4th PIMHnet Meeting to be Held in Auckland

The 4th PIMHnet Meeting will convene on 22-25 September 2014 in Auckland, New Zealand. All the mental health focal points of the 21 PIMHnet member countries will gather in Auckland to discuss their progress and provide updates on the development of mental health systems since the previous PIMHnet Meeting held in Sydney, Australia in June 2011.

The first two days of the meeting will focus on technical updates and sharing experiences. Country focal points will participate in a marketplace exercise, and will present up to three best mental health practices from their country they want to sell. Each country will have a booth to market their best practices and will pitch their product to consumers. The countries will also act as buyers at the market, and will use a virtual currency to purchase the products they want.

The 3rd day of the meeting is secured for site visits in Auckland and the Counties Manukau Mental Health Service. On the last day, with inputs from technical briefing, best practices, and site visits, countries are expected to develop short term action plans with steps and milestones to achieve by the end of 2015.

Pacific Islands Collaborate for Strengthened Mental Health Care in Tokelau

In April 2014, the entire health staff in Tokelau journeyed from Nukunonu and gathered in Apia, Samoa, to receive mental health training. Three doctors and 6 health staff from Tokelau embarked on a 2-day Mental Health Gap Action Programme (mhGAP) training for Depression, Psychosis, Suicide and OTH (Other significant emotional or medically unexplained complaints) modules, facilitated by psychiatrist Dr. Odille Chang from Fiji National University and PIMHnet Facilitator from the WHO South Pacific Office.

This training was truly a collaboration of the Pacific Islands: trainers based in Fiji and participants from Tokelau joined together in the host country of Samoa.

PIMHnet would like to increase this kind of Pacific collaboration, where regional expertise, experience and practice can be shared amongst the islands and maximise the sustainability of mental health programmes.
To provide mhGAP training to large number of primary health care staff, we could not rely on an international trainer or a few trainers in the country. To achieve this goal, we need to train the mental health specialists, who will then in turn train the primary health care on mhGAP. This is called Training of the Trainer (ToT) model. In mhGAP, we put emphasis on support and supervision after the initial training, so the model also combines training on supervision, creating Training of the Trainers and Supervisors (ToTS). The aims of the mhGAP ToTS workshop are to train mental health specialists on a) contents of the mhGAP Intervention Guide, b) modern teaching methods (e.g. group discussion, case study, and role-plays) and c) support and supervision skills.

The first mhGAP ToTS workshop in the Pacific was held in Suva, Fiji on 11-15 August, organized by Ministry of Health, with support from WHO and PIMHnet. In addition to 10 Fijian mental health specialists, doctors from Kiribati, Tonga, and Vanuatu, some of whom are attending the Post Graduate Diploma for Mental Health at Fiji National University, also completed the ToTS workshop. Their participation will enable these professionals to disseminate mhGAP in their own countries in the future once they complete their training.

A roll out of mhGAP in Fiji has commenced and will continue in 11 workshops from September to December 2014. The trained facilitators will run the mhGAP training for over 200 health staff in the four Divisions of Fiji. This will substantially increase the coverage and accessibility of mental health services in the country, as well as build a supervision and referral network between nurses and doctors in rural and remote nursing stations, health centres and sub-divisional hospitals and the mental health specialists staff in Divisional Hospitals and Fiji’s mental health hospital, St Giles.
Weaving Care in Kiribati: Integrating Mental Health into Outer Island Primary Health Care

Healthcare provision in Kiribati is no small task and it spans the vast Pacific Ocean. The country is composed of the main island of Tarawa and more than 20 other inhabited islands scattered across the Pacific, dispersed over 3.5 million square kilometers. Most of the health care in the outer islands is provided by health clinics staffed by one Medical Assistants (MAs), who are nurses with advanced training, and few other staff. This presents a unique challenge for mental health care in the country due to limited staff, resourcing, and support.

To address this challenge, a two-day mhGAP workshop was held on Tarawa in April 2014, to provide additional technical support for outer island MAs to integrate mental health care in their settings. Dr. Mireta Noere, psychiatrist and Kiribati’s mental health focal point, together with WHO Technical Officer, Dr. Yutaro Setoya, facilitated the interactive training, where outer island providers also shared their knowledge and field experience, creating a rich learning environment for all in attendance.

In addition to outer island MAs, several new doctors who are completing their rotating internship in Tarawa also attended the training. These doctors-in-training will also have 4 weeks of on-the-job training at the mental health unit to supplement what they gained at the workshop and translate their knowledge into practice.

With supervision and support from mental health specialists, the MAs will go back to their islands and integrate mental health assessment and management into the existing primary care model at the health clinics, further weaving the network of mental health care into Kiribati’s health system.

Envisioning a Bright Future for Mental Health in Palau

Palau’s Ministry of Health - Division of Behavioral Health, made major leaps earlier this year in line with its goals to scale up mental health services in the remote islands. Through partnership with WHO and PIMHnet, Palau is planning to expand the reach using the mhGAP in primary care and community-based settings.

Stakeholders and healthcare providers from primary care clinics, mental health council and programs, key partner agencies (such as Justice, Education, and Early Childhood Development), and family members, were engaged in a two-day workshop on mental health planning in May 2014.

Having previous introduction to mhGAP training, participants welcomed the support. The discussion included items such as provision of support and supervision, sustainable procurement of psychotropic drug, workforce development, and strategies to mainstream mental health services in other settings.

Stakeholders identified next steps and will be put together as a mental health strategic plan.
Scaling Up Mental Health Services in the Federated States of Micronesia

During the month of May 2014, two mental health workshops were conducted for mental health providers such as medical physicians, nurses, counselors and community health workers, representing all the four States of the Federated States of Micronesia (FSM). The workshops focused on planning on scaling up mental health services and mhGAP training.

The first workshop entailed planning for the sustainable scale up of mental health services, including development of the FSM Mental Health Policy and Strategic Plan, increased capacity building and technical assistance. A step-wise process was taken to develop the scaling up mental health services, which is reflected in Figure. At the end of the first day, all the participants representing their own State had completed plans to sustain the mhGAP training that is appropriate to their health care setting, to bring home and implement.

During the mhGAP training workshop, the mental health providers learned unique application of mental health intervention skills through role-plays and case scenarios. Participants were able to appreciate the usage of evidenced-based practices with confidence, such as psychoeducation. FSM is in the process of conducting Training of Trainers (ToT) on the mhGAP Intervention Guide to the providers in the Behavioral Health and Wellness Program, who will become trainers to their primary health care providers, community health workers, and dispensary health assistants.

Figure – Step-wise mhGAP Planning Process in FSM

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