



**REPUBLIC OF VANUATU**

**THE VANUATU MENTAL HEALTH  
POLICY AND PLAN**

**2009 - 2015**

**Compiled by Ministry of Health  
Government of Vanuatu**

**September 2009**

## **Foreword**

**The Ministry of Health mandate is to work collaboratively with partners in health to achieve sustainable progress in reducing poverty, social and economic issues, promoting mental health and improving the well being of every people in controlling mental health diseases by producing harmonized policy strategies in accelerating more effective plans against all forms of mental health disorders affecting Vanuatu society.**

**This First Vanuatu Mental Health Policy and Strategic Plan portray the mental health problems facing in Vanuatu.**

**The Vanuatu population as of 2008 stands at 240,000. This Policy strategies defines strategic focused framework on how to prevent, control and reduce the various types of mental health disorders prevalent in Vanuatu. This includes alcohol and other substance abuse problems. An extensive consultative process has taken place to produce this valuable document for forward planning and implementation by key people in various stakeholders.**

**I as Minister for health strongly urge every individual such as a health worker, community worker or partners in health living or visiting Vanuatu who have concerns for reducing poverty, social and economic issues and mental health disorders to take time to read this valuable document and to play a proactive role in promoting good behavior practices and to lend support one way or another in focusing, recognizing and responding to improving the mental health status of people living in Vanuatu commencing from infant, adolescent to adult hood.**

**The Vanuatu Government joins other UN members in committing themselves to work towards the goal of eradicating poverty, social and economic issues and reducing all forms of mental health disorders in five years time.**

**I am pleased and honored to share with you the first Vanuatu Mental Health Policy strategies. It is a valuable document that I urge you to read and take action so that together we can improve the mental health status of the people of Vanuatu.**

**Honorable Moses KAHU**

## Minister for Health

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## CHALLENGES FOR MENTAL HEALTH POLICY

A detailed situational analysis has established that there are many challenges for the development of a mental health policy in Vanuatu. These challenges include:

- 1. Limited infrastructure available for mental health treatment and care.**  
Currently services for people with mental illness are limited to a total of four beds – two in each of the referral hospitals – Vila Central Hospital and Northern District Hospital. The lack of facilities and the geographic nature of Vanuatu where the population is spread across over 100 islands means that people are isolated from their families and other important social networks while undergoing treatment at one of the two hospitals providing mental health care and treatment.
- 2. Lack of mental health professionals to provide appropriate care to people with mental illness.**  
There are currently no trained mental health professionals in Vanuatu. The inadequacy of human resources in mental health is a major challenge for providing appropriate care. This gap in its health services needs urgent attention with the development of human resources for provision of mental health services at primary care level – including trained psychiatric nurses, doctors, social workers and occupational therapists. There are opportunities for developing the general health workforce, in particular over 400 registered nurses who could be providing with specialist mental health training.
- 3. Limited financial resources available for mental health.**  
Currently no budget for mental health exists thereby curtailing the development of basic mental health services and development of human resources. A budget in the corporate plan of the Ministry of Health is crucial for the rational development and sustainability of a mental health service.
- 4. Lack of services in primary health care.**  
There are no services available for people with mental illness at the primary health care level. Evidence suggests a heavy reliance on traditional or religious approaches to mental health care at the village level. Training of professionals in primary health care is essential to ensuring people with mental illness are appropriated treated in community settings as at present it is likely that the majority of the population with mental illness are left untreated.

# MENTAL HEALTH POLICY

## Vision

A vision of Vanuatu that is aware at all levels of the importance of investing in the mental component of health as defined by the World Health Organization, dedicated to a mentally healthy nation and committed to equity and accessibility to humane community care for the mentally ill.

## Mission statement

To improve mental health of all people in Vanuatu through raising awareness, developing services through training of professionals in mental health and involving the community in the process of prevention, promotion and care.

## Guiding values and principles

Mental health can be conceptualized as a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community

Values	Principles
Mental health integrated in primary health care	<ul style="list-style-type: none"><li>• Health professionals trained to provide health care at the primary health care level</li><li>• Mental health services in the primary health care sector appropriately linked to other sectors such as social services, justice, etc</li></ul>
Equitable access	<ul style="list-style-type: none"><li>• Equitable spread of mental health services provided at all levels across the country regardless of their geographical location, economic status, gender, race or social condition, physical or mental disability</li><li>• Mental health services should be available across the lifespan and across all levels of need</li></ul>
Community involvement and participation	<ul style="list-style-type: none"><li>• Mental health care provided in the community as far as possible</li><li>• Families of people with mental illness considered as partners in care and therefore actively involved</li><li>• Support the formation of mental health non-government organizations (NGOs) to strengthen and provide avenues for community education and participation in mental health of Vanuatu</li></ul>
Protection of Human Rights	<ul style="list-style-type: none"><li>• People with mental illness enjoying full human rights including the right to appropriate health care, education, shelter and employment, and freedom from discrimination, stigma and abuse</li><li>• Mental health treatment and care protect the freedom of</li></ul>

	<p>people with mental disorders</p> <ul style="list-style-type: none"> <li>• People with mental illness treated in the most effective, least restrictive and least intrusive manner</li> <li>• People with mental illness protected by specific legal frameworks to ensure that their human rights are protected and promoted</li> <li>• Care provided to people with mental illness is strictly confidential</li> </ul>
Protection of vulnerable populations	<ul style="list-style-type: none"> <li>• The mental health needs of vulnerable groups are respected and upheld particularly for children, adolescents, expectant mothers, people at risk, elderly, the disabled, the physically ill, workers, inmates of correctional services and those in high risk occupations</li> </ul>
Cultural sensitivity	<ul style="list-style-type: none"> <li>• Mental health activities are provided in a manner that respects cultural values of communities</li> <li>• Traditional healers are involved in prevention, detection and care of people with mental illness in collaboration with the formal mental health system</li> </ul>
Quality services provided based on best practice	<ul style="list-style-type: none"> <li>• Services for people with mental illness reflect the highest standard possible based on scientific and validated evidence, where available; and best practice where scientific evidence is not available.</li> </ul>
Recognition of broader issues that promote mental health	<ul style="list-style-type: none"> <li>• The mental health should address the broader context (social, environmental and spiritual that support wellbeing and functioning).</li> </ul>

## **Objectives**

In keeping with the values, mission statement, values and principles, the objectives are as follows:

- a. To promote and strengthen mental health of individuals to support their well-being and effective functioning within their community.
- b. To provide mental health services including those for alcohol and substance abuse that are integrated into the health system and accessible to all people regardless of their geographic location
- c. To provide equitable access to quality mental health care to all people in Vanuatu including vulnerable populations such as children, adolescents, expectant mothers, people at risk, elderly, people with disabilities and physical illness, inmates in correctional facilities and those in high risk occupations
- d. To promote and protect the human rights of people with mental illness
- e. To ensure that the authority, resources and services for mental health care are decentralized allowing more participation and decision making at the primary health care and community levels which can then include the engagement of family members and the community.

## **Areas for action and priorities**

### **1. National Mental Health Committee**

The National Mental Health Committee will be formalized. Although a National Mental Health Committee for Vanuatu was set up in 2007, this committee of stakeholders in mental health should be formalized and endorsed by the Council of Ministers of Vanuatu Government for its effective functioning.

### **2. Financing**

The mental health policy cannot be implemented in full without adequate and sustainable funding. A separate budget for mental health will be developed. A budget in the corporate plan of the Ministry of Health is crucial for the rational development and sustainability of a mental health service. Mental health as defined in the WHO (1946) constitution is an integral part of health and needs suitable allocation for its place in health.

### **3. Legislation and Human Rights**

Mental health legislation will be reviewed to ensure the preservation of human rights for people with mental illness. A new law governing mental health care based on concepts of community treatment and rehabilitation is long overdue and needed to address the humane care of the mentally ill and safeguard of the human rights of the mentally ill. All relevant providers in health, welfare and the criminal justice system will be trained on the requirements for the new law.

### **4. Service organization**

The Ministry of Health in Vanuatu has a system of services of delivery from national level to hospitals and to community. We only provide mental health services for emergency care in two referrals hospitals.

To improve mental health services in Vanuatu we need:

- To develop a structure for mental health starting from national level to hospitals and into the community.
- To have a proper rehabilitation centre for mental health patients who have been in hospital with mental illness
- To have community facilities for people with mental illness and mental health problems
- To have mental health support available to those with special needs such as prisoners and women at risk
- To have crisis centre in the community staffed by professionals with mental health expertise
- To work in partnership with other stakeholders in promoting mental health issues
- To have a psychiatric unit in all provincial hospitals



- To have training for all health staff and all mental health providers in the primary health care aspects of mental health disorders.
- To work in collaboration with NGOs, the justice system, community services, chiefs, traditional healers and church leaders in order to deliver culturally appropriate and acceptable mental health services

## **5. Human resources**

Investing in human resources, training and development is essential to ensure appropriate mental health services are provided to the people of Vanuatu. The current gap in health services needs urgent attention with the development of human resources for provision of mental health services at primary care level – including trained psychiatric nurses, doctors, social workers and occupational therapists. Post-basic training in psychiatric nursing for all nurses and nurse-practitioners is the desired goal. However doctors, nurses and other health workers will be provided with on-the-job training through a coordinated programme which includes workshops, collaborative care, joint consultations and ongoing supervision and support from a more specialized mental health team. Health workers will be trained in the diagnosis and management for a range of mental health disorders including schizophrenia, bipolar disorder, depression, anxiety disorders and alcohol and substance abuse disorders. They also need skills in the prevention and management of suicide. The training orientation will encompass a recovery model and will promote family intervention and support, self care and linkage to NGOs and faith based organizations and other community groups.

## **6. Essential medicines**

Access to appropriate medications ensures that people with mental illness are able to live active and productive lives in the community. The most cost effective and appropriate essential psychotropic drugs will be procured and distributed in order to maximize benefit. The World Health Organization has listed essential psychotropic medicines in an Essential Drug List and encouraged countries to ensure their availability. These are relatively inexpensive and tested medicines that should be made available in all primary health care centers with qualified nurses trained and permitted to use them.

## **7. Information systems**

The key mental health indicators will be integrated into the health management information system (HMIS) of Vanuatu in consultation with managers, mental health specialists, and health service providers. This will require patient record forms to be designed or modified in facilities where data will be collected, the standardization of data collection, processing and analysis for mental health across all health centers. Relevant staff will be trained to collect, process and report on the information. Some of the core data to be collected at each service

level will include:- basic patient demographic information, diagnosis, type of medication and other treatment, number of visits and clinical outcomes. Additional data relevant to specific facilities will also be collected.

## **8. Quality**

In order to achieve the vision of Vanuatu's mental health policy it is critical that the quality of mental health services is improved and then maintained. Currently with no trained mental health staff and minimal facilities for treatment and none for rehabilitation, the quality of care is questionable. An ethical quality assurance mechanism needs to be put in place in mental health services to safeguard the rights of the mentally ill.

The mental health facilities will be monitored to ensure they meet basic human rights requirements. Treatment protocols will be made available in hospitals, and staff will receive training on ethics, quality control and human rights.

## **9. Advocacy**

Action will be taken to ensure that awareness about mental illness is raised in order to change current negative perceptions of people with mental illness. It will also be important to raise awareness in areas outside mental illness such as general factors that promote health and wellbeing for individuals and families both within the community and in workplaces. Another essential action is to advocate for the prevention and decreased stigma of mental health problems in the community. All of this will occur in partnership with the community and it is important that non-governmental organizations and community networks in mental health be established to strengthen and provide avenues for community education and participation in mental health.

## **10. Evaluation**

All phases of the mental health policy and strategic plan will be evaluated on a regular basis to examine whether the proposed targets are being met within the specified time-frames. Evaluation should be ethical and relevant and should be fed back to all stakeholders in the process. One of the aims will be to understand any unforeseen barriers and to manage these so as to bring the implementation of the strategy back on track. Ethical and practical research should also be part of the continued evaluation process.

## **MENTAL HEALTH STRATEGY OUTLINE**

### **Introduction**

The mental health component of health services in Vanuatu, including alcohol and substance abuse problems, leaves much to be desired by comparison to other similar or larger sized Pacific countries. The fact that the country does not have a single trained and qualified mental health professional at any level is indicative of many problems including those of decision making and administration. Despite several WHO consultants' reports in the past decade little progress was evident in 2007.

With this in mind it is important that the Policy document be adopted and implemented using a number of strategies. Currently there are problems of funding of development of many specialties and not only mental health even overseas aid is very limited in areas of mental health in the Pacific Islands. This makes the need for new strategies all the more crucial to ensure significant progress in the process of starting of mental health services that are accessible and equitable.

The strategies outlined link with the vision, mission statement, objectives and areas for action identified in Vanuatu's mental health policy.

## **Strategies**

- 1. To establish the National Mental Health Committee**
- 2. Review and implement mental health legislation and human rights**
- 3. To provide basic mental health services are provided in hospitals and at the primary health care level**
- 4. Develop human resources for mental health**
- 5. Ensure the availability of essential psychotropic medications**
- 6. Enhance information systems and data collection**
- 7. Ensure quality assurance in mental health delivery systems**
- 8. Initiate community education and participation in practice that promote mental health and wellbeing through the use of advocacy and information, education and communication (IEC).**
- 9. Strengthen psychosocial support through community involvement and participation in mental health care delivery**
- 10. Monitor and review the implementation of Vanuatu's mental health policy**

## Strategies to address the Vanuatu Mental Health Policy implementation

Strategy	Activities	Timeframe	Indicators
1. Establish National Mental Health Committee	<ul style="list-style-type: none"> <li>Ministry of Health developed Council paper with assistance from policy officer, PM department. The paper will cover who to appoint and the term of reference.</li> <li>Submit paper through Development Committee of Officials</li> <li>Await Council of Ministers' approval</li> <li>The NMHC to monitor the overall implementation of NMH Policy &amp; Plan</li> </ul>	2009  2009-2014	<p>National Mental Health Committee appointed</p> <p>Clear define role and functions of the committee</p>
2. Review and implement mental health legislation and human rights	<ul style="list-style-type: none"> <li>Committee to be formed from NMHC to draft mental health legislation and to liaise with consultant as planned until October 2008.</li> <li>Drafting of revised legislation starts</li> <li>Submission of draft legislation to legal draughts person.</li> <li>Circulate successive drafts to stakeholders for comments and revise accordingly</li> <li>Draft regulations to accompany the legislation</li> <li>Set up independent review mechanisms to monitor involuntary admission , treatment, and complaints and human rights conditions in facilities</li> <li>Conduct training of all relevant groups in the implementation of the new law</li> </ul>	2010  2010  2012  2013  2013  2013	<p>A new mental health law in line with human rights standards is in place</p> <p>An independent monitoring body is established and is functional</p> <p>Complaints procedures are utilized</p>

<p>3. To ensure basic mental health services are provided in provincial hospitals and at the primary health care level</p>	<ul style="list-style-type: none"> <li>• Create one in-patient bed within each of the five provincial hospitals which are Northern District Hospital Lenakel hospital, Lolowai hospital, Norsup Hospital and Sola Hospital.</li> <li>• Appoint one doctor and one nurse from each provincial hospital to be responsible for any mental health problems</li> <li>• Train one nurse from each province in management of mental health disorders in each provincial hospital</li> </ul>	<p>2010-2014</p>	<p>Number of units created</p> <p>Number of trained mental health workers manning the unit</p> <p>Quarterly visits by physician from referral hospital to each of the hospitals undertaken</p>
<p>4. Develop human resources for mental health</p>	<ul style="list-style-type: none"> <li>• 1-3 months local training course in psychiatric primary care for 15 nurses based in Shefa and Tafea with ongoing mentoring and support</li> <li>• 1-3 months training of 7 local doctors in primary care psychiatry with overseas help (Shefa/Tafea)</li> <li>• Identify and send one nurse for psychiatric nursing training (Southern region) (1year)</li> <li>• 1-3 months local training course in psychiatric primary care for 15 nurses based in Sanma, Malampa, Torba, Penama with ongoing mentoring and support</li> <li>• Training 7 doctors for 1-3 months locally in primary care psychiatry with overseas help (Northern region)</li> <li>• Send one local nurse for psychiatric nursing (Northern region)(1 year)</li> <li>• Send one doctor psychiatric specialist (3 years)</li> </ul>	<p>2009</p> <p>2009</p> <p>2009</p> <p>2010</p> <p>2010</p> <p>2010</p> <p>2011</p>	<p>Number of specialized mental health workers recruited and trained within five years</p> <p>Number of health personnal from health facilities trained.</p> <p>Number of patients treated</p>

	<ul style="list-style-type: none"> <li>• 1-3 months local training course in psychiatric primary care for another 15 nurses/7 doctors based in Shefa and Tafea with mentoring and support</li> <li>• Send another nurse for psychiatric nursing (Southern region) (1 year)</li> <li>• Send one doctor for psychiatric specialist (3 years)</li> <li>• 1-3 months local training course in psychiatric primary care for 15 nurses/7 doctors in Sanma, Torba, Penama and Malampa with mentoring and support</li> </ul>	2011	
		2011	
		2012	
		2012	
5. Ensure the availability of essential psychotropic medications	<ul style="list-style-type: none"> <li>• Have appropriate essential medications in place which are matched with WHO essential drug list for psychotropics. It needs smooth distribution.</li> <li>• Ministry of Health to liaise with pharmacy for nation wide distribution 5 hospitals</li> <li>• Ministry of Health to liaise with pharmacy for nation wide regular distribution to all PHCs</li> </ul>	2009-2010	National formulary consistent with WHO essential drug list
		2010	Psychotropic medicines available at referral and provincial hospitals
		2011	Psychotropic medicines available at PHCs
			Percentage of patients with access to a constant supply of psychotropic medicines
6. Enhance information systems and data collection	<ul style="list-style-type: none"> <li>• Appoint at least one dedicated staff to coordinate this activity</li> <li>• Review the mental health component of current mental health information system.</li> <li>• Coordinator to identify expectations and key stakeholders within the country to identify keys indicators for mental health</li> <li>• Patients record forms in each health facility designed to capture the information required for carrying out good quality clinical work and also for the key indicators</li> <li>• Forms piloted – health workers trained on</li> </ul>	2010	A minimum dataset is collected and processed
		2010	
		2009	The proportion of mental health facilities from which the government health department receives data per year
		2012	

	<p>how to collect data as part of their routine work</p> <ul style="list-style-type: none"> <li>To collect data on suicide behaviours from hospital data, police registration and other sources</li> </ul>	<p>2012</p> <p>2009</p>	
7. Ensure quality assurance in mental health delivery systems	<ul style="list-style-type: none"> <li>Appoint an independent sub-committee from the NMHC to monitor mental health services within MOH.</li> <li>Mental health facilities monitored by independent team for quality and respect of human rights using existing monitoring instruments that have been developed</li> <li>Treatment protocols developed and health personal trained (see strategies 4 and 5) in use of these in place in health</li> </ul>	<p>2009</p> <p>2011</p> <p>2010</p>	<p>Ratings on WHO human rights instrument</p> <p>Proportion of successful discharge (e.g. no relapse and no readmission within six months)</p>
8. Initiate community education and participation to promote mental health and wellbeing through the use of advocacy and information , education and communication (IEC)	<ul style="list-style-type: none"> <li>Identify misconceptions, common fears, stigmatization and negative attitudes towards people with mental health disorders</li> <li>Develop identified problems into messages and strategies via meetings with mental health coordinating unit, user and family groups, churches, traditional healers, chiefs, NGOs network and media to raise awareness about mental health issues and the need to access treatment from health facilities</li> <li>Engage in both print and electronic sensitization campaigns on an ongoing basis</li> <li>Work with existing NGOs, community leaders (churches, chiefs, youth groups, women groups) and social services departments (education, Correctional services, women affairs, Judicial services</li> </ul>	<p>2009</p> <p>2009-2014</p> <p>2009-2014</p> <p>2009-2014</p>	<p>Improved attitudes of key community leaders and family (pre/post test)</p>



	<p>and Disability, Malvatumauri NCC and Disaster Management) to raise awareness about mental health issues and the need to access treatment from health facilities.</p> <ul style="list-style-type: none"> <li>• Work with well known and respected personalities in Vanuatu who have experienced a mental disorders in order to destigmatise issue</li> </ul>	2009-2014	
9. Strengthen psychosocial support through community involvement and participation in mental health care delivery	<ul style="list-style-type: none"> <li>• Create local association of psychosocial rehabilitation involving formal health care providers (Community nurses/village health workers/NGOs)&amp;community leaders (chiefs, churches leaders, women leaders and youth leaders)</li> <li>• Organize meetings of each local association of psychosocial rehabilitation in order to initiate, discuss and review , work in the area of mental health leveling the community</li> </ul>	2010-2013  2010 - 2013	<p>Each local association established and several meetings held</p> <p>Number of families actively being supported</p>
10. Monitor and review the implementation of Vanuatu's mental health policy	<ul style="list-style-type: none"> <li>• NMHC to review the implementation of the Policy and plan at each meeting and take corrective action where activities are not being implemented as planned</li> <li>• Prepare an operational plan for the evaluation</li> <li>• Prepare an annual report and a report at end of five years of the plan</li> </ul>	2009  2009  2009 - 2014	<p>Yearly reports on all the activities will be in place/available.</p> <p>A five-year report assessing the degree to which targets were met for each of the strategies and the policy objectives</p>

# APPENDICES

## APPENDIX 1 - ACKNOWLEDGEMENTS

The Committee drafting the mental health policy gratefully acknowledges the invaluable support and assistance of:

The Government of Vanuatu

Ministry of Health Vanuatu

Dr Shigeru Omi - Regional Director of the WHO Western Pacific Regional Office

Dr Bernard Fabre-Teste, CLO Officer and his staff, WHO Office in Vanuatu

Dr Xiangdong Wang, Regional Advisor for Mental Health and staff at WHO Western Pacific Regional Office.

Dr Michelle Funk, Coordinator Mental Health Policy and Service development and staff at WHO Geneva

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### Participants in the WHO workshop on mental health policy, strategies and law – 8 – 12 October 2007

Name	Organization
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Jerry Iaruel	MH Focal Point, Ministry of Health Vanuatu
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## APPENDIX 2 – SITUATIONAL ANALYSIS

### 1. Country Profile

Vanuatu is a tropical Melanesian country on the western end of the Pacific Ocean. Today it is made up of what in pre-independence days was known as “New Hebrides” that was ruled jointly by the British and French colonial administration of the time from 1906 as a “Condominium”, until it gained independence from colonial rule in 1980.

Vanuatu is only 12,189 sq. kilometers in size. However, over 100 islands make up the country and are spread out in a Y shape stretching for 1100 kilometers from the south of the Solomon Islands to the north east of New Caledonia in over 450,000 square kilometers of ocean. It has a population of over 202,000 people spread out for the most part on 6 provinces, namely Torba, Sanma, Penama, Malampa, Shefa and Tafea. Within these groups of islands, Espiritu Santo is the largest in size and Efate is where the capital, Port Vila (population about 30,000) is situated. These are the most populated areas.

The per capita income of Vanuatu is reported to be US\$1170 [ref]. It has an adult literacy rate of 74% in 1999. Only 0.3 % of the country’s budget is spent on health care. The country has a human development index of 0.68. Vanuatu has only 3.09 beds per 1000 of the population. Life expectancy for males in Vanuatu is 66 years and 70 for females. Infant mortality rates in Vanuatu are 25.5 and the maternal mortality rate is 68 per 100,000 live births. The country has an extensive network of primary care and child and maternity clinics on most islands and these are often linked by a network of radiotelephones to the capital Port Vila.

### 2. Epidemiology of Mental Disorders

While no study has systematically documented mental health problems in Vanuatu, there is general concern that mental health problem including alcohol and substance abuse disorders. Data from all hospitals is presented from 2002-2007 below.

Table 1: Number of people presented to all hospitals with mental disorders

Year	Number
2002	84
2003	61
2004	84
2005	43
2006	56
2007	48

A small study conducted in 2001, reviewed patterns of suicide and related behaviors as part of the first Vanuatu Suicide Baseline Survey. This study was carried out in rural areas of the country as well as urban areas. The study used group techniques, reporting by volunteers with short training and interviews to gather data. Table 2 shows the number of suicides over the period covered by the survey.

Table 2: Number of suicides

Year	Number
1998	1
1999	2
2000	10
2001 (Jan – Sept)	19
<b>TOTAL</b>	<b>32</b>

In addition, a further 22 sudden deaths were reported by the police. Use of knives, hanging, drowning and overdoses were some of the methods used in committing suicides.

The survey found that overdoses and hanging were the commonest methods of attempting suicide (68.3%). Jealousy, poverty and cramped houses were cited as the main reasons for attempting suicide. Women accounted for 28 out of the 50 attempted suicides surveyed.

The survey concluded that every 2.8 days one person dies of suicide somewhere in Vanuatu. Every day there are 3.6 attempted suicides in the country. There are 130 suicides in Vanuatu every year and that these are preventable as depression is also treatable. With the lack of trained human resources to cope with this problem there is a risk that 7 out of 1000 people will attempt suicide every year.

### **3. Description of current general health system and services**

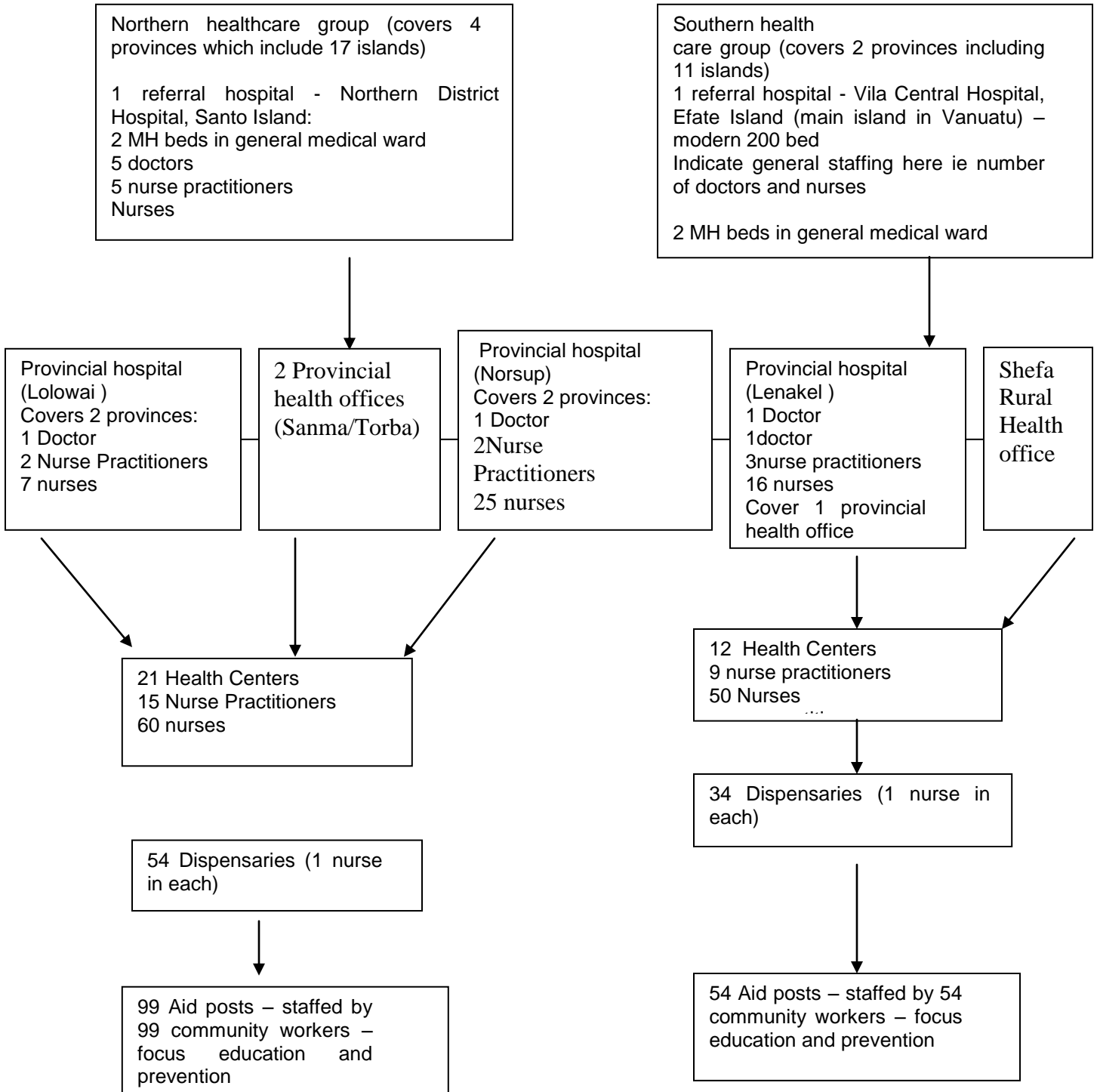
Health services in Vanuatu are divided into two groups – the Northern Health Care Group covering 4 provinces and 17 islands, and the Southern Health Care Group covering 2 provinces and 11 islands. There are two referral hospitals, one in each of these groups. The first, in the Southern Health Group is Vila Central Hospital which is in Port Vila on the main island of Vanuatu – Efate Island. This is a modern 200 bed hospital with 17 doctors.

The second referral hospital, in the Northern Health Care Group is the Northern District Hospital which is located on Santos Island. There are four doctors in the hospital. There are two beds for acute mental health care in the general medical ward within each of these two hospitals.

Of the 21 doctors employed at the two referral hospitals, 7 are specialists in clinical fields, while a further 4 are currently on courses overseas. A number of AusAID funded specialist teams come regularly to Vila Central hospital to carry out specialized treatments, and surgeries in fields such as orthopedics, plastic surgery or ENT for which there is no local expertise.

In addition to the referral hospitals, provincial hospitals provide services in the outer regions. In the Northern Health Care Group, there are two provincial hospitals each with one doctor. One provincial hospital has 3 nurse practitioners and the other has 4 nurse practitioners providing health services. In Vanuatu, nurse practitioners are more experienced than a general nurse and can function in the absence of a doctor. In the Southern Health Care Group there is one provincial hospital staffed by 1 doctor and 4 nurse practitioners. In addition, at this hospital there are two community managers, 2 health promotion officers and 2 nurses. One of the provincial hospitals in Tanna has a Canadian team of one doctor and several allied professionals who come in rotation from overseas. There are 27 health care centers which are not staffed by doctors, but by general nurses and nurse practitioners which provide general health services. A total of 103 dispensaries prescribe medications and these are staffed by nurses. Finally, there are 217 health posts and 6 mobile clinics staffed by community workers who have some training from the school of nursing (number and where). They provide health education and prevention activities to outlying areas via boats and road vehicles. The organizational chart on the following page shows how health services are provided in Vanuatu.

**HEALTH SERVICES IN VANUATU -  
Include names of provinces and hospitals in diagram,  
numbers of centers and numbers of staff**



Notes: Nurse practitioners are more experienced and trained than a general nurse and can function in the absence of a doctor.

#### **4. Description of current mental health systems and services**

Currently services for people with mental illness are limited to a total of 4 beds, 3 at Vila Central Hospital and 1 at the Northern District Hospital in Santo. These services are provided by general health workers, not specialist mental health professionals and there are no trained mental health nurses or doctors. There are no inpatient facilities in outlying islands.

Basic mental health services are unavailable in most of the islands that make up Vanuatu. While there are periodic services provided from outside the country in specialties such as orthopedics, ENT and plastic services, no similar services are available in the field of mental health.

A National Mental Health Committee was formed in 2007 but this remains unendorsed by the Council of Ministers. While there are periodic services provided from outside the country in specialties such as orthopedics, ENT and plastic services, no similar services are available in the field of mental health.

Mental health is not a part of the primary health care system. As well, there are no community care facilities for patients with mental disorders. Other information indicates a heavy reliance on traditional or religious approaches to mental health care at the village level.

There is also no NGO in the community dedicated to mental health. There are a number of NGOs and other groups working on related programs/projects that promote and support a social environment that can foster mental health and wellbeing and address issues that can undermine it. These areas include child and youth development, skills building, community development and violence /crime prevention or reduction.

#### **5. Description of human resources and training for mental health**

Vanuatu is the largest Pacific island country with no trained mental health staff in its health services.

This gap in health services needs urgent attention with the development of human resources for provision of mental health services at primary care level – including trained psychiatric nurses, doctors, social workers and occupational therapists.

There is significant potential for training many of the 400 or so nurses who are in all populated areas of the country. They could be offered additional 1 to 3 months training in primary care psychiatry or 1 year psychiatric nursing training. Similarly training of doctors in short programs of primary psychiatry is possible. These remain possible avenues to improve the state of mental health services in Vanuatu.

Education and training for health professionals is conducted at:

- Vanuatu Centre for Nurse Education
- Vanuatu Rural Development and Training Centers Association
- Agence Universitaire de la Francophonie (AUF)
- Vanuatu Institute of Teacher's Education (VITE)
- Institut National De Technologie de Vanuatu (INTV)
- Foundation for Open Learning.

The table below provides detail about health education and training available at each of these facilities and the issues and challenges experienced by each facility.

### Education and Training Institutions in Vanuatu

Institution	Programmes Available	Issues / challenges
Vanuatu Centre for Nurse Education (VCNE)	<ul style="list-style-type: none"> <li>• 3 year general nursing programme</li> <li>• Mental health curriculum in undergraduate nursing programme involves 50 hours theory only</li> <li>• Two ten month post graduate programmes for midwifery or nurse practitioners are available however mental health is not included in the curriculum</li> </ul>	<ul style="list-style-type: none"> <li>• Computers available but no internet access</li> <li>• From 2001-2004 there were no general nurses in training</li> <li>• Resource limitations have hindered the ability of VCNE to accept a consistent intake of nurses into the school.</li> <li>• The VCNE is discussing assistance with their training programme with the French Government.</li> </ul>
Vanuatu Rural Development and Training Centers Association	<ul style="list-style-type: none"> <li>• NGO with 34 learning center in primarily remote centre</li> <li>• Broad curriculum, some health related</li> <li>• Video based</li> <li>• Works with local nurses and health workers</li> </ul>	
Agence Universitaire de la Francophonie (AUF)	<p>Although AUF is not currently providing any services in health education, the director believes there is a major need for in-service education for Francophone health care workers in Vanuatu and the director would like to explore the possibility of offering courses from the medical school in Dakar, Senegal. Essentially, AUF provides a distance-learning centre that helps facilitate distance learning courses delivered by the University of New Caledonia, University of Paris, and other French higher education institutions. All instruction is in French. AUF is hoping to work with the University of the South Pacific (USP) and tie into USPNet. Vanuatu campus has two computer laboratories available for students and a small scientific library.</p>	
Vanuatu Institute of Teacher's Education	<p>VITE have all modules for primary and secondary teaching courses. It is a three years training course for both French speaking and English speaking.</p>	
Institut National de Technologie de Vanuatu (INTV)	<p>INTV was originally a French training centre focusing on vocational education. It has linkages to other training organizations including the Open Learning Institute in Queensland, Australia and the Fiji Institute of Technology:</p> <ul style="list-style-type: none"> <li>• Two computer labs, one francophone and one Anglophone, for a total of 80 computers</li> </ul>	



Institution	Programmes Available	Issues / challenges
	<p>available for student use. Faculty also have access to computers with one or two assigned to each department as well as a small computer room for teachers</p> <p>The organization is open to allowing others to use their resource centre and VCNE staff report that they have worked well with INTV in the past.</p>	
Foundation for Open Learning	<ul style="list-style-type: none"> <li>• Health care workers training by AUSAid project to train trainers</li> <li>• There is a radio telephone network for health consultations specifically designed to overcome the problems of distance and isolation of health professionals. However, there is conflicting information on how well this is working. It is seldom used for mental health. Other reports have identified relevant needs for ongoing and distance education of health professionals: <ul style="list-style-type: none"> <li>– An audio network to connect health care professionals at hospitals, health centres, and dispensaries – health care professionals need to interact with one another</li> <li>– A technology learning center for health care professionals</li> <li>– Distance learning postgraduate courses for nurses and other health care workers</li> <li>– Delivery of up-to-date information on medical topics on video on a regular schedule to health care workers</li> <li>– Provision of training in reproductive health, family planning, STDs, cervical cancer detection, malaria, TB, heart disease and diabetes as well as obstetrics and gynecology, and internal medicine for doctors.</li> </ul> </li> </ul>	

The Vanuatu government is currently considering a plan to create a Ministry of Training to assume the training responsibilities for all government training including health care workers. Under this scheme, responsibility for the VCNE would move from the Ministry of Health to the new Ministry of Training and be administered by INTV who would be required to expand by opening five additional campuses in the other provinces. It is planning to have one or two of these operational in the next four years.

## **6. Availability of Psychotropic medications**

At the moment, the psychotropic medications to treat mental illness are only available at hospital level and are not prescribed in primary health care.

The following psychotropic medications are available in Vanuatu :

- Chlorpromazine (25 mg oral , injection 50 mg)
- Amitriptyline (oral 25 mg)
- Valium (oral 10 mg , injection 5 mg )
- Fluphenzine Decoanate ( 25mg/ml )
- Haloperidol ( 5 mg oral)
- Lithium ( 4 mg oral )
- Benzshexol
- Sodium Valproate
- Carbamazepine
- Phenytoin Sodium

## **6. Mental health information systems**

There is a mental health reporting system in the country. Mental disorders are usually reported in the health information. There is currently a dearth of accurate or reliable mental health data as the information system in mental health is dependent on reporting by untrained staff. With better trained staff and an information system that is dedicated to mental health, there is better chance of meaningful research that can be used for decision making policy and planning of services.

Vanuatu has no data collection system or epidemiological study on mental health.

## **8. Mental health policy and legislation**

Vanuatu has no specific mental health policy. Vanuatu had Mental Hospital Legislation promulgated in 1965. With the closure of that mental hospital, the mental health legislation has lapsed. In provincial and rural communities the court of last resort of families with a disturbed mentally ill person is to seek police help to detain him or her in a police cell.

## **9. Financial resources and budget for mental health**

The proportion of health budget to GDP is 3.8%. The per capita total expenditure on health is 107 international \$ and the per capita government expenditure on health is 63 international \$ (WHO 2004).

There is no separate budget line for mental health. The primary sources of mental health financing in descending order are out of pocket expenditure by the patient or family, private insurances, social insurances and tax based.