



AAMH
Asia Australia Mental Health

Partnerships for Community Mental Health

Part 2 – Chair: A/Professor Chee Ng

Fiji

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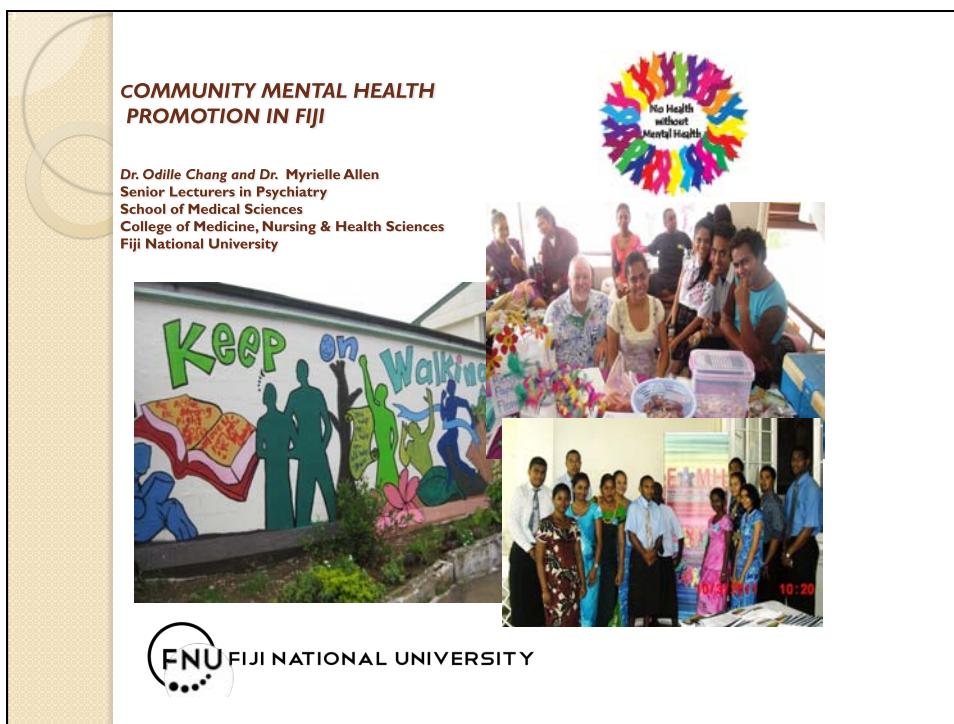
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COMMUNITY MENTAL HEALTH PROMOTION IN FIJI

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No Health without Mental Health

KEEP on Walking

FNU FIJI NATIONAL UNIVERSITY

Background of Fiji

- Fiji is an island nation comprised of 322 islands spread over 18,000 square km; 106 are inhabited
- Multicultural and multiracial; population of 849,218 (Population distribution: 51% urban, 49% rural)
- 29% of the population is <15 years of age
- Life expectancy 69 years (67 for males; 71 for females)
- 2.8% GDP allocated to health
- English is the official language; Fijian and Hindi are used for daily use



Background MH Services

- Established in 1884. Now a 136-bed inpatient facility based in the capital of Suva
- Centralized MH system is supported by links to the community through well-established PH system
- Mainly focused on treatment within a psychiatric hospital
- 3 psychiatrists; 22 Psychiatric nurses; no allied MH staff such as SW, OT, or psychologists
- Receives <2% of health budget; no separate funding for MH except for NCOPS
- MH Decree 2010 focuses not only on treatment but on prevention, rehabilitation, MH awareness and promotion and community-based MH services
- High level of stigma associated with mental illness in the general public and amongst health workers



Background of CMH Services

- Community Psychiatric Nursing (CPN) was established in 1996 (VSO and 2 RNs) in Suva-but hospital based.
- Formalized in 1997-only servicing the Greater Suva area
- Day Care Centre established in 1997 but closed in 2005
- Formation of MH advocacy groups: Psychiatric Survivors' Association (PSA) in 2004; Youth Champs for MH (YC4MH) in 2007; Fiji Alliance for Mental Health (FAMH) in 2010; Family Support Network (FSNet) in 2011
- Community Recovery Outreach Program (CROP) established in 2011
- Staffed by RNs and medical orderlies; no allied MH staff or doctor
- Focuses on "high risk" patients diagnosed with severe mental disorders
- Funding support from AusAID (FHSIP & FHSSP); WHO & FSMed (CMNHS of FNU)



Aims of MH Promotion Program

- To reduce the stigma associated with mental illness
- To improve the treatment and management of mental disorders through MH education, training, awareness and promotion
- To improve access to MH services



Outcomes

MH Education and Training

- Training of over 300 public health nurses and other staff in MH (2006-2009)
- Black Dog Institute training in mood disorders; SJOG clinical placements for Psych nurses and St Vincent Mental Health Clinical Placements
- AFPA-training in child/adolescent mental health
- 2009: Fiji granted an Award of Excellence by AFPA for Improving MH through basic training

Improved Access to MH Care

- Establishment of Community MH Outreach clinics in Central, Western and Northern divisions in 2009
- Stress Management Wards set up in 3 main divisional hospitals first half of 2011
- Establishment of CMH teaching clinic by FNU
- CROP founded in Central and Western divisions
- Visiting psychiatrists (IAP and IAPA) conducting quarterly clinics

Greater MH Awareness, Promotion and Advocacy

- Improved MH awareness and advocacy through the "Stop Stigma Against Mental Illness-Dare to Care" campaign & partnerships (Min Education, NSAAC, FNU, FAMH, YC4MH, PSA & FSNet)
- MH Publications: PSA's "Fright or Light"; FSNet: "Carers' Handbook"; brochures on stress, depression and mental illness; bookmark on 12 Ss to Lessen Stress
- Radio ads; newspaper articles; World MH & SP Days; Fiji MH Month

Greater Consumer and Carer Involvement in MH Issues



Challenges

- Lack of staff and need for staff training
- Multiple roles given to existing staff due to lack of manpower
- Remains hospital-based
- Lack of appreciation amongst colleagues and administrators of the importance of CMH and its role in MH promotion

Lessons Learnt

- Engagement of carers and consumers very important
- NGO and other stakeholder partnerships have been vital for MH advocacy and awareness but requires better coordination
- High level support has been beneficial (First Lady, Minister for Health and the Dean)
- Need the inclusion of other relevant government stakeholders
- Need for review of what has been done and forward planning
- Leadership is vital



Future Initiatives

- To establish divisional multidisciplinary MH teams that are community-based (pilot in central division)
- To extend community services to the Western and Northern divisions
- Development and commencement of a PGDMH program at FNU
- Ongoing training of PH and other staff & private GPs
- Recruitment of allied MH staff and psychiatrists to support CMH
- Continue “Stop Stigma Against Mental Illness-Dare to Care” advocacy/ awareness campaign
- In the process of launching “5 A Day for MH” campaign and developing “6 Ss” to lessen stress for Children
- Collaboration with AAMH and RANZCP through PSLP Project



Acknowledgments

- Professor Ian Rouse, Dean of the College of Medicine, Nursing and Health Sciences
- Professor Chee and Brigid Ryan: Asia-Australia Mental Health
- Ms. Tavaita Sorovanalagi, Team Leader: CPN, Fiji Ministry of Health





Thank you for your attention!!