On February 22, 2016 Cyclone Winston, the largest recorded cyclone to pass through the South Pacific region, inflicted widespread destruction in Fiji, leaving 44 people dead and 125 physically injured. Approximately 40% of the population (350,000 people) were affected, many without basic living needs such as shelter, electricity, food or safe drinking water.

Following the aftermath of Winston, WHO supported the Fijian Ministry of Health and Medical Services (MHMS) in delivering emergency supplies, donating treatments and distributing water purification tablets to protect of the health and wellbeing of communities across Fiji.

In the area of Mental Health, the Psychosocial Support and Mental Health (PSMH) Sub Cluster was officially launched under the Health and Nutrition Cluster. Lead by MHMS, the PSMH Sub Cluster responded to the vast psychosocial needs in the affected area.

Sub Cluster members (partners including Ministries, International Organizations, NGOs etc.) initially met every week in order to report on their activities and plans and to coordinate support. Each organization’s mental health psychosocial support was collected through the 4Ws (Who, Where, When, What) tool which allowed the sub cluster to coordinate activities and to avoid duplication of the effort.

WHO provided support to MHMS for the overall coordination including collection of 4Ws and developing an interactive map from the data (see figure), supporting organization of the Psychological First Aid (PFA) Training of the Trainers’ workshop, as well as financial support through the Central Emergency Response Fund.

PFA is a programme designed to reach out to people in need of support and assist in addressing basic needs and listening and providing connections to other resources, services and social support. After the initial Training of the Trainers’ workshop, more than 700 people across the affected area were trained to support those with severe distress. When the trained staff went to the villages and communities to provide PFA, they also organized Talanoa sessions (discussion among the community members) to support the people in the community by giving simple messages on psychosocial stress, coping strategies and discussing their current perceived needs.

When the PFA trained staff or anyone in the community identify individuals who need more in-depth support, they are usually referred to the nearest divisional community mental health team; or if available, to the one of the over 400 nurses and doctors trained in the...
An example of how mental health and psychosocial support was delivered after the event is evident in Koro Island, a remote island where one of the hardest hit areas by this category 5 cyclone. MHMS together with the NGOs such as Empower Pacific and Red Cross, provided psychosocial support to the villages in the Koro Island. This included PFA and Talanoa sessions which were offered in three schools and one of the church in the local villages. The aim of the sessions was to reduce stress, tension and conflict, improve understanding of psychosocial stress, and strengthen relationships, trust, respect and learning from one another. Approximately 400 out of 3440 total population of Koro attended the sessions.

PSSMH Sub Cluster lead by MHMS, with the help and collaboration of local and international partners, 779 health staff, community leaders, teachers and volunteers across Fiji have since been trained to provide psychological support and over 10,000 people have received support in the first couple of months. Although results of the support services have been positive, health challenges still remain. It is expected that the need for psychosocial support in Fiji will continue to be an ongoing health care requirement and it will take time to improve psychological health, just as it will to repair the physical damage caused by the cyclone. In some places, the basic needs such as safe shelter are not adequately provided, and these prolonged stresses will increase distress and incidence of mental health problems. It is crucial to continue the effort to support those who have been affected, continue to rebuild a better mental health system and increase the preparedness for future disasters. Furthermore, it is vital to strengthen the workforce and improve the disaster response plan on psychosocial support.

The Pacific Island countries are prone to natural disasters, and we hope that the experience and lessons learnt in Fiji will contribute to strengthen the disaster preparedness of the mental health and psychosocial support in other countries.
The WHO PIMHnet advocacy video was released highlighting mental health challenges in the Pacific, the impact of the Mental Health Gap Action Programme (mhGAP) and other project outcomes across the Pacific region.

Since the development of PIMHnet in 2007, the collaboration and support with countries in the Pacific and other partners has increased. Mental health outcomes have drastically improved across the region, and awareness of the people has been raised. Moreover, mental health is now firmly on the Pacific Health agenda, which is a great accomplishment.

One of the key achievements acknowledged in the video was mhGAP and how it has been effective in reducing the treatment gap through building the capacity of primary and general healthcare professionals.

Some of the PIMHnet focal points in the Pacific countries were interviewed for the video.

Kiribati Medical Officer in Charge of the Te Meeria Mental Health Unit, Dr Mireta Noere, stated that “through the mhGAP training, there has been better management of our mental health patients around Kirabati, better collaboration with outer islands and the main hospital in terms of treatment, and advice on mental health issues”.

Despite the great success, challenges remain; there needs to be further investment in mental health, an increase in mental health human resources and community based mental health services, and continued awareness of mental health issues.

The video is available from WHO website.

http://www.wpro.who.int/southpacific/programmes/healthy_communities/mental_health/page/en/index2.html
The Vanuatu Mental Health (VMH) Policy and Plan was due for review and development in 2015. In commencing the initial stages of revision, a series of face-to-face consultations with key mental health stakeholders were held. Stakeholders discussed some of their issues and provided recommendations related to mental health problems to be addressed under the new mental health policy and plan.

The developed draft was reviewed and re-drafted at the WHO Pacific Mental Health Policy and Plan workshop in Oct 2015.

On 25th February 2016, the NCD and Mental Health team conducted a one day stakeholders’ consultation meeting to review the draft of the mental health policy and plan. The meeting started with an assessment of the current mental health situation in Vanuatu and was followed by a review of the draft VMH Policy and Strategic Plan 2016 – 2020. The participants formed four small groups to discuss and comment on different sections of the policy and components of the strategic plan.

The VHM Policy and Plan was accordingly revised based on the outcomes of the stakeholders meeting. In the beginning of March, a final draft was circulated amongst stakeholders and external experts for last input. The document was finalised at the end of March and submitted to the Vanuatu Ministry of Health Executive Board for endorsement.

During World Health Day (7th April 2016), the Honourable Minister of Health officially launched the Vanuatu Mental Health Policy and Strategic Plan 2016 – 2020.

Final policy can be downloaded from below.

https://www.mindbank.info/item/6270