REPORT

PACIFIC ISLANDS MENTAL HEALTH NETWORK MEETING
TO SCALE UP IMPLEMENTATION OF THE MENTAL HEALTH ACTION PLAN
IN THE PACIFIC

Auckland, New Zealand
22–25 September 2014

Convened by:

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NOTE

The views expressed in this report are those of the participants in the Pacific Islands Mental Health Network Meeting to Scale Up Implementation of the Mental Health Action Plan and do not necessarily reflect the policies of the World Health Organization.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Members States in the Region and participants in the Pacific Islands Mental Health Network Meeting to Scale Up Implementation of the Mental Health Action Plan in the Pacific, which was held in Auckland, New Zealand from 22 to 25 September 2014.
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SUMMARY

The WHO Pacific Islands Mental Health Network (PIMHnet) was officially launched at the Meeting of Ministers of Health for the Pacific Island Countries in Port Vila, Vanuatu on 14 March 2007. Since then, three PIMHnet meetings have been held in Apia, Samoa (June 2007), Nadi, Fiji (September 2008) and Sydney, Australia (June 2011).

The fourth PIMHnet meeting was held in Auckland, New Zealand from 22 to 25 September 2014. Fourteen out of 21 PIMHnet member countries and areas were represented at the meeting (American Samoa, the Cook Islands, Fiji, Kiribati, the Marshall Islands, New Zealand, Niue, Commonwealth of the Northern Mariana Islands, Papua New Guinea, Samoa, Solomon Islands, Tokelau, Tonga and Vanuatu). Australia, French Polynesia, Guam, the Federated States of Micronesia, Nauru, Palau and Tuvalu did not attend the meeting. WHO staff, temporary advisers and observers also attended the meeting.

The objectives of the meeting were:

1) to review the framework of PIMHnet and share experiences and progress on mental health activities in Pacific island countries and areas;

2) to provide updates and build capacity in mental health including human resource development and planning; and

3) to support PIMHnet members to develop concrete implementation plans based on the draft regional framework for implementation of the action plan.

The meeting achieved its objectives. Countries shared their experiences and progress in mental health, the PIMHnet framework was revised, technical updates were presented and each country developed a plan to implement two selected projects by 2015. The PIMHnet work plan for 2015 was also agreed.
1. INTRODUCTION

1.1 Background

Mental health is an integral part of health and well-being. Mental health, like other aspects of health, can be affected by a range of socioeconomic factors that need to be addressed through comprehensive strategies for promotion, prevention, treatment and recovery in a whole-of-government approach.

However, health systems have not yet adequately responded to the burden of mental disorders. As a consequence, there is a large gap globally between the need for treatment and service provision. Between 76% and 85% of people with severe mental disorders receive no treatment in low- and middle-income countries. Globally, annual spending on mental health is less than US$ 2 per person. This is also the case in Pacific island countries and areas, where the number of specialized and general health workers dealing with mental health is grossly insufficient.

Launched in 2007, the Pacific Islands Mental Health Network (PIMHnet) works to tackle the challenges Pacific island countries and areas face in mental health. PIMHnet brings together countries and areas that share geographical, social and cultural ties, and face similar issues in mental health.

The priority areas identified by countries in the network are advocacy for mental health, human resources and training, mental health policy, legislation, planning and service development, access to psychotropic medicines, and research and information.

Since the launch of PIMHnet, significant progress has been made in the Pacific subregion. The main achievements of the first stage of PIMHnet include: development of national mental health policies/plans in several countries; finalization of the detailed country situation analysis; establishment of the psychiatric diploma course; establishment of community-based mental health facilities in some countries; and provision of training in most countries.

The second stage of PIMHnet started in 2013 to further strengthen mental health capacity in Pacific island countries and areas, building on developments in the first stage.

In May 2013, the World Health Assembly adopted the Mental Health Action Plan 2013–2020. It is a commitment by all 194 Member States to take action to improve mental health and to contribute to the attainment of a set of agreed global targets. Following the endorsement of the action plan, a regional framework for implementation of the action plan will be introduced for discussion and consideration by the Regional Committee for the Western Pacific in October 2014. The document provides a framework and strategic planning tool for all stakeholders in the Region to take concerted actions to achieve the objectives and targets of the global action plan.

At the subregional level, mental health was identified as a top priority at the 2011 and 2013 Pacific health ministers meetings. At the 2013 meeting, recommendations were made to address specific issues impeding progress on mental health.

PIMHnet members have met every one to two years to report progress, learn from each other’s experience, and plan next steps. PIMHnet meetings have been an integral part of the network and have contributed to the regional development of mental health systems. They have been effective in facilitating mutual learning and support among the member countries.
1.2 Meeting organization

The fourth PIMHnet meeting took place in Auckland, New Zealand from 22 to 25 September 2014. Country representatives, temporary advisors, observers and WHO staff attended the meeting. Fourteen out of 21 PIMHnet countries and areas were represented at the meeting (American Samoa, the Cook Islands, Fiji, Kiribati, Marshall Islands, New Zealand, Niue, Commonwealth of the Northern Mariana Islands, Papua New Guinea, Samoa, Solomon Islands, Tokelau, Tonga and Vanuatu). Apologies were received from Australia, the Federated State of Micronesia, French Polynesia and Palau. Nauru, Tuvalu and Guam did not attend the meeting.

The draft agenda of the meeting and the full list of participants are available at Annexes 1 and 2, respectively. The meeting was co-hosted by the Counties Manukau District Health Board, New Zealand.

1.3 Meeting objectives

1) To review the framework of PIMHnet and share experiences and progress on mental health activities in PICs.

2) To provide updates and build capacity on mental health including, human resource development and planning.

3) To support PIMHNet members to develop concrete implementation plans based on the draft regional framework for implementation of the action plan.

1.4 Opening session

Dr John Crawshaw, Director and Chief Advisor of Mental Health, Ministry of Health, New Zealand, and Ms Margie Apa, Director, Strategic Development, Counties Manukau District Health Board, welcomed participants in their opening statements.

The opening remarks of Dr Shin Young-soo, WHO Regional Director for the Western Pacific, were delivered by Dr Mark Jacobs, Director, Division of Communicable Diseases, WHO Regional Office for the Western Pacific (Annex 3).

Dr Cherian Varghese, Team Leader, Pacific NCD and Health through the Life-Course, Division of Pacific Technical Support, WHO Regional Office for the Western Pacific, provided an overview of the meeting.

1.5 Appointment of Chairperson, Vice-Chairperson and Rapporteurs

Dr Siale Akauola, Chief Executive Officer, Ministry of Health of Tonga, was appointed as Chairperson for the meeting. Ms Minemaligi Pulu, Principal Public Health Officer, Ministry of Health Niue, was appointed as Vice-Chairperson, and Dr Jean Anderson from American Samoa and Mr Adri Hicking from the Marshall Islands were appointed as rapporteurs.
2. PROCEEDINGS

2.1 Technical updates

2.1.1 Mental Health Action Plan 2013–2020

Dr Michelle Funk presented WHO’s Mental Health Action Plan 2013–2020, which was endorsed by the World Health Assembly in May 2013. The objectives and global targets of the Mental Health Action Plan 2013–2020 are:

- Objective 1: To strengthen effective leadership and governance for mental health
  
  o Global target 1.1: 80% of countries will have developed or updated their policies/plans for mental health in line with international and regional human rights instruments (by the year 2020).
  
  o Global target 1.2: 50% of countries will have developed or updated their laws for mental health in line with international and regional human rights instruments (by the year 2020).

- Objective 2: To provide comprehensive integrated and responsive mental health and social care services in community-based settings
  
  o Global target 2: Service coverage for severe mental disorders will have increased by 20% (by the year 2020).

- Objective 3: To implement strategies for promotion and prevention in mental health
  
  o Global target 3.1: 80% of countries will have at least two functioning national, multisectoral promotion and prevention programmes in mental health (by the year 2020).
  
  o Global target 3.2: The rate of suicide in countries will be reduced by 10% (by the year 2020).

- Objective 4: To strengthen information systems, evidence and research
  
  o Global target 4: 80% of countries will be routinely collecting and reporting at least a core set of mental health indicators every two years through their national health and social information systems (by the year 2020).

The WHO secretariat is requested to submit reports on the progress achieved in implementing the action plan to the World Health Assembly every three years (2015, 2018 and 2021). The WHO Mental Health Atlas project is currently collecting data for the 2015 World Health Assembly.
2.1.2 Regional Agenda for Implementing the Mental Health Action Plan (2013–2020) in the Western Pacific (draft)

Dr Yutaro Setoya presented the contents of the draft *Regional Agenda for Implementing the Mental Health Action Plan (2013–2020) in the Western Pacific*. The regional agenda articulates a phased approach for core, expanded and comprehensive implementation options as a unique framework for prioritizing and accelerating policies and action for mental health, since different countries are at different stages of development of mental health-care service delivery. The draft was developed in consultation with Member States.

The phased approach is categorized as follows:

- **Core actions**: carried out by countries where a mental health system is either absent or in an initial stage but with limited resources.

- **Expanded actions**: carried out by countries that have a mental health system in operation, with reasonable resources, but where disparity remains to be a major challenge.

- **Comprehensive actions**: carried out by countries that are further along in their development of a comprehensive mental health system, and are closer to realizing the vision of the *Mental Health Action Plan 2013–2020*.

A detailed list of actions for each category can be found at: [http://www.wpro.who.int/about/regional_committee/65/resolutions/wpr_rc65_r3_mentalhealth.pdf?ua=1](http://www.wpro.who.int/about/regional_committee/65/resolutions/wpr_rc65_r3_mentalhealth.pdf?ua=1)

2.1.3 PIMHnet's progress

Dr Yutaro Setoya summarized the progress of PIMHnet and proposed some next steps.

Progress since the last PIMHnet meeting in 2011 was as follows:

- Twenty-one countries and areas joined PIMHnet.

- Detailed situation analysis reports (proMIND) have been developed for eight countries and areas (Fiji, Kiribati, Nauru, Niue, Commonwealth of the Northern Mariana Islands, Papua New Guinea, Tokelau and Vanuatu) and are in development for another eight countries and areas.

- Decentralization of mental health services has been initiated in many Pacific island countries and areas including the Cook Islands, Fiji, Kiribati, the Federated States of Micronesia and Vanuatu.

- In-country training aimed at scaling-up services for mental, neurological and substance use disorders, e.g. Mental Health Gap Action Programme (mhGAP) has been carried out in many

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1 *Regional Agenda for Implementing the Mental Health Action Plan (2013–2020) in the Western Pacific* was endorsed at the sixty-fifth session of the WHO Regional Committee for the Western Pacific with minor revision of the text (WPR/RC65.R3).
Pacific island countries and areas including Fiji, Kiribati, the Federated States of Micronesia, Samoa, Tokelau, Tonga and Vanuatu.

- Thirteen medical personnel from Fiji, Kiribati, Palau, Tonga and Vanuatu have been successfully trained or are in training through the Postgraduate Diploma in Mental Health at Fiji National University since its establishment in 2012.

- A PIMHnet facilitator has been recruited and stationed in the WHO Division of Pacific Technical Support in Fiji since January 2014.

The proposed next steps are as follows:

- Further strengthen networking among Pacific island countries and areas and increase collaborative activities.

- Finalize detailed situation analysis reports (proMIND) in all PIMHnet member countries.

- Strengthen the PIMHnet reporting mechanism on progress in mental health in each country.

- In each country, develop and implement a national mental health policy and plan based on the regional agenda.

- In each country, strengthen mental health services through development and implementation of mental health action plan/law and training using mhGAP.

- Continue to increase the number of specialists through the postgraduate diploma and placements.

- Provide training to non-specialists (general doctors and nurses) on mental health in several countries. In some countries, training will be included in the WHO Package of Essential Noncommunicable (NCD) Disease Interventions for Primary Health Care in Low-Resource Settings (PEN) training.

Discussion that followed addressed the strengths of the Pacific, such as the supportive culture of the subregion and the Pacific health ministers’ commitment to mental health. Challenges, such as the lack of human resources and lack of reliable data, were also discussed.

2.1.4 Development of mental health policy, plan and legislation

Dr Michelle Funk presented the rationale behind mental health policy, plan and legislation, and outlined the steps for their development.

A mental health policy is an official statement by a government or health authority that provides the strategic direction for mental health by defining the vision, values, principles and objectives, and establishes a broad model for action to achieve that vision.

A mental health plan provides detailed information on the strategies and activities that will be implemented to realize the vision and objectives of the policy and specifies other crucial elements such as the timeframe, targets and budget for implementing strategies and activities.
Mental health legislation provides a legal framework to ensure that critical issues affecting the lives of people with mental health conditions, both in mental health facilities and in the broader community context, are addressed. Modernizing legislation is essential to establish and enforce human rights protection, quality of care and service development, which, in turn can lead to changes in ingrained attitudes and beliefs surrounding mental health.

Tables 1 and 2 outline the steps and actions in developing mental health policy, planning and legislation.

Table 1. Steps for developing a mental health policy or plan

<table>
<thead>
<tr>
<th>Steps</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>Set up committee to prepare and oversee the policy or plan.</td>
</tr>
<tr>
<td>Step 2</td>
<td>Conduct situational analysis and gather information for effective strategies.</td>
</tr>
<tr>
<td>Step 3</td>
<td>Carry out consultation and negotiation.</td>
</tr>
<tr>
<td>Step 4</td>
<td>Determine vision, values and principles.</td>
</tr>
<tr>
<td>Step 5</td>
<td>Determine the main objectives.</td>
</tr>
<tr>
<td>Step 6</td>
<td>Determine the main areas for action.</td>
</tr>
<tr>
<td>Step 7</td>
<td>Identify major roles and responsibilities.</td>
</tr>
<tr>
<td>Step 8</td>
<td>Determine the strategies and timeframes.</td>
</tr>
<tr>
<td>Step 9</td>
<td>Set indicators and targets.</td>
</tr>
<tr>
<td>Step 10</td>
<td>Determine the major activities.</td>
</tr>
<tr>
<td>Step 11</td>
<td>Determine the costs and resources available and budget accordingly.</td>
</tr>
<tr>
<td>Step 12</td>
<td>Monitor implementation.</td>
</tr>
</tbody>
</table>

Table 2. Steps for developing mental health legislation

<table>
<thead>
<tr>
<th>Steps</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>Set up committee to prepare and oversee drafting of legislation.</td>
</tr>
<tr>
<td>Step 2</td>
<td>Prepare analysis of all existing laws.</td>
</tr>
<tr>
<td>Step 3</td>
<td>Carry out consultation and negotiation.</td>
</tr>
<tr>
<td>Step 4</td>
<td>Draft legislation.</td>
</tr>
<tr>
<td>Step 5</td>
<td>Ensure adoption of legislation by law-making body.</td>
</tr>
<tr>
<td>Step 6</td>
<td>Appoint body to oversee implementation of legislation.</td>
</tr>
<tr>
<td>Step 7</td>
<td>Prepare regulations, codes of practice and other guidelines.</td>
</tr>
<tr>
<td>Step 8</td>
<td>Train people affected by the legislation.</td>
</tr>
<tr>
<td>Step 9</td>
<td>Undertake awareness-raising campaigns.</td>
</tr>
<tr>
<td>Step 10</td>
<td>Provide adequate resources for implementation of legislation.</td>
</tr>
</tbody>
</table>
Country example from Samoa

Samoa developed its first mental health policy in 2006, and its first mental health legislation in 2007. Leota Laki Lamositele-Sio, Dr George Tuitama and Mr Aliilelei Levaopolo described the state of the mental health system and services in Samoa and shared lessons from developing mental health policy and legislation. In terms of policy, the team shared that it is important to develop appropriate strategies to guide activities, each with resources, costs, people responsible, timeframe, key performance indicators and expected outcomes. In terms of legislation, they highlighted the need to consider the cultural differences between the Pacific and concepts of law in other regions, and the nation’s situation and resources.

2.1.5 Integrating mental health into primary health care and Mental Health Gap Action Programme (mhGAP)

Dr Yutaro Setoya presented the importance of integrating mental health into primary and general health care and on mhGAP.

Dr Setoya argued that mental health services should be included in primary health care to provide patients with wider coverage and better access, and lessen stigmatization that sometimes comes with being treated in mental health facilities. There is increasing evidence that most common mental disorders can be treated at the primary and general health care level, with adequate support from specialists.

The mhGAP aims to scale-up services for mental, neurological and substance use disorders in low- and middle-income countries. More than 80 countries, including several Pacific island countries and areas are currently implementing mhGAP. The mhGAP Intervention Guide is a technical tool designed to assist countries in implementing mhGAP. The tool presents integrated management of priority conditions using protocols for clinical decision-making. It was developed for health-care providers working in non-specialized health-care settings (i.e. general doctors and nurses working in primary or general health-care settings). A training package and other technical guides have also been developed.

Participants discussed the adaptation of mhGAP materials to better suit the Pacific culture, such as the name of conditions and symptoms.

Country example from Kiribati

Dr Toobia Smith and Ms Ntaake Jack presented Kiribati's effort to implement mhGAP. A mental health planning workshop was held with stakeholders to discuss concrete steps to strengthen mental health services in Kiribati and to make the mhGAP training more sustainable. An mhGAP training was conducted for more than 50 medical assistants from the outer islands, nurses and intern doctors.

2.1.6 Mental health capacity-building

Dr Odille Chang highlighted the shortage of mental health professionals in the Pacific and presented the following strategies to increase human resources in mental health:

- task shifting (e.g. Fiji National University's Postgraduate Diploma in Mental Health);
- education and training of mental health workforce (e.g. mhGAP training);
• mobilization of financial resources;
• recruitment and retention; and
• leadership.

2.1.7 Development of community mental health services

Dr Tekaai Nelesone and Mr Valentino Wichman presented on mental health services in the Cook Islands. They noted that mental health services are provided at primary health care facilities and at TeKainga Centre. The centre offers rehabilitation services for people with mental illness, counselling on substance and alcohol abuse, and art and craft therapy.

Challenges highlighted included stigmatization (including among health workers), weak commitment of providers and lack of funding.

2.1.8 Building on the strength of Pacific mental health

Dr Lisi Petaia highlighted three qualities of mental health services in the Pacific that are essential and should be strengthened in the future:

1) Culture: future mental health services should be built upon the strengths of the Pacific culture.
2) Clinical: resources should be improved for treatment of patients presenting at different phases of their disorders.
3) Competence: availability of an adequately trained workforce with a range of professional skills should be targeted.

She also raised three challenges in strengthening mental health services in the Pacific:

1) No prevalence survey on mental health has been undertaken in any Pacific island country.
2) There are missing links between mental health and issues related to mental health such as substance abuse.
3) Mental health services are underutilized due to lack of mental health awareness and advocacy/promotion.

2.2 Marketplace exercise (country updates)

Each country was asked to list at least three best practices to sell as products to other countries during the marketplace exercise.

2.2.1 American Samoa

1) Helping hands: this early intervention programme of the American Samoa Department of Health provides mental health services to infants and toddlers with special needs and their families.

2) Early childhood education: this programme of the American Samoa Department of Education provides mental health services to 3- and 4-year-old children and their families.
3) Vet counselling center: This centre provides counselling and support to military veterans.

2.2.2 The Cook Islands

1) The Cook Islands Youthline: addressing the increase in suicides, a steering committee was set up, a youth forum was held, and Youthline was established. The telephone counselling helpline is a collaboration of New Zealand Youthline, Telecom Cook Islands and the governments of New Zealand and the Cook Islands. The helpline has been well utilized, especially during awareness campaigns. A final report from the steering committee highlighted the need for more funding.

2) Advertisements that humanize mental health: this product focuses on normalizing mental illnesses by humanizing the situation. Slogans like “It's not me, it's my chemistry” flip mental illness on its side and bring the core issues to the fore by educating people.

3) Te Kainga O Pa Taunga: this mental health community clinic provides counselling, art therapy, rehabilitation services and awareness-raising programmes. It is run by a nongovernmental organization (NGO) with a memorandum of understanding with the Ministry of Health, operating with funds and support from the Ministry of Health and international development partners.

2.2.3 Fiji

1) Stress management wards: this mental health inpatient and outpatient unit is located in the three divisional hospitals. Monthly outpatient clinics provide counselling services and psychosocial rehabilitation in various health centres. Home visits are arranged for patients who cannot travel to the hospital. Essential psychiatric medication is made available.

2) mhGAP Training of the Trainers and Supervisors workshop: eleven workshops are planned for 2014. The workshops will train more than 200 health professionals across the country.

3) Community Recovery and Outreach Program (CROP): this programme aims to engage people who have experienced mental illness in social and vocational activities. It provides them an opportunity to meet people, make friends, share their skills and experience, and access information and resources in a safe environment and in a way that encourages ownership and participation in the programme. Everything is done in a respectful and friendly manner.

2.2.4 Kiribati

1) mhGAP workshop: the workshop aims to improve mental health knowledge among medical personnel and reduce stigma associated with mental health; to improve mental health skills and knowledge among primary health care workers; to improve the management of and care for mental health clients; to improve early identification, diagnosis and treatment of mental health cases; and to improve the system of referring patients from outer islands to the mental health ward.

2) Mental Health Day Celebration: this aims to reduce mental health stigma, eliminate social exclusion and prevent suicide through awareness and promotion. The theme “living with schizophrenia” was the subject of a special song composed for the day. Other highlights were speeches by carers and a drama based on the theme.
3) Kiribati mental health ward: the ward provides regular outpatient services (twice a week), occupational therapy programmes, family counselling sessions and inpatient services. Ward staff also plan and conduct mhGAP trainings.

2.2.5 The Marshall Islands

1) Home visits: three times a week, mental health counsellors visit patients in their homes. They provide psychoeducation to patients and family members and answer their questions.

2) Regular medical check-ups at Majuro hospital: each mental health patient is scheduled to see a public health nurse at the Hospital for medical check-ups that include other medical conditions.

3) Rehabilitation services in prisons: counselling services for substance abuse and post-traumatic experience are provided to inmates.

4) Occupational therapy programme: work therapy has a positive impact on the social functioning and recovery of mental health clients. Through this programme, clients receive skills training to carry out assigned occupational tasks in government and nongovernmental agencies. Clients are expected to report four times a week, and as an acknowledgement of their services, they receive a stipend every month. The programme is funded through the Community Mental Health Service Block Grant of the United States Department of Health and Human Services (open to American territories and three Micronesian countries).

2.2.6 New Zealand

1) FLO is a suicide prevention programme that targets Pasifika (Pacific islanders) who live in New Zealand. The programme is guided by the following objectives:

   • Pasifika families and communities know how to prevent suicide and respond appropriately if it occurs.
   • Pasifika communities know where to go for support and have inspirational leaders promoting suicide prevention and resiliency.
   • Pasifika families and communities, and people who work with them, have access to effective tools, resources and training.
   • Quality research and information are available to support Pasifika suicide prevention initiatives.

2.2.7 Niue

1) Integration into other health initiatives: STEPwise approach to NCD risk factor surveillance (STEPS) survey includes K10 questionnaire to measure psychological distress, PEN training, HIV training, and Mental Health Day multisectoral approach.

2) Multisectoral collaboration and initiatives with schools, churches and police.

3) High government support.
2.2.8 Commonwealth of the Northern Mariana Islands

1) Victims of Crime Advocacy (VOCA): the primary purpose of the VOCA programme is to support the provision of counselling and other services to victims of crime in the Commonwealth of the Northern Mariana Islands. Services provided through VOCA are designed to respond to the emotional and physical needs of crime victims, to help primary and secondary victims of crime stabilize their lives after victimization, to encourage victims to participate in the criminal justice system, and to provide victims of crime with a measure of safety and security. The programme is funded by the Criminal Justice Planning Agency.

2) Community Guidance Center Recovery Program: this programme aims to help clients with chemical and/or alcohol dependency to understand the behavioural and psychological effects of psychoactive substances, and to adopt practical lifestyle changes and coping strategies that will enhance quality of life. Outpatient services emphasize restoration of individual well-being and offer support, skills training, and education to clients and their families.

2.2.9 Papua New Guinea

1) Submission of draft Mental Health Bill.

2) Undergraduate/postgraduate psychiatry programme with University of Papua New Guinea.

2.2.10 Samoa

1) Partnerships with NGOs like Goshen Trust Samoa Mental Health Service have greatly improved the delivery of services to mentally ill patients. Goshen runs a respite care facility, or halfway house, for patients who are not sick enough to be admitted to hospital, but not well enough to be home alone. Goshen provides counselling, group therapy, art therapy, farming and other social therapies that encourage them to build relationships with others and support their transition back into their communities.

2) An art therapy programme is being carried out by local artists at an art gallery and at the Goshen respite facility. This young programme is being supported by the Australian Government, which is carrying out a study on the effect of art therapy on mentally ill patients in Samoa.

3) A new state-of-the-art mental health ward will soon be used to treat mental health patients in the hospital. The ward will replace the current practice of using prisons to occasionally house patients. The new ward has two seclusion bedrooms and three day rooms.

4) Separate budget for mental health within the National Health Service budget.

2.2.11 Solomon Islands

1) Flower model: mental health is our passion and everyone's business. It deserves direct involvement of different sectors.

2) Story-telling model: tell children stories about mental health. Teach children about mental health using poems, songs and rhymes.
2.2.12 Tokelau

Tokelau’s community approach to mental health incorporates the following concepts:

1) *Tama manu* (little bird): for people who have difficulty feeding themselves in the community
2) *Inati* system: equal distribution of wealth, goods and resources within the community
3) Christian values: very important aspect of community life

2.2.13 Tonga

1) Occupational therapy: plantation programme for mental health patients.
2) Cultural practice of using local language to describe psychiatric diagnoses and concepts.
3) Church organizations, such as Tonga National Forum of Church Leaders, have been working with the Ministry of Internal Affairs and communities on suicide prevention and other mental health issues. Churches have become an effective medium for the delivery of messages on suicide prevention.

2.2.14 Vanuatu

1) Dedicated mental health team.
2) *Yumi Tokbaot* carers' support group is a forum for carers to share experiences and learn from each other.
3) "Healthy Minds" is an initiative for building students awareness on health including mental health.

Countries interested in implementing these best practices were encouraged to contact the Vanuatu focal point for more details on how to start implementation.

2.3 Small group discussion on next steps and milestones

The participants were divided into four groups to discuss next steps and milestones for specific topics. The next steps and milestones formed the basis of the country action plan discussed in Section 2.6.

Group A: Development of mental health policy, plan and legislation

Group B: Integrating mental health into primary health care

Group C: Mental health capacity-building

Group D: Development of community mental health services

2.4 PIMHnet framework

The PIMHnet framework was developed at PIMHnet's launch in 2007.
The following revisions were proposed by the WHO secretariat:

1) Divide membership into two categories: country membership and partner membership. Organizations that support Pacific island countries and areas can apply for partner membership by listing past and planned contributions.

2) Appoint the mental health focal person in the government as the national focal point for the network, rather than appointing a PIMHnet focal person.

3) Strengthen monitoring and evaluation by collecting data with an annual reporting template.

There was considerable discussion on ownership of the network by each country and to develop PIMHnet as an actual network of people, not a programme run by WHO. The group reconfirmed that PIMHnet is governed by the member countries and WHO is the secretariat.

Discussion on monitoring and evaluation included separating the achievements of PIMHnet and those of the country, but there was counter argument that it is difficult to separate clearly. However, the group agreed to include this aspect in the annual reporting template.

The group agreed to divide the membership into two categories to expand the reach and support of the network, to appoint mental health focal points in principle, and to strengthen the monitoring and evaluation of the network and progress of mental health in the country.

The revised PIMHnet framework and annual reporting template is available at Annex 4.

2.5 PIMHnet work plan for 2015

A draft PIMHnet work plan for 2015 was presented and discussed. Countries were asked to identify the areas of work that they would need support from the network.

The following comments and suggestions were made:

- Be more concrete on what PIMHnet is trying to achieve in order to succeed with marketing and fundraising.
- Set up a separate network for mental health clinical lead persons for them to circulate materials or discuss difficult cases among themselves.
- Set up a Pacific Island Mental Health Association in the future.
- Develop and increase peer networking and support in the Pacific.

The revised PIMHnet work plan for 2015, reflecting the discussion, is available at Annex 5.

2.6 Development of country action plans

Country representatives were asked to select two projects they want to achieve by the end of 2015. They were then tasked with developing an action plan that outlined steps, responsible persons, resources needed, indicators and a timeline to guide the implementation of the projects.

Table 3 summarizes the projects chosen by each of the participating countries and areas. Many chose to develop a mental health policy/plan and to conduct mhGAP training.

Table 3. Mental health projects chosen by Pacific island countries and areas to be implemented in 2015
<table>
<thead>
<tr>
<th>Country or area</th>
<th>Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Samoa</td>
<td>Mental health policy/plan</td>
</tr>
<tr>
<td></td>
<td>proMIND situation analysis</td>
</tr>
<tr>
<td>Cook Islands</td>
<td>Mental health policy/plan</td>
</tr>
<tr>
<td></td>
<td>In-country network</td>
</tr>
<tr>
<td>Fiji</td>
<td>mhGAP training</td>
</tr>
<tr>
<td></td>
<td>Community mental health team</td>
</tr>
<tr>
<td>Kiribati</td>
<td>Mental health policy/plan</td>
</tr>
<tr>
<td></td>
<td>mhGAP training</td>
</tr>
<tr>
<td>Marshall Islands</td>
<td>mhGAP training</td>
</tr>
<tr>
<td></td>
<td>Mental health holding unit</td>
</tr>
<tr>
<td>Micronesia, Federated States of</td>
<td>Mental health policy/plan</td>
</tr>
<tr>
<td></td>
<td>Suicide prevention plan</td>
</tr>
<tr>
<td>Niue</td>
<td>Mental health policy/plan</td>
</tr>
<tr>
<td></td>
<td>mhGAP training</td>
</tr>
<tr>
<td>Northern Mariana Islands,</td>
<td>Prevalence study</td>
</tr>
<tr>
<td>Commonwealth of the</td>
<td>Community mental health worker training</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>Community mental health centres</td>
</tr>
<tr>
<td></td>
<td>Mental health promotion and prevention</td>
</tr>
<tr>
<td>Samoa</td>
<td>Rural hospital training</td>
</tr>
<tr>
<td></td>
<td>Prevalence study</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>Mental health policy/plan</td>
</tr>
<tr>
<td></td>
<td>mhGAP (training-of-trainer) training</td>
</tr>
<tr>
<td>Tokelau</td>
<td>Mental health policy/plan</td>
</tr>
<tr>
<td></td>
<td>Clinical consultation by mental health</td>
</tr>
<tr>
<td></td>
<td>specialist</td>
</tr>
<tr>
<td>Tonga</td>
<td>Mental health policy/plan</td>
</tr>
<tr>
<td></td>
<td>Halfway home</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>mhGAP training</td>
</tr>
<tr>
<td></td>
<td>Strengthen patient record forms</td>
</tr>
</tbody>
</table>

Note: Participants from each country or area developed their own action plan to implement the selected projects, with steps, targets and timelines. These projects were not necessarily approved or endorsed by each government.

3. CONCLUSIONS

The meeting achieved its objectives:

1) Countries shared their experiences and progress in mental health since the last meeting.
2) Technical updates on global and regional mental health issues were presented.
3) The PIMHnet framework was revised.
4) A PIMHnet work plan for 2015 was agreed.
5) Each participating country and area developed a plan to implement two mental health projects by 2015.
Annex 1 Timetable

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU REGIONAL DU PACIFIQUE OCCIDENTAL

PACIFIC ISLAND MENTAL HEALTH NETWORK MEETING
TO SCALE UP IMPLEMENTATION OF THE MENTAL HEALTH ACTION PLAN IN THE PACIFIC
Auckland, New Zealand 22 to 25 September 2014

TENTATIVE PROGRAMME OF ACTIVITIES (as of 20 September 2014)

Day 1: Monday, 22 September 2014

08:30-09:00  Registration

09:00-10:00  Opening session

09:00-09:05  Welcome address  Dr John Crawshaw
Director and Chief Advisor of Mental Health
Ministry of Health
New Zealand

09:05-09:10  Welcome address  Ms Margie Apa
Director, Strategic Development
Counties Manukau Health

09:10-09:15  Opening address  Dr Mark Jacobs
Director,
Communicable Diseases
WHO/Regional Office
for the Western Pacific (WPRO)

09:15-09:20  Overview of the meeting  Dr Cherian Varghese
Team Leader
Pacific NCD and
Health through the Life-Course
WHO/South Pacific

09:20-09:30  Introduction of participants
Election of Chair, Co-Chair and Rapporteur
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter/Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:30-10:00</td>
<td><em>Group photo and coffee break</em></td>
<td></td>
</tr>
<tr>
<td>10:00-11:30</td>
<td><em>Global and regional updates</em></td>
<td>Dr Michelle Funk Coordinator, Mental Health Policy and Service Development WHO/Headquarters</td>
</tr>
<tr>
<td></td>
<td>Mental Health Action Plan 2013-2020</td>
<td>Dr Yutaro Setoya Technical Officer, Mental Health PIMHnet facilitator WHO/South Pacific</td>
</tr>
<tr>
<td>10:20-10:50</td>
<td>Regional Agenda for Implementing the Mental Health Action Plan in the Western Pacific and PIMHnet's progress</td>
<td>Dr Yutaro Setoya PIMHnet facilitator WHO/South Pacific</td>
</tr>
<tr>
<td>10:50-11:15</td>
<td>Discussion</td>
<td></td>
</tr>
<tr>
<td>11:15-12:15</td>
<td><em>PIMHnet framework</em></td>
<td></td>
</tr>
<tr>
<td>11:15-11:30</td>
<td>Revision of PIMHnet Framework</td>
<td>Dr Yutaro Setoya</td>
</tr>
<tr>
<td>11:30-12:15</td>
<td>Discussion</td>
<td></td>
</tr>
<tr>
<td>12:15-13:30</td>
<td><em>Lunch</em></td>
<td></td>
</tr>
<tr>
<td>13:30-16:30</td>
<td><em>Technical Updates</em></td>
<td></td>
</tr>
<tr>
<td>13:30-13:50</td>
<td>Development of Mental Health Policy, Plan, and Legislation</td>
<td>Dr Michelle Funk</td>
</tr>
<tr>
<td>13:50-14:00</td>
<td>Experience from Samoa</td>
<td>Mr Lafaele Lamositele-sio, Mr Aliilelei T. Matautia, Dr George Tuitama Samoa</td>
</tr>
<tr>
<td>14:00-14:20</td>
<td>Integrating Mental Health into Primary Health Care-Mental Health Gap Action Programme</td>
<td>Dr Yutaro Setoya</td>
</tr>
<tr>
<td>14:20-14:30</td>
<td>Experience from Kiribati</td>
<td>Ms Ntaake Jack, Dr Toobia Smith Kiribati</td>
</tr>
<tr>
<td>14:30-14:50</td>
<td>Mental Health Capacity Building</td>
<td>Dr Odille Chang Assistant Professor in Psychiatry Department of Medical Sciences College of Medicine, Nursing and Health Sciences, Fiji National University</td>
</tr>
<tr>
<td>14:50-15:20</td>
<td><em>Coffee/Tea</em></td>
<td></td>
</tr>
</tbody>
</table>
Day 2: Tuesday, 23 September 2014

09:00-9:15 Recap of Day 1
9:15-10:45 Market Place Exercise (country updates)
10:45-11:00 Coffee/Tea
11:00-12:30 Market Place Exercise-continue
12:30-13:30 Lunch
13:30-15:30 Small group discussion on next steps and milestones -based on technical updates and market place exercise
Group A: Development of Mental Health Policy, Plan, and Legislation
Group B: Integrating Mental Health into Primary Health Care
Group C: Mental Health Capacity Building
Group D: Development of Community Mental Health Services
15:30-16:00 Coffee/Tea
16:00-17:00 Presentation from Groups and discussion

Day 3: Wednesday, 24 September 2014

Full-day: Site visits in groups
08:00 Bus to collect delegates

Day 4 : Thursday, 25 September 2014
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00-9:15</td>
<td>Recap of Day 2 and 3</td>
</tr>
<tr>
<td>09:15-10:30</td>
<td>PIMHnet work plan</td>
</tr>
<tr>
<td>10:30-11:00</td>
<td>Coffee/Tea</td>
</tr>
<tr>
<td>11:00-12:30</td>
<td>Countries to work on their action plans</td>
</tr>
<tr>
<td>12:30-13:30</td>
<td>Lunch</td>
</tr>
<tr>
<td>13:30-15:00</td>
<td>Presentation of action plans by countries</td>
</tr>
<tr>
<td>15:00-15:30</td>
<td>Closing session</td>
</tr>
<tr>
<td></td>
<td>Coffee/Tea</td>
</tr>
</tbody>
</table>
Annex 2 List of Participants

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU REGIONAL DU PACIFIQUE OCCIDENTAL

PACIFIC ISLAND MENTAL HEALTH NETWORK
MEETING TO SCALE UP IMPLEMENTATION OF
THE MENTAL HEALTH ACTION PLAN IN THE
PACIFIC

Auckland, New Zealand
22-25 September 2014

ENGLISH ONLY

INFORMATION BULLETIN NO. 2

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Annex 3 Opening remarks by Dr Shin Young-soo
(Delivered by Dr Mark Jacobs)

OPENING REMARKS BY DR SHIN YOUNG-SOO,
WHO REGIONAL DIRECTOR FOR THE WESTERN PACIFIC,
THE PACIFIC ISLANDS MENTAL HEALTH NETWORK MEETING TO SCALE UP
IMPLEMENTATION OF THE MENTAL HEALTH ACTION PLAN IN THE PACIFIC

22-25 September 2014 — Auckland, New Zealand

DISTINGUISHED PARTICIPANTS AND COLLEAGUES;

LADIES AND GENTLEMEN:

Welcome to the fourth meeting of World Health Organization's Pacific Islands Mental Health Network, or PIMHnet. I would like to thank our co-organizer Counties Manukau Health. I would also like to thank the Government of New Zealand for your ongoing commitment to improving mental health in the Pacific.

PIMHnet provides a platform for Pacific island countries and areas to work together and learn from each other, to promote mental health and develop systems that provide effective treatment and care.

Commitment to mental health in the Pacific is increasing. Since PIMHnet was launched in 2007, the network’s membership has grown from 12 to 21 Pacific island countries and areas. Members have been actively supported to develop mental health policies and plans, to deliver mental health training, and to enhance mental health services in the community. These are significant achievements and I encourage you to share your experiences and successes during this meeting.

As you know, there is still much work to be done. In many countries mental health accounts for less than 1% of the allocated health budget. Often the treatment gap—being the percentage of people who need treatment but do not receive it—is over 90%.
We do not have enough mental health workers. Suicide, especially among young people, is a concern. Frequent natural disasters, disproportionately affecting the most vulnerable people, increase the prevalence of mental disorders.

All of us know people suffering from mental health problems:

- Women who suffer violence, and as a result suffer depression;
- Young men who have committed suicide;
- People with psychosis who are discriminated against and stigmatized by their communities.

The list goes on. People with mental illness and their families usually suffer in silence. However, with appropriate care, people with mental illnesses can lead meaningful lives. Our role involves support to increase the coverage of quality mental health services and reduce stigma and discrimination in communities.

Last year the World Health Assembly endorsed the *Mental Health Action Plan 2013-2020*. At the regional level, this global plan has been tailored through the draft *Regional Agenda for Implementation of the Mental Health Action Plan 2013-2020*. This draft agenda will be considered by the WHO Regional Committee for the Western Pacific next month.

With these tools we can promote mental health and work towards increased service coverage to reduce the treatment gap. We can support people with mental health problems. Working together, we can achieve better mental health in the Pacific.

I wish you all the best for your meeting and look forward to hearing about your progress.

Thank you.
WHO PACIFIC ISLANDS MENTAL HEALTH NETWORK (PIMHNET) – FRAMEWORK

DRAFT REVISED VERSION November 2014
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   2.3 Objectives and Priorities ................................................................................................. 4
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Annex: PIMHnet Annual Reporting Template
1. BACKGROUND
The Western Pacific Region of the World Health Organization (WHO) comprises a large number of countries spread across a considerable geographical area with a wide variation in cultural practices, socioeconomic status, and access to health care. Despite the large burden of communicable, maternal, perinatal and nutritional conditions in this region, mental health disorders contribute significantly to the total disease burden. While there have been improvements in physical health over the last 50 years in the region, the situation has worsened in respect of mental health and it has a higher burden of mental and neurological disorder relative to other parts of the world.

As elsewhere, mental health in the Western Pacific region is often given a low priority, must compete for scarce resources, and frequently struggles to be recognised at all levels of government and society. Consequently, services are often extremely limited, poorly distributed and staffed, and under-funded. This is particularly true of the Pacific area, where there are many small, isolated communities, with very limited human and financial resources. Given all this, innovative approaches are needed to achieve improved mental health among populations through the development of mental health services, policy, and planning, as well as better treatment and care. Because of the numerous and competing demands on already limited country budgets, achieving these goals will also rest on a reduction in unnecessary duplication and fragmentation of activities and greater co-operation and collaboration. It is important, as well, that any approaches build sustainable national and regional capability and capacity in relation to mental health.

2. ESTABLISHMENT OF THE PACIFIC ISLANDS MENTAL HEALTH NETWORK (PIMHNET)
The idea of a Pacific mental health network as a means of responding to these issues and challenges was raised and discussed at the Meeting of Ministers of Health for the Pacific Island Countries held March 14-17 2005 in Apia, Samoa. This emerged from an earlier Ministers meeting in Tonga in 2003, which had placed mental health on its agenda and generated interest in and commitment to this important area. A further critical impetus was a Workshop on Human Resource Development for Mental Health in Pacific Island Countries held in Fiji, that same year.

This paper outlines the set-up and operational structure for a WHO Pacific Islands Mental Health Network (PIMHnet). It represents the outcome of various consultations on a draft proposal drawn up by WHO and then circulated to Pacific countries and territories (PICs).

This paper is revised after discussion in the 4th PIMHnet meeting in Auckland 22-25 September 2014.
2.1 Vision
The people of Pacific Islands enjoying the highest standards of mental health and well-being.

2.2 Mission
To achieve this vision, PIMHnet will facilitate and support cooperative and coordinated activities within and among member countries that contribute to sustainable national and sub-regional capacity in relation to strengthen access to effective, appropriate and quality mental health and related service and care.

2.3 Objectives and Priorities
PIMHnet will aim to improve communication, coordination and cooperation, and capacity and capability within countries and across the region to achieve its vision and mission.

The priority areas of action are: • Advocacy for mental health throughout the Pacific and within countries
• Human resources and training
• Policy, legislation, planning and service development
• Access to psychotropic medicines
• Research, information and monitoring

2.4 Membership
There are two types of PIMHnet membership-- Country members and partner members.

Country member is the core member of the PIMHnet. Each country member will appoint mental health focal point within the Ministry of Health (or other ministry responsible for health), who will be the National Focal Contact for the PIMHnet and PIMHnet activities.

Membership of country member is open to all PICs on the request of the Minister of Health.

Decisions of the PIMHnet (including admission of new country and partner members, amendments to PIMHnet framework, endorsement of PIMHnet work plan) will be made by country members in consultation with the secretariat. In case there is no consensus after discussion, the decision is made by a majority of country members voting. Each country member shall have one vote.
Partner members are the organizations who support the countries on mental health related area. Organizations submit an application to become a partner member, listing their past contributions to the region and plan for the next 5 years, and appoint PIMHnet focal point within the organization. WHO secretariat will be responsible to receive the application and to consult the country and partner members regarding the acceptance of the new partner member. Partner membership is valid for 5 years and is renewable.

Partner member has no right of vote in making decision of the PIMHnet.

2.5 Guiding Principles
The function of PIMHnet is guided by a set of principles:

1. A desire by its members to actively engage in improving mental health in their own countries and across the region as a whole.
2. A willingness of members to work cooperatively and collectively as demonstrated by a commitment to network development both in-countries and among countries.
3. A recognition by members that PIMHnet serves as:
   a. the primary vehicle for developing and implementing mental health initiatives within and among participating countries in the region; and
   b. the key mechanism for co-ordinating financial and technical resources associated with such initiatives.

2.6 Structure and Organization
Several key components make up PIMHnet and are integral to its structure and operation. These are National Focal Contacts, In-Country Networks, the WHO Secretariat, the Network Facilitator, and Strategic Partners including the Partner Members.

2.6.1 National Focal Contacts
National Focal Contacts are key to the operation of PIMHnet. Generally, mental health focal point in the Ministry of Health or relevant ministry will be the National Focal Contact for that country, so each country's Ministry of Health is recommended to appoint a mental health focal point within the Ministry upon becoming the member of the PIMHnet. Minister of Health appoints the National PIMHnet focal contact in case there is no mental health focal point in the Ministry, or the Minister decides to do so. The National Focal Contact will be the primary country contact for WHO and the Network Facilitator for all PIMHnet related business and communications. They are also responsible to actively fostering and engaging with an in-country mental health network, and to report the mental health activities and data to PIMHnet secretariat at least annually.
2.6.2 In-Country Mental Health Networks
The National Focal Contacts have the responsibility of fostering in-country mental health networks. Members of these internal networks could include:

- mental health clinicians and professionals
- those involved in mental health legislation, policy, financing and planning, and programme management
- relevant professional organizations
- NGO and other relevant provider organizations
- service users and/or service user organizations
- family representatives and/or family organizations
- educators and academics in the field of mental health
- representatives from community and church (e.g. elders, leaders, traditional healers).

National Focal Contacts therefore are responsible for facilitating activities, relationships and communication between individuals, groups and organizations with a role or interest in mental health in that country.

2.6.3 WHO Secretariat
The WHO will serve as the Secretariat. The functions and responsibilities of the Secretariat include (but are not limited to):

- the development, management and dissemination of information and resources
- fundraising
- the preparation of materials (e.g. discussion papers and reports)
- the maintenance of a database of contacts and activities
- the overall management and co-ordination of meetings and activities.
- the monitoring and evaluation of the network by collecting and analyzing of mental health data and activities of member countries

2.6.4 Network Facilitator
This refers to a suitably qualified person or group contracted by or within the Secretariat to undertake a range of functions and responsibilities on its behalf in order to ensure the ongoing operation of PIMHnet. Key aspects of the Network Facilitator’s role includes administration, co-ordination and communication with PIMHnet countries and partner members.
2.6.5 Strategic Partners including the partner member
These are individuals or organizations (government, non-government and private) who can provide relevant expertise, resources and support in a wide range of areas and ways (e.g. funding, education and training, policy and legislation, service development and delivery, clinical practice and so on). Strategic partner organizations can apply to become a partner member of PIMHnet. Application should list their past contributions to the region and plan for the next 5 years, and appoint PIMHnet focal point within the organization.

2.7 Operating Principles
The operating principles recognize that there may be fluctuating levels of participation in PIMHnet by countries depending on the issues, timing, internal matters and so forth.

Given the spread of countries currently (and potentially) involved in PIMHnet, a transparent system of communication and decision making is necessary that allows all countries equal say and opportunity but does not unnecessarily delay or inhibit action/activities.

2.7.1 Communication
The following provides a basic structure for ensuring clear lines of communication:

1. PIMHnet communications are managed through the Network Facilitator using emails or alternative fax number (for countries that may experience difficulties with internet and email access).
2. Each National Focal Contact is that country's contact point for all such communications and should acknowledge receipt of communications to the Network Facilitator.
3. The Network Facilitator maintains full contact details and a preferred communication protocol for each National Focal Contact.

2.7.2 Decision Making
The decision making process is a time-limited protocol based on the above communication strategy. The Network Facilitator will co-ordinate the following process when issues require a decision from PIMHnet:

1. All relevant information (including a clear indication of the issues and matters that require decisions) will be provided to each National Focal Contact according to the communication structure outlined above.
2. A standard timeframe of TWO weeks will be allowed for responses.
3. At the end of this timeframe, the Secretariat will determine a decision or outcome based on the contributions of those countries that have responded.
4. The results will then be communicated to National Focal Contacts.

2.7.3 Regional Activities

Regular Meetings

National Focal Contacts from each country will meet on a regular basis. The frequency and location of these will be determined by funding and other practical constraints. The purpose of these meetings is to:

- Report on progress and achievements and review operation of PIMHnet more generally
- Undertake planning for the next period:
  - Identify issues, set objectives and develop action/work plans that outline proposed initiatives, programmes, activities and processes of implementation.
  - Keep the Secretariat informed about PIMHnet’s requirements and how best the Secretariat can support its work
- Participate in information and resource exchange, and training.

Workplans and Activities

These are the processes and priorities for action identified and planned for at PIMHnet meetings. Consultation has identified key areas for:

- Advocacy
- Policy, Legislation, Planning & Service Development
- Human Resources and Training
- Research & Information
- Access to Psychotropic Medicines

Annual workplans are the mechanism to guide activities. Factors such as timelines, workloads and resourcing must be incorporated into planning. Activities may be those that all member nations participate in. Alternatively, working groups could be made up which might be built on geographical or other linkages, or be more issues based. Activities will be selected according to the priorities of countries and PIMHnet’s capacities and capabilities.

In-Country Activities

As noted, each In-Country Network is an important vehicle for undertaking activities and each In-Country Network develops its own structures, operation and momentum for improving mental health in that particular country. A key factor is ongoing information sharing with Ministers and Ministries of Health and advocacy for the continued development of mental health financing, policies, plans, services, and workforces in countries.
Monitoring and Evaluation

WHO secretariat will be responsible for the monitoring and evaluation of the network. PIMHnet facilitator will collect and analyze mental health data and activities of member countries based on the reporting template (Annex). National Focal Contact will be responsible to submit the country data and any mental health activities to PIMHnet facilitator at least annually.

2.8 Fundraising

This is a key aspect of PIMHnet since it underpins the sustainability of the network and PIMHnet’s ability to undertake activities. As such it is the responsibility of all member countries to be alert to suitable opportunities that PIMHnet can engage with.

WHO maintains a set of criteria regarding appropriate funding requirements. Should any donor seek to set conditions on funds outside these criteria then WHO as Secretariat will consult with relevant parties.
Pacific Islands Mental Health Network (PIMHnet)
Annual Reporting Template

Country Mental Health Focal Persons to provide the completed information for PIMHnet secretariat annually.

<table>
<thead>
<tr>
<th>PIMHnet Country</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of report</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reporting period</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepared by</td>
<td>Name:</td>
<td>Affiliation:</td>
<td></td>
</tr>
<tr>
<td>Others involved</td>
<td>Name:</td>
<td>Affiliation:</td>
<td></td>
</tr>
<tr>
<td>or consulted</td>
<td>Name:</td>
<td>Affiliation:</td>
<td></td>
</tr>
</tbody>
</table>

**COMPONENT A:**
Development of Mental Health Policy, Plans and Legislations

<table>
<thead>
<tr>
<th>Status/data</th>
<th>Remarks</th>
<th>PIMHnet contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>□Yes □No</td>
<td>Year:</td>
<td>□Yes □No</td>
</tr>
</tbody>
</table>

**A1.** Existence of mental health legislation that is in line with international human rights instrument (specify date last updated)

**A2.** Existence of mental health policy/plan that is in line with international human rights instrument (specify date last updated)

A2a) Existence of budgeted mental health policy/plan

For A1 and A2, please provide soft copies of the policy/plan or web link

**A3.** Mental health budget

A3a) Total annual health budget in local currency

A3b) Total annual mental health budget in local currency

**COMPONENT B:**
Strengthening of evidence and information system on mental health

<table>
<thead>
<tr>
<th>Status/data</th>
<th>Remarks</th>
<th>PIMHnet contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>□Yes □No</td>
<td>Year:</td>
<td>□Yes □No</td>
</tr>
</tbody>
</table>

**B1.** Availability of a situational analysis (proMIND or WHO-AIMS) to inform planning and implementation

**B2.** Morbidity research conducted or detailed projections of the morbidity conducted.

**B3.** Number of suicide deaths data collected

**COMPONENT C:**
Capacity Building of Health Care Providers

<table>
<thead>
<tr>
<th>Status/data</th>
<th>Remarks</th>
<th>PIMHnet contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>□Yes □No</td>
<td></td>
<td>□Yes □No</td>
</tr>
</tbody>
</table>

C1. Number of mental health workforce in health facilities providing
<table>
<thead>
<tr>
<th>clinical mental health care</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Example only (adapt as required):</td>
<td></td>
</tr>
<tr>
<td>Psychiatrists</td>
<td></td>
</tr>
<tr>
<td>Psychiatric diploma holders</td>
<td></td>
</tr>
<tr>
<td>Psychiatric nurses</td>
<td></td>
</tr>
<tr>
<td>Psychologists</td>
<td></td>
</tr>
<tr>
<td>General doctors trained in mental health</td>
<td></td>
</tr>
<tr>
<td>General nurses trained in mental health</td>
<td></td>
</tr>
<tr>
<td>Community health workers trained in mental health</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C2. Number of health facilities providing mental health services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Example only (adapt as required):</td>
<td></td>
</tr>
<tr>
<td>Stand-alone mental hospitals</td>
<td></td>
</tr>
<tr>
<td>Number of beds</td>
<td></td>
</tr>
<tr>
<td>General hospital with designated psychiatric inpatient beds</td>
<td></td>
</tr>
<tr>
<td>Number of beds</td>
<td></td>
</tr>
<tr>
<td>General hospital with psychiatric outpatient</td>
<td></td>
</tr>
<tr>
<td>Psychiatric clinic</td>
<td></td>
</tr>
<tr>
<td>General health clinic offering mental health care</td>
<td></td>
</tr>
<tr>
<td>Psychiatric outreach (home visit) team</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C3. Number of newly trained mental health professional (currently in country and providing clinical care)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Example only (adapt as required):</td>
<td></td>
</tr>
<tr>
<td>Psychiatrists</td>
<td></td>
</tr>
<tr>
<td>Psychiatric diploma holders</td>
<td></td>
</tr>
<tr>
<td>Psychiatric nurses</td>
<td></td>
</tr>
<tr>
<td>Psychologists</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C4. Number of mental health training workshops held for non-specialist health care providers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Example only (adapt as required):</td>
<td></td>
</tr>
<tr>
<td>mhGAP training</td>
<td></td>
</tr>
<tr>
<td>PEN training with mental health component</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C5. Number of non-specialist health care providers trained in mental health</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Example only (adapt as required):</td>
<td></td>
</tr>
<tr>
<td>General Practitioners</td>
<td></td>
</tr>
<tr>
<td>General Nurses</td>
<td></td>
</tr>
<tr>
<td>Community health workers</td>
<td></td>
</tr>
<tr>
<td>Others (specify: )</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C6. Total number of people with MNS disorders seen in health facilities per year (total from all health facilities in the country)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>C6a). Total number of people seen at the health facilities with</td>
<td></td>
</tr>
</tbody>
</table>
any condition (i.e. physical or mental disorders)

<table>
<thead>
<tr>
<th>C6b). Total number of persons with mental disorders seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>If aggregated data available:</td>
</tr>
<tr>
<td>C6c). Number of persons with Psychosis</td>
</tr>
<tr>
<td>C6d). Number of persons with Depression</td>
</tr>
<tr>
<td>C6e). Number of persons with Bipolar Disorder</td>
</tr>
<tr>
<td>C6f). Number of persons with Epilepsy</td>
</tr>
<tr>
<td>C6g). Number of persons with Developmental Disorders</td>
</tr>
<tr>
<td>C6h). Number of persons with Behavioural Disorders</td>
</tr>
<tr>
<td>C6i). Number of persons with Dementia</td>
</tr>
<tr>
<td>C6j). Number of persons with Alcohol Use Disorder</td>
</tr>
<tr>
<td>C6k). Number of persons with Drug Use Disorders</td>
</tr>
<tr>
<td>C6l). Number of persons with Suicide/Self-harm</td>
</tr>
<tr>
<td>C6m). Number of persons with other Mental disorders</td>
</tr>
</tbody>
</table>

C7. Formal referrals system from primary care/secondary care to specialist psychiatric care available

C8. Total number of referrals to specialist care made for people with mental disorders from health facilities

C9. Formal clinical supervision visit system available

C9a) If yes, how many supervision visit is made per year in total

C10. Number of health facilities with an uninterrupted supply of essential psychotropic medicines

C11. Number of awareness raising programmes/activities

(INCLUDE DETAILS ABOUT THE TYPE AND LEVEL OF IMPLEMENTATION)

COMPONENT D:

Building partnerships and encouraging more cooperation and collaboration between partners

<table>
<thead>
<tr>
<th>D1. Establishment of in-country national mental health coordination team</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1a) National coordination team includes member from associations of person with metal disorders and family members</td>
</tr>
</tbody>
</table>

D2. Number of national mental health coordination team meeting (per year)

D3. Number of service users and carer groups

D3a). Number of service users groups
D3b). Number of carer groups
D3c). Number of members in the service users groups
D3d). Number of members in the carer groups

D4. Number of NGOs providing mental health support in the country

☐Yes ☐No

☐Yes ☐No

☐Yes ☐No

☐Yes ☐No

☐Yes ☐No

☐Yes ☐No

List available NGOs and
<table>
<thead>
<tr>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Briefly describe all new developments in the mental health area (e.g. development of new facilities, mental health training)</td>
</tr>
</tbody>
</table>

*Developments under PIMHnet activity/funding*

*Developments not under PIMHnet activity/funding*

Briefly describe any examples where collaboration among PIMHnet countries or within country network contributed to the improvement of the mental health system or to reduce stigmatisation of mental health and improve human rights in your country

Other comments and information on the PIMHnet activities or achievements
## Pacific Islands Mental Health Network (PIMHNet) Workplan 2015

### Output 1 - PIMHNet countries supported to develop MH Policy/Plan and/or legislation that is in line with international human rights instruments

<table>
<thead>
<tr>
<th>Planned Activities</th>
<th>Country</th>
<th>Planned Achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support development/revision of policy/plans in country</td>
<td>Cook Islands, FSM, Kiribati, PNG, Tokelau, Tonga</td>
<td>International and/or in-country workshop held Draft or finalized mental health policy/plan developed Draft or finalized health policy/plan with mental health component developed</td>
</tr>
<tr>
<td>Support drafting/revision of mental health legislation in country</td>
<td>Fiji, RMI, Nauru</td>
<td>In-country work shop held Legislation drafted and/or finalized</td>
</tr>
</tbody>
</table>

### Output 2 - Data and information collected, analyzed and compiled

<table>
<thead>
<tr>
<th>Planned Activities</th>
<th>Country</th>
<th>Planned Achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country to collect data and submit annual M and E form</td>
<td>All PICs</td>
<td>Form collected and database developed</td>
</tr>
<tr>
<td>Analyze the M and E form</td>
<td>WHO</td>
<td>Annual report developed</td>
</tr>
<tr>
<td>Technical Assistance to remaining PICTs to develop WHO proMIND profiles</td>
<td>Am Samoa</td>
<td>proMIND developed</td>
</tr>
<tr>
<td>Support countries to strengthen patient record forms</td>
<td>Vanuatu</td>
<td>Development of new patient record form that includes key mental health indicators</td>
</tr>
<tr>
<td>National prevalence study</td>
<td>Cook Islands, Samoa</td>
<td>Technical support provided</td>
</tr>
</tbody>
</table>

### Output 3 - Mental Health Workforce Strengthened

<table>
<thead>
<tr>
<th>Planned Activities</th>
<th>Country</th>
<th>Planned Achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td>mhGAP Training of the Trainers and Supervisors workshop for mental health specialists</td>
<td>1 in Micronesia and/or 1 in Polynesia</td>
<td>One mhGAP ToTS held List of mhGAP trainers developed</td>
</tr>
<tr>
<td>mhGAP training for primary health care/general health care</td>
<td>Fiji, FSM, Kiribati, Nauru, Palau PNG, RMI, Samoa, Vanuatu</td>
<td>mhGAP training workshop held in several countries List of mhGAP trainee developed Increase in the number of MH patient seen in trained facilities</td>
</tr>
<tr>
<td>Develop and implement mental health integration with PEN</td>
<td>WHO, Niue</td>
<td>Mental health PEN module developed Pilot MH integration with PEN in one country</td>
</tr>
<tr>
<td>Recruitment of candidates for post-graduate training in Mental Health</td>
<td>3 candidates from 3 countries</td>
<td>3 candidates identified and recruited</td>
</tr>
<tr>
<td>Training for community health worker</td>
<td>Fiji, Nauru</td>
<td>Training for community health worker held in a few countries</td>
</tr>
<tr>
<td>Training using online course (POLHN)</td>
<td>WHO, Fiji</td>
<td>Training material uploaded in POLHN</td>
</tr>
<tr>
<td>Training on disaster preparedness</td>
<td>Vanuatu, Solomon</td>
<td></td>
</tr>
</tbody>
</table>

### Output 4 - Mental Health Services and System Development

<table>
<thead>
<tr>
<th>Planned Activities</th>
<th>Country</th>
<th>Planned Achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of community mental health service (outreach, drop-in, residential, employment etc)</td>
<td>PNG, RMI, Tonga, Vanuatu</td>
<td>Technical assistants for developing new community based mental health service in a few countries</td>
</tr>
<tr>
<td>Establishment of service user and families organization</td>
<td>Niue</td>
<td>Pilot service user/family organization established in one country</td>
</tr>
<tr>
<td>Essential drug available in mhGAP trained PHC facility</td>
<td>All PICs</td>
<td>At least one drug for each disorder available in the facilities managing mental disorder</td>
</tr>
</tbody>
</table>

### Output 5 - Mental health promotion and prevention

<table>
<thead>
<tr>
<th>Planned Activities</th>
<th>Country</th>
<th>Planned Achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nationwide mental health promotion activity</td>
<td>All PICs</td>
<td>Activity held in some countries</td>
</tr>
<tr>
<td>Facilitate World Mental Health Day activities to increase mental health awareness and promote better mental health and well being</td>
<td>All PICs</td>
<td>World mental health day activities</td>
</tr>
<tr>
<td>Suicide prevention activities</td>
<td>FSM</td>
<td>Activities developed and disseminated Monitoring of suicide death</td>
</tr>
<tr>
<td>Output 6- Networking (between and within countries) undertaken</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>List of PIMHnet National Contact person developed</strong></td>
<td>WHO</td>
<td>List developed</td>
</tr>
<tr>
<td><strong>Regular communication with National contact person and countries (including PIMHNet newsletter)</strong></td>
<td>WHO</td>
<td>Engaged country focal points in all PICTs Timely newsletter</td>
</tr>
<tr>
<td><strong>Facilitate regular in-country national level MH stakeholder meetings to ensure involvement of wide sectors</strong></td>
<td>All PICs</td>
<td>National level stakeholder committee meeting regularly (at least 2 times per year)</td>
</tr>
<tr>
<td><strong>Regular updating of Website</strong></td>
<td>WHO</td>
<td>Updated website</td>
</tr>
<tr>
<td><strong>Plan for next Pacific wide PIMHNet Meeting of its members under the new framework</strong></td>
<td>WHO</td>
<td>Date (Month, Year) and place confirmed</td>
</tr>
<tr>
<td><strong>Establish System for peer support among countries where you can discuss and ask anything related to PIMHnet and mental health system strengthening (mindful of confidentiality)</strong></td>
<td>WHO</td>
<td></td>
</tr>
<tr>
<td><strong>Establish System for peer support for clinicians where you can discuss clinical issues (mindful of confidentiality)(which can lead to Pacific island mental health association)</strong></td>
<td>WHO</td>
<td></td>
</tr>
</tbody>
</table>