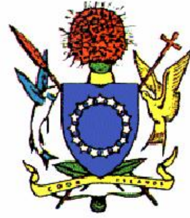

TE MARAE ORA

MINISTRY OF HEALTH

COOK ISLANDS

MENTAL HEALTH AND WELLBEING POLICY

2015

Mental Health and Wellbeing Policy

Vision:

A Cook Islands where mental wellbeing is valued, recognized and understood, and where people have the most appropriate and effective mental health support and services to reach their potential.

GOAL:

To promote mental wellbeing; seek to prevent mental disorders when possible; and to provide care, enhance recovery, protect human rights and reduce the mortality, morbidity and disability for people affected by mental disorders.

Situation Background

The Cook Islands information system does not yet allow the precise quantification of the prevalence of mental disorders. Data from the WHO World Mental Health Survey in 2014, placed average global prevalence rates of mental disorder at 13% of the population (for mild to severe mental disorders), 3% (for severe mental disorders) and 10% (for mild to moderate mental disorders). Keeping in mind that these figures are an average, and the rates of mental disorders varied widely from country to country, we can use these average percentagesto estimate the numbers of adults with mental disorders in the Cook Islands. Using these percentages, applying them to the Cook Islands(and thereby assuming the Cook Islands is a country that has an average number of its population with mental disorders, it was calculated that: 300 people suffer from severe mental disorders (3% of the total adult population of 10,000) . A total 1,000 people suffered from moderate to mild mental disorders (10% of the total population of 10,000) in the Cook islands, and a total of 1,300 suffered mental disorders of all severities (mild to severe) (13 % of the total population of 10,000).

If it is assumed that all of the 1000 adults (assuming that they represent 66% of the total amount of 1544 treated) who received treatment in the Cook Islands had all severities (mild to severe) of mental disorders then the estimated treatment rate for all severities of mental disorders would be 76% (1,000 of the 1,300 people estimated to have all severities of mental disorders), resulting in a treatment gap of 24% or 300 people out there that need treatment.

Principles:

Equity: There must be fair treatment for all.

Equality: Everyone must be treated equally.

Collaboration: All agencies must work in a collaborative manner.

Accessibility: Services must be accessible to everyone.

Participation: People with mental illnesses must be included.

Evidence-based: Mental health strategies, actions and interventions for treatment, prevention and promotion must comply with scientific evidence and/or best practise, taking cultural considerations into account.

Efficiency: Efficiently utilise existing resources.

Respect: Respect must be incorporated and exercised at all times.

Spirituality: Spiritual needs of people must be taken into consideration.

Cultural: Cultural needs of people must be taken into consideration.

Life course approach: Policies, plans and services for mental health must apply health and social needs at all stages of the life course - including infancy, childhood, adolescence, adulthood and older age - emphasizing self care and self sustainability versus dependency.

Human rights: Mental health strategies, actions and interventions for treatment, prevention and promotion must comply with the Convention on the Rights of Persons with Disabilities, Convention on the Rights of the Child and Convention to Eliminate All Forms of Discrimination Against Women and other international and regional human rights instruments.

Empowerment: of Gender equality and Youth issues.

Affordability: Making sure that people are able to afford the services.

Objective 1. *To strengthen effective leadership and governance for mental health and wellbeing*

Policy and law: Develop, strengthen, keep up to date and implement national policies, strategies, programmes, laws and regulations relating to mental health within all relevant sectors, including codes of practice and mechanisms to monitor delivery of service.

Resource planning: Plan according to measured need and allocate a budget across all relevant sectors that is commensurate with identified human and other resources required to implement agreed-upon evidence-based mental health and wellbeing plans and actions.

Stakeholder collaboration: Motivate and engage stakeholders from all relevant sectors, including persons with mental illness, carers and family members, in the development and implementation of policies, laws and services relating to mental health, through a formalized structure and/or mechanism. Target the right people in the government and in the community to collaborate and to make sure that appropriate responses are made.

Strengthening and empowerment of people with mental illness and organizations devoted to mental health: Ensure that people with mental illness are given a formal role and authority to influence the process of designing, planning and implementing policies, laws and services.

Objective 2: *To provide comprehensive, integrated and responsive mental health and social care service in community-based settings.*

Service reorganization and expanded coverage: Maintain the locus of care in community health based settings. Increase evidence-based interventions (including the use of stepped care principles, as appropriate) for priority conditions. Use a network of linked community-based mental health services (first response team) - including short-stay inpatient care, outpatient care in general hospitals, primary care, comprehensive mental health centres, day care centres, support of people with mental illness living with their families, and supported housing. Ensuring continuity of care is important. There must be a secure environment which is not located at a prison. Disability based detention must be prohibited.

Integrated and responsive care: Integrate and coordinate holistic prevention, promotion, rehabilitation and counselling support and training for family members and the broader community. This care and support must aim to meet both mental and physical health care needs and facilitate the recovery of persons of all ages with mental illness within and across general health and social services (including the promotion of the right to employment, housing, and education] through service user-driven treatment and recovery plans.

Mental health in humanitarian/disaster emergencies including isolated, repeated or continuing conflict, violence, natural disasters and trauma response: Work with Emergency Management Cook Islands and mental health providers in order to include mental health and psychosocial support needs in emergency preparedness. Enable access to safe and supportive services, including services that address psychological trauma and promote recovery and resilience, for persons with mental illness (pre-existing as well as emergency-induced) or psychosocial problems. This should include services for health and humanitarian workers, during and following emergencies. The longer-term funding required to build or rebuild a community-based mental health system after an emergency must be considered.

Human resource development: Build the knowledge and skills of general and specialized health workers to deliver evidence-based, culturally appropriate and human rights-oriented mental health and social care services, for children and adolescents. This can be achieved, in part, by introducing mental health into undergraduate and graduate curricula; and through training and mentoring health workers in the field -particularly in non-specialized settings - to identify people with mental illness and offer appropriate treatment and support and refer people, as appropriate, to other levels of care. People with disabilities and disability issues also have to be factored in when we look at human resource development.

It must be ensured that resources are available for capacity development and continued sustainability of programs.

Address disparities: Proactively identify and provide appropriate support for individuals and groups at particular risk of mental illness who have poor access to services.

Objective 3: *To implement strategies for the promotion of mental health and wellbeing*

Prevention

Lead and coordinate multisectoral strategy/ies that combine universal and targeted methods of minimising the risk of mental illness.

Minimise mental distress, stigmatization, discrimination and human rights violations.

Respond to specific, targeted groups across the lifespan.

Strategies will be integrated within the national mental health and health promotion strategies.

Suicide prevention: Develop and implement comprehensive national strategies for the prevention of suicide, with targeted focus on at-risk groups.

Intervention

Appropriate interventions must be developed and implemented in addressing mental health issues.

Promotion

We will endeavour to lead and coordinate multisectoral strategy/ies that combine universal and targeted methods for promoting mental health, emotional wellbeing and spiritual aspects throughout the Cook Islands at the grassroots level and in workplaces.

Education

Education of families is important and recognising families at risk needs to be taken into consideration.Coping skills "relationship" education and skills to cope with mental health issues must be addressed.

Objective 4: *To strengthen information systems, evidence and research for mental health*

Information systems: Integrate mental health into the routine health information system and identify, collate, routinely report and use core mental health data separated by sex and age (including data on completed and attempted suicides) in order to improve mental health service delivery, promotion and prevention strategies.

Evidence and research: Improve research capacity and academic collaboration on national priorities for research in mental health, particularly operational research with direct relevance to service development and implementation and the exercise of human rights by persons with mental illness. Include the establishment of centres of excellence with clear standards, with the input of all relevant stakeholders, including persons with mental illness and psychosocial disabilities.

Definitions:

Disability- A person with a congenital or permanent physical impairment, including any sensory impairment, or who has an intellectual or developmental disability, or a person with a loss or abnormality of physiological or anatomical structure or function, or a person with a psychiatric disability and may further include any person certified by a Registered Medical Practitioner approved by the Minister for the purpose to be a person with a disability.

Efficacy- the ability to produce a desired or intended result

Mental disorder- a medical condition that is characterised by a significant disturbance of thought, mood, perception or memory and includes any mental illness.

Mental Illness- A disease of the mind

Psychosocial disorder- is a mental illness caused or influenced by life experiences (as well as maladjusted cognitive and behavioural processes).

LGBT-Lesbian, Gay, Bi-sexual, Trans-sexual

Life course approach- identified groups that have certain issues and the interventions ranging from babies to the elderly and specific target populations in between.

Stepped care approach- Identified help that is given at each level of care for active management. i.e. GP, Community clinic, mental health specialist etc.

Relevant Documents

Disability Act 2008

Ministry of Health Act 2013

Ministry of Health (Mental Health) Regulations 2013

Ngaki'anga Kapiti Ora'anga Meitaki (Cook Islands National Strategy and Action Plan for the prevention and control of non-communicable diseases) 2015-2019

Convention on the rights of persons with disabilities

Community Based Rehabilitation guidelines

Convention on the Rights of a Child

Convention to eliminate all forms of discrimination against women (CEDAW)

WHO community rehabilitation guidelines.