The Lancet series on global mental health, in 2007, highlighted that mental disorders affected the poor, disadvantaged and vulnerable populations disproportionately; that there was a scarcity of resources and inefficiency of their utilisation, leading to significant treatment gap especially in low and middle income countries (LMIC); and that low-cost effective treatments could be delivered through primary care workers.1,2 The Movement for Global Mental Health heralded in 2007 formed a coalition of individuals and organisations committed to address the treatment gap, based on twin principles of evidence of effective treatments and human rights of people with mental disorders.3 The World Health Organization (WHO), in 2008, launched its flagship program, Mental Health Global Action Plan (mhGAP) aimed at scaling up services for mental, neurological and substance abuse disorders for all countries, especially LMIC, through investment and international as well as local partnerships.4

Australia and New Zealand (ANZ) are ideally placed to assist in capacity building efforts in a number of neighbouring LMIC, collectively known as Pacific Island countries (PICs), which include Papua New Guinea, Fiji, Kiribati, Marshall Islands, Federation States of Micronesia, Nauru, Palau, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu. While every Pacific Island country is unique in geographical, historical and cultural context, they have certain commonalities. They all have limited resources and narrowly based economies and they are highly vulnerable to climate change and natural disasters. The World Bank has advised that sustained development would require long-term cooperation among governments, international development partners and local organisations.5 The WHO Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 in the Western Pacific highlights the need for a health systems approach, a whole of government approach and a social movement approach to promote mental health and wellbeing in the Western Pacific region.6

The mental health sector in PICs is highly under-resourced, but is partially complemented by traditional faith-healers, strong community spirit and a collectivist culture. The concept of mental health in PICs has strong connotations of spirituality and a connection to family, community, land and environment. People with mental illness are often socially included with meaningful roles within the collectivist context of village communities. There is great merit in those cultural practices and spiritual beliefs. However, there have also been reports of ill-informed practices of exorcism and sorcery. Individuals with mental illness are sometimes isolated, ostracised and subjected to restraint. Any efforts to improve mental health outcomes would have to ensure that positive spiritual and cultural factors are respected and integrated into social and health care; and at the same time, negative overtones, superstitions and myths are dispelled through ongoing mental health awareness and stigma-reduction campaigns. Thus, the Western approaches may be complemented with local indigenous practices, and faith-healers can be partners through traditional and spiritual healing.

Ernest Hunter has pioneered this work of mental health capacity-building in PICs through a number of Creating Futures conferences and Mental Health Leadership: Island Nations course with a focus on Pacific Islander mental health strategic direction, policy, practice and research.7 At the level of policy and legislation, there has been advocacy for the development of contemporary mental health legislation and its implementation through well-resourced community-based, recovery-oriented mental health services.8 Mental health must be an integral part of national public health framework. Ongoing efforts to upskill primary care sector in PICs need to be strengthened. This would include training primary care health practitioners and doctors in assessing, diagnosing and treating mental health conditions.
treating basic mental illness. Those practitioners can then be supported through ongoing professional development and mentorship programs. In addition to mental health promotion, prevention and early intervention, the ANZ colleagues can also help PICs in post-disaster preparedness and response capacity-building. This issue of Australasian Psychiatry highlights such initiatives.

There are certain universal principles of respect for human rights and inherent dignity of people with mental illness. At the same time, what is universal must be implemented in a culturally appropriate way through locally relevant paradigms. Caution must be exercised against neoliberal commoditisation of mental health services, as is the trend in many Western economies. It is paramount that mental health services are provided by building upon the strengths within the local socio-cultural system, and strengthening primary and community healthcare sector.

Overseas experience gained by ANZ psychiatrists/mental health professionals has its own benefits for the home countries. Experience gained through primary care capacity-building can be utilised at home, to upskill primary care services within ANZ, especially for rural and remote populations, Indigenous peoples and other vulnerable populations. Teaching and training experience gained by psychiatry trainees helps them realise the importance of upskilling primary care sector.

Many ANZ psychiatrists and psychiatry trainees have generously dedicated their unremunerated time and often self-funded travel for this overseas work. Such efforts in partnership with Pacific Islander health professionals are radiant examples of international cooperation. In this age of self-interest and corporatisation of health, such collaborations in the spirit of internationalism are a ray of hope for global mental health and wellbeing.

References

Podcast
Training and advocacy for mental health in the Pacific Islands

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The RANZCP has been steadily expanding its engagement with professional and community groups throughout the world, with a special interest in relationships with our immediate neighbours in the Pacific Islands. The Pacific Island nations range in population from around 10,000 people in Nauru and Tuvalu, to 6 million in Papua New Guinea, and despite significant gains in recent years, there continue to be large areas of unmet need for mental health care across the region.

The February 2020 Australasian Psychiatry podcast involves an interview with Dr Nick Kowalenko, first author on two articles in the issue, past chair of the Faculty of Child and Adolescent Psychiatry (FCAP) at the RANZCP, and vice-president of the International Association of Child and Adolescent Psychiatry and Allied Professionals (IACAPAP). Dr Kowalenko describes efforts by the FCAP and others to build professional and organisational networks leveraging the goodwill and enthusiasm of psychiatrists and registrars, community groups including religious organisations and NGOs, and government health bodies, that can advocate, train, and support the development of mental health and related services in the Pacific.