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Mental health

Mental disorders such as depression, psychosis and alcohol use disorders are a leading cause of disability worldwide, and to tackle this huge burden, the Pacific Health Ministers Meeting launched the Pacific Islands Mental Health Network (PIMHnet) in 2007. PIMHnet has strengthened mental health services in Pacific island countries and areas (PICs). The main mental health achievements include: 11 countries with endorsed or draft mental health policies and/or plans; increased specialized and primary health staff trained in mental health; and an increase in mental health awareness in communities.

However, there remain significant gaps, such as limited funding leading to relatively weak mental health systems, and limited preparedness on psychosocial response for emergencies such as natural disasters. Stigma and discrimination towards people with mental disorders still remains and hinders community efforts to provide effective support.

To promote mental well-being and strengthen mental health and social care, governments and development partners may consider: recognizing mental health as a priority area for sustainable development and universal health coverage; increasing resource allocation to build mental health human resources and to strengthen mental health systems and care services; preparing for emergency psychosocial response; raising mental health awareness; and creating an enabling environment in the community. Ministers are invited to discuss these proposed actions and agree on future directions.

1. BACKGROUND

Mental disorders such as depression, psychosis and alcohol use disorders are a leading cause of disability worldwide and account for 8.1% of disability-adjusted life-years (DALYs) in the Western Pacific Region.¹

For the first time, mental health is explicitly included in the global development agenda. Sustainable Development Goal (SDG) target 3.4 calls on countries to “reduce by one third premature mortality from noncommunicable diseases through prevention and treatment, and promotion of mental health and well-being” by 2030.² Furthermore, SDG target 3.5 calls on countries to “Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.”

Member States have endorsed the *WHO Mental Health Action Plan 2013–2020* (MHAP), and the *Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 in the Western Pacific*. MHAP sets out six global targets and aims to promote mental well-being, prevent mental disorders, provide care, enhance recovery, promote human rights and reduce mortality, morbidity and disability for persons with mental disorders.

In the Pacific, the noncommunicable disease (NCD) crisis is contributing to the increase of mental disorders. Having diseases such as diabetes and cancer is a stressful event and increases the risk of having mental disorders. The harmful use of alcohol is a public health concern in PICs, based on available data, as it increases the risk for violence and injuries and mental disorders, especially among young people.³ Also, the use of other substances such as cannabis and methamphetamine is increasing in some PICs. Mental health is closely linked to many of the recommendations from the 2015 Yanuca Island Declaration, such as: 2.4 Ensure a holistic, life-course approach to protecting and nurturing children; 3.3 Develop integrated, people-centred health service delivery; and 4.2 Strengthen capacity for disaster risk management for health.

In response to the increasing burden of mental disorders in the Pacific, the PIMHnet was launched in 2007 at the Pacific Health Ministers Meeting in Vanuatu. WHO was designated as the network’s secretariat and funding was obtained from the New Zealand Aid Programme. PIMHnet has been an engine to improve mental health in the Pacific for the past decade.

¹ Estimates for 2000–2015 disease burden. In: WHO Health statistics and information systems [website]. Geneva: WHO headquarters; 2017.

(http://www.who.int/healthinfo/global_burden_disease/estimates/en/index2.html, accessed 1st Aug 2017).

² Sustainable Development Knowledge Platform. In: UN Sustainable Development Goals [website]. New York: UN headquarters; 2017. <https://sustainabledevelopment.un.org/sdgs>, accessed 1st Aug 2017).

³ Young people and alcohol: A resource book [e-book]. Manila: Who Western Pacific Region; 2015. http://iris.wpro.who.int/bitstream/handle/10665.1/10929/9789290616849_eng.pdf, accessed 1st Aug 2017.

2. PROGRESS AND ACHIEVEMENTS

2.1 Mental health policies, plans and legislation

Over the past three years, four PICs have newly endorsed or expanded upon existing mental health policies and/or plans, and another four PICs have developed draft plans for endorsement. Solomon Islands and Vanuatu have started the process of revising their mental health acts. In total, 11 PICs have endorsed or drafted new mental health policies and/or plans, but only four PICs have updated their mental health laws.

2.2 Mental health human resources and service delivery

Recognizing the gaps in mental health service delivery, various capacity-building activities have been introduced under PIMHnet. In 2012, Fiji National University (FNU) established a postgraduate diploma course on mental health. It has successfully trained 14 medical personnel from six PICs, mostly supported as WHO fellows under PIMHnet. Many of these graduates returned to their own countries serving as core human resources for mental health and working to improve their countries' mental health systems and care.

Over 1000 doctors and nurses have been trained in the WHO Mental Health Gap Action Programme across 16 PICs, providing basic mental health services at general and primary health care levels.

Efforts to improve mental health service delivery have increased the total number of mental health patients examined and treated in PICs. In Fiji, for example, the number more than tripled from 1259 to 4939 between 2010 and 2015. In Solomon Islands, the number increased from 1389 to 2896 in the same period. However, significant gaps remain in mental health service delivery in the Pacific.

2.3 Mental health advocacy

Stigma and discrimination against people with mental disorders remains widespread among communities in PICs. National efforts to raise awareness and improve community understanding are ongoing, including activities led by Ministries of Health, with support from civil society, on World Mental Health Day every October. World Health Day 2017 highlighted depression and was widely observed across the Pacific with national and international media coverage and high-profile statements of support from government leaders (e.g. the Prime Minister of Samoa, the Ministers of Health of Fiji, Kiribati and Tonga), advocates (e.g. local celebrities and athletes) and partner organizations.

3. CHALLENGES

3.1 Funding for mental health

Although support for mental health services and activities in the Pacific has increased overall, average spending on mental health remains very low at less than 2% of government health expenditure per

year in most PICs. This amount of spending is disproportionate to the public health burden of mental illness, considering the 8.1% of DALYs lost that are related to mental health. This is evident in the gaps in service coverage and lack of skilled personnel. There is also low recognition of the far-reaching impact of poor mental health on physical health, productivity and economic activity, reducing the priority given this critical issue by governments and development partners. More support is urgently needed to meet the SDG targets and achieve universal health coverage.

3.2 Mental health systems

Although several countries have begun to decentralize mental health care and integrate services into communities, most mental health care is still based on services provided at hospitals in the capital cities. Recovery-oriented and community-based mental health services are still scarce and services that enable people with mental disorders to live in their own communities are needed. Examples of these services include psychotherapy, outreach services, halfway homes, day care centres, and employment services. Most PICs lack services for people with alcohol and substance use disorders. Routine psychosocial assessments, especially for people with NCDs, are also needed. To provide these recovery oriented services, further strengthening of mental health human resources capacity is required at all levels.

Other components of mental health systems across PICs also require further strengthening. These include: enacting modern mental health laws and regulations to protect human rights; ensuring reliable supplies of affordable, essential psychotropic medicines; and health information systems and research to monitor and evaluate progress.

3.3 Response to natural disasters

PICs are especially vulnerable to the effects of climate change, such as extreme weather that can lead to massive loss of life and property. Three of the 10 countries that are most vulnerable to natural disasters are in the Pacific, and each year several countries are devastated by disasters. Disasters lead to an acute increase in psychosocial stress with long-term consequences for affected populations, including an increased prevalence of mental disorders (e.g. depression and anxiety). It is crucial to strengthen mental health and psychosocial support to enhance preparedness and community resilience to disasters.

3.4 Enabling community environment

One significant feature of PICs is the remarkable support and care provided by family members and the community. However, the lack of understanding regarding mental health and the stigma and discrimination towards people with mental disorders are hindering communities' efforts to provide effective support. There is a need to develop an enabling environment and to empower and mobilize these community resources and networks. It is also important to support the development of user and family organizations so that they can support each other and advocate for themselves.

4. FUTURE DIRECTIONS

4.1 Recommendations for governments

The 12th Pacific Health Ministers Meeting may consider:

- Agreeing on below directions for implementation, focusing on promoting mental well-being and strengthening mental health and social care.

Governments may consider:

- Allocating adequate funding to achieve universal coverage of recovery-oriented mental health and social care services,
- Increasing health staff trained in mental health at specialized, primary and community levels to deliver evidence-based, culturally appropriate and human rights-oriented mental health and social care services including short-stay inpatient care and outpatient care in general hospitals, integrated care at primary care facilities, services for alcohol and substance use, psychotherapy, outreach services, halfway homes, day care centres and employment services.
- Strengthening emergency preparedness for mental health and psychosocial support.
- Leading and coordinating a multisectoral strategy for promoting mental health and preventing mental and substance use disorders and suicide, and reducing stigmatization, discrimination and human rights violations.
- Creating enabling environments and empowering people with mental disorders and their family members/friends and communities around mental health.

4.2 Recommendations for development partners

Development partners may consider:

- Recognizing mental health as a priority area for sustainable development and including and integrating mental health components into development agendas, policies and programmes in the Pacific.
- Providing continuous support for strengthening mental health systems in the Pacific by providing technical and financial support.
- Increasing scholarships and attachment and training opportunities to strengthen health staff specializing in mental health, including psychiatric nursing, psychology, social work and psychiatry.
- Supporting coordinated efforts to implement mental health programmes during and after humanitarian emergency situations.
- Strengthening existing networks and multisectoral partnership mechanisms.