

The Cook Islands Mental Health and Well Being Strategy 2016-2021 is the Cook Islands five year plan in implementing the Cook Islands Mental Health and Well Being Policy 2015. There are many challenges that our country faces in this area. However we will persist towards better outcomes for our people.

The Cook Islands Mental Health and Well Being Strategy 2016-2021 was developed in consultation with a broad range of Stakeholders who are working together to make a difference in our communities.

The Cook Islands Ministry of Health would like to acknowledge and thank all stakeholders and individuals for their contribution and also the hard work that they continue to carry out in our communities.

Mental Health and wellbeing Policy Implementation plan 2016-2020

Objective	Core deliverable	Indicator	Outcome	Lead agency followed by supporting	Date to be completed and costs associated
Objective 1. To strengthen effective leadership and governance for mental health	Develop national policy and review legislation for Human rights provisions.	National policy developed and Legislation reviewed.	Leadership and governance contributing to improved health outcomes	Lead- MOH Supported by INTAFF; Punanga Tauturu; Crown law	2017
	Identify active champions who advocate metal health and well being	Champions identified with TOR developed for them.		Lead- CINDC Supported by- Te Kainga	2016
Objective 2: To provide comprehensive, integrated and responsive mental health and social care service in community-based settings.	Establish a safe and secure environment at Rarotonga hospital	Safe and secure environment established	Patients and staff are safe and secure	Lead- MOH	2016
	Incorporate mental health issues in humanitarian/disaster planning processes	Mental health incorporated into National disaster management plan	People catered too during national disasters	Lead- National disaster Management	2016
	Develop a workforce plan for mental health	Workforce plan developed	future sustainability of programs		2016/2017

	Provide mental health screening services for various stakeholder groups (prison, youth, elderly, LGBTQI, women, men, school children –ECE to college).	Screening services started	targeted populations get needed help	Lead-MOH Support-Te Kainga	2016-ongoing
	Develop and implement Program for all front line deliverers i.e. teachers, church ministers, sports coaches picking up on mental health issues with children	Front line program developed and implemented	Front line deliverers aware of mental health	Lead-MOH	2017-ongoing
	Conduct meetings with stakeholder groups and MOH specialists when they visit.	Number Meetings with stakeholder groups and specialist visits	At risk groups targeted	Lead-MOH	2017-ongoing
Objective 3: To implement strategies for the promotion of mental well being					
	Raising awareness on coping strategies for children, adults and families	Number of awareness campaigns	Public awareness	Lead-MOH	2017
	Establish mental health section within the NCD lifestyle clinic for easier access to services.	Mental health section established and working in NCD clinic	Patients in need are given help	Lead-MOH	2018
	Conduct campaign to ensure emotional well-being is promoted.	Campaign launched	Public awareness	Lead-MOH	2019

	Awareness around stigma and discrimination	Awareness program initiated and maintained	Public awareness	Lead-MOH	2018
	Education of families on available services- coping mechanisms-peer support networks and understanding of illnesses.	Family education kits on mental health developed	Families educated and supported.	Lead-MOH Support-MOE Te Kainga	2017
Objective 4: To strengthen information systems, evidence and research for mental health	Annual mental health meeting in the Cook Islands to review the year and see areas of priority and ways forward- a review mechanism of what is/ is not working.	Mental health meeting held annually from 2017 Develop Prioritised national research agenda based on annual meeting	Communication and planning between various stakeholders	Lead-MOH	2017 onwards
	Mental health core indicator list developed taking into account well-being indicators.	Indicator- mental health indicator/s routinely collected and reported every year.	Important information recorded and used to improve	Lead-MOH	2017
	A prevalence study is carried out.	Prevalence study carried out	Prevalence rates established to inform future planning	Lead-MOH	2017
	Assessing the effectiveness of mental health education/practices (internal reflection).	Assessment completed	Better planning focus	Lead-MOH & MOE	2017 and 2020

Monitoring and Evaluation

Objective	Indicator	Means of verification	2016	2017	2018	2019	2020
1. To strengthen effective leadership and governance for mental health	Existence of a national policy and/or plan for mental health that is in line with international human rights instruments	Physical availability of the policy/plan and confirmation that it accords with international and Regional human rights standards.					
	Existence of a national law covering mental health that is in line with international human rights instruments	Physical availability of the law and confirmation that it accords with international and regional Human rights standards.					
2. To provide comprehensive, integrated and responsive mental health and social care service in	Proportion of persons with a severe mental disorder (psychosis; bipolar affective disorder;	Numerator: cases of severe mental disorder in receipt of services, derived from routine information systems or if unavailable a baseline and follow up survey of health facilities in one or more					

community-based settings.	moderate-severe depression) who are using services [%].	defined geographic areas of the country. Denominator: Total cases of severe mental disorder in the sampled population, derived from national surveys or if unavailable, sub regional global prevalence estimates.					
3. To implement strategies for the promotion of positive mental well being	Functioning programmes of multisectoral mental health promotion and prevention in existence.	Inventory or project-by-project description of currently implemented programmes.					
4. To strengthen information systems, evidence and research for mental health	Core set of identified and agreed mental health indicators routinely collected and reported every two years	Reporting and submission of core mental health Indicator set to WHO every two years					
MID TERM REVIEW TO BE CONDUCTED IN JUNE 2018							
END TERM REVIEW TO BE CONDUCTED IN JUNE 2020							