



AAMH
Asia Australia Mental Health

Partnerships for Community Mental Health
Part 4 – Chair: Julia Fraser

Solomon Islands

Dr William Same
Director, Integrated Mental Health Services
Ministry of Health and Medical Services

    

**Community Mental Health
Promotion**

**“SENT HOME AND
FORGOTTEN”**

Mr. William Same
Director
Integrated Mental Health Services
Solomon Islands
9th to 11th of November 2011
Melbourne, Australia

Background

- ❖ Prevention is concerned with avoiding the diseases whilst Promotion is about improving health and well being and this is what we are trying to do
- ❖ The idea of Promoting Mental Health in the communities have been in our minds.
- ❖ Unlike other countries where you have an organized mental health services in the communities, in SI we have a small and unorganized community mental health services.
- ❖ Have established Provincial Mental Health Coordinators and have trained a lot of nurses in the communities
- ❖ Still there are a lot of relapses readmitted into our mental health institutions.

Background cont...

- ❖ This has led us to identify and work with of our partners to promote mental health in some little way.
- ❖ Two models:
 1. Community Leader and the Clients. This is more of religious point of view in caring for the unfortunate.
 2. Family/careers, community leaders, rural clinic nurses. Supported by the Provincial Mental Health Coordinator and the Clinical Nurse Consultant – Community from the Head Quarter.
- ❖ Target group is the clients that have been discharged from the hospital.

Aims

The primary objectives of the network are:

- ❖ To offer innovative services that promote recovery creating partnerships and closer collaboration in promoting mental health in the communities.
- ❖ To provide a friendly, supportive, therapeutic environment, encouraging and building on the potential and strengths of the individual.
- ❖ To create opportunities to restore and retain motivation and social inclusion

Aims cont....

- ❖ The aim therefore is to develop basic culturally accepted, low cost strategies for mental health promotion that are aimed to improving the quality of life for the clients discharged from the hospitals.
- ❖ To gain community participation and ownership of the activities and thus believe will decrease relapsing, community stigma of mental illness.
- ❖ This will in turn increase community mental health awareness to improve mental health of community.
- ❖ Etc....

After doing so we will think about the big thing

- ❖ Determinants of mental health include not only factors related to actions by individuals, such as behaviors and lifestyles, coping skills, and good interpersonal relationships, but also social and environmental factors like income, social status, education, employment, housing and working conditions, access to appropriate health services, and good physical health. Fostering of these individual, social and environmental qualities and the avoidance of the converse are the objectives of mental health promotion and prevention of mental disorders

Outcomes

- ❖ It is still very early to see the real impacts. This organized program have just started in three pilot areas; only **ONE** relapse case. Referred **EARLY** for treatment; he is stabilized already.
- ❖ There has been a good family and community togetherness in regards to simple rehabilitation activities. **WORKING TOGETHER/SUPPORTING EACH OTHER**
- ❖ There are community **INITIATION** of the mental health promotion in the communities. Last week a group of community leaders are carrying out fundraising for Mental Health Promotion in the communities next month in December.
- ❖ Simple planning by families & the communities has started to piloted areas.
- ❖ But the actual organized activities for rehabilitation needed to start to some pilot areas.

Challenges and lessons learnt

- ❖ Off-course our big challenge and fear is the sustainability of the program
- ❖ Capacity [Knowledge, skills] to do basic but really things.
- ❖ Geography location and resources such as means of transport
- ❖ Acceptance of the program by the community so far so good but have to be nurtured. The HOW is the challenge.
- ❖ Our biggest challenge now is the SUPPORT from the Mental Health Services. What sort of support, technical, knowledge, regular visiting, etc
- ❖ M & E has to be in place and to be carried out soon to actually identify things to be done differently in future for a change.
- ❖ Then after all roll out the program to the whole nation

Future of the initiative

- ❖ As mentioned Simple M & E tools or instruments have to be in place. Have to measure what we are doing.
- ❖ Increase mental health establishment in the provincial levels.
- ❖ Train and continuous motivation of community leaders is very important.
- ❖ Plans for a DRIVER of the program whose sole duty is for driving future expansion or development of this initiative

Conclusion

- ❖ This networking between the careers, families, community leaders, nurse/Provincial Mental Health Coordinator has just started.
- ❖ It has to be nurtured
- ❖ Supported
- ❖ Finally rolled it out to the other provinces to make a difference in the Solomon Islands.

TAGIO TUMAS