide a shelter for the mentally ill who are not adequately cared for by their families.
- Those who are mentally ill should not be imprisoned solely because of their mental illness.
• In the area of mental health, the Samoan people’s epistemological and ontological conceptions, held within their cultural knowledge, should become the basis for the development of future service provision and treatment models.

• The state of mental wellness for a Samoan person, was identified as a state of relational harmony, where the personal elements of spiritual, mental and physical are in balance, with the mental aspects being closely identified with the spiritual. This self draws its sense of sacredness and uniqueness from a deep sense of belonging to its genealogy, culture, identity, and language. The self also draws its sense of worth when it is able to carry out its appropriate roles and responsibilities.

• Given that the spiritual and mental aspects of being are so closely related for Samoan people, participants maintained that healing processes that did not address the spiritual aspect as a central part of the therapeutic process, along with all other aspects, were very likely to fail.

• All the focus groups were very clear that mental illhealth among Samoan people is often understood as being the result of breaches of forbidden or sacred relationships. Two common examples that were highlighted were breaches of ‘Sa’ and ‘Tapu’. Breaches in these fundamental relational arrangements could result in the curse of parents, the curse of a matai or the curse of a village. These situations can result in serious mental instability.

A Samoan Mental Health Service

• The participants identified the importance of preventing mental illhealth through the strengthening of critical cultural concepts and structures.

• The emphasis was placed on the strengthening of spirituality and relational arrangements within the family, in recognition that the family is the first place of relational harmony, belonging and identity. It is also the primary site of education and nurturance on issues like culture and language.

• The churches in the Samoan community were also seen to have a primary responsibility to encourage the spiritual dimension of the Samoan people, as well as providing pastoral care and support for families. In situations of mental unwellness, the churches’ role in spiritual support and strength was seen as being vital.

• The Samoan conception of self or persona would be the basis of any mental health service provision. The persona being a harmonious relational being with elements of spirituality, including the mental dimension, and physicality. In such a service, these components would not be treated separately from each other. Addressing key cultural factors such as the relational arrangements, including expected roles and responsibilities, would have a central place in the service delivery. All these factors would be part of any assessment, diagnosis and treatment.

• Suggestions for training and equipping personnel for these services were noted.

• Personnel should involve a range of service providers including currently recognized mental health professionals and traditional healers.
• This service would need to provide a full range of care, including beds for short term, medium term and long term hospitalisation and community-based services. The community-based services would provide ongoing treatment and support.
• There is a need for further culturally sensitive research.
• There should be ongoing consultation between the clients, mental health professionals, traditional healers and families. This consultation not only provides a forum for the development of ideas, but also provides a monitoring mechanism for the appropriate provision of Samoan mental health services.

17 Mental Health Partner Recommendations made at National Symposium on Mental Health Issues

17.1 Religious Organisations

Strengths:
• Traditional part of Samoan life e.g. Aoga Faifeau, aoga Aso Sa.
• Shapes morality/ethics, Christian teachings.
• Holistic approach.
• Powerful vehicle to reach masses on important issues of mental health.
• Foundation of solid family units.

Opportunities: Lie in our strengths.

Challenges:
• Practise what you preach, e.g., the Ten Commandments.
• To fulfill its role/calling to provide for and serve the community.
• Accept and acknowledge mental illness does exist.
• Raise awareness in people of the importance of spiritual component in mental health.
• Greater coordination of mental health services.
• Greater openness and flexible attitude to be an "enabler”.

17.2 NGO/CBO Group

“Mental health is not just a health issue”.

Strengths:
• Unity under SUNGO umbrella.
• Unity in diversity.
• Differentiated but integrated responsibility.
• Members already involved in mental health services.
• Raises awareness and broadens service outreach.
• Services can reach the grassroots communities.
• Collaboration of skills, responsibilities, and experience.
• Committed to service.
• Spirit of Volunteerism.
• Neutral (non-political).
• Goals of NGOs/CBOs are usually holistic (spirit, body and mind) in approach.

Opportunities:
• Tap into each other’s resources (SUNGO has over 50 members).
• Taape-a-nuupotopoto (unity of purpose readily facilitated).
• Voice for CBOs/NGOs/Committee.
• Moderating influence on government.

Challenges:
• More networking and sharing of ideas and resources.
• Lack of resources- funding, human resources, and institutional capacity.
• Avoid duplication / turf guarding / rivalry and fragmentation.
• Establish meaningful partnerships with Government.
• SUNGO to be involved in Theme / Focus Group on mental health.

Solutions:
• To be more inclusive in mental health services
• Holistic approach - multi-sectorial.
• Strengthen existing institutions (education, NGOs involved, church, etc.)
• NGOs/CBOs provide choices/options to people in crisis.
• Work together in a complementary manner- NGOs to focus on areas not addressed by Government.
• SUNGO can assist as a conduit of information, experience and responsibilities.
• Foster spiritual strengths.
• Mental Health Unit to be supported by others.
• Education is very important.
• A well trained psychiatrist is needed.

17.3 Government Ministries and Boards

Representation:
• Ministry of Women Affairs.
• Ministry of Youth, Sports and Culture.
• Accident Compensation Board.
• Ministry of Education.
• National University of Samoa.
• Samoa Polytechnic.

Strengths:
• Established infrastructure in the community, e.g., school buildings.
• Allocated budgets.
• Skilled labour force.
Opportunities:
- Wider population targeted through education, i.e., pre-schools to tertiary level.
- Allocation of funds for mental health education from Public Expenditure.
- Train personnel in mental health.
- Promote mental health related issues.
- Create a mental health day endorsed by Government.

Challenges:
- Promotion of mental health.
- Political will to prioritise mental health education with a budget.
- Education to encompass differing abilities.
- Education curriculum to be aligned to objectives.
- Assign counsellors to schools.
- Integration of mental health in education curriculum.

17.4 Ministry of Health

Strengths:
- Support from top level (MOH, CEO to the communities).
- Integration of services.
- Mental Health unit - outreach services.
- Trained personnel.
- Use of family focus approach.
- Availability of some resources.
- Integration of mental health in Nursing Education.

Opportunities:
- Intermediate care policy - referral process.
- Training of mental health care providers.
- Reform of health delivery services and legislation.
- Post-graduate training in mental health (NUS).

Challenges:
- Attachment of medical staff (doctors and nurses) to the Mental Health Unit for ongoing training in mental health care.
- Multi-disciplinary team: Psychiatrists, Psychiatrist Nurses, skilled counsellors, social workers, Occupational Therapists and Clinical Psychologists.
- Training - training of trainers
- Referral system.

Role:
- To steer the process in defining a National Mental Health Policy and a National Strategy for Mental Health.
- To coordinate mental health services.
- To evaluate mental health care provision.
• To provide information on mental health issues.
• Ensure adequate supply of effective psycho-active medications are available.
• Occupational health and safety policy.
• Foster networking among mental health protagonists.

Recommendations extracted from comments made following MOH presentation:

1. Strengthen the partnership between MOH and other health care providers, e.g., General Practitioners, NGOs, CBOs, traditional healers.
2. MOH to remain the focal point for Mental Health.
3. Strengthen the referral process among mental health care providers.
5. Integrate mental health into the mainstream Education curriculum.
6. Specialist psychiatric training.
7. Develop a strategy to deal with the mentally ill who roam the streets.