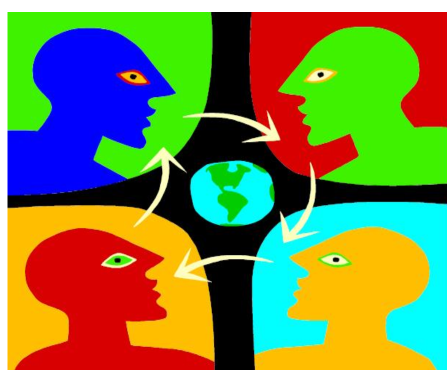
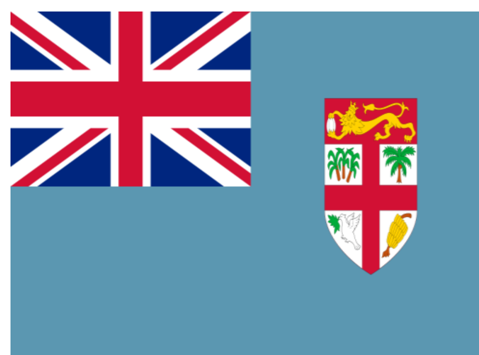
WHO MIND

Mental Health in Development



WHO proMIND: Profiles on Mental Health in Development



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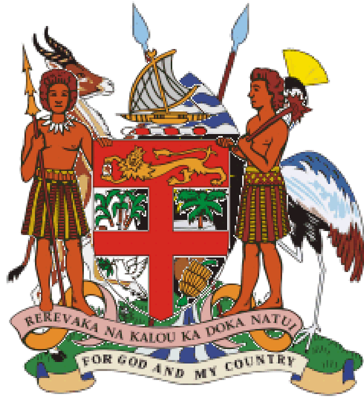
Fiji



"The provision of quality mental health services for the people of Fiji"

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More information about WHO MIND and WHO proMIND projects is available on the website: http://www.who.int/mental_health/policy/en/

The WHO Pacific Islands Mental Health Network (PIMHnet)

The idea to establish the Pacific Islands Mental Health Network (WHO PIMHnet) came about at a meeting of Ministers of Health for the Pacific Island Countries (Samoa, 2005) during which the idea of a Pacific network as a means of overcoming geographical and resource constraints in the field of mental health was discussed.

There was unanimous support among countries of the Pacific Region to establish the network, and with the support of New Zealand's Ministry of Health, the World Health Organization initiated the process to establish PIMHnet. The network was officially launched during the Pacific Island Meeting of Health Ministers in Vanuatu in 2007.

- PIMHnet currently counts 19 member countries, each with an officially appointed focal point: **American Samoa, Australia, Commonwealth of the Northern Mariana Islands, Cook Islands, Federated States of Micronesia, Fiji, Guam, Kiribati, Marshall Islands, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tokelau, Tonga and Vanuatu.**

The key aim of the Pacific Island Mental Health Network is to enable Island countries to work together and draw on their collective experience, knowledge and resources in order to establish mental health systems that can provide effective treatment and care.

In consultation with countries, PIMHnet has identified a number of priority areas of work, including advocacy; human resources and training; mental health policy, planning, legislation and service development; and access to psychotropic drugs; and research and information. Network countries meet on an annual basis to develop workplans outlining major areas for action to address these priorities, to be officially endorsed by their Ministers of Health.

PIMHnet has also been successful in forging strategic partnerships with NGOs and other agencies working in the Pacific Region in order to reduce the existing fragmentation of mental health activities and to build more coordinated and effective strategies to address the treatment gap, to improve mental health care and put an end to stigma, discrimination and human rights violations against people with mental disorders.

PIMHnet is funded by the New Zealand Ministry of Foreign Affairs and Trade through the New Zealand Aid Programme.

THE PROJECT

"The provision of quality mental health services for the people of Fiji"

KEY ACHIEVEMENTS FOR MENTAL HEALTH IN FIJI

- Establishment of the National Advisory Council on Mental Health (NACMH)
- Mental Health plan developed and finalized
- Establishment of the National Committee for the Prevention of Suicide (NCOPS)
- Formation of Fiji's first self-help mental health consumer group: Psychiatric Survivors' Association (PSA)
- Formulation of a draft policy on disabilities of which mental health is an integral component
- Appointment of mental health project officers in each divisional health area
- Launch of the Mental Health postgraduate nursing certificate course at Fiji National University School of Medicine
- Finalization of a human resource development plan for mental health and implementation of a first stage of training for health workers
- Establishment of a national Mental Health Clinical Services Network in Fiji
- Formulation of Mental Health and Suicide Prevention Strategic Plan 2007-2011
- Formulation of national Suicide Prevention Policy
- Launch of the Fiji Alliance for Mental Health
- National Mental Health Decree accepted by Cabinet and enacted in September 2010
- Opening of mental health units in 3 divisional hospitals
- Opening of outpatient clinics (Lautoka, Labasa, Samabula, Navua, Valelevu, Nausori, Nadi, Sigatoka, and in all Central prison facilities, including Suva Women's Prison, Korovou Men's Prison and Naboro Prison facility).
- Establishment of a one year Post Graduate Diploma in Mental Health (PDG) at Fiji National University School of Medicine with 3 doctors and 3 senior nurses comprising the first intake of students
- Modules on mental health introduced into the Nurse Practitioners Course at Fiji School of Nursing
- Day Rehabilitation programme started for recovering psychiatric patients in the Greater Suva Area at the premises of Fiji Medical Association in Suva

NEXT STEPS FOR FIJI

- Finalization of the National Policy on Disabilities
- National Mental Health Policy 2011 endorsed by National Executive Committee.
- Implementation of the priority areas of the Mental Health and Suicide Prevention Plans
- Revision of the National Mental Health Strategic Plan 2012-2016, and its implementation.
- Stress Management Units established in all divisional hospitals. Extend services to sub-divisional hospitals and improve access to mental health services at primary care facilities.
- Implementation of the National Mental Health Decree
- Establishment of the community-based recovery outreach programs (CROP) in each division
- Starting the Mental Health postgraduate doctor certificate course at Fiji National University School of Medicine
- Saint Giles Hospital renovations in 2013 to facilitate physical separation of acute patients, chronic patients, and forensic patients. Continue restructuring of outpatient services and community services to reduce excessive workload on staff, and improve quality and accessibility of mental health service provision.

OVERVIEW

Fiji is an upper middle income Pacific Island nation currently undergoing epidemiological transition. It faces the burden of communicable diseases and non-communicable diseases (NCDs) as well as a third emerging burden related to accidents and injuries. In response, Fiji's Ministry of Health (MoH) has prioritized actions to reduce the burden of NCDs. In addition to focusing on diabetes, hypertension and cardiovascular disease, MoH has also targeted mental health as an area of concern. In its Strategic Plan (2011-2015), the MoH has identified improved mental health care as one of its seven health outcome indicators.

In Fiji, no epidemiological data is available regarding the national prevalence or burden of disease of mental disorders. There have been notable increases in utilization of mental health services at St. Giles Hospital, and this has been attributed in part to increased awareness of mental disorders in the community and improved diagnosis by health workers in the periphery (ie. primary care, subdivisional hospitals and community based facilities). The Ministry of Health formulated a strategic mental health and suicide prevention plan for 2007-2011. A further National Mental Health Strategic Plan 2012-2016 was formulated and implemented. This plan is currently being reviewed and revised. The National Suicide Prevention Policy and the National Mental Health Policy was endorsed by the National Executive Committee in 2011. A review of the National Mental Health Strategic Plan is yet to be conducted.

There have been a number of significant events in the evolution of Fiji's mental health services over the last decade. The country's first mental health service consumer group established a disabled people's organization, the Psychiatric Survivors' Association (PSA) in 2004. There have also been achievements in strengthening of integrated primary care services enabled through the AUSAID funded Fiji Health Sector Improvement Program (FHSIP) in the Ministry of Health. This program supported the appointment of mental health project officers in each division and training of public health nurses in mental health during 2006-2009. Also, in 2006, the Fiji School of Nursing started its first post-basic mental health certificate course for registered nurses. A National Committee for the Prevention of Suicide was formed in 2002. In 2008, the National Youth Summit identified that Suicide and mental health were important issues facing youth in Fiji. A youth group was formed and through support from the FHSIP program and the Disabilities Rights Fund have developed youth mental health promotion activities and disability support for young people with psychosocial disability. In 2009, St Giles Hospital Community Psychiatric Nursing Team in collaboration with the Australian Youth Development Ambassador Program initiated the Fiji Family Support Network to assist carers of people experiencing mental illness. In 2011, a one-year Post Graduate Diploma in Mental Health (PDG) for doctors started at Fiji National University

Mental health services have remained centralized at St. Giles Hospital, the country's only psychiatric facility. However, in 2010 consultations were facilitated with stakeholders and a new Mental Health Decree was approved by the Cabinet in September. The Decree came into effect on the 1 July 2011. The Decree supports decentralization of mental health services from institutional care to integrated health care at the divisional level. In May 2011 the first Mental Health clinic was officially opened by the Minister for Health at Samabula Health Centre. This was followed by the establishment of the first mental health units, named *Stress Management Units*, in Labasa Hospital, Colonial War Memorial Hospital, Suva, and subsequently, Lautoka Hospital. In June, 2011, the first community-based psychiatric rehabilitation and recovery outreach program was established in Suva with the assistance of Australian Volunteers International. Furthermore, it is envisioned that follow-up in the community will be supported by a well-established public health hierarchy involving village health workers (VHW), nursing stations, health centres, and sub-divisional hospitals.

Referral to St. Giles Hospital will be made directly from all levels of care as necessary for specialist mental health services, including forensic services. Mental health services in the periphery are now provided by public health staff at the nursing stations, health centres and sub-divisional hospitals. As such, the budgets for these peripheral services are provided through the community health and urban hospital allocations.

Ongoing challenges facing mental health service development and delivery in Fiji include: the stigma associated with mental health and illness and St. Giles Hospital; limited access to mental health care which remain focused in urban areas and at the country's only psychiatric facility; lack of trained mental health professionals and allied mental health care workers; lack of mobilization of non-government organizations in supporting people with psychosocial disability living in the community.

HISTORY AND MILESTONES

1997

The formation of the Technical Working Party on Mental Health (TWPMH), which continues to work under the banner of National Advisory Council on Mental Health (NACMH)

2001

Formulation of the 1998-2002 Mental Health Plan by the TWPMH

2003

Establishment of the National Committee for the Prevention of Suicide (NCOPS)

2004

The Cruz report, which reviewed the existing functions and responsibilities of the Fiji Ministry of Health in relation to the care, treatment and rehabilitation of mentally ill people in Fiji.

2004

August: The formation of the Psychiatric Survivors' Association Fiji's first and only mental health consumer self-help group.

2006

World Mental Health Day Celebrations held at Parliament for the Upper and Lower House of Representatives

Formulation of a draft National Policy on Disabilities for Fiji, which includes mental health

Formulation and finalization of the Ministry of Health Mental Health and Suicide Prevention Strategic Plans for 2007-2011

Fiji joins the Pacific Island Mental Health Network.

August: Establishment of a Mental Health Clinical Services Network in Fiji

September: Commencement of mental health postgraduate nursing certificate course at Fiji School of Nursing

November: Review of the Mental Treatment Act

Funding received from the AUSAID Fiji Health Sector Improvement Program (FHSIP) for the appointment of 3 divisional mental health project officers and ongoing training of public health staff. This funding terminated in 2010.

2007

February: Preparation of the Mental Health Decree

December: Formulation of a draft Suicide Prevention Policy

2008

July: Launch of "Stop Stigma Against Mental Illness: Dare to Care" campaign funded by the Fiji Health Sector Improvement Program.
St John of God Hospital in Richmond, NSW, Australia, sponsor 6 week clinical attachments for four mental health nurses for 2008 and 2009.

2009

Establishment of regular community outreach clinics to the divisions:

- Central Division: CWM Hospital (monthly); Valelevu H/C (weekly); Nausori H/C (fortnightly); Makoi Health Centre (every two months); prison (monthly)
- Western Division (2006): Lautoka H/C (every 2 months); Ba (every 2 months); Nadi (every 2 months)
- Northern Division (2006): Labasa Hospital (monthly); Taveuni Hospital (every quarter)

Australian Volunteer programs (AVI and AYAD) placed positions in St Giles Hospital and Youth Champs for Mental Health (2009-2011).

August: Youth Champs for Mental Health a newly formed youth mental health advocacy group entered a contestant in the annual Hibiscus Carnival, the largest charity event in Fiji. Their contestant won the King Hibiscus title and has been advocating for mental health in his new role bringing mental health issues to the national forefront.

Establishment of a Family Support Network (FSNet) in the Central division for carers of mental health consumers. Educational workshops for members of the FSNet have been conducted as well as regular fortnightly meetings.

Training on mood disorders conducted from 28 September to 10 October 2009 facilitated by the Black Dog Institute (Australia). Training was conducted in Sydney, Australia, and was funded by AusAID. The training focused on the identification and management of mental disorders and involved three doctors (one psychiatrist and two medical registrars). In October 2010, further training was delivered, facilitated by the Black Dog Institute involving a mental health nurse, a psychiatric registrar and a general practitioner.

November: Dr.Odille Chang, Acting Medical Superintendent at St Giles Hospital, on behalf of the Ministry of Health, Fiji, received an award of excellence in psychiatry by the WPA for efforts over the past five years to improve mental health services through basic training.

2010

January: Partnership with the Indian Australian Psychiatrists' Association (IAPA) in having volunteer psychiatrists assist in conducting outreach clinics and training/lectures in the divisions for public health staff and also St Giles Hospital staff. This was supported by WHO and the Pacific Island Mental Health Network.

January: MH Decree submitted to the Solicitor-General's Office in January 2010. The decree was approved and endorsed by the Cabinet in September 2010 (1).

March: An in-country consultant conducted training for health workers, including in-service training with medical staff in the Central and Western Divisions.

July: Fiji Health Sector Improvement Program (FHSIP) funded a consultant to conduct a 3 days workshop on stakeholders' consultation workshop on psychosocial rehabilitation program.

August: Blackdog Institute in-country training for general practitioners and public health doctors and nurses with funding resources from FHSIP.

September: An in-country consultant conducted training for health workers, including in-service training with medical staff in the Western and Northern Divisions..

October: World Suicide Day celebration at the Fiji National University Open day at the Pasifika Campus

2011

National Suicide Prevention Policy was endorsed by the National Executive Committee.

National Mental Health Policy was endorsed by the National Executive Committee.

January: The Community Outreach Clinics were established in the Western (Sigatoka H/C every 4 months) and Central Division (Navua Hospital every 3 months).

February: International team of psychiatrists invited to Fiji by the Dean of Fiji's School of Medicine and by the Ministry of Health. Together a vision and plan for mental health service delivery was drafted (2).

March: Professor Deva accepted a visiting professorship to lead the mental health delivery vision mentioned above for a 4-month period, from March to July 2011.

Launch of the Fiji Alliance for Mental Health (FAMH) with the First Lady Adi Koila Mara Nailatikauas as Patron. The FAMH is a volunteer based non-profit organization and its vision is "Towards a Mentally Healthy Fiji". The activities include education, advocacy, capacity building, and supporting research to improve mental health care service delivery and combating stigma and discrimination. The organization received supports from the College of Medicine, Nursing and Health Sciences.

April: Opening of Mental Health Clinic based in the area Samabula
Establishment of the Child and Adolescent Mental Health Clinic at St Giles Hospital

June: Establishment of Community-based Recovery & Rehabilitation program in Suva
Launching of the first Training manual for Family Support Network of Fiji.
Mental Health Decree came into effect.

July: Three general hospital psychiatric inpatients units (Stress Management Wards; SMW) opened (8 beds in Suva; 9 beds in Lautoka and 5 beds in Labasa)

October: A Day Rehabilitation programme for recovering patients of St Giles Hospital started at the premises of Fiji Medical Association in Suva

2012

Formulation and implementation of the National Mental Health Strategic Plan 2012-2016.

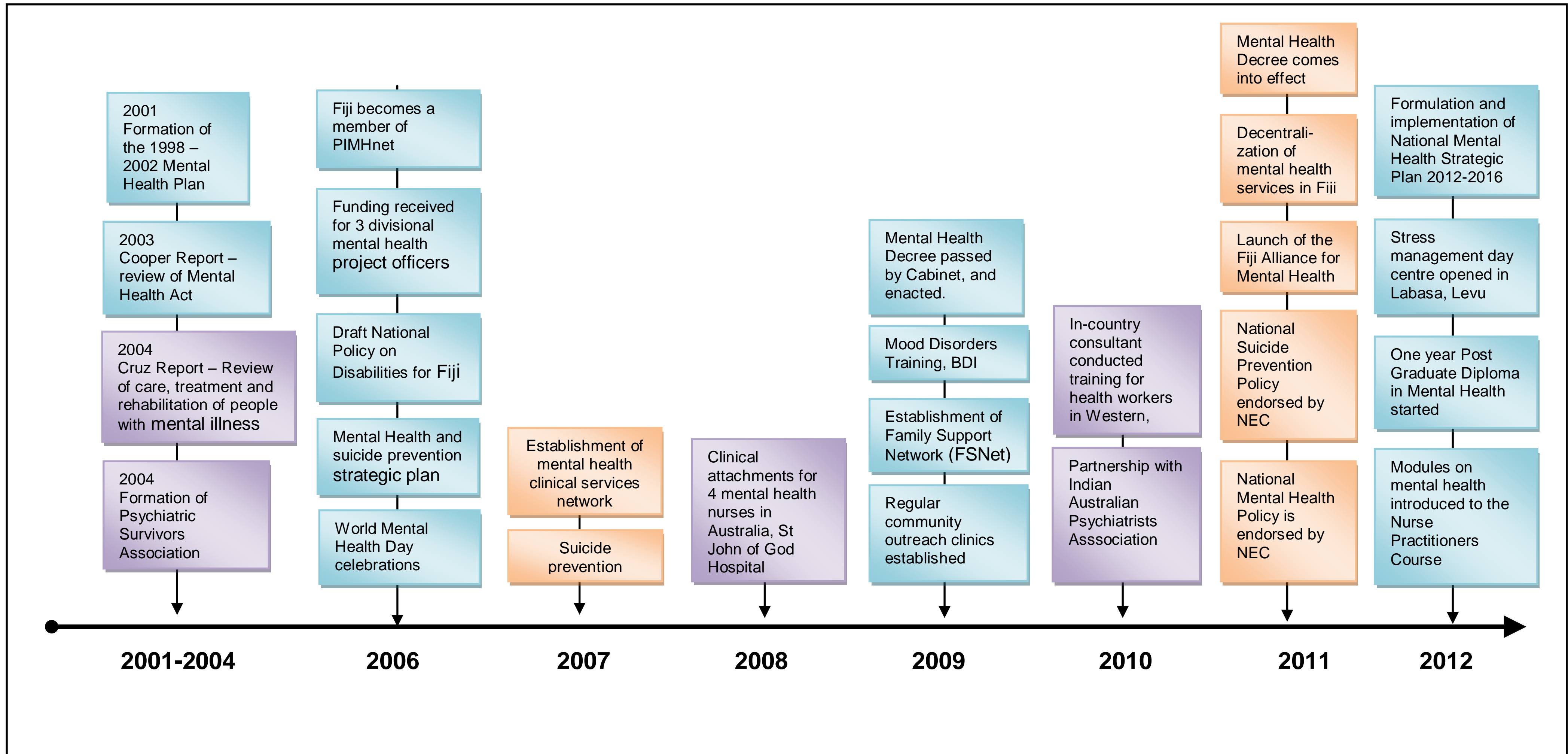
February: Initiation of the one year Post Graduate Diploma in Mental Health (PDG) started at Fiji National University.

July-November: Professor Deva accepted a six month visiting consultancy role for the Ministry of Health

September: Modules on mental health introduced to the Nurse Practitioners Course at Fiji School of Nursing.

November: Stress Management Day Centre for Psychosocial Rehabilitation(PSR) of recovering patients started in Labasa, on the island of Vanua Levu.

Figure 1. **Timeline**



OFFICIAL DOCUMENTS

DEVELOPMENT AND POVERTY REDUCTION POLICIES, STRATEGIES AND PROGRAMMES

- Ministry of Health National Mental Health and Suicide Prevention Strategic Plans 2007-2011
- Ministry of Health Corporate Plan 2011.
- Ministry of Health Strategic Plan 2011-2015.

HEALTH AND MENTAL HEALTH POLICIES, PLANS AND PROGRAMMES

- National Mental Health Policy 2011
- National Mental Health Strategic Plan 2012–2016
- Suicide Prevention, Policy and Implementation Action Plan 2008-2013

LEGISLATION

- Mental Treatment Act, Laws of Fiji, Chapter 113 (ed. 1978).
- Mental Health Decree 2010

SITUATIONAL ANALYSES

- Fiji Country Health Information Profile.
- WHO 2005. Situational analysis of mental health needs and resources in Pacific Island countries. Centre for Mental Health Research, Policy and Service Development
- WHO 2005. Global Atlas for Mental Health.

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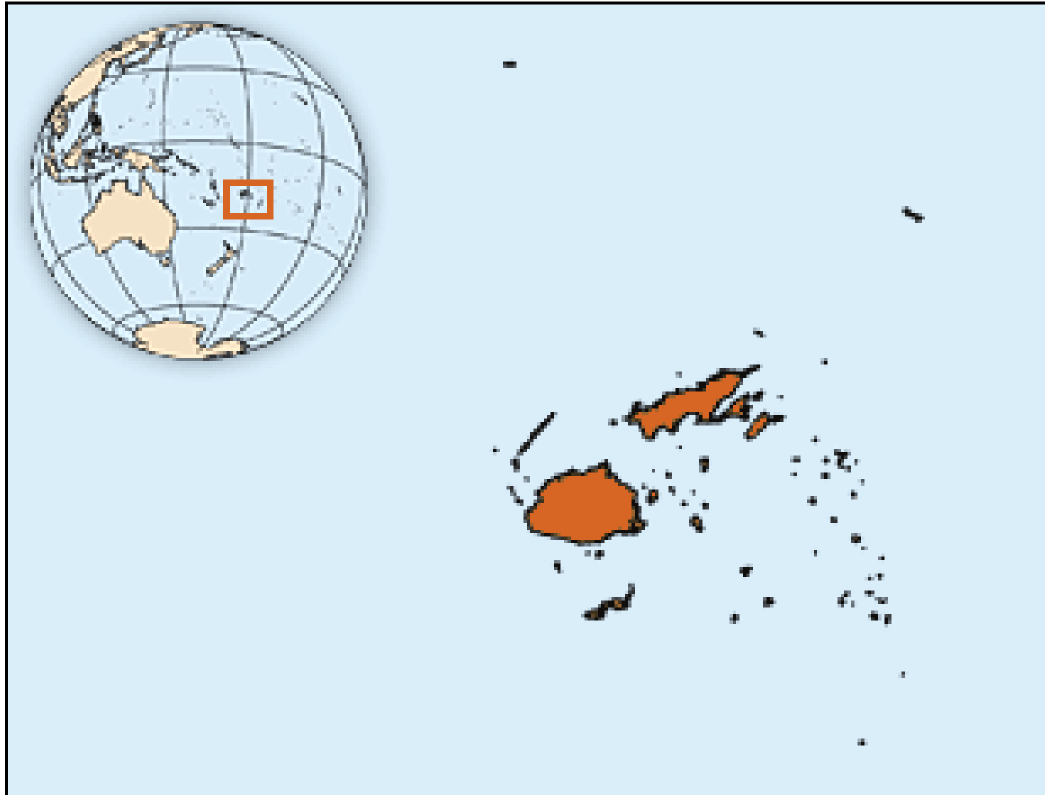
THE CONTEXT

1. COUNTRY DEMOGRAPHIC AND SOCIOECONOMIC PROFILE

Figure 2
Location of Fiji



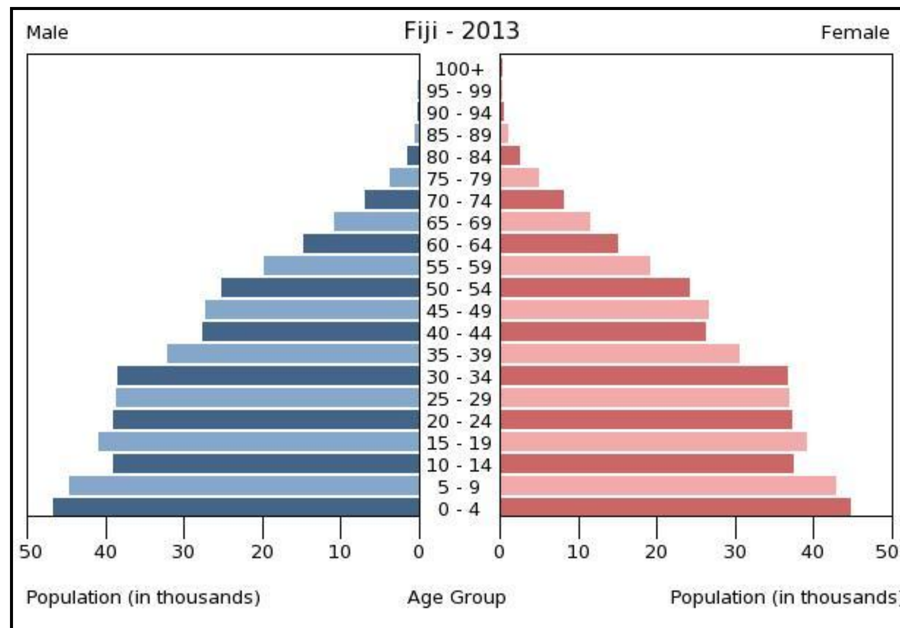
This map is an approximation of actual country borders.
Source: reference (3)

GEOGRAPHY AND CLIMATE

Fiji is an island nation located in the South Pacific Ocean: east of Vanuatu, west of Tonga and south of Tuvalu. It is comprised of approximately 300 islands covering an area of 18,000 square kilometres (4). The two main islands are Viti Levu and Vanua Levu, which account for more than 80% of the total population. The capital city is Suva, which is located on Viti Levu. The population density is 45.7 per square kilometer in 2007. 50.86% of the total population is urban and 49.14% rural (5). The official language is English, although Fijian and Hindi are extensively used.

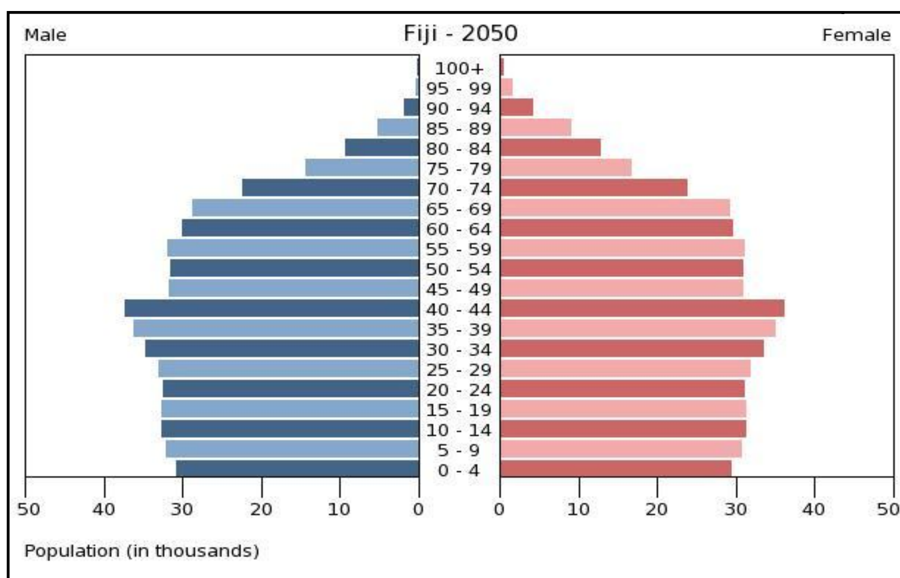
The nature of Fiji geography poses many challenges for the adequate delivery of health and mental health services. In particular, it is very difficult for people living in remote interior and outer island areas to access their local health facility let alone the main health and mental health facilities located in the capital or other urban centres.

Figure 3
Age structure diagram illustrating Fiji's population, with higher proportions in younger cohorts



Source: reference (6)

Figure 4
Age structure diagram showing the stabilization of Fiji's population by 2050



Source: reference (6)

DEMOGRAPHICS

The population of Fiji is 861,000 (7) the majority of which are in Taukei, Indians, other Pacific Islanders, part European, Rotuman, Chinese and European (8). The majority of the population is Christian, followed by Hindi, no religion specified, Sikh and other religions (8).

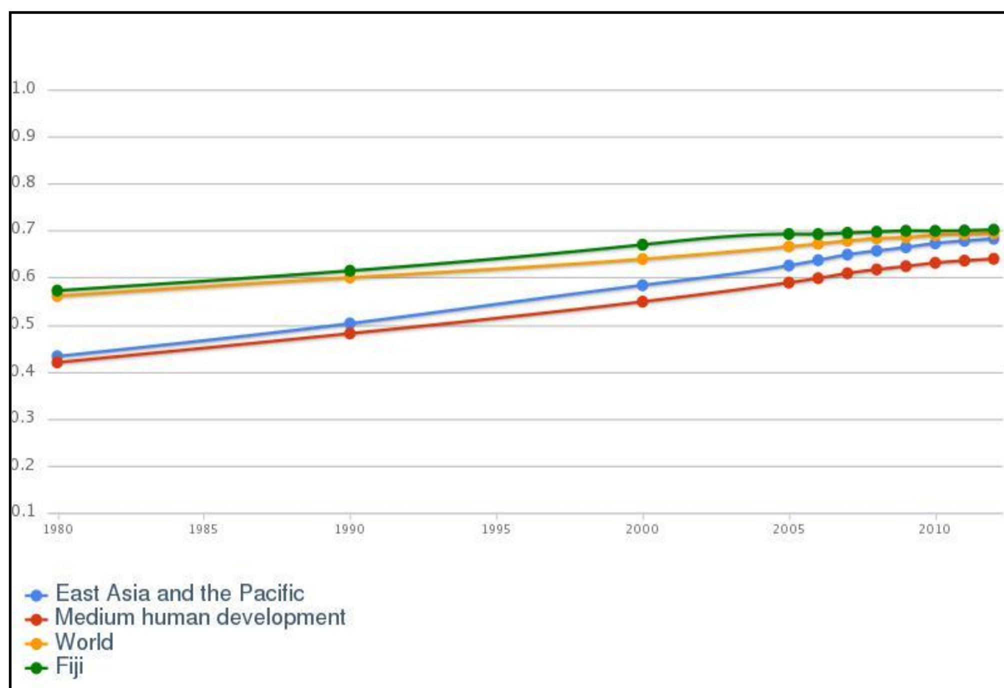
The population in Fiji for 2013 (Figure 3) illustrates the large youth and adult population in the country, and a small elderly population, and this trend will continue in 2025. By 2050, however, projections show that population growth will decrease (currently is 0.905% per year (7)), as will the fertility rate. Emigration will continue to decline from 2010 onwards, and life expectancy in Fiji is

projected to increase by 2050. By 2050 (Figure 4) the projected population will be more evenly distributed across the life span.

DEVELOPMENT INDICATORS

Fiji's HDI Index is 0.702 (9) as illustrated in Figure 5, placing it above the regional average and ranking it 96th in the world and in the category of countries with High Human Development. A regional analysis of HDI in the East Asia and Western Pacific Region illustrates Fiji's position both regionally and internationally. Between 1980 and 2012 Fiji's HDI rose by 0.7% annually from 0.572 to 0.702, which gives the country a rank of 96 out of 187 countries with comparable data. The HDI of East Asia and the Pacific as a region increased from 0.432 in 1980 to 0.683 in 2012, placing Fiji above the regional average.

Figure 5
Comparison of Human Development Index (HDI) in Fiji with world, East Asian and Pacific regional averages



Source: reference (9)

PROGRESS TOWARDS THE MDGs

Fiji is gradually progressing on the Millennium Development Goals (MDG's), however the Ministry of Health has stated that they are not progressing sufficiently enough to meet the 2015 targets (4). Fiji is facing difficulties in achieving MDGs 4 (reduce infant mortality), 5 (improve maternal health), and 6 (combat HIV/AIDS, malaria and other diseases). Reasons for the delay in achieving the MDGs include staff shortages, insufficient monitoring of pregnancy related illness, cost of health services such that poorer populations cannot access health facilities, and the lack of health system strengthening and investment (4). Under five mortality rate (MDG4) has decreased in recent years to 16 per 1000 people (10), Maternal mortality rate (MDG5) has decreased in recent years to 26 per 100 000 live births (10). For MDG 6, the prevalence rate of HIV/AIDS is low in Fiji ,however, despite the low prevalence, the cumulative incidence is rising rapidly (in 2009 there were 333 confirmed cases versus 4 in 1989) (4).

Table 1
Individual indicators of human development in Fiji

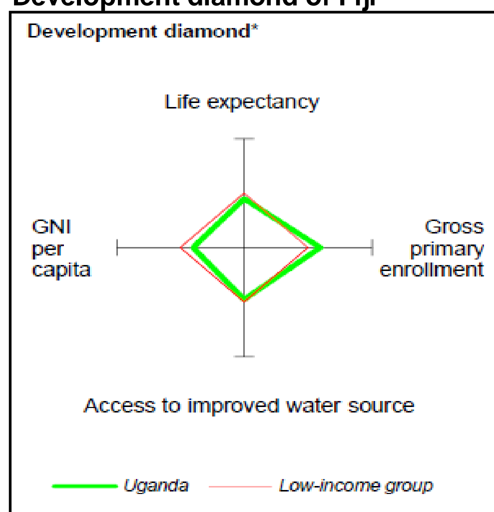
National Indicators		
Demography & Population	**Indicator**	**Source: reference**
Population (number)	861,000	(7)
Population Under Age 15 (%)	29	(4)
Urban Population (%)	50.7	(4)
Population Growth Rate (%)	0.8	(7)
Contraceptive Prevalence Rate (%)	31.8	(11)
Under Five Mortality Rate (rate per 1,000)	16	(10)
Maternal Mortality Ratio (rate per 100,000)	28	(10)
Life Expectancy	70	(10)
GDP(US$)	3818 billion	(12)
Country Income Classification	upper middle income	(12)
Total expenditure on health as % of GDP	4.2	(10)

As can be seen from the above indicators, Fiji is classified as an upper-middle income country and has an economy based on tourism and sugar production, however is becoming more diverse with manufacturing becoming an important source of employment (8).

SOCIAL WELFARE AND ASSISTANCE

Social welfare assistance is available for persons and families in need. Monthly allowances are minimal, ranging from $60-$100 (FJD) per month, and do not cover full living costs. The following are the categories under which people are eligible to receive social welfare benefits: (1) chronic illness; (2) permanent disability; (3) death of the family breadwinner; (4) elderly (i.e. >60 years of age); (5) dependants of prisoners; and (6) single mothers. Persons with mental disorders are eligible for social welfare assistance if deemed to be chronically ill or permanently disabled (categories 1 and 2) (13).

Figure 6
Development diamond of Fiji



Source: reference (13)

The Human Development Diamond plots four key socioeconomic indicators comparing Fiji with the upper middle income country group average. Despite a lower GNI, life expectancy and gross primary enrollment is on a par with other upper middle income countries

2. CONTEXTUAL FACTORS INFLUENCING MENTAL HEALTH NEEDS AND SERVICES

POPULATION MIGRATION

Urban-rural drift is a problem and continues to increase as land leases (sugar cane farming) expire (14). Rural populations continue to move to the urban centres in search of employment and educational opportunities. Fiji's housing and employment crises are pervasive, and as land leases expire and food costs rise, squatter settlements have risen (15). Poor sanitation and lack of adequate and clean water supply have contributed to the ongoing presence of infectious diseases. Health and mental health services are focused around the main urban centres. A recent influx of migrants to Fiji also strains existing mental health and general health services.

ILLICIT SUBSTANCE PRODUCTION AND ABUSE

The production and abuse of marijuana is a major concern for Fiji. For example, from 2001 to 2008, the Fiji Police Force crime statistics reported 2,812 offences against the Drug Ordinance Act (16). The UNODC reports that cultivation and sale of marijuana is for domestic use only and no cases for export have been reported. The UNODC Pacific profile 2003 also reports there to be an estimated 100 users per day. At St. Giles Hospital, from 2005-2007, there were 941 outpatient and 167 inpatient contacts diagnosed with marijuana abuse (17). However, these cases are those with an additional diagnosis of a functional psychiatric disorder and not solely a substance abuse problem. Thus, St. Giles Hospital is seeing a very specific and small proportion of the population who are using marijuana, which is estimated to be much higher in the general population. There are no separate drug and alcohol treatment or rehabilitative services available.

POLITICAL SITUATION

Fiji has seen political unrest and several changes in government in the last few decades. In 2011, the First Lady Adi Koila Nailatikau, announced the support for mental health by launching the Fiji Alliance for Mental Health at the Government House. The Minister of Health and the Dean of Fiji School of Medicine, College of Nursing, Medical and Health Sciences, were supportive of the mental health service development. The economic downturns resulting from this situation has directly impacted government funding for mental health services, with budget allocation for the operational costs of St. Giles Hospital steadily decreasing from 3.2 million $FJD in 2006 to 2.8 million in 2007 and finally 2.6 million in 2008. This has steadily increased over the period from 2009 (2.94 million $FJD) to 2011 (3.06 million $FJD).

MIGRATION OF SKILLED WORKERS

Many medical and nursing staff have resigned from Government services due to low salaries, poor working conditions and lack of opportunities for advancement. Emigration to countries such as Australia, New Zealand, the United Kingdom and the Middle East is common (15). In 2006 a total of 4 medical officers and 28 nurses resigned from the Ministry of Health (18).

POVERTY

In 2009, 31% of the population was under the national poverty line (19). The 2002-2003 Household Income and Expenditure Survey (HIES) by the Fiji Islands Bureau of Statistics (Figures 7 and 8) reported overall higher levels of poverty in rural populations compared to urban populations. It also revealed higher levels of poverty in both urban and rural Indo-Fijian populations compared to Fijian populations (8). The higher levels of poverty amongst the rural population make it harder for these people to access mental health services which are based at urban centres, including St. Giles Hospital which is located in Suva.

Figures 7
Population in poverty, urban Fiji

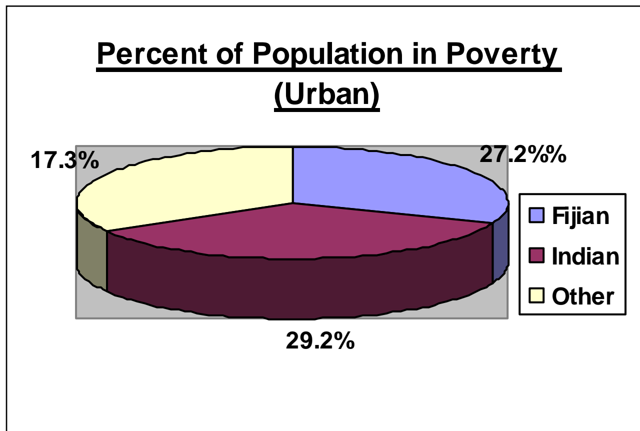
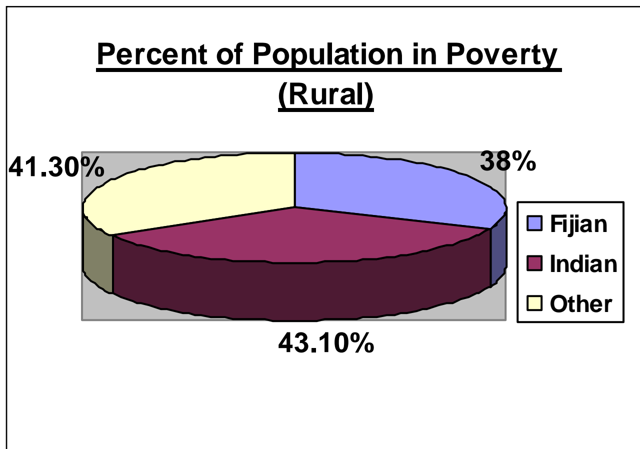


Figure 8
Population in poverty, rural Fiji



MENTAL HEALTH PROBLEMS
AND TREATMENT IN FIJI

3. BURDEN OF DISEASE AND TREATMENT GAP

PREVALENCE AND BURDEN OF DISEASE IN COUNTRY

In Fiji, no epidemiological data is available regarding the national prevalence or burden of disease of mental disorders. Prevalence data specific to suicide reveals that in 2009 there were 58 Fijians in total who committed suicide (of which 36 were male and 22 were female), and 141 people who attempted suicide (of which, 63 were male and 78 were female) (8). Over a 9 year period (1994-2003), there were a total of 949 suicides and 1082 attempted suicides, mainly occurring in the Western and Northern Divisions of Fiji (St. Giles Hospital is located in the Central Eastern Division) (20).

TREATMENT AND SERVICE UTLIZATION DATA

Recent utilization data reports that the average length of stay in St. Giles Hospital was 110 days in 2010 while the bed occupancy rate of psychiatric beds was 108.25 in 2010 (out of 136 beds in total in St. Giles Hospital) (11).

There has been a large increase in the utilisation of mental health services in St. Giles. This has been attributed in part to increased awareness of mental disorders in the community and improved diagnosis by health workers in the periphery (4). Court case referrals to St. Giles Hospital have also contributed to the increase in utilization of mental health services, with 82 forensic inpatients in 2004 and 131 forensic inpatients in 2005 seen at St. Giles Hospital (21). In 2010, there were 111 forensic patients who used the inpatient facility at St Giles Hospital. However, there is no separate forensic ward within St Giles Hospital, nor in the prisons.

The high demand for mental health services has been such that it has led to overutilization of services and long waiting lists at the divisional hospitals. A strategy which has been developed to address this issue, is the extension of opening hours at selected urban and peri-urban health centres, to further reduce waiting times and the burden on hospital services (4).

Table 2
Characteristics of outpatients and inpatients at St. Giles Hospital in 2010

Total number of outpatients	1409
Diagnosis	Schizophrenia 45% Mood Disorder 30% Others 25%
17 years or younger	73
Sex	Male 690 Female 719

Total number of inpatient admissions	460
Diagnosis	Schizophrenia 50.7% Mood Disorder 38% Personality Disorder 2% Others 9.3%
17 years or younger	17
Sex	Male 249 Female 211

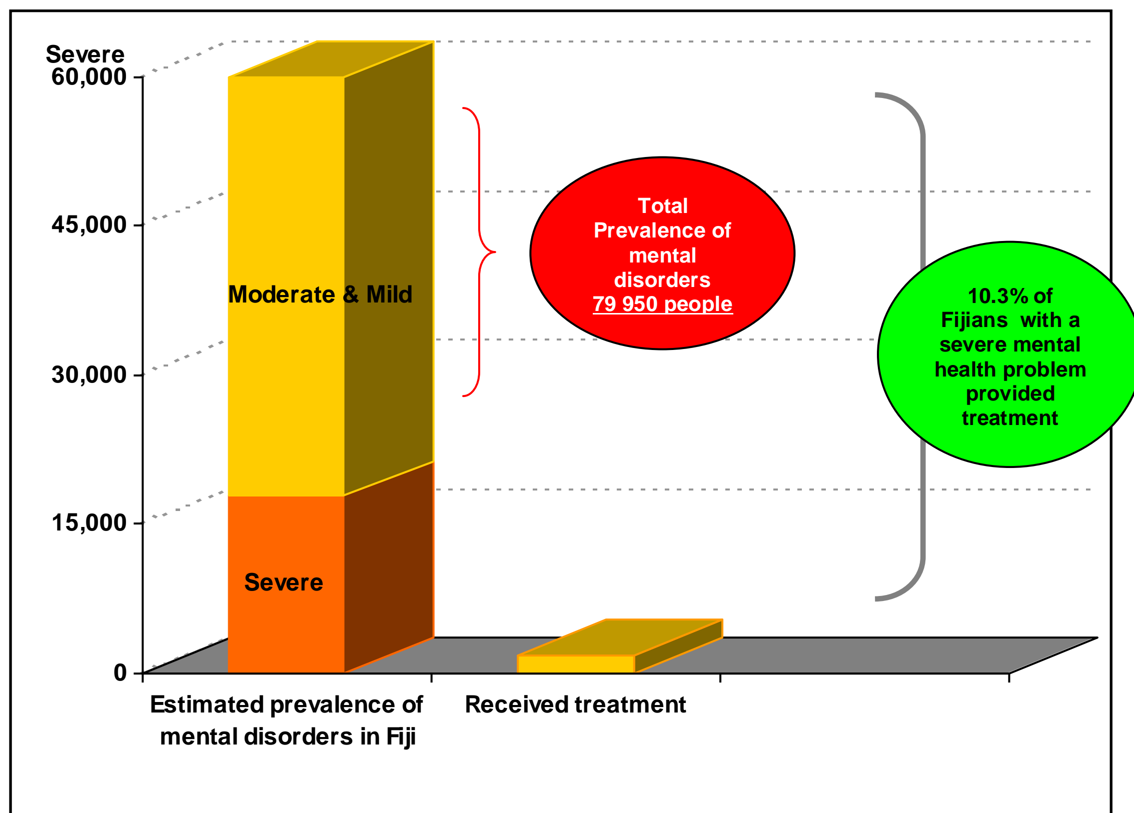
Source: reference (22)

TREATMENT GAP

Given that there is no national level data for population-based prevalence rates of mental illness in Fiji, the treatment gap has been estimated based on the prevalence rates from the World Mental Health Survey conducted in 2004, using the global prevalence rate of 13% (10% for mild to moderate mental disorders, and 3% for severe mental disorders). Based on these figures, it is estimated that there are approximately 615,000 adults in Fiji (7), with 13%, or 79.950 estimated to have a mental disorder. Among these, 18,450 adults (3% of the total adult population) are likely to have had a severe mental disorder, and 61,500 adults (10% of the total adult population) are estimated to have a mild to moderate mental disorder.

As of 2011, 1,902 people received treatment in inpatient and outpatient services at St Giles Hospital. Of these, 493 received inpatient treatment and 1,409 received outpatient treatment. If we assume that the people who receive treatment are those with severe mental health problems then the treatment rate for 2011 was 10.3%, and the treatment gap is 89.7%. If we calculate treatment rates based on the total group of people with a mental health problem (mild, moderate and severe), then the treatment rate would be 3.1%, and the treatment gap would be 96.9 %.

Figure 9
Estimated treatment gap for mental disorders in Fiji



MENTAL HEALTH WITHIN THE GENERAL HEALTH SYSTEM

4. MENTAL HEALTH WITHIN THE GENERAL HEALTH SYSTEM

Fiji's health care system has a relatively well-developed health infrastructure supported by a strong public health system. Health care services are provided throughout 3 geographical regions, the Central/Eastern division, the Western Division, and the Northern Division (Figure 11 shows the current organization of the Ministry of Health). Basic health care is provided to all Fijians with a divisional hospital in each of the three divisions, further supported by subdivisional hospitals and health centres, and with nursing stations and village clinics in more rural and remote areas (23). For general health problems, the pathway through service delivery is as follows: nursing station to health centre, health centre to sub-divisional hospital, sub-divisional hospital to divisional hospitals and ultimately to the central referral hospital in the country, Colonial War Memorial Hospital.

At the specialist (tertiary) level, there are two hospitals offering care, namely, St Giles Hospital and Tamavua/Twomey Hospital. St. Giles Hospital is the regional mental health institute, providing specialized clinical psychiatric services and training throughout the country. Tamavua/Twomey Hospital is comprised of three sub-hospital units: the Leprosy and Dermatology hospital, the Tuberculosis Unit, and the National Rehabilitation Medicine Hospital.

Secondary level health services are offered by the divisional and sub-divisional hospitals. There are three divisional hospitals, each serving one of three divisions in the country. Colonial War Memorial Hospital is the main referral hospital in the Central Eastern Division, Lautoka Hospital is the main hospital in the Western Division, and Labasa Hospital is the main hospital in the Northern division (4). There are 21 sub-divisional hospitals throughout Fiji (23) who offer both primary care and limited secondary health services (4).

At the primary care and community level, health centres, nursing stations, and village clinics with village health workers provide care throughout more rural and remote areas. Village health workers identify, treat and refer people accordingly to the appropriate level of care. Currently, there are 900 village clinics, 103 nursing stations, and 77 health centres in operation.

Additionally, there is one private hospital in Fiji, Suva Private Hospital, offering a wide range of health services. There are two faith-based mission hospitals, the Ra Maternity Hospital and the Ba Mission Hospital. The Roman Catholic Church owns the Ra Maternity Hospital but is staffed by the Ministry of Health. There are 3 homes for the elderly in Fiji, one in each division, which provide health care services.

Figure 10. **Ministry of Health Organogram**
Source: reference (11)

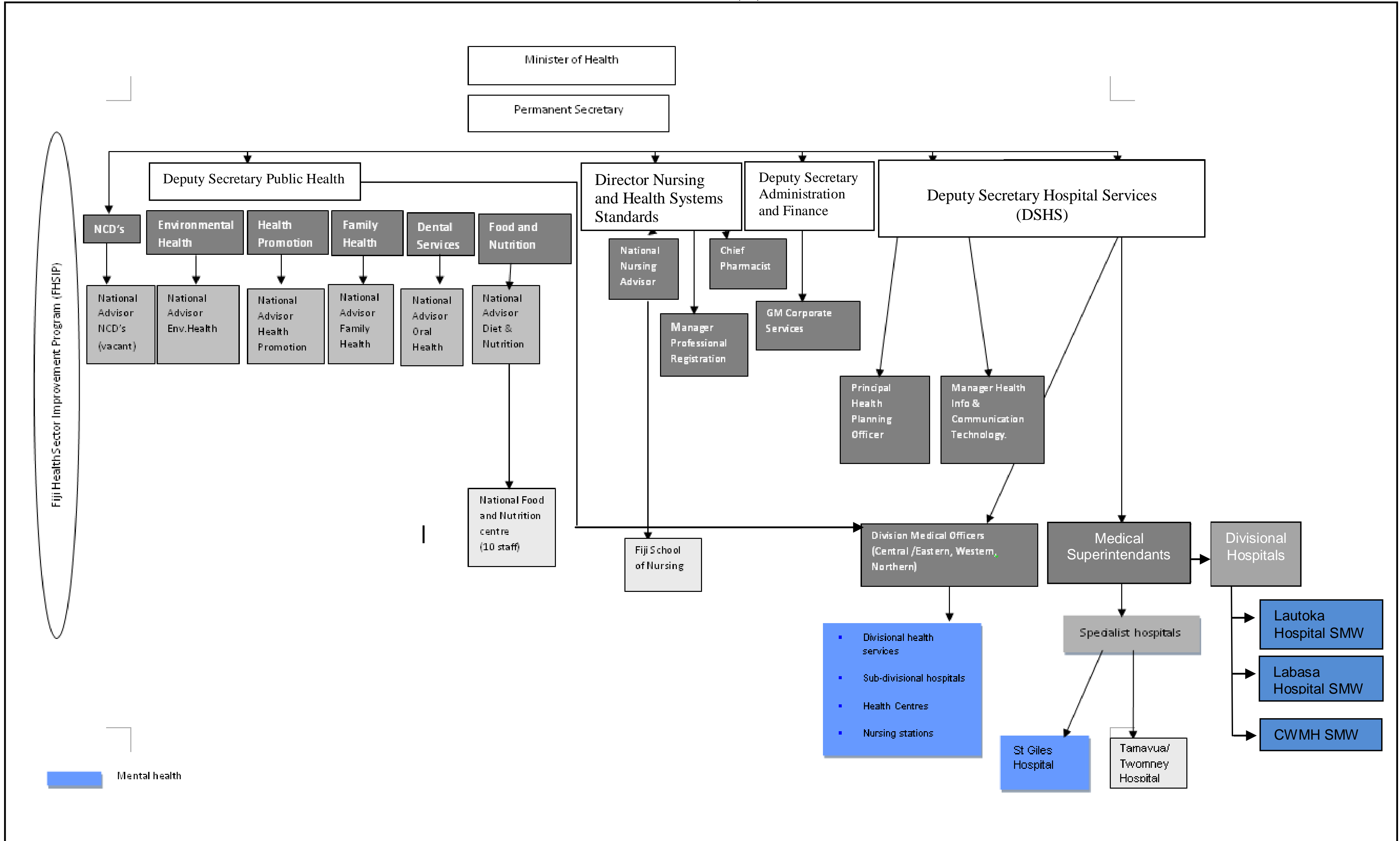
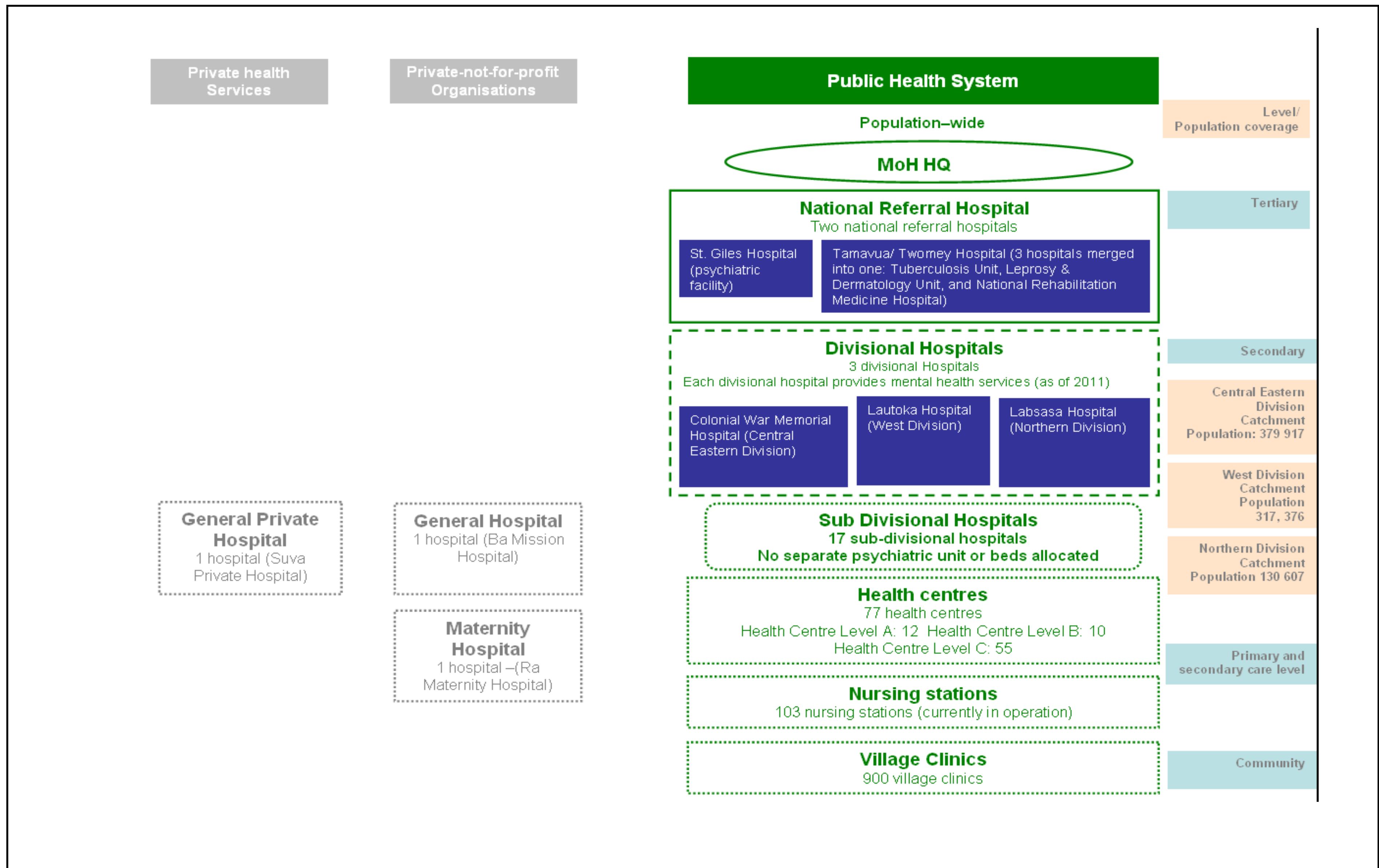


Figure 11. **Mental Health Services within the General Health System**
Source: reference (11)



COORDINATION

The Ministry of Health provides health care services to both local citizens as well as to tourists and persons referred from within the Pacific Island region (15). The Ministry of Health provides reports and regulates the functions of professional bodies (15). In 2007, the Ministry of Health was combined with the Ministry of Women and Social Welfare (15).

The Minister for Health is advised directly by the Permanent Secretary for health (PSH), who is in turn advised and supported by several directors (Figure 10).

Health services in the country are divided into three divisions (North, Central Eastern and Western). Each of these divisions has a divisional hospital. Each division is headed by a divisional medical officer who reports to the Deputy Secretariat of Public Health. Directors of the divisional hospitals (Medical Superintendents) report to the Deputy Secretary of Hospital Services .

Each division is divided into subdivisions and medical areas which operate as a network of subdivisional hospitals, health centres and nursing stations. Each subdivision is supervised by a Subdivisional Medical Officer (SDMO) who is based at the subdivisional hospital. The SDMO supervises the Medical Officers and nurses based at the health centres and nursing stations within each subdivision. The nurses at the nursing stations are immediately supervised by their respective Medical Officers at the health centres.

Mental health project officers were introduced into each division in 2006 (initially the Western and Northern divisions, and in 2007, in all 3 divisions). Their role is to conduct mental health awareness and advocacy activities, and to coordinate and support the training of the public health nurses in each division.

There are also two national specialist referral hospitals in the country, Twomey/Tamavua Hospital and St. Giles Hospital, both of which are located in the Central/Eastern Division. St. Giles Hospital is the only psychiatric hospital in the country, but provides mental health services to the whole country.

The Medical Superintendent of the St. Giles Hospital acts as a National Advisor for Mental Health and provides input for mental health policy through the Director of Health Programs and Training, in addition to his clinical and administrative role at the Hospital. The Medical Superintendent at St. Giles Hospital also liaises directly with the Director of the Fiji Health Sector Improvement Programme regarding mental health projects being funded by AUSAID (training of primary health care staff and Mental Health Project Officers since 2006 and a social marketing campaign, “Stop Stigma Against Mental Illness-Dare to Care”, started in July 2008).

For operational matters relating strictly to St. Giles Hospital the Medical Superintendent at St. Giles Hospital reports to the Director of Hospital Services or the National Advisor on Noncommunicable Diseases.

There are also three national bodies which coordinate mental health in Fiji, the National Committee for Prevention of Suicide, The Psychiatric Survivors Association and the National Advisory Council on Mental Health. The National Advisory Council on Mental Health is the national body which is occupied with the development of mental health policy, review of mental health legislation, promotion of mental health, and improving mental health service delivery. The organization however is not funded and thus, feasibly has only been able to focus on raising mental health awareness via World Mental Health day (23). As of March 2011, there is a plan to develop a Mental Health Institute of Training, Research, and Clinical Care, and is backed by Cabinet endorsement (2).

LEGAL FRAMEWORK AND POLICIES

Mental health legislation in Fiji is present.

The Mental Treatment Act, Chapter 113, (28 February 1940) Ed. 1978 was *'an act to amend and consolidate the law relating to the persons of unsound mind and to provide for the reception and detention of such persons in mental hospitals.'* The law focused strictly on treatment within St. Giles hospital, and was an outdated legislation that did not include preventative, promotional or rehabilitative aspects of mental health, or cover community mental health services or human rights issues.

In the last quarter of 2006 the Fiji Law Reform Commission undertook a review of the Mental Treatment Act in conjunction with private consultants and the WHO Department of Mental Health and Substance Abuse in Geneva, who also provided technical assistance for the formulation of the new Mental Health Act (MHA).

In September 2010, the Mental Health Decree was passed by Cabinet and enacted. The new decree of 2010 repeals the Mental Health Act (chapter 113). The 2010 decree takes into account treatment in general hospitals, psychiatric hospital settings, and emphasizes community mental health, prevention and rehabilitation. The new law also outlines the establishment of a health board and visitor board, to promote quality care and human rights, and enhanced care to families and communities. The decree came into full effect in July 2011.

MENTAL HEALTH POLICY AND PLAN

A National Mental Health Policy was formulated by the Ministry of Health in 2011 and endorsed by the National Executive Committee. Following this, a National Mental Health Strategic Plan 2012-2016 was formulated.

A draft Suicide Prevention Policy was formulated at the end of 2007, and was finalized in August 2008. The Ministry of Health, Women and Social Welfare also formulated a strategic mental health and suicide prevention plan for 2006-2011 (20) Previously two mental health plans were developed between the periods of 1993-1998 and 1998-2002, however, were not operationalized due to inadequate funding and resource allocation (23). Further to this, a Suicide Prevention Policy and Implementation Action Plan 2008-2013, was drawn up by Ministry of Health and implemented over the years.

In addition, the Ministry's strategic goals (across all areas of health) were set out for 2011-2015. One of the seven health outcomes outlined was to improve mental health care (4). The Ministry intends to realise this by reviewing the current Mental Health and Suicide Prevention Strategic Plan, increasing the mental health workforce through training, and providing accessible mental health services in all divisions (4). Another relevant outcome is to reduce the burden of non-communicable diseases which incorporates the reducing of alcohol-related accidents and injuries by 5% by 2015.

The Ministry of Health has developed a Clinical Services Plan, which provides the framework for strengthening clinical services at all levels of care. The Mental Health Clinical Service Network exists to strengthen clinical services of key aspects of mental health care provision and to improve quality of mental health services provided to general populations of Fiji (4).

Both WHO and UNESCAP have provided technical assistance and input in the development of national policies in the areas of disability, suicide prevention and pesticides (23).

HUMAN RIGHTS

In May 2009, Fiji enacted the Human Rights Commission Decree which repealed the 1999 Human Rights Act. This Decree established the Fiji Human Rights Commission (FHRC) (24). The role of the FHRC is to deliver human rights information and education to the public, advise the government on human rights compliance and protection, enquire into procedure or practices that

may infringe on human rights, promote better compliance, and make recommendations to the government on other human rights related issues (24). The decree also sets out specific legislation on discrimination, the rights of women, and the right to health, and makes specific reference to the Mental Health Act.

5. RESOURCES FOR MENTAL HEALTH

FINANCING

The healthcare system is provided primarily by the government and financed through tax revenues. A proportion of funding for the Ministry of Health is from donors (to improve services), a small cost-recovery program of user charges, a drug fund account from community pharmacies, and the government pharmacy's bulk purchasing scheme (15). Private insurance is available, but limited to those who are in employment. This insurance provides access to Suva Private Hospital and offshore referral for medical emergencies (15).

In 2010 the government of Fiji spent 4.2% of GDP on health (10). The total expenditure on health as percentage of GDP in 2009 was 3.6%. Of that, government expenditure on health accounted for 73.6% and private expenditure 26.4%. Of the private expenditure, 30.6% was private insurance; out of pocket payments were 61.2% (25).

The government has recognized the need to strengthen healthcare services and has made a commitment to increase the annual health budget by 0.5% over the next 5-7 years in order to reach at least 5% of GDP; a figure that would impact service delivery in Fiji substantially (4).

The Fiji Government provides an annual budget for the operational costs of St. Giles Hospital only (23). In 2006, $FJD 3.2 million was allocated to St. Giles Hospital, which was decreased in 2007 to $FJD 2.8 million (1.8% of the Ministry of Health budget) and comes from the urban hospital allocation.

The Hospital's budget was further decreased in 2008 to $FJD $2.6 million (23). However in 2011, St Giles Hospital budget has been increased to $FJD 3.06 million.

However, Fiji mental health services did receive additional funding from the following sources:

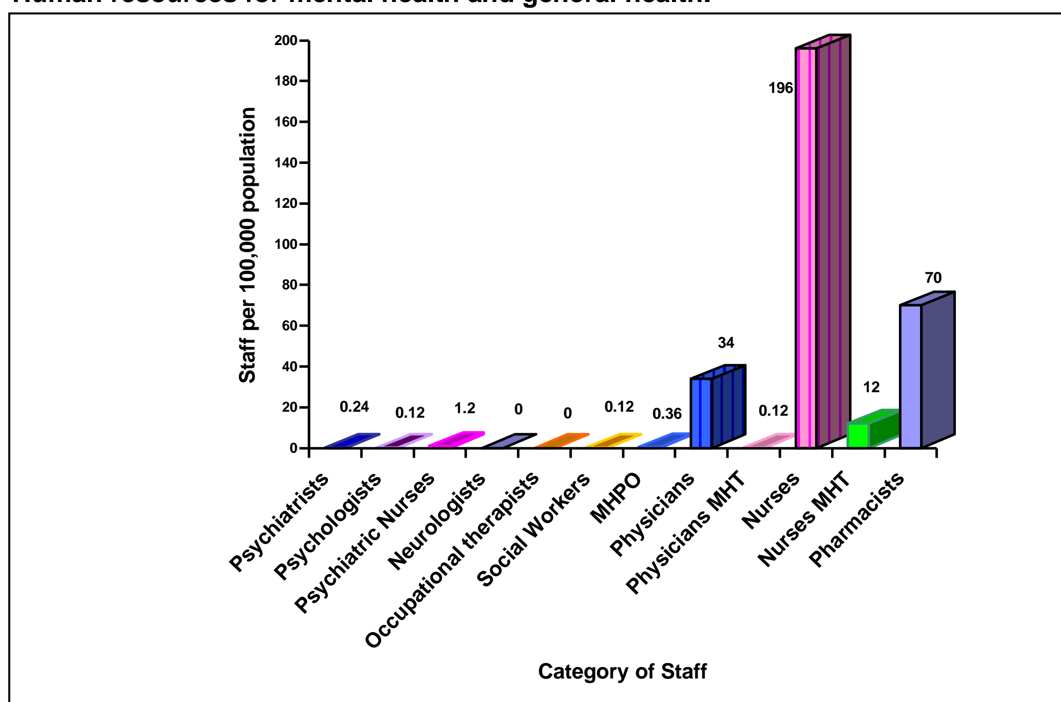
- Fiji Health Sector Improvement Program ($FJD 99,000 for training of public health staff and provision of 3 mental health project officers in each of the main divisional health areas). Funding for 3 Mental Health Project Officers and training continued until the end of 2009. In July 2008, FHSIP also funded a social marketing campaign "Stop Stigma Against Mental Illness-Dare to Care", which was funded until the end of 2009.
- National Committee for the Prevention Suicide (NCOPS) ($FJD 50,000 for suicide prevention activities). In 2008, the interim Minister for Health allocated an additional $FJD 50,000 to NCOPS.

Services provided at outpatient departments and general public wards are free. Inpatient services are free of charge unless service users decide to be admitted to paying wards where fees are charged for diagnostic services and the room (15). These fees, however, are low. For example, civil servants in Fiji pay $FJD 11.50 a day for the general paying wards and semi-private rooms, while civil servants are charged $FJD 92 per day for VIP rooms. Non-civil servants pay $FJD 23 for general paying wards and $FJD 115 for VIP rooms. Outpatients who are referred by a GP to a specialist clinic pay $FJD 11.50 per consultation as of January, 2011 (15). Non-residents of Fiji pay a fee of $FJD 69 per consultation and likewise, for an in-patient day.

HUMAN RESOURCES

Figure 12 below presents human resources staffing in general, and mental health in Fiji in 2008. The graph demonstrates that there are a large number of physicians, nurses and pharmacists in comparison to other health sector posts, particularly when compared to those employed in mental health. Tables 3, 4 and 5 display the distribution of health staff in Fiji split by divisional area. The tables show that the divisional hospitals in each division have the most staff when compared with subdivisional hospitals, health centres and nursing stations.

Figure 12
Human resources for mental health and general health.



Source: reference (18)

Table 3
Health staff distribution in the Central/Eastern (Centeast) Division, Fiji

Facility	Doctors	Nurses	Medical Assistants	Nurse Practitioners
Divisional Hospital (1)	92	439	1	0
Subdivisional Hospitals (11)	16	135	0	4
Health Centres (33)	34	158	8	14
Nursing Stations (46)	0	42	0	0

Table 4
Health staff distribution in the Western Division, Fiji

Facility	Doctors	Nurses	Medical Assistants	Nurse Practitioners
Divisional Hospital (1)	72	252	2	0
Subdivisional Hospitals (6)	18	169	0	0
Health Centres (23)	11	96	0	4
Nursing Stations (24)	0	21	0	0

Table 5
Health staff distribution in the Northern Division, Fiji

Facility	Doctors	Nurses	Medical Assistants	Nurse Practitioners
Divisional Hospital (1)	26	140	0	0
Subdivisional Hospitals (4)	5	70	0	0
Health Centres (19)	16	79	0	1
Nursing Stations (21)	0	16	0	0

Source: reference (18)

Furthermore, there are approximately 120 medical officers in private practice, accounting for 25% of the total medical workforce (15). There is generally no shortage of established paramedical and allied health cadres in Fiji.

With regards to health posts in Fiji, in 2009 there were 2,704 filled posts and 643 vacancies within the public health sector in Fiji (11). Table 5 depicts the Ministry of Health Medical Cadre as of 31 December 2008 (15), showing the current shortage of health posts requiring more seniority, and a surplus of entry-level posts being filled within the health sector. In contrast, Table 6 shows the departure of health staff in the public health sector across a 4-year time span, from 2003-2007 (15). Of interest is nurse migration in Fiji, as demonstrated from Table 6, with reasoning for migration ranging from resignation, retirement, death, or expiry of contract.

Table 6
Vacancies of public health workers in Fiji, 2008

Post	Grade	Approved Establishment	Filled	Vacant
Consultant Specialist	MD01	35	22	13
Chief Medical officer	MD02	25	18	7
Principal Medical Officer	MD03	44	32	12
Senior Medical Officer	MD04	79	46	33
Medical Officer	MD05	168	170	+2
Medical Intern	MD06	35	49	+14
Medical Assistant	MD07	10	10	Nil
Total		**396**	**347**	**49**

Source: reference (18)

Table 7
Departure of health staff in Fiji's public health system, 2003-2007

Cadre	2003	2004	2005	2006	2007	Total	Average per year
Medical Officers	29	40	37	31	23	160	32
Nurses	25	64	162	216	78	545	109
Paramedical	15	15	19	19	13	81	16
Dental	4	4	13	10	5	36	7
Pharmacy	4	3	18	8	8	41	8
Total	**77**	**126**	**249**	**284**	**127**	**863**	**173**

Source: reference (18)

There are currently three doctors with postgraduate specialist training in psychiatry in the country. Of those three doctors, only one is regularly involved in clinical practice at St. Giles Hospital, while the other two doctors are only involved in teaching at the Fiji School of Medicine in Suva. At present, no psychologists are working in the public sector, and only one clinical psychologist is in Fiji, working in the private sector, whose qualifications are unverified (26). One social worker works at St. Giles Hospital. 32 registered nurses and 45 medical orderlies run St. Giles Hospital in Fiji. Ten of these registered nurses, who have completed a 1 year post-basic programme in Mental Health at the Fiji School of Medicine are now psychiatric nurses (26). Throughout the country, there are 10,000 social workers, none of whom are trained in mental health (26). In 2011, a one year Post Graduate Diploma in Mental Health (PDG) for doctors at Fiji National University commenced.

Additionally, there are three mental health project officers (one in each division). They are based in the community health services head office for each division and supervised by the Chief Medical Officer and General Manager of community health in each division. Their primary role is to oversee the training of the public health staff (mainly nurses) in their division, provide support to these nurses between training sessions and to conduct mental health awareness and advocacy activities within their respective divisions. Two of the project officers have a background in counseling and training/teaching, while the third project officer is trained as a nurse and has several years experience working at St. Giles Hospital.

Within the community there are numerous “counselors”. However, their qualifications and level of expertise vary and are often unverified (26). Training of these counselors is often informal or they have undergone brief workshop training (2 to 3 day courses in counseling skills) at local technical institutions or social services programmes. The Ministry of Health, other governmental organizations, and the National Mental Health Advisory Council were responsible for identifiying counselors in the community, providing specific counseling training, and registering counselors (20).

Table 8. **Human resources across government facilities.**

	General Health						Mental Health					
Facility /Level	**Medical Doctor**	**Pharmacist**	**Nurse**	**Medical Orderly**	**Midwife**	**Social Worker**	**Medical Doctor**	**Clinical Psychologist**	**Social Worker**	**Psychiatric Nurse**	**Nurses**	**Occupational Therapist**
PROVINCE 1												
TERTIARY LEVEL CARE												
Tamavua Hospital	10	1	34	0	1	0	0	0	0	0	0	0
St Giles Hospital	See mental health section	1	See mental health section	49	0	0	1 consultant psychiatrist 6 local psychiatric registrars 3 regional psychiatric registrars	0	0	9	29	0 (since 2012)
SECONDARY LEVEL CARE												
Divisional Hospitals (Total = 3)												
Colonial Memorial War Hospital	132	24	561	1	34	0	1 full-time psychiatric registrar 2 psychiatrists (from Fiji National University working part-time in hospital)*	0	0	0	5	1
Lautoka Hospital	93	15	297	0	33	0	1 full-time psychiatric registrar	0	0	0	13	0
Labasa Hospital	59	7	183	0	N/A	0	1 full-time psychiatric registrar	0	0	0	0	0
Sub Divisional Hospitals (Total = 21)												
Total	16	4	100	0	18	0	0	0	0	0	2	0
Navua	4	1	20	0	6	0	0	0	0	0	1	0
Nadi	8	2	59	0	8	0	0	0	0	0	0	0
Rakiraki	4	1	21	0	4	0	0	0	0	0	1	0

PRIMARY LEVEL CARE												
Health Centre (Total = 77)												
Total	10	5	45	0	3	0	0	0	0	0	1	0
Nuffield (Typical Small)	2	1	13	0	1	0	0	0	0	0	1	0
Valelevu (Typical Large)	5	3	18	0	2	0	0	0	0	0	0	0
Raiwaqa (Typical Average)	3	1	14	0	N/A	0	0	0	0	0	0	0
Nursing Station (Total = 103)												
Total	0	0	7	0	1	0	0	0	0	0	1	0
Komo (Typical Small)	0	0	1	0	0	0	0	0	0	0	0	0
Naulu (Typical Large)	0	0	5	0	1	0	0	0	0	0	1	0
Baulevu (Typical Average)	0	0	1	0	0	0	0	0	0	0	0	0
Village Clinic (Total = 900) They are staffed by village health workers												
Total	0	0	0	0	0	0	0	0	0	0	0	0
Typical Small	0	0	0	0	0	0	0	0	0	0	0	0
Typical Large	0	0	0	0	0	0	0	0	0	0	0	0
Typical Average	0	0	0	0	0	0	0	0	0	0	0	0

Source: reference (22)

NA : Not Available
*both of them work at Fiji National University as lecturers as well

TRAINING

In Fiji, there are two major clinical health training institutions, the Fiji School of Nursing and the Fiji School of Medicine. Specific to mental health, the University of the South Pacific's School of Social Sciences in the Faculty of Arts and Law, offers a bachelor's degree with majors available in Social Work and Psychology, and a Certificate in Basic Counseling, and a Masters Degree in Social Policy and Administration. The Pacific Theological College has Clinical Pastoral Education for clergy members (23).

In 2006, a post-basic certificate course in mental health was introduced at the Fiji School of Nursing, which provides the qualifications necessary to become a psychiatric nurse in Fiji. In September 2007, ten nurses successfully completed the course. However the certificate course was interrupted due to staff shortage. It is planned to resume this course in 2013. In 2009, there were 60 staff members working under the Ministry of Health trained in mental health (27). In 2011, modules on mental health were introduced into the Nurse Practitioners Course at the Fiji School of Nursing.

In 2012, a post graduate diploma course in mental health to provide specialized mental health training for doctors was established and received its first intake of students. Plans are underway to set up a post graduate masters programme in mental health.

Training of public health staff (nurses and doctors) is ongoing and dependent on availability of funds and teaching personnel. The training of the public health staff in the divisions as aforementioned is being done by the staff of St. Giles Hospital with the support of the divisional Mental Health Project Officer in between sessions. Training of doctors in the divisions has been more difficult and tends to be one-off brief sessions. Doctors are supported in the divisions through the Mental Health Clinical Services Network and regular clinics (at least once a quarter) in the Northern and Western Divisions. Funding for the training of Primary Health Care staff, and for salaries of the mental health project officers is provided by the Fiji Health Sector Improvement Program (FHSIP). The training of the public health nurses is conducted by St. Giles Hospital staff (psychiatrists and psychiatric nurses). Currently, Continuing Professional Development (CDP) is a requirement for nursing and medical staff. CDP collects points dependent on staff attending trainings, however, the point system has not been finalized yet.

Medical orderlies are not nursing school graduates or medical school graduates. They need to have a high school pass as a minimum qualification, and undergo basic in-service training in mental health provided by the hospital as opposed to training through formal courses. Training in mental health for medical orderlies started about 20 years ago.

Table 9
Training and work for mental health professionals in Fiji including government and private sector

Human Resources	Training available in Fiji		Currently working in Fiji	
	Degree courses	Continuing Professional Development	Total number	Number currently working in mental health
Mental Health workers				
Psychiatrists	No	No	3	3[1]
Neurosurgeons	No	No	0	0
Neurologists	No	No	1	1
Psychiatric nurses	Yes	Yes	9	9[2]
Psychologists	Yes	Yes	0	0
Occupational therapists	No	No	0	0
Social workers	Yes	No	0	0
Mental Health Project Officers	No	Yes	0	0
Traditional healers	No	No	NA	NA
General Health Workers				
Physicians	Yes	Yes	380	5[3]
Nurses	Yes	Yes	2143	31
Pharmacists	Yes	Yes	51	1[4]
Nurse practitioners	Yes	Yes	28	0
Medical assistants	Yes	Yes	6	0
Dentists	Yes	Yes	51	0
Medical orderlies	No	No	54	48

Source: references (11, 21, 22, 28)

[1] 2 working full time as lecturers at Fiji National University (FNU) and part time at Colonial Memorial War Hospital. 1 working full time at psychiatric hospital
[2] minimum criteria used here - Post Grad Cert in Mental Health; all working at psychiatric hospital
[3] 1 working at CWM Hospital, 1 working at Labasa, 1 working at Lautoka, 6 working at St Giles Hospital
[4] Working at psychiatric hospital

MEDICATIONS

Conventional antipsychotics such as chlorpromazine, trifluperazine and haloperidol are available in oral form. The only atypical antipsychotics available are olanzapine and risperidone. Short-acting parenteral preparations are available for chlorpromazine and haloperidol. There are also three long-acting depot preparations available: modecate, haldec and depixol. Conventional antidepressants are available (amitryptiline, imipramine and doxepin), as well as one SSRI (fluoxetine). Cogentin, benzhexol, benztropine and diazepam are also available. All the above medications are provided to consumers free of charge and regularly supplied through FPS. Previously, there were frequent unavailability of various medications due to late arrival of shipments or frequent changing of suppliers but this problem was resolved by 2008. Since 2011, all divisional hospitals, sub-divisional hospitals, and all health centres with pharmacists are able to order their own stocks of psychiatric medications directly from FPS (with the exception of Nursing stations, who continue to get their stocks from the nearest health centre facility or St Giles Hospital). This has greatly improved accessibility to medications for patients and seen to have improved compliance rates overall. Furthermore, at the relevant facility, the patient's medications are reviewed by the doctor and home visits are conducted by public health nurses (23).

Table 10
Recommended psychotropic medications and their practical availability in Fiji

MEDICATION	ST. GILES HOSPITAL	DIVISIONAL HOSPITAL	SUB-DIVISIONAL HOSPITAL	HEALTH CENTRE	NURSING STATION*
Chlorpromazine tablets	√	√	√	√	**Nursing Stations continue to get their stocks from the nearest health centre facility or St Giles Hospital*
Haloperidol tablets	√	√	√	√	
Trifluperazine tablets	√	√	√	√	
Risperidone tablets	√	√	√	√	
Benzotropine	√	√	√	√	
Olanzapine tablets	√	√	√	√	
Amitryptline tablets	√	√	√	√	
Imipramine tablets	√	√	√	√	
Doxepin tablets	√	√	√	√	
Fluoxetine tablets	√	√	√	√	
Chlorpromazine short acting injection	√	√	√	√	
Haloperidol short-acting injection	√	√	√	√	
Modecate (Depot injection)	√	√	√	√	
Haldec (Depot Injection)	√	√	√	√	
Depixol (Depot injection)	√	√	√	√	
Diazepam tablets	√	√	√	√	
Diazepam injection	√	√	√	√	
Lithium Carbonate	√	√	√	√	
Carbamezapine	√	√	√	√	
Sodium Valproate	√	√	√	√	

Source: reference (21, 29)

INFORMATION SYSTEMS

The mental health reporting system in the country collects information and data through annual reports of the St. Giles Hospital at Suva, which are then submitted to the Ministry of Health. A patient information system (PATIS) is being established through the general health sector, however, mental health services are yet to be linked to PATIS (23).

PUBLIC EDUCATION AND LINKS TO OTHER SECTORS

The Ministry of Education, Youth, Employment Opportunities, Sports and Productivity (MEYEOSP) has several programmes which impact mental health (23). A special education programme focusing on awareness and outreach for children with disabilities is underway, and the Family Life Education programme has been piloted in specific schools focusing on the development of life skills for young people. These life skills are to assist in the preparation of facing the challenges of youth, decision-making and preparing for adulthood. Life skills are offered by the Ministry to youth not enrolled in formal education on aspects such as teenage pregnancy, suicide, drugs, and mental health. Another programme of the Ministry is the National Youth Service Scheme, which addresses vocational training and employment concerns of young people, as well as the Seeds of Success Programme (formerly the Positive Mental Attitude Programme), which focuses on the spiritual, economic, mental and physical aspects of an individual (23). In 2002, the Ministry established the Small and Micro Enterprise Programme, which focuses on housing and school fees for those who are in need as well as the encouragement of employment opportunities in rural areas (23). The National Youth Policy includes strategic areas targeting the needs of at-risk youth.

Figure 13. **Mapping of health care services in Fiji (hospitals)**
Source: reference (30)

Figure 14. **Mapping of health care services in Fiji (health centres)**
Source: reference (30)

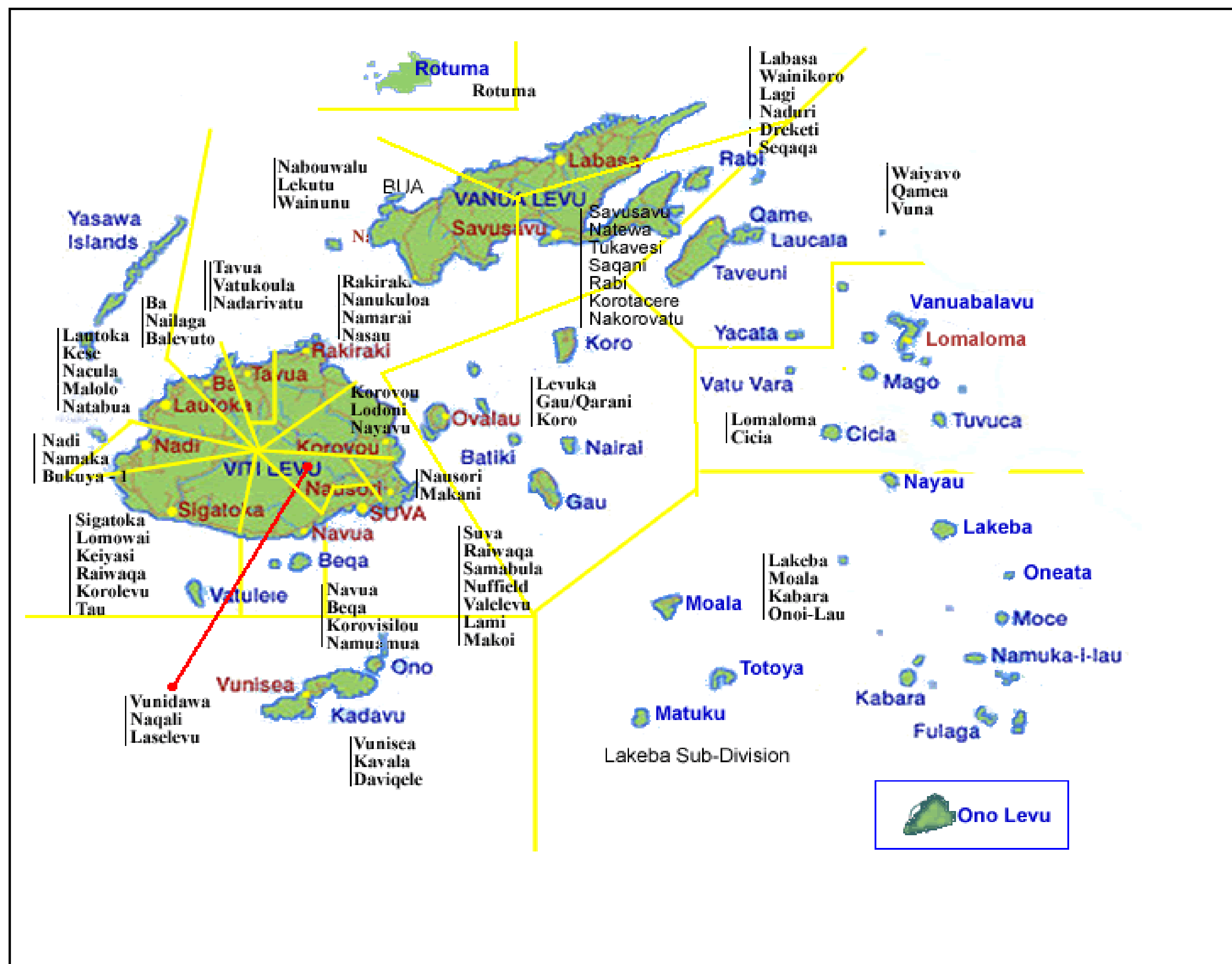
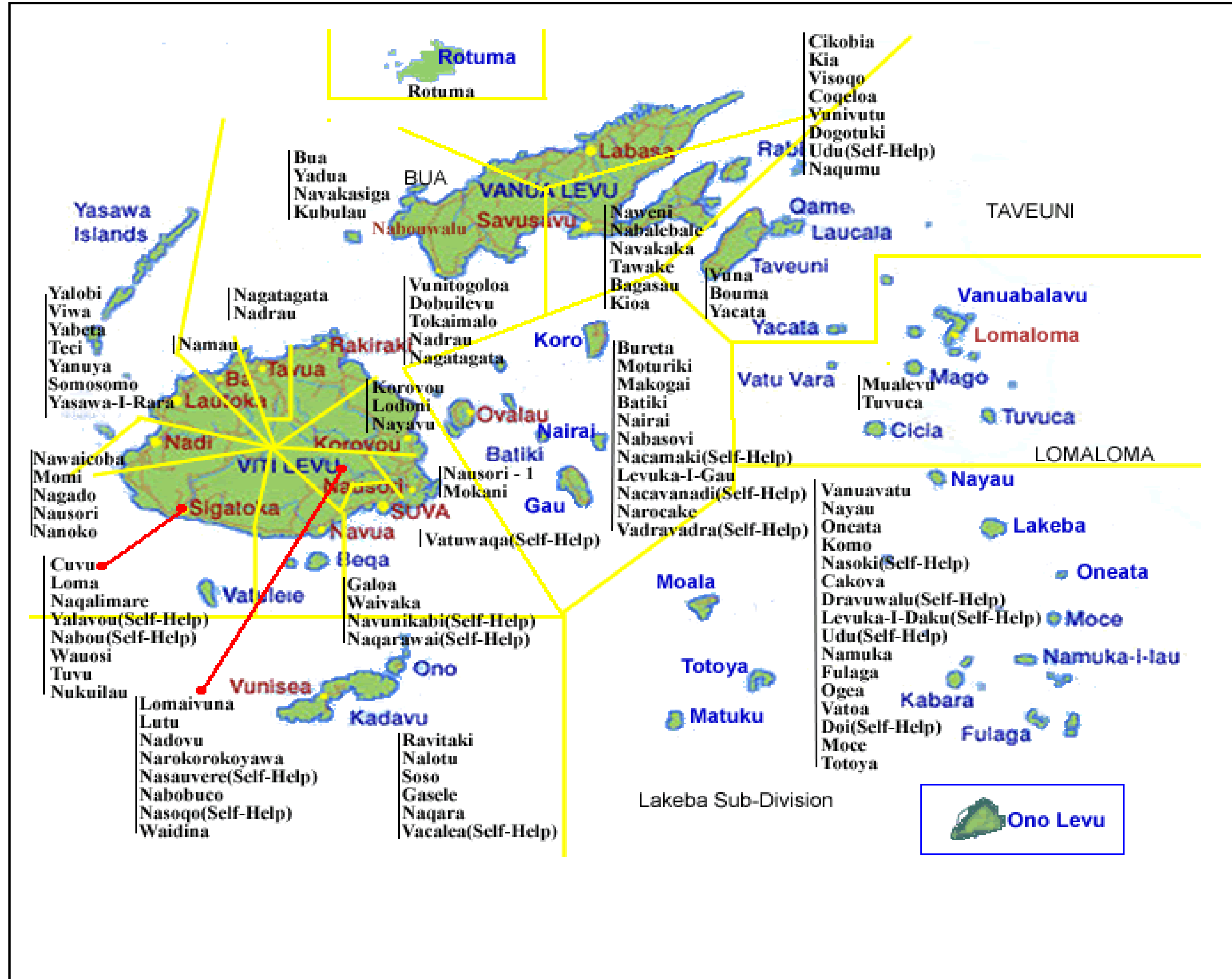


Figure 15. **Mapping health care services in Fiji (nursing stations)**
Source: reference (30)



FACILITIES AND SERVICES

Mental health services are primarily focused at St. Giles Hospital, which reports directly to the Director of Curative Health Services for operational matters,and to the Director of Training and Health Programs on policy and legislative matters. Mental health care service delivery outside of St. Giles Hospital is conducted through the divisional hospitals and the primary health care network of sub-divisional hospitals, health centres and nursing stations, which are in each division.

Longstay facilities and specialist services

St. Giles Hospital is the only specialized psychiatric facility in the country. It is a 136 bed facility, providing both inpatient and outpatient services. The hospital also provides services to other Pacific Island countries, such as Samoa, Kiribati, Nauru and Tonga.

St. Giles Hospital provides care for a wide range of mental disorders, such as intellectual disabilities, organic syndromes including dementia, neurotic disorders, and functional disorders (i.e. schizophrenia and mood disorders). Personality disorders and those with dual diagnosis (usually marijuana abuse) are also seen. Child psychiatry services started in May 2011. There is no separate substance abuse or rehabilitative services available.

Referral to St. Giles Hospital can be made directly from all levels of care as necessary. Mental health services in the community and more rural areas are provided by public health staff at the nursing stations, health centres and sub-divisional hospitals, with divisional hospitals also providing mental health services. As such, the budgets for these peripheral services are provided through the community health and urban hospital allocations.

Occupational therapy and counseling services are also available at St. Giles hospital. Day care service and community psychiatric nursing care are also accessible at St. Giles, but only to those consumers within the greater Suva area due to limited human and financial resources (27). St. Giles Hospital also has its own pharmacy that supplies psychotropic medications to both inpatients and outpatients nationwide. Psychotropic medications are ordered directly through the Fiji Pharmaceutical Service (FPS) by St. Giles Hospital, divisional hospitals, subdivisional hospitals, health centres and nursing stations (please refer to Table 10 for which psychotropic medications can be ordered at each health facility).

As of 2013, hospital staffing includes the following: 7 local doctors (1 consultant psychiatrist and 6 psychiatric registrars) and 3 regional doctors (all psychiatric registrars currently enrolled in the post graduate diploma programme in mental health); 3 full-time psychiatric registrars based at Labasa/Lautoka/CWM divisional hospitals respectively; 32 registered general nurses (only 4 psychiatric nurses; another 4 nurses should complete their training in psychiatry in December 2008); there are no positions for psychologists or social workers.

St. Giles Hospital lacks separate units for special populations such children and adolescents, the elderly and forensic cases.

St. Giles also operates regular psychiatric clinics at the Suva Women’s Prison and Naboro Prison. It is also responsible for conducting forensic assessments and evaluations at the request of the judiciary. The prison clinics are conducted once a month at each facility, by a psychiatrist or psychiatric registrar with a psychiatric nurse.

Psychiatric services within general hospitals

There are three general hospitals in the country, one in each divisional area (West, North and Central/Eastern). Lautoka Hospital provides care within the Western Division, Labasa Hospital provides services in the Northern Division, and Colonial War Memorial Hospital (CWM) provides services in the Central/Eastern division and is the country's main referral hospital.

Divisional hospitals provide specialists, medical and nursing staff with a full range of diagnostic and allied health support services (15). The divisional hospitals services are also teaching institutions

for medical and nursing students (15). Divisional hospitals provide outpatient and inpatient management of moderate to severe mental disorders. If people with mental health problems are admitted to these hospitals they would be treated within the general medical wards and managed by general medical specialists. As of December 2012, there are three physicians with post graduate diploma in mental health training at divisional hospitals providing mental health services. One is at the stress management unit at Lautoka Hospital, and the other is at the stress management unit at Labasa Hospital, with 10 and 5 beds respectively, and the other is at CWM Hospital Stress Management unit.

The medical teams at Lautoka and Labasa Hospitals also conduct outpatient clinics for people with mental health problems, while the CWM hospital and Lautoka Hospital have counseling services available. There is no liaison psychiatry service available at any of these divisional hospitals.

All doctors are able to prescribe psychotropic medications. The management of cases is discussed with doctors at St. Giles Hospital. Nurses cannot prescribe medicines.

Subdivisional Hospitals

Sub-divisional hospitals are the first point of referral from the health centre level. There are 21 subdivisional hospitals nationwide. General medical practitioners, midwives, registered nurses and assistants are employed at these hospitals (15).

For mental health services, there are no separate psychiatric units or beds allocated at subdivisional hospitals. If people with mental health problems are admitted they would be managed in the general wards. Those that require containment are usually held at the local police station while they await transfer to a divisional hospital or directly to St. Giles Hospital.

Efforts are being made to train health care staff working in subdivisional hospitals to be able to identify signs and symptoms of mental illness and manage them in the short term. But this is not yet systemtic. There is ongoing consultation with St. Giles Hospital as necessary with regards to patient management. PHC staffs also follow up those cases admitted to St. Giles Hospital and who have returned to their respective communities. Psychotropic medications are now available at all health facilities with pharmacists, and are dispensed to patients within each of their geographical health catchment areas.

Doctors are permitted to prescribe psychotropic medications. The management of cases is discussed with doctors at St. Giles Hospital. Please refer to Table 10 for psychotropic medication available at this level. At the sub-divisional level, service users can get referred to a divisional hospital which will be able to provide inpatient treatment for mental health problems.

Formal community mental health services

The Central Community Mental Health Hub based at St. Giles Hospital is the only community mental health service available in Fiji and caters to consumers living in the greater Suva area (i.e. only those consumers in the vicinity of St. Giles Hospital) due to financial, technical and personnel restraints. It provides crisis intervention, counseling, family support, medication and home visits. They also conduct community awareness, mental health training (community and health staff) and mental health advocacy.

Community mental health outreach clinics are also conducted on a regular basic in the Central (Samabula, Valelevu, Nausori, Navua), Northern (Labasa) and Western (Sigatoka, Nadi, Lautoka, Ba, Tavua, Rakiraki) Divisions (27). They are conducted every month at both the Sigatoka Health Centre and the Navua Hospital.

Mental health services through primary health care

Health centres and nursing stations are able to provide services at the primary care level in Fiji.

Health Centres

Nursing stations can refer service users to health centres. Health centres are often the first point of medical support for a number of nursing stations in a medical area (15).

There are 76 health centers nationwide. Primarily, public health doctors and/or nurses and nurse practitioners run these facilities. They provide outpatient follow-up and home visits where possible, conducted by public health nurses. They also provide referrals to their respective divisional or subdivisional hospitals or directly to St. Giles Hospital. The management of cases is discussed with St. Giles Hospital.

Nursing Stations

There are 91 nursing stations nationwide but there are only 79 nurses posted to nursing stations in 2011. Registered nurses man these stations. Typically the station is operated by a solo nurse who is on call 24 hours a day. Most of them have gone through some type of short courses on mental health. Each station caters for a catchment population range of 200 to 5000 people (15). Dispensing of medication, home visits and referral to health centers or hospitals where a doctor is available are the services available for people with mental health problems at these locations. Nurses are able to discuss management of psychiatric cases directly with St. Giles Hospital. Nursing stations can provide outpatient follow-up and home visits for mild to moderate mental illness. However, they can only provide psychotropic medicines that are prescribed by St Giles Hospital. Nurses receive limited training on how to identify signs and symptoms of mental illness and are staritn to refer people to more specialized services. The District Nurse is the first level that contacts St. Giles Hospital for mental health care or psychiatric referrals. The second level of referral or consult is the Health Centre. The third Level of referral is the District or Subdivisional Hospital. The fourth level is the Divisional hospital. In rural areas, the first contact for mental health is often the District Nurse (Nursing Station) or the Zone nurse (Health Centre).

Informal community care

Village community health services

Village/community health services are not formally Ministry of Health services, but do provide an important community link for Ministry of Health services (15). Village clinics and village health workers work under the supervision of the District Nurse. Most village health workers will have training regarding general health matters; however only a few of the village health workers have awareness or training in mental health. Those that are trained, are able to identify signs and symptoms of mental illness and refer accordingly.

Traditional healers

Traditional healers are not a formal part of mental health service delivery. However, we do know that the public often access them first before conventional services being offered by the Government.

Non-government organizations (NGOs)

There are several nongovernmental organizations that are engaged in mental health awareness/ training activities. The Fiji Red Cross Society regularly conducts awareness raising training for its volunteers nationwide. The Partners in Community Development Fiji (PCDF) also regularly participates in mental health awareness training activities.

Save the Children, an international NGO, runs several programmes incorporating mental health.

The Secretariat of the Pacific Community (SPC) also coordinates a reproductive health programme incorporating mental health issues and suicide prevention.

Women's Action for Change (WAC) writes and performs plays and skits addressing mental health issues, which are performed at schools nationwide in an effort to promote mental health (23).

Fiji Women's Crisis Centre provides support, counseling and crisis services for women and children experience domestic violence, abuse and crime (23).

Foundation of the Peoples of the South Pacific International (FSPI) coordinates with PCDF on a youth and mental health project, and also assists the Youth Champs for Mental Health, a group of young people involved with mental health awareness and advocacy (23).

The majority of counseling is provided by Pacific Counseling and Social Services (PICASS) (15).

Faith-based organizations
The Roman Catholic and Methodist faiths in Fiji provide counseling services.

Mental health services users or family associations
The Psychiatric Survivors' Association (PSA) was formed in August 2004, by consumers to address their needs, such as employment and housing opportunities, social welfare assistance; to provide support for consumers and to advocate for mental health issues and address stigma associated with mental illness. It is the country's only mental health consumer self-group. It focuses on mental health advocacy, awareness and consumer rights. PSA is an affiliate of the Fiji Disabled Persons' Association.

PSA is a member of the National Advisory Council on Mental Health (NACMH) and National Committee for the Prevention of Suicide (NCOPS). It has also provided valuable input in the recent review of the Mental Treatment Act in 2006, and in the development of the national suicide prevention policy and national mental health policy.

It has published a booklet, with the auspices of Leadership Fiji 2006, to increase mental health awareness and understanding of mental illness in the wider community. The publication is called "Fright or Light, Surviving Mental Illness".

Self-care and family-care
The Family Support Network (FSNet) in Mental Health is a group focusing on support for families, carers and friends who care for people with a mental illness. Their task is to share information and education in mental health as a way of empowering carers in their role. It was established prior to World Mental Health Day in 2009, and has since led workshops for more than 100 families. FSNet receives funding from AusAID, FHSIP (Ministry of Health) and works in cooperation with both St Giles Hospital and the Fiji Alliance for Mental Health.

The Alliance is a non-profit organization which aims to promote mental health in Fiji under the vision "Towards a Mentally Healthy Fiji", and focuses on two main areas, mental health promotion and stigma. The goal is for mental health service users to access help in the community in the least restrictive environment and without the fear of stigmatization. The organization receives support from the College of Medicine, Nursing and Health Sciences.

Divisional community mental health teams, the PSA, National Committee on Health Promotion, and St. Giles offer support groups for relatives of service users, and provide education sessions to family members regarding mental illness, prognosis, medications, and care of the elderly (20).

Table 11. **Service utilization in Fiji**
Source: reference (22)
(*NA: Not Available)*

	GENERAL HEALTH	MENTAL HEALTH INPATIENT				MENTAL HEALTH OUTPATIENT	
Facility/Level	**Total Number of Beds**	**Total Number Beds**	**Average length of stay (days)**	**Number of Individual Patients seen per year**	**Number of contacts per year (i.e. number of total consultations)**	**Number of Individual patients seen per year**	**Number of contacts per year (i.e. number of total consultations)**
TERTIARY LEVEL CARE							
National Hospital							
Tamavua Hospital	91	0	Not applicable	Not applicable	Not applicable	NA	NA
National Psychiatric Hospital							
St Giles Hospital	138	138	43	493	NA	1409	8145
SECONDARY LEVEL CARE							
Divisional Hospitals (Total = 3)							
Colonial War Memorial Hopital	442	8	NA	NA	NA	NA	NA
Lautoka Hospital	324	0	7	59	NA	NA	NA
Labasa Hospital	161	0	6	20	NA	NA	NA
Total	927	19				NA	NA
Sub Divisional Hospitals (Total = 21)							
Total	121	0	2	2	NA	NA	NA
Navua	12	0	NA	NA	NA	NA	NA
Nadi	85	0	NA	NA	NA	NA	NA
Rakiraki	24	0	2	2	NA	NA	NA

PRIMARY LEVEL CARE							
Health Centre (Total = 77)							
Total	0	0	0	0	0	NA	NA
Typical Small* Nuffield	0	0	0	0	0	NA	NA
Typical Large*Valelevu	0	0	0	0	0	NA	NA
Typical Average*Raiwaqa	0	0	0	0	0	NA	NA
Nursing Station (Total = 103)							
Total	0	0	0	0	0	NA	NA
Typical Small*Komo	0	0	0	0	0	NA	NA
Typical Large*Naulu	0	0	0	0	0	NA	NA
Typical Average*Baulevu	0	0	0	0	0	NA	NA
Village Clinic (Total = 900)							
Total	0	0	0	0	0	NA	NA
Typical Small*	0	0	0	0	0	NA	NA
Typical Large*	0	0	0	0	0	NA	NA
Typical Average*	0	0	0	0	0	NA	NA

Table 12. **Distribution of health facilities across Fiji**

Source: reference (11)
NA: Not Available

Facility/Level	Bua	Labasa	Taveuni	Lomaiviti	Lomaloma	Lakeba	Kadavu
TERTIARY LEVEL CARE							
Tamavua Hospital (✓)	√						
St Giles Hospital (✓)	√						
SECONDARY LEVEL CARE							
Divisional Hospitals							
Colonial War Memorial Hospital (✓)	√						
Lautoka Hospital (✓)	√	√					
Labasa Hospital (✓)		√					
Sub Divisional Hospitals (total number of sub divisional hopital = 17)	√		√	√	√	√	√
PRIMARY LEVEL CARE							
Health Centres (total number of health centres = 77)	49	13	3	3	2	4	3
Nursing stations (total number of nursing stations = 103)	48	15	3	13	2	16	6
Village Clinics (Village Clinics of health clinics = 900)	NA	NA	NA	NA	NA	NA	NA

Figure 16(a) and (b). **The WHO Pyramid of Care and the reality in Fiji**
Source: reference (31)

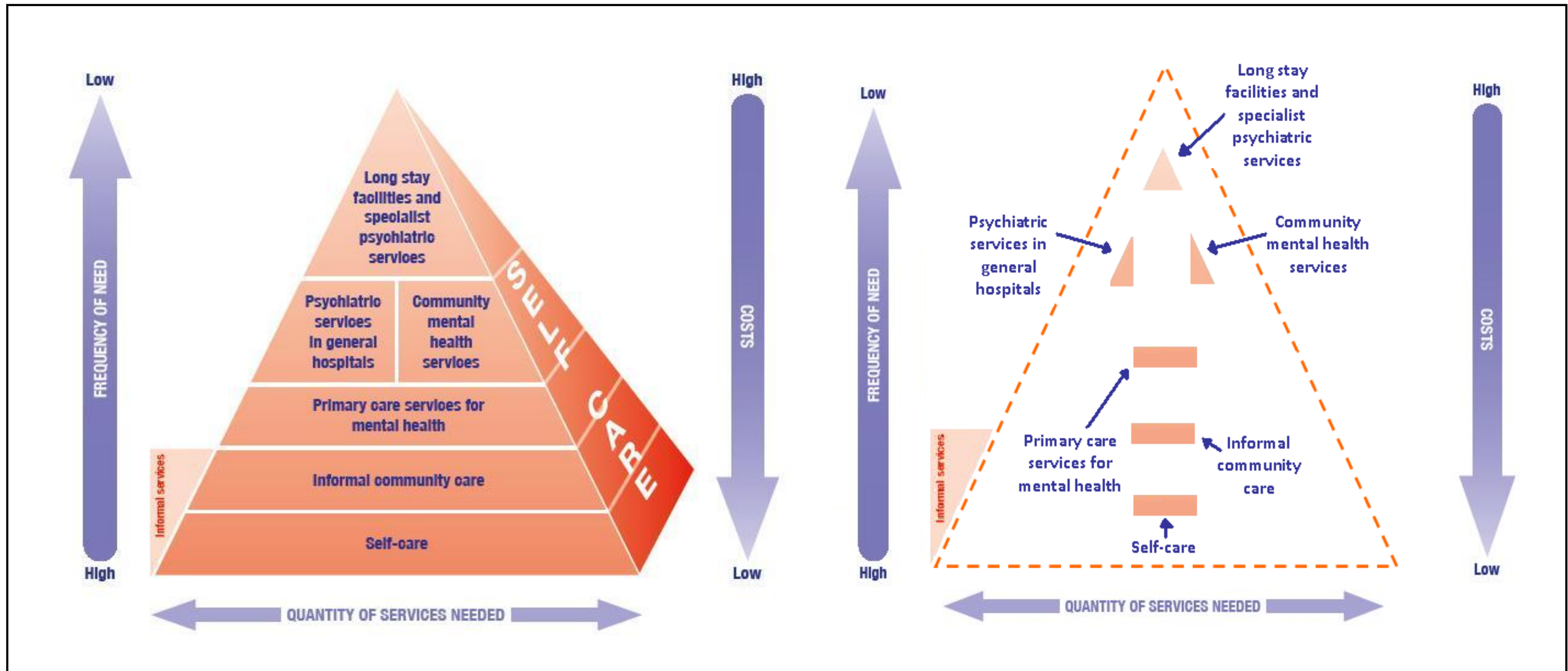


Figure 16(a)
The ideal structure for mental health care in any given country

Figure 16(b)
The reality of mental health care in Fiji
The levels of care that are non-existent, poorly developed or inappropriate have been removed from the pyramid of care.

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Mental health and development: Targeting people with mental health conditions as a vulnerable group
http://www.who.int/mental_health/policy/mhtargeting/en/index.html

Improving health systems and services for mental health
http://www.who.int/mental_health/policy/services/mhsystems/en/index.html

WHO/Wonca joint report: Integrating mental health into primary care - a global perspective
http://www.who.int/mental_health/policy/Integratingmhintoprimarycare2008_lastversion.pdf

WHO Resource Book on Mental Health, Human Rights and Legislation.
http://www.who.int/mental_health/policy/legislation/Resource%20Book_Eng2_WEB_07%20%282%29.pdf

The WHO Mental Health Policy and Service Guidance Package
http://www.who.int/mental_health/policy/essentialpackage1/en/index.html

- The mental health context
- Mental health policy, plans and programmes - update
- Organization of services
- Planning and budgeting to deliver services for mental health
- Mental health financing
- Mental health legislation & human rights
- Advocacy for mental health
- Quality improvement for mental health
- Human resources and training in mental health
- Improving access and use of psychotropic medicines
- Child and adolescent mental health policies and plans
- Mental Health Information Systems
- Mental health policies and programmes in the workplace
- Monitoring and evaluation of mental health policies and plans

World Health Report 2001: New Understanding, New Hope.
http://www.who.int/whr/2001/en/index.html

APPENDIX

Essential psychotherapeutic medicines
(WHO Model List of Essential Medicines, 16th list, March 2009)
Where the ***[c]*** symbol is placed next to the complementary list it signifies that the medicine(s) require(s) specialist diagnostic or monitoring facilities, and/or specialist medical care, and/or specialist training for their use in children.

Psychotic disorders	
Chlorpromazine	Injection 25 mg (hydrochloride)/ml in 2ml ampoule Oral liquid 25 mg (hydrochloride)/5 ml Tablet 100 mg (hydrochloride)
Fluphenazine	Injection 25 mg (decanoate or enantate) in 1ml ampoule
Haloperidol	Injection 5 mg in 1ml ampoule Tablet 2 mg; 5 mg
Complementary list [c]	
Chlorpromazine	*Injection: 25 mg (hydrochloride)/ml in 2 - ml ampoule* *Oral liquid: 25 mg (hydrochloride)/5 ml.* *Tablet: 10 mg; 25 mg; 50 mg; 100 mg (hydrochloride)*
Haloperidol	*Injection: 5 mg in 1 - ml ampoule* *Oral liquid: 2 mg/ml* *Solid oral dosage form: 0.5 mg; 2 mg; 5 mg*
Depressive disorders	
Amitriptyline	Tablet 25 mg (hydrochloride)
Fluoxetine	Capsule or tablet 20 mg (present as hydrochloride)
Complementary list [c]	
Fluoxetine	*Solid oral dosage form: 20 mg (present as hydrochloride)* a >8 years
Bipolar disorders	
Carbamazepine	Tablet (scored) 100 mg; 200 mg
Lithium carbonate	Solid oral dosage form: 300 mg
Valproic acid	Tablet (enteric coated): 200 mg; 500 mg (sodium valproate).
Generalized anxiety and sleep disorders	
Diazepam	Tablet (scored): 2 mg; 5 mg
Obsessive-compulsive disorders and panic attacks	
Clomipramine	Capsule 10 mg; 25 mg (hydrochloride)
Medicines used in substance dependence programmes	
Nicotine replacement therapy	Chewing gum: 2mg, 4mg Transdermal patch: 5mg to 30mg/16 hrs; 7mg to 21mg/24 hrs
Complementary list [c]	
Methadone*	Concentrate for oral liquid 5 mg/ml; 10 mg/ml Oral liquid 5 mg/5 ml; 10 mg/5 ml **The square box is added to include buprenorphine. The medicines should only be used within an established support programme.*

Source: reference (32)

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