Vanuatu Mental Health Policy and Strategic Plan

2016 - 2020

Vanuatu Ministry of Health
Government of Vanuatu

CONTENTS

ACRONYMS

CMS	Central Medical Stores
COM	Council of Ministers
DG	Director General
DLA	Department of Local Authority
DLES	Department of Labour and Employment Services
HIS	Health Information Systems
HPU	Health Promotion Unit
MCC	Malvatumauri Council of Chiefs
MH	Mental Health
mhGAP	Mental Health Gap Action Program
MHPSS	Mental Health and Psychosocial Support
MOE	Ministry of Education
MOH	Ministry of Health
MOIA	Ministry of Internal Affairs
MOJCS	Ministry of Justice and Community Services
MOTTCI	Ministry of Trade, Tourism, Commerce and Industry
MOYSCS	Ministry of Youth, Sports and Community Services
NCDs	Non-Communicable Diseases
NDTC	National Drugs and Therapeutic Committee
NGO	Non-Government Organisation
NMHC	National Mental Health Committee
NMHFP	National Mental Health Focal Point
NPH	Northern Provincial Hospital
SLO	State Law Office
PGs	Provincial Governments
PHC	Primary Health Care
PMO	Prime Minister's Office
PMHCs	Provincial Mental Health Committees
VCC	Vanuatu Christian Council
VCD	Vanuatu Children's Desk
VDD	Vanuatu Disability Desk
VCH	Vila Central Hospital
VCNE	Vanuatu College of Nursing Education
VCSD	Vanuatu Correctional Services Department
VFPU	Vanuatu Family Protection Unit
VHWP	Village Health Worker Program
VHWs	Village Health Workers
VITE	Vanuatu Institute for Teacher Education
VNCW	Vanuatu National Council of Women
VNSO	Vanuatu National Statistics Office
VPF	Vanuatu Police Force
VWC	Vanuatu Women's Centre
VWD	Vanuatu Women's Department
VYC	Vanuatu Youth Council
WHO	World Health Organisation

FOREWORD

This revised Mental Health Policy and Strategic Plan recognises psychological wellbeing as a fundamental component to good health. Furthermore it represents another important milestone in the Ministry of Health's continued commitment to the provision of effective, efficient and equitable health services to all across the life course. Acknowledging the multifaceted burden of mental illness, including compromised individual, social and health sector states, this policy details the challenges we face and identifies key areas where intervention is required to ensure sound mental health and general wellbeing can be maintained by all people in Vanuatu.

Our nation's heightened exposure to natural disasters, vulnerability to poverty and the non-communicable disease crisis that has gripped the region are additional factors which we must not forget when addressing the determinants of mental illness in Vanuatu. Therefore, as outlined in this Mental Health Policy and Strategic Plan and as part of our inalienable responsibility to provide health services that are responsive to community needs; alongside clinical care, mental health support must incorporate community-level prevention, promotion, early-detection and advocacy mechanisms to mitigate challenges associated with the geographic dispersal of our nation.

This policy has been developed through an extensive consultative process involving a range of stakeholders within the community and mental health domain. Their input has contributed greatly to the development of this valuable document and has fostered harmonization in planning across government and civil society levels.

It is with great pleasure that I present the Mental Health Policy and Strategic Plan 2016 – 2020. This document acknowledges the need to ensure all environments are conducive to sound mental wellbeing and that equitable and quality mechanisms are in place to prevent, and treat mental illness. Through avenues of multisectoral interaction and engagement with civil society partners, I encourage all to work with us in bringing to fruition this vision of a mentally healthy and supportive Vanuatu.

George Taleo
Director General of Health
Vanuatu Ministry of Health

INTRODUCTION

Health is defined as '*a state of complete physical, mental and social wellbeing'*.[1] It is therefore essential that mental health be understood as a fundamental component of overall well-being of both the individual and broader community.

Mental health is conceptualised as a state of sound wellbeing whereby an individual realises his or her own abilities, can cope with normal stressors of life, can work productively and fruitfully and is able to make a contribution to his or her community.[2] Sound mental health therefore provides a strong platform allowing individuals to develop critical thinking, learning and communication skills, adequately adapt to change, cultivate emotional growth and resilience as well as maintain positive self-esteem throughout the life course.

Mental illness causes a significant rupture in the well-being equilibrium and presents through illness experiences that inhibit social functioning. These illness experiences usually exhibit in combinations of abnormal thoughts, perceptions, emotions, behaviours and relationships with others.[3] Mental illness attributes manifest into an array of disorders with distinct conditions, epidemiological characteristics and clinical features; and. thus, effective intervention strategies vary.

As with physical health, determinants of mental health include individual, social, cultural, economic, political and environmental factors. The impact of these factors may differ between individuals and social groups, exposing some to higher risk of mental illness than others. In the Vanuatu context groups with increased vulnerability include individuals affected by poverty or vulnerability to poverty, those exposed to violence or abuse – particularly women and children, individuals affected by the region's growing chronic disease trends, people with disabilities, communities exposed to natural disasters and emergencies and incarcerated or previously incarcerated individuals.

Moreover, mental illness and hardship typically function in a cyclical fashion whereby exposure and outcome are interlinked and interdependent. This is to say that whilst poverty can be a contributing factor to mental illness, individuals suffering from a mental illness are also disproportionately more likely to experience poverty. This same cycle is true for homelessness, incarceration and chronic diseases such as cardio-vascular disease and diabetes. Further considerable concurrence between mental illness and substance abuse has been noted. These factors all contribute to disproportionately higher rates of disability and mortality experienced by people with mental illness who, due to stigma and discrimination, are also more likely to experience human rights violations.

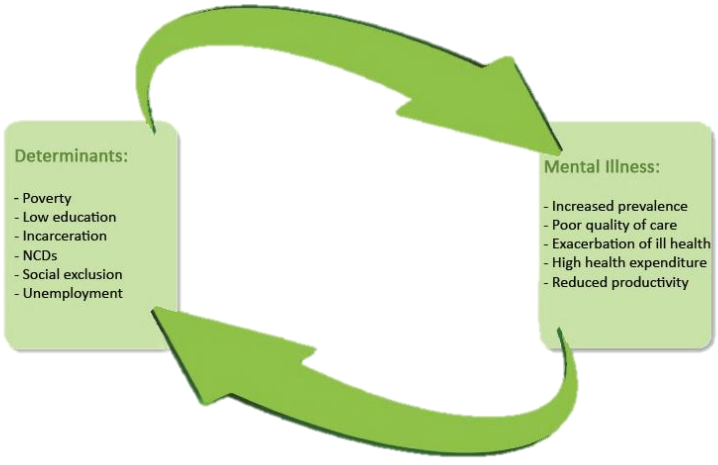


FIGURE 1: MENTAL HEALTH & DETERMINANTS CYCLE

Since the nation's first Mental Health Policy and Strategic Plan was drafted in 2009, Vanuatu has made significant progress in addressing mental health. The profile of mental illness has risen substantially through mental health-specific and mental health-sensitive programming and, subsequently, the provision of mental health services has expanded. However, this must not lead to complacency, and given the range of determinants contributing to mental illness a more comprehensive approach must be taken in addressing mental health moving forward. Therefore for the Vanuatu's government and civil society leaders to meet their social responsibility and obligations as outlined in Sustainable Development Goal 3 and the WHO Mental Health Action Plan 2013 – 2020, multi-sector partnerships must continue to be forged and a holistic approach must be taken to increase the effectiveness of actions undertaken in the mental health domain.[4][5]

Epidemiology of Mental Health

Community

Unfortunately Vanuatu has very little formal community-level data to evaluate the burden of mental illness and, to date; no systematic recording of such has taken place. However, if the global prevalence, whereby mild to moderate and severe mental illness affects 13% and 3% of the adult population respectively, is extrapolated and applied to Vanuatu's adult population; mental illness is predicted to affect 20,645 individuals with 3,871 experiencing severe mental disorders.[6][7][8]

Further to this, independent research highlights concerning mental health-related indicators amongst Vanuatu's youth. This includes figures that show episodes of extreme sadness and depression affecting 11.3% of youth between the ages of 11 and 16.[9] Whilst suicide ideation is suggested to plague 17.2% of 13 to 15 year olds and, of significant concern, 23.5% of this same demographic self-reported attempted suicide within the 12 months prior to this particular survey.[10] This information is paired with research showing low community acknowledgement and understanding of the concept of *mental health* and an inability to conceptualise terms such as *depression* and *suicide*.[11] Although due in-part to the limited lexicon of the nation's official language, Bislama, this lack of community understanding of mental health is of significant concern to mental illness awareness, prevention, promotion and care moving forward.

Clinical Care

Similar to community-level mental health information, to date, there is no systematic method in which facility-based mental health data is routinely collected or reported throughout Vanuatu. This is hindered by stigma surrounding mental illness, limited presentation of people with mental illnesses to health facilities and limited clinical understanding and mental illness diagnostic capabilities within health services. Further, available information tends to focus solely on cases where mental illness is the primary diagnosis and thus information pertaining to patients with mental health concerns, secondary to other health conditions are seldom referred for mental health services or recorded statistically. When interpreting any available facility-based mental health information it must therefore be acknowledged that figures are likely to under-represent the burden of mental illness on health facilities as well as the true prevalence of mental illness across communities nationwide.

Available in-patient information collected from Vila Central Hospital's dedicated mental health unit, MindCare, between 2012 and 2015 indicates that the service facilitates in-patient care for approximately 30 patients annually, who spending a minimum of two weeks in the unit. Upwards of 50% of admissions are individuals with psychotic conditions whilst lesser numbers of in-patients are admitted for mood disturbances, deliberate self- harm, anxiety and other disorders related to stress.

In 2015 the MindCare unit commenced provision of out-patient clinics on a weekly basis. This service offers continuation of care, clinical reviews, a small number of home-visits and monitoring of individuals not requiring admission. Of 331 consultations recorded in 2015 there is, in concordance with available in-patient data a disproportionally higher prevalence of psychosis compared with other mental health concerns

MindCare collation of in-patient and out-patient diagnostic and treatment data for 2015 indicates 77 new cases of diagnosed mental illness requiring treatment.

Psychosis	22
Mood	11
Anxiety/Stress related	17
Deliberate Self Harm	14
Somatoform	1
Forensics	4
Other	8
Total	**77**

FIGURE 2: NEW MENTAL ILLNESSES CASES AT VCH IN 2015

This information provides an overview of clinical care epidemiology of mental health concerns in Vanuatu. Extrapolation of these figures to a national level indicates a significant gap between the estimated levels of community mental illness and the scale of mental health care provided. However, as acknowledged above, improvements to reporting of mental illnesses and recording of such information must be made before this information can be considered to accurately represent both the prevalence and treatment of mental health concerns within the national health system.

CURRENT MENTAL HEALTH SERVICE PROVISION

CLINICAL CARE

Vanuatu has substantially increased its mental health capacity since the initial WHO assessment in 1997 and the formulation of the nation's first Mental Health Policy and Strategic Plan in 2009. To date, much of this progress has centralised around the clinical sphere of mental health care and thus significant improvements in human resource capacities and clinical care have taken place. Currently the bulk of mental health clinical service provision in Vanuatu is filtered through Shefa Province's Vila Central Hospital and, to a lesser extent, Sanma Province's Northern Provincial Hospital.

- Vila Central Hospital, the referral hospital for the nation's Southern three provinces and acute care patients, has a MindCare unit attached to the general medical ward. This unit has a four-bed capacity with one seclusion room. Staffed by two full-time and two part-time mental health nurses as well as the nation's only qualified

Senior Psychiatry Registrar, who spends approximately half his time working in this capacity, the unit facilitates inpatient services, a weekly outpatient clinic and home-visits to those requiring care.

- The Northern Provincial Hospital, responsible for the Northern three provinces of Vanuatu, has a single seclusion room designated for mental health care and employs two mental health nurses. Mental health out-patients' clinics are facilitated weekly for those not requiring admission and review of cases.
- Lenakel Hospital based in Tanna and responsible for Tafea Province, has two dedicated mental health nurses who facilitate weekly outpatient clinics once weekly through the Namalinuan clinic. There are no inpatient facilities or dedicated beds for mental health patients.
- Lolowai Hospital situated on Ambae and responsible for Penama Province has one dedicated mental health nurse and, sharing space with other departments, undertakes clinics on an as-needs basis.
- Norsup Hospital located on Malekula and responsible for Malampa Province has one dedicated mental health nurse but does not currently run clinics or have dedicated beds for mental health patients.
- Torba Province's mini-hospital based in the provincial capital Sola has no dedicated mental health beds or established clinics and patients are seen only when referred. There is one mental health nurse for the province who is based on the island of Gaua.

COMMUNITY CARE

Further to clinical service provision, in 2015 mental health and psychosocial support (MHPSS) training was undertaken with healthcare personnel as well as community and public service leaders. This initiative, facilitated by the MOH in collaboration with IsraAID, was initially undertaken as a response to devastation caused by Tropical Cyclone Pam, but later engaged with a broader range of stakeholders across all six provinces.

This community based program was conducted over two training sessions in each province and aimed to form a basis of MHPSS knowledge at provincial level by establishing a mental health intervention toolkit in accordance with both mental health needs of the community and mhGAP protocols. The long-term outcome of the program sought to forge networks of community leaders, public service staff and clinical health providers to develop informed and capable mental health referral chains.

The program reached over 240 direct beneficiaries educating and forming mental health-focused networks between chiefs, women's representatives, teachers, police, correctional service officers, youth leaders, pastors, nurses and doctors across all six provinces.

These networks have formed the basis of multisectoral Provincial Mental Health Committees (PMHCs). Whilst, still in their early days, these networks require sustained support from the MOH to solidify their presence in the community-level mental health care support system, these PMHCs and their members hold an essential role in prevention, support and decentralisation of mental health care.

MENTAL HEALTH POLICY

VISION

An inclusive and mentally healthy Vanuatu that is proactive in ensuring equitable access to sustainable and quality mental health services.

MISSION

To provide equitable access to holistic, responsive and evidence-based treatment of mental illness to all Ni-Vanuatu; acknowledging the integral role of the community in the prevention, care and recovery.

GUIDING PRINCIPLES

VALUES	PRINCIPLES
Protection of human rights	• Access to healthcare, education, shelter, nutrition and employment are universal and inalienable human rights that must be protected. • Rights to dignity, equality, respect, privacy and autonomy as well as freedom from discrimination, stigma and abuse must be upheld in the provision of all health care. • Treatment of mental illness must be undertaken in a confidential manner ensuring the most effective treatment with least restriction and intrusion.
Accessibility and equity	• Mental health services must be accessible regardless of an individuals' geographical location, economic status, gender, race, social condition, physical or mental disability. • Mental health services should be available across the lifespan and cover all levels of need. • Mental health care capacity building must take place at the primary health care level to ensure equitable access to services nation-wide.
Community engagement in prevention, care and recovery	• Community-based mental health care and support should be mobilised wherever possible. • Family support is an integral component of mental health care and thus families of people with mental illness should be actively involved in treatment and considered partners in care. • Community engagement is an essential component of addressing mental health in a sustainable manner.
Protection of vulnerable populations	• The mental health needs of vulnerable groups must be respected and upheld. This includes the provision of appropriate care for children, youth, women and expectant mothers, the elderly, persons with disabilities, the physically ill, workers, the economically vulnerable, inmates of correctional services and other at-risk groups. Protection of such vulnerable populations should fall in line with international declarations such as the Convention on the Rights of the Child and Convention on the Rights of People with Disabilities as well as national legislation and policies protecting these vulnerable community members.
Cultural sensitivity	• Mental health activities must be provided in a manner that respects cultural values of the community. • Traditional healers should be included in the prevention, detection and care of people with mental illness in collaboration with the formal mental health system.
Evidence-based practice	• Services for people with mental illness should be informed by evidence-based research and must reflect the highest standards of care available. • Efficiency in resource allocation and use must be maintained in order to achieve maximum effect from the limited resources available for mental health.
Recognition of social factors that contribute to mental health	• A holistic approach to mental health care must be taken in order to encapsulate the full spectrum of physical, social, environmental and spiritual aspects that contribute to positive wellbeing.

OBJECTIVES

1. Seek government formalisation of the National Mental Health Committee and its provincial directorates to ensure long-term sustainability of these mental health decision-making bodies.
2. Through legal mechanisms, ensure full rights realisation for people with mental illnesses.
3. Integrate quality mental health care into all levels of health care provision to assure appropriate and equitable access to care including psychosocial support and essential psychotropic medicines and technologies.
4. Increase health-specific and community mental health care capacities through continued training.
5. Strengthen community partnerships to encourage civil society's participation in mental health advocacy.
6. Strengthen the mental health referral network and improve community understanding of the importance of prevention and early intervention in mental illness.
7. Strengthen mental health data collection and reporting mechanisms ensuring outputs are used to map trends and inform planning.

STRATEGIC AREAS

NATIONAL MENTAL HEALTH COMMITTEE

Despite formation in 2007, the National Mental Health Committee lacked formal endorsement by the Vanuatu Government Council of Ministers and was discontinued in 2010. It is necessary for this committee and its provincial directorates to be formally endorsed for monitoring and evaluation of mental health services and engagement with stakeholders.

LEGISLATION AND HUMAN RIGHTS

To ensure universal rights realisation, as enshrined in the Universal Declaration of Human Rights as well as the United Nations' Convention on the Rights of Persons with Disabilities and Convention on the Rights of the Child, it is essential that national legislation is developed to safeguard the rights of people with mental illnesses, acknowledging their social vulnerability. This legislation should outline required standards of care for health service providers as well as the ethics-based obligations placed on the community to promote basic freedoms and protect against all forms of harm.

FINANCING

To address mental health concerns in a sustainable manner, it is essential that adequate and ongoing funding is secured. This funding should cover the provision of clinical and public health services as well as facilitate appropriate ongoing monitoring and evaluation.

SERVICE PROVISION

Acknowledging the importance of a holistic approach to mental health care, it is essential the support be provided to ensure relevant and accessible service provision is made available at all levels. This requires psychosocial support, counselling and early detection capacity building to be undertaken with social leaders. Moreover, at a primary health care level, intervention training and standardisation of treatment protocols is essential. It is also necessary to standardise care at provincial and referral hospital level as well as the provision of appropriate resources to support work at each of these levels. Once established, it is essential that a structured referral system be mapped out and accessible to members of the mental health care network and wider community to ensure individuals can locate appropriate levels of care when required whilst also seek community support during rehabilitation.

PROMOTION AND PREVENTION

A multisectoral approach is needed to, where feasible; mitigate mental illness or the significant ramifications of such. By addressing social issues such as substance abuse, suicide prevention, crime and domestic violence and child protection as well as strengthening early recognition and management of mental illness, community partners play a pivotal role in reducing the burden of mental illness. These programs require widespread community support and the engagement of community organisations and public services in mental health, psychosocial support and counselling capacity building mechanisms.

HUMAN RESOURCES AND TRAINING

Investment in human resources, training and development are essential to the provision of appropriate mental health services to the people of Vanuatu. Progress has been made but further attention to the development of mental health related human resources is required nationally to meet the level of need within the community. This extends beyond clinical care and encompasses mental health, psychosocial support and counselling capacity building with community leaders to ease the clinic burden through holistic preventative and early-stage community- level care.

ESSENTIAL MEDICINES

As a key component of effective mental health care, it is integral the MOH and their partner agencies assure the availability of essential psychotropic medications. This requires a review of currently available medications and strengthening of stock control systems. Moreover, to promote equitable access, further training must be conducted with health workers to ensure, where appropriate, they have the knowledge and skills required to safely dispense necessary psychotropic medicines.

HEALTH INFORMATION SYSTEMS

Through collaboration with the national Health Information Systems (HIS) departments and healthcare providers, stronger mechanisms for data collection, collation and reporting must be developed. Emphasising the importance of accurate, relevant and timely data collection and reporting as well as the systematic national patterns for undertaking such will ensure that both planning and resource allocation can be conducted in an informed manner.

MULTISECTORAL COLLABORATION

Whilst the burden of mental illness typically falls to the health sector, mental wellbeing is significantly influenced by social constructs and thus to best address and, where possible, prevent mental illness a holistic approach to mental health is essential. This requires input from a broad range of sectors whose roles may either influence the mental wellbeing of populations or allow contact with populations where it may be possible to identify mental health concerns or elements contributing to poor mental wellbeing. Through mental health awareness education with communities, community organisation and government sectors as well as the provision of skills training and tools to identified members of these groups; the renewed Mental Health Policy and Strategic Plan 2016 – 2020 aims to ensure mental health care is expanded beyond the walls of hospitals and, that instead, social environments are conducive to sound mental wellbeing and able to offer quality mental health services where applicable. By fostering a society actively aware of the mental health of its members, this multisectoral approach more evenly distributes responsibility for mental wellbeing amongst individuals, social groups and sectors in touch with communities.

ADVOCACY

Action is required to raise the profile of mental illness in order to combat the current negative perceptions and stigma. This requires both mental health-specific campaigning as well as community-level promotion of factors that contribute to good health and mental wellbeing. Through the fostering of strong community partnerships and ensuring people with mental illness are key advocates in associated issues, community education and participation is hoped to encourage community engagement in mental health promotion, prevention and care.

QUALITY

In order to achieve optimal care for individuals with mental illnesses it is essential that services are informed by evidence-based practice and are standardised to ensure national compliance. Alongside the development of treatment protocols, training on rights, ethics and quality control must be undertaken with health care staff and the wider network of organisations whose services affect the lives of people with mental illness. These practices must be accompanied by quality assurance monitoring and evaluation mechanisms to safeguard the rights of people with mental illnesses on a long-term basis.

MONITORING AND EVALUATION

Routinely conducted monitoring processes will accompany implementation of the Mental Health Policy and Strategic Plan. This monitoring, and later-stage evaluation, is essential to ensure good governance, track progress made against proposed time-frames, hold stakeholders accountable for their active or compliance-based roles within the process and adapt proposed targets to meet changing demands. This process requires collaboration between stakeholders to identify measureable progress and outcome indicators.

STRATEGIC PLAN

1. FORMALISATION AND CONSISTENT FUNCTIONING OF MENTAL HEALTH ADVISORY BODIES

OBJECTIVE: Seek government formalisation of the National Mental Health Committee and its provincial directorates to ensure long-term sustainability of these mental health decision-making bodies.

Strategy	Intermediate Outcomes	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Responsible Bodies
1.1 Establish formal endorsement of a national mental health committee who meets quarterly and regularly undertakes tasks outlined in their pre-determined terms of reference.	1.1.1 With assistance from the MOH executive, DG of Health and PMO, a council paper pertaining to the necessary members and TORs for the NMHC is developed. Membership is defined by position rather than person to assure lack of disruption in instances of staff redistribution or turnover.	X					NMHFP, MOH, COM, PMO
	1.1.2 Members are elected, with executive positions allocated to capable individuals, before annual planning is undertaken ensuring consistency with activities outlined in this 2016-2020 Strategic Plan.	X					MOH, NMHFP
	1.1.3 Minutes from quarterly meetings and progress reports on actions undertaken by the body are distributed to all stakeholders and provided to the DG of Health.	X	X	X	X	X	NMHC, NMHFP
	1.1.4 Annual progress reports are formulated and distributed to key stakeholders.	X	X	X	X	X	NMHC, NMHFP
1.2 Strengthen provincial mental health sub-committees, ensuring regular meetings and the reporting of information to the national committee.	1.2.1 Pre-established provincial mental health committees formed during the 2015 MHPSS training are supported by the NMHC and MOH in developing provincial-specific terms of reference. In the same manner as the NMHC, PMHC membership is defined by position rather than person.	X	X	X	X	X	MOH, NMHC, NMHFP, PGs, DLA

	1.2.2 Provincial committees work alongside the NMHC and provincial health managers to work towards province-specific identified goals aligning with the national policy and strategic plan.	X	X	X	X	X	PMHCs, NMHC
	1.2.3 Provincial sub-committees report all activity progression to the NMHC and relevant provincial stakeholders.	X	X	X	X	X	PMHCs, NMHC, DLA

1.1 Indicator:	Meeting minutes, progress reports and annual reporting is available for the formally-endorsed committee.
Means of Verification:	Annual reports produced by the committee are available for verification by the NMHFP. Verification of the committee and its functioning shall be included in annual reporting by the NMHFP to the wider MOH.
Comments / Assumptions:	Whilst annual reporting will be used to formally notify the MOH of the NMHC's progress, informal progress updates will be maintained to ensure timely assistance by the MOH can be provided if required.

1.2 Indicator:	- Standardised reporting forms for the flow of information from PMHCs to the NMHC are developed and utilised. - Meeting minutes, progress reports and annual reporting are produced by the PMHCs and channeled through to the NMHC.
Means of Verification:	- Reports from PMHCs to NMHC are formatted based on developed reporting forms. - Progress reports from the PMHCs will feed into reporting undertaken by the NMHC. Breakdown by province needs to be evident as to identify any apparent gaps.
Comments / Assumptions:	This assumes consistent functioning of voluntary committees developed post-2015 Provincial MHPSS Training. It is the role of the NMHC and NMHFP to ensure these committees continue to advocate for mental health issues at provincial levels and, where necessary, are provided with proper resources and incentives to do so.

2. STRENGTHENED LEGAL MECHANISMS TO PROTECT PEOPLE WITH MENTAL ILLNESSES

OBJECTIVE: Through legal mechanisms, ensure full rights realisation for people with mental illnesses.

Strategy	Intermediate Outcomes	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Responsible Bodies
2.1 Advocate for the review of national mental health legislation ensuring universal rights realisation for people with mental illnesses.	2.1.1 Through stakeholder consultation, key areas within the mental health sphere requiring legislative protection are identified.	X	X				NMHFP, MOH, Disability Desk External Stakeholders
	2.1.2 In collaboration with SLO and external consultants approved by the SLO required rights-based legislation is drafted.	X	X				NMHFP, NMHC, MOH, SLO
	2.1.3 Engaging mental health champions (in line with strategy 5.2), community consultation and advocacy regarding the importance of the legislation is undertaken to garner community backing for legislative change.	X	X				NMHFP, NMHC
	2.1.4 Drafted legislation is submitted to SLO and processed through appropriate channels to be recognised legally.		X	X	X		MOH, NMHFP, NMHC, SLO, PMO, COM, Parliament
2.2 Strengthen and enforce the use of evidence-based mental health protocols and regulations which cover both clinical and community-based mental health care.	2.2.1 Current mental health care protocols are revised based on up-to-date academic consultation and international standards of mental health care with updated protocols and subsequent regulations produced in line with relevant legislation.	X	X				MOH, NMHC, NDTC, SLO
	2.2.2 Updated protocols and regulations are circulated amongst clinical and community mental health care providers through the NMHC and provincial health managers.		X	X			NMHFP, NDTC, NMHC, MOH

	2.2.3 Compliance with protocols and regulations as well as general mental health care quality assurance is monitored by the NDTC, NMHC and relevant provincial health service managers.			X	X	X	NMHC, NDTC
	2.2.4 Review of protocols and associated regulations is facilitated by the NMHFP in collaboration with the NMHC, NDTC and any relevant external consultants on a biennial basis.					X	NMHFP, NMHC, NDTC, external consultants

2.1 Indicator:	Existence of national law covering mental health and wellbeing that is in line with international human rights instruments.
Means of Verification:	Availability of the law and confirmation of its use to protect the rights of people with mental illnesses in accordance with international human rights standards.
Comments / Assumptions:	Chapter 38 of Laws of the Republic of Vanuatu is currently the only piece of legislation that references mental health. Unfortunately however this act only pertains to the reception and detention of people in the, once available, Port Vila Mental Hospital. This facility is no longer available and, along with majority of the world, Vanuatu has ceased institutionalised care for people with mental illnesses making this 1965 act obsolete. For this reason, this act should not be considered when judging the success of output 1.1 and instead new legislation, which protects the inalienable rights of people with mental illnesses, must be enacted to properly achieve this output.

2.2 Indicator:	Evidence-based national protocols for care and treatment of people with mental illnesses are available and enforced throughout clinical and community-based care platforms.
Means of Verification:	Protocols are available and compliance with such are monitored at the health care service-level by the NMHC or relevant national psychiatrist in consultation with psychiatrically trained nursing staff.
Comments / Assumptions:	Systematic approaches to compliance monitoring need to be sought and engaged to circumvent geographic limitation, which typically prevent consistency in mental health care provision.

3. EQUITABLE AVAILABILITY OF QUALITY MENTAL HEALTH SERVICE PROVISION

OBJECTIVE: Integrate quality mental health care into all levels of health care provision to assure appropriate and equitable access to care including psychosocial support and essential psychotropic medicines and technologies.

Strategy	Intermediate Outcomes	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Responsible Bodies
3.1 Integrate mental health community-based rehabilitation services into preexistent primary health care mechanisms.	3.1.1 In collaboration with the Disability Desk, psychosocial support and counselling is integrated into provincial disability committees and community-based rehabilitation programs across all provinces with referral channels made available to these networks.		X	X	X	X	NMHFP, MOH, MOJCS - VDD, NMHC
	3.1.2 Through mental health training opportunities (aligned with intermediate outcome 4.2.5) and clear role delineation with regards to mental health care, health workers in all health centres and dispensaries are able to support, refer and assist in the recovery of community members with mental health concerns.				X	X	MOH, NMHFP, PMHCs, NMHC, zone nurses
	3.1.3 Mental health awareness is incorporated into in-service training for VHWs.		X	X	X	X	NMHFP, NMHC, MOH, VHWP
	3.1.4 Members of the PMHCs and psychiatrically trained nurses and doctors are available to support PHC workers when needed and conduct further training where appropriate.		X	X	X	X	NMHC, PMHCs
3.2 Strengthen the mental health infrastructure capacities of referral and provincial hospitals to accommodate for the population demand.	3.2.1 Review of current mental health service provision at each referral and provincial hospital is undertaken by the NMHC with findings presented to MOH and relevant stakeholders.	X	X				NMHC
	3.2.2 Acute mental health units are available, appropriately staffed and with access to required psychotropic medicines at both VCH and NPH.		X	X	X	X	NMHFP, MOH

	3.2.3 Safe in-patient mental health spaces are identified at all provincial hospitals and each are appropriately staffed and with access to psychotropic medicines aligned with level of training		X	X	X	X	NMHFP, MOH
	3.2.4 Mental health out-patient services are established and continually supported at all provincial hospitals and Sola mini-hospital. These services should be made available to incarcerated individuals in accordance with their rights to health care.			X	X	X	MOH
3.3 Ensure essential psychotropic medicines are available and safely dispensed.	3.3.1 An audit is undertaken into the availability of psychotropic medicines in relation to the latest version of the WHO Essential Medicines List.		X				NMHC, NDTC, MOH
	3.3.2 Mapping of the stock availability of each psychotropic medicine at hospitals and health centres is undertaken to identify shortcomings.		X				NMHC, NDTC, CMS
	3.3.3. Stock control protocols are strengthened to ensure the availability of required psychotropic medicines at appropriate-trained health care levels, including hospitals, health centres and dispensaries.		X	X			NMHC, NDTC, CMS
	3.3.4 Informed by community need, the NMHC will work with the NDTC to expand the national essential medicines list to further comply with WHO standards.		X				NMHC, NDTC, CMS
	3.3.5 In-service training regarding the safe dispensing of psychotropic medicines is conducted with pharmacy staff and health workers by the NDTC in collaboration with the NMHC and NMHFP.		X	X	X	X	NDTC, NMHC, NMHFP, CMS

3.1 Indicator:	Percentage of PHC workers who have received level-specific mental health care training.
Means of Verification:	Annually the number of PHC workers trained in mental health care shall be compared with the total number of PHC workers within the PHC system by the NMHC. Level of training must be matched with service capacities of each healthcare provider demographic to ensure adequate training is provided when juxtaposed with level of responsibility and clinical care capabilities of PHC workers.
Comments / Assumptions:	In this case, a PHC worker is a broad term encompassing a wide range of nurses and health care providers. This category includes health staff in health centres, dispensaries and aid posts as well as those facilitating community-based rehabilitation through disability desk initiatives.

3.2 Indicator:	- Number of hospitals consistently facilitating outpatient mental health clinics. - Number of hospitals with inpatient facilities and staffing allocations to facilitate adequate hospital-based mental health care.
Means of Verification:	Annual reports produced by each provincial hospital will be used to verify the existence of outpatient mental health services as well as the presence of adequately staffed inpatient mental health care units. Adequate staffing will be defined by each individual hospital with regards to the mental health service demand of their surrounding communities and acknowledging the funding and hence staff limitations of the MOH as a whole.

3.3 Indicator:	-Number of health workers (inclusive of pharmacy staff) who have participated in specific in-service training targeted at the safe dispensing of psychotropic medicines. - Proportion of health facilities with continuous availability of psychotropic medicines without stock outages.
Means of Verification:	Figures regarding the number of psychotropic medicines safe dispensing in-service trainings conducted and staff participation in each training session will be recorded by hospital pharmacies and/or any other body facilitating this training. Measurement of success against this indicator will calculated by the NMHC on an annual basis. Psychotropic medicine stock availability will be mapped by CMS and NDTC whereby proportions must be based on the total number of facilities with nurses who have sufficient training and capacities to safely dispense these medicines rather than the over number of health facilities nationally. Figures should be disaggregated by province to identify any major supply shortfalls.

4. ENHANCED MENTAL HEALTH CAPACITY BUILDING

OBJECTIVE: Increase health-specific and community mental health care capacities through continued training.

Strategy	Intermediate Outcomes	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Responsible Bodies
4.1 Ensure full-time staff are appointed to oversee mental health service provision under the new MOH structure.	4.1 The national psychiatrist is allocated a full-time mental health position under the MOH staffing structure and has sufficient budget to undertake activities nationally.		X				NMHFP, MOH
	4.1.2 Trained mental health nurses are assigned positions, to facilitate both in-patient and out-patient mental health service, under the MOH staffing structure.		X	X			NMHFP, MOH
	4.1.3 Health staff with adequate knowledge of mental health, psychosocial support and counselling are available to counsel patients with physical illnesses in order to identify and intervene in cases where such may be impinging on mental wellbeing (acknowledging dual diagnosis).	X	X	X	X	X	NMHFP, MOH
4.2 Increase mental health training opportunities ensuring health staff are provided with up-to-date training in mental health, psychosocial support and counselling.	4.2.1 The mental health component of study facilitated by the VCNE is reviewed and expanded.		X				NMHFP, MOH, VCNE, NMHC
	4.2.2 Nurses are identified and supported in undertaking further studies in psychiatric nursing.	X	X	X	X	X	NMHFP, MOH, NMHC
	4.2.3 mhGAP training is undertaken with all current hospital and zone nurses as a component of in-service continued education.		X	X	X	X	NMHFP, MOH, NMHC
	4.2.4 Nurses are identified at each hospital as designated counsellors and receive appropriate training in psychosocial support and counselling.			X	X	X	NMHFP, MOH, NMHC
	4.2.5 Zone nurses are supported by the PMHCs and NMHC to facilitate mental health training with nurses, nurse aids and VHWs in their zones.			X	X	X	NMHFP, PMHCs, NMHC, VHWs

4.3 Foster capacity of selected civil society leaders through the provision of training and ongoing mentorship in psychosocial support and counselling capacity building.	4.3.1 Mental health, psychosocial support and counselling capacity building is integrated as a component of study at VITE.		X				NMHFP, VITE, MOE, NMHC
	4.3.2 Mental health, psychosocial support and counselling capacity building is integrated into Vanuatu Police Academy curriculum.		X				NMHFP, NMHC, MOIA, VPF
	4.3.3 Working with VCC, psychosocial support and mental health counselling is integrated into spiritual counselling teachings at biblical colleges.			X			NMHFP, NMHC, VCC
	4.3.4 The VWD and VWC associated counselling and refuge services are provided with psychosocial support and counselling training.			X			NMHFP, NMHC, MOJCS – VWD, VWC
	4.3.5 Through collaboration with VCSD officers are adequately trained in mental health and can provide counselling, psychosocial support and refer for further assistance where required.	X					NMHFP, NMHC, MOJCS - VCSD
	4.3.6 Psychosocial support and counselling services are offered to previously incarcerated individuals through the provision of MHPSS training to correctional services' probation officers nationwide.			X	X	X	NMHFP, NMHC, MOJCS - VCSD
	4.3.7 Ongoing support is provided to PMHCs established post-2015 MHPSS training and ongoing training is provided to these groups for dissemination into communities.	X	X	X	X	X	MOH, NMHFP, NMHC
4.4 Develop and ensure MOH endorsement of psychosocial support and counselling guidelines for internal and external distribution.	4.4.1 In consultation with national psychiatrist, psychiatrically trained nurses and external consultants, national guidelines for psychosocial support and counselling are developed.	X	X				NMHFP, NMHC, External consultants
	4.4.2 Review of the draft Psychosocial support and counselling guidelines and endorsement is sought through the Pacific Island Mental Health Network.			X			NMHFP, NMHC, External consultants
	4.4.3 Once endorsed, the guidelines are published into booklets reflecting different levels of care provision and distributed internally and externally combined with associated training.			X			MOH, NMHFP, NMHC, External consultants, MOE, MOJCS

4.1 Indicator:	Provisions are made within the MOH staffing structure to support at least one full-time national psychiatrist.
Means of Verification:	Annually revised MOH structure includes recurrent budget specifically allocated for the employment of at least one full time psychiatrist

4.2 Indicator:	- Number of mental health workshops conducted with health staff of all levels annually. - Number of health staff who participated in mental health, psychosocial support or counselling workshop each year.
Means of Verification:	Monitored by the NMHFP and NMHC, the number of training sessions and number of participants in attendance at each session must be recorded and presented as part of annual end of year reporting.

4.3 Indicator:	- Number of mental health workshops conducted with civil society leaders annually. - Number of civil society leader who participated in mental health, psychosocial support or counselling workshop each year.
Means of Verification:	Monitored by the NMHFP and NMHC in collaboration with stakeholders, the number of training sessions and number of participants in attendance at each session must be recorded and presented as part of annual end of year reporting.

4.4 Indicator:	- Number of psychosocial support and counselling guidelines distributed. - Number of associated counselling workshops undertaken providing guidance on use of the booklets. - Coverage of booklets across national health facilities and identified civil society groups.
Means of Verification:	The NMHFP in collaboration with the NMHC will monitor the combined roll out of the counselling guidelines and associated training recording the distribution of booklets by quantity and sector/organisation. Tracked quarterly, this will ensure equitable distribution of resources and the pairing of training with resource allocations.

5. MULTISECTORAL COLLABORATION ON MENTAL HEALTH ADVOCACY

OBJECTIVE: Strengthen community partnerships to encourage civil society's participation in mental health advocacy.

Strategy	Intermediate Outcomes	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Responsible Bodies
5.1 Encourage mainstreaming of discussions surrounding mental health in the community through national education and stigma reduction campaigning.	5.1.1 Accessible mental health-specific IEC materials are developed and distributed amongst communities.	X	X	X	X	X	MOH, NMHFP, NMHC, HPU
	5.1.2 Media outlets are engaged in publishing articles and undertaking campaigns to raise awareness of mental illness and reduce stigma commonly associated with the topic.	X	X	X	X	X	NMHFP, NMHC, HPU media outlets
	5.1.3 In collaboration with existing community networks (youth groups, churches etc.) mental illness awareness messaging is undertaken with communities acknowledging the positive mental health outcomes attributable to supportive environments.	X	X	X	X	X	NMFP, NMHC, HPU, VCC, MOYSCS - VYC, MCC, VNCW, VWC, MOJCS
5.2 Increase opportunities for people who have experienced mental illnesses to be acknowledged as key advocates in mental health decision making.	5.2.1 People who have experienced mental illnesses are engaged in advocacy initiatives and, where willing, publically champion the cause.	X	X	X	X	X	NMHC
	5.2.2 Well-known or respected personalities in Vanuatu who have experienced mental illnesses are encouraged to speak publically about their illnesses in an effort to reduce stigma surround the issue.	X	X	X	X	X	NMHC
	5.2.3 The input of people who have experienced mental illnesses is sought prior to effecting policy change or enacting relevant decision making or advocacy initiatives.	X	X	X	X	X	NMHC, MOH, HPU

5.1 Indicator:	Number of community mental health awareness campaigns undertaken annually.
Means of Verification:	This figure shall be collated by the NMHFP and included in annual reporting. Calculating the frequency of community awareness events must be based on information available in both the NMHC and PMHCs' programming and reporting mechanisms.

5.2 Indicator:	Percentage of mental health advocacy initiatives or policy amendments in which people who have experienced mental illnesses have been actively engaged.
Means of Verification:	As a component of all reporting undertaken by the NMHC it must be acknowledged whether engagement with people with mental illnesses has been sought. When compiling annual reporting with regards to activities this percentage of inclusive can be easily aggregated and must be included in annual reporting.
Comments / Assumptions:	By mainstreaming the inclusion of people with mental illnesses in mental illness-related government decision making, evaluating progress made with regards to this indicator can be streamlined. By including people with mental illnesses in the NMHC it can be ensured that their input is sought during any significant changes in the mental health sphere.

6. COMMUNITY-INTEGRATED PROMOTION AND PREVENTION MECHANISMS

OBJECTIVE: Strengthen the mental health referral network and improve community understanding of the importance of prevention and early intervention in mental illness.

Strategy	Intermediate Outcomes	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Responsible Bodies
6.1 Strengthen the mental health referral network through publically advertising the network's two way referral channel.	6.1.1 Through consultation with PMHCs, community leaders and health workers; mental health focal people are identified in the clinical, social professional and community spheres.	X					MOH, NMHFP, PMHCs, NMHC, VCC, MCC, VYC, VNCW, VWC
	6.1.2 Referral guidelines are developed and disseminated amongst identified mental health focal people in each province as well as shared with the PMHCs and other relevant stakeholders.	X	X				MOH, NMHFP, NMHC, PMHCs, VCC, MCC, VYC, VNCW, VWC
	6.1.3 Information pertaining to the mental health referral channel is disseminated publically through civil society mechanisms such as schools, churches and women's groups.		X				MOH, NMHFP, NMHC, PMHCs, MOE, VCC, MCC, VNCW, VWC, VYC, MOJCS
	6.1.4 PMHCs and NMHC work with care providers to encourage referral between different levels of care, particularly encouraging referral to community support for individuals and their families post-discharge from clinical care.		X	X	X	X	MOH, NMHFP, NMHC, PMHCs
	6.1.5 Support is provided to the social professional and community sphere focal people through PMHCs and the NMHC. Ongoing training is facilitated through these bodies and the NMHC where necessary.	X	X	X	X	X	MOH, PMHCs, NMHC
6.2 Foster community mental wellbeing through mental health education which encourages positive social norms and sound mental wellbeing.	6.2.1 In collaboration with media outlets; mental health awareness, mental illness prevention and early detection messages are developed and regularly disseminated.	X	X	X	X	X	MOH, HPU, NMHFP, media outlets

	6.2.2 In collaboration with the MOE a module of mental health education is developed and implemented as a component of health curriculum in secondary schools. Prior to implementation, mental health-engaged community leaders are encouraged to facilitate mental health awareness sessions with school communities.			X	X		MOH, NMHC, MOE, PMHCs
	6.2.3 Relevant IEC materials pertaining to mental health awareness and positive wellbeing messages are produced and distributed amongst health facilities, schools and community groups.	X	X	X	X	X	MOH, NMHC, HPU, MOE, MCC, VCC, VYC, VNCW, VWC
	6.2.4 Annual events are undertaken to promote World Mental Health Day (October 10th).	X	X	X	X	X	MOH, NMHFP, NMHC, PMHCs
	6.2.5 Annual events are undertaken to promote World Suicide Prevention Day (September 10th).	X	X	X	X	X	MOH, NMHFP, NMHC, PMHCs
6.3 Strengthen mental illness preventative programming targeted at identified at-risk groups.	6.3.1 In collaboration with MOE, VYC and other relevant stakeholders a program that addresses mental health vulnerability of students dropping out of school and those unable to source employment post-schooling is developed.			X	X	X	MOH, NMHFP, NMHC, MOE, MOYSCS – VYC, VCC, MCC, VNCW
	6.3.2 Deploying overseas seasonal workers are aware of and have access to counselling services in their destination country as well as links to appropriate services within Vanuatu.				X	X	MOH, NMHFP, NMHC, MOIA - DLES
	6.3.3 Through collaboration with the DLES appropriate mental health and support network information is available and distributed to individuals experiencing employment termination.					X	MOH, NMHFP, NMHC, MOIA - DLES
	6.3.4 Acknowledging women's heightened risk of gender based violence and the mental health implications of such, in collaboration with the VWD, VWC and VNCW, early detection and prevention programs are developed and delivered.				X	X	MOH, NMHFP, NMHC, MOJCS, VWD, VWC, VNCW, VFPU

	6.3.5 In collaboration with the Children's Desk mechanisms ensuring children who have been subjected to violence and/or trauma have access to appropriate counselling and psychosocial support channels are implemented.				X	X	MOH, NMHFP, NMHC, VWC, VFPU, MOJCS - VCD
	6.3.6 A tailored program addressing incarcerated individuals' vulnerability to mental illness is developed and implemented.	X	X				MOH, NMHFP, NMHC, MOJCS - VCSD
	6.3.7 People with disabilities have equitable access to mental health support and their individual needs are addressed through specific programming. The mental health implications of recent disablement, is also acknowledged and catered for in both the clinical setting and through community mental health support.			X	X	X	MOH, NMHFP, NMHC, MOJCS - VDD
6.4 Improve community programming that addresses substance abuse including the comorbidity with mental illness.	6.4.1 Community health messaging focusing on the negative and cyclical effect of substance abuse and mental wellbeing are developed and disseminated through community organisations.	X	X	X	X	X	MOH, NMHFP, NMHC, PMHCs, HPU, MCC, VCC, VYC, VCW
	6.4.2 Community sports days, events and awareness campaigns promoting healthy life choices to demographics most at risk of substance abuse are undertaken.	X	X	X	X	X	MOH, NMHFP, NMHC, MOYSCS - VYC
	6.4.3 Law regulation and enforcement bodies are supported in continually upholding laws pertaining to the trade of both legal and illegal substance.			X	X	X	MOH, NPHFP NMHC, MOIA, VPF, MOTTCI
	6.4.4 Law enforcement bodies are encouraged to refer individuals with substance abuse issues to appropriate support systems.			X	X	X	MOH, NMHFP, NMHC, MOIA, VPF
	6.4.5 Confidential and evidence-based clinical care to individuals recovering from substance abuse problems is provided and ongoing support is available for said individuals and their families.				X	X	MOH, NMHC

6.1 Indicator:	Number of mental illness referrals made from community to clinical care annually.
Means of Verification:	Confidentially monitored by PMHCs and reported to the NMHC, rates of referral between community networks and clinical care for mental illness shall be available by collating standardised reporting from each community mental health service provider. This will provide a gauge on the effectiveness of the referral pathway.
Comments / Assumptions:	This assumes standardised and consistent referral reporting from community mental health services. Currently in their early stages of development, it is therefore essential that community care providers understand the importance of confidential systematic reporting on referrals in order to accurately measure the effectiveness of referral channels.

6.2 Indicator:	- Number of mental wellness activities and awareness campaigns undertaken within communities annually. - Number of participants who took part in mental wellness activities annually.
Means of Verification:	Event reporting from both PMHCs and the NMHC must be collated and reported annually to measure the number of mental wellness activities and awareness campaigns run by or in collaboration with the NMHC. This indicator requires significant input from PMHCs to ensure all community-run activities are included and the number of beneficiaries can be accurately calculated.

6.3 Indicator:	- Number of tailored mental illness prevention campaigns targeted to specific at-risk demographics undertaken annually. - Number of demographically at-risk individuals who directly benefited from or participated in targeted mental illness prevention campaigns.
Means of Verification:	Through collaboration with key stakeholders and PMHCs, information pertaining to demographically-tailored mental health awareness or prevention campaigns shall be continuously compiled and outlined in NMHC annual reporting.
Comments / Assumptions:	Consistent collaboration with stakeholders who typically deal with at-risk demographics; namely women's groups, correctional services dept., youth groups and disability support networks, will ensure both holistic support for targeted mental health campaigns as well as accurate reporting on events in terms of frequency, level of participation and effectiveness.

6.4 Indicator:	- Number of drug awareness campaigns undertaken annually. - Number of direct beneficiaries or participants who took part in drug awareness campaigns.
Means of Verification:	The number of NMHC developed campaigns as well as those undertaken by youth groups, the education sector or other relevant bodies must be compiled and reported annually by the NMHC. Number of beneficiaries shall also be included in individual campaign reports and collated annually to measure the coverage of drug awareness campaigning.
Comments / Assumptions:	It is important that NMHC and PMHCs engage with civil society groups undertaking drug awareness campaigning to ensure accuracy in information being presented with regards to the comorbidity between drug use and mental illness. To ease the facilitation of this process, standardised information pertaining to this issue must be developed and distributed to key stakeholders in order to increase quality of campaigning and ease measurement of this indicator.

7. Enhanced mental health monitoring through greater integration of health information

Objective: Strengthen mental health data collection and reporting mechanisms ensuring outputs are used to map trends and inform planning.

Strategy	Intermediate Outcomes	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Responsible Bodies
7.1 Ensure accurate and timely mental health data is collected, collated and reported from all levels of health care provision and relevant external stakeholders.	7.1.1 Review of the current mental health reporting information available in HIS record books is undertaken for each level of healthcare provision.	X					MOH, NMHFP, NMHC HIS Unit
	7.1.2 Adjustments to reporting mechanisms is undertaken and aligned with mental health awareness / assessment / treatment capacities of each level of health care provision.		X				MOH, NMHFP, NMHC, HIS Unit
	7.1.3 In collaboration with VCSD, information pertaining to the prevalence of mental illness within correctional services facilities as well as the availability of support and interventions is routinely collected and analysed.	X	X	X	X	X	NMHFP, NMHC, VCSD
	7.1.4 Mental health-related data collected by the MOE is utilised by the NMHFP and NMHC to assess and develop interventions tailored to ensuring sound mental health of young people.	X	X	X	X	X	NMHFP, NMHC, MOE
	7.1.5 Data regarding mental health related incidences attended by member of the VPF is routinely shared with the NMHC and NMHFP and is used to inform future community interventions.	X	X	X	X	X	NMHFP, NMHC, VPF
	7.1.6 Quarterly reports are prepared detailing key mental health data from each province.			X	X	X	MOH, NMHFP, HIS Unit
	7.1.7 A national report is prepared annually using health and external stakeholder data. This report outlining key mental health indicators, reflects on any apparent trends and provides direction for the following year.	X	X	X	X	X	MOH, NMHFP, NMHC, HIS Unit
	7.1.8 A mental health registry is integrated into the HIS system to securely store all recorded mental health data in a central location.			X	X	X	MOH, NMHFP, HIS Unit
7.2 Promote the use of available data in informing resource provisions, planning and funding requests.	7.2.1 Information available within provincial and national HIS reporting as well as external mental health-related reports is compiled to provide situation overviews when required.	X	X	X	X	X	MOH, NMHFP, HIS Unit, VNSO, external data collectors

	7.2.2 Compiled reports are referenced when seeking revised internal and external resource or financial allocations for mental health prevention, advocacy or care.	X	X	X	X	X	MOH, NMHFP, NMHC, HIS Unit, VNSO, External Data Collectors
7.3 Improve and integrate the collection and use of mental health information to align with international reporting mechanism.	7.3.1 Mental health assessment surveys are undertaken at sentinel sites (workplaces, schools, communities).			X	X	X	MOH, NMHFP, NMHC, VNSO
	7.3.2 A mental health component is integrated into the Vanuatu Demographic Health Survey.			X			MOH, NMHFP, NMHC, VNSO
	7.3.3 Surveys regarding community awareness of mental illness, including common stressors and early warning signs, are undertaken nationally.				X	X	MOH, NMHFP, NMHC, VNSO
	7.3.4 Pre and post-knowledge assessments are routinely undertaken during MHPSS, counselling and psychosocial support training to gauge effectiveness and assist with program modification and future planning.	X	X	X	X	X	NMHFP, NMHC
	7.3.5 Information relating to mental health trends in Vanuatu is published in compliance with global reporting mechanisms to ensure up-to-date information is available to donors and supporting agencies.	X	X	X	X	X	MOH, NMHFP, NMHC
7.4 Encourage annual review of this strategic plan ensuring mapping of progression against expected goals is undertaken.	7.4.1 Developed M&E framework is reported against annually to mark progress towards goals outlined in this strategy.	X	X	X	X	X	MOH, NMHFP, NMHC
	7.4.2 Shortcomings against outlined goals are addressed through adaptation of annual planning or reallocation of available resources or funds.	X	X	X	X	X	MOH, NMHFP, NMHC
	7.4.3 An end of term report is developed reflecting all outcomes achieved against those outlined and is used to inform future policies and strategic planning.					X	MOH, NMHFP, NMHC

7.1 Indicator:	- Mental health-specific information is available through the DHIS2 health information system and facility-based HIS mechanisms - Percentage of health facilities reporting against mental health components of monthly health information records. - Mental health related information is collected from the VCSD, VPF and MOE at least once per year.
Means of Verification:	The NMHC must request this information from the HIS Unit and external stakeholder on an annual basis and it shall be recorded as a component of the NMHC annual report.
Comments / Assumptions:	The quality of mental health information is dependent upon the ability of health staff to accurately assess and report mental illnesses. Through increased mental health training of health staff, as outlined in Objective 4.2 this strategy, it is hoped that in time the combination of these indicators will accurately highlight key mental health concerns apparent within communities and also provide a gauge with regards to mental illness prevalence as well as increasing or decreasing trends.

7.2 Indicator:	Timely statistics on national and facility-based mental health burden are used as supporting evidence in funding proposals and allocation of human and technical resources.
Means of Verification:	Funding, staffing and resource proposals put forward to the MOH or donors by the NMHC, PMHCs or other relevant bodies include accurate statistics to support evidence-based allocation of resources.
Comments / Assumptions:	Assurance of information accuracy is paramount in the effective use of health information as a planning tool. It is therefore essential that communication channels between health staff, the HIS unit as well as PMHCs and the NMHC are clear and consistent to allow for accurate interpretation and hence use of available mental health information.

7.3 Indicator:	Timely information pertaining to Vanuatu's mental health situation is publically available.
Means of Verification:	Through mental health specific surveys as well as the integration of mental health components into larger health and community surveys, information regarding mental health including perceptions is available publically.
Comments / Assumptions:	Whilst surveys are likely to be undertaken by VNSO and other external bodies, it is the role of the NMHC to ensure the inclusion of well-formulated mental health related questions and ensure publically available reports publish findings with regards to such.

7.4 Indicator:	Existence of end of year mental health strategy progress reports including amendments or revision of priorities for the following year.
Means of Verification:	Availability of NMHFP and NMHC developed mental health end of year report is available and measures progress against all outlined indicators. This report shall also include summaries of activities undertaken with regards to those outlined in this strategy as well as any proposed amendments or revision of priorities outlined by the NMHC.

Note: Activity costing for the Mental Health Strategic Plan 2016-2020 will be available on an annual basis in accordance with the national health sector business planning cycle. Annual budget projections will allow for greater accuracy in financial allocations as well as flexibility in activity expansion or contraction based on the level of government and donor support for mental health care and services in any given year.

ANNEXES

ANNEX 1 - ROLE DELINEATION

MINISTRY OF HEALTH

NMHFP – NATIONAL MENTAL HEALTH FOCAL POINT

- Monitor and provide support for the functioning of the NMHC and PMHCs.
- Prepare the unit's annual report complete with budget and progress against Mental Health Strategic Plan indicators in collaboration with the NMHC and PMHCs.
- Undertake supervisory visits to PMHCs and provincial hospitals ensuring compliance with relevant protocols and providing support for their continued efforts.
- Lead the formulation of annual Mental Health Unit business plans.
- Assist the NMHC and PMHCs in sourcing funding through MOH mechanisms to undertake activities outlined in the Mental Health Strategic Plan and annual business plans.
- Work with Provincial Health Offices to integrate mental health strategies into annual provincial business plans.
- Advocate for adequate finance, resource and staffing allocations for mental health care.
- Engage stakeholders in policy and initiative development at both national and provincial levels.
- Act as the liaison between the MOH, the NMHC and PMHCs.

NMHC – NATIONAL MENTAL HEALTH COMMITTEE

- Act as a multisectoral platform advocating for integrated mental illness awareness, prevention and care.
- Provide guidance regarding technical aspects of clinical mental health care.
- Assist in the development of clinical guidelines and protocols for treatment and care of mental illnesses.
- Work alongside the NDTC to ensure dissemination of information regarding safe dispensing of psychotropic medications.
- Provide input towards and, where required, undertake supervisory visits and compliance checks of mental health care provision at health facilities nationally.
- Assist the NMHFP in defining mental health care responsibilities allocated to health staff based on education and resource availability and health facilities.
- Oversee and provide support for activities undertaken by PMHCs.
- Provide input into mental health activity development, commencement and facilitation.
- Act as the public advocacy body for mental health issues.
- Conduct review of clinical mental health protocols and guidelines in consultation with the NDTC on a biennial basis.
- Collate mental health relevant statistics, activity information and reports provided by PMHCs.

PMHCs – Provincial Mental Health Committee

- Provide support and mental health training to community health workers and other relevant community leaders and interested parties.
- Develop and assist with the roll out of community mental health awareness activities and relevant campaigns.
- Work with provincial disability committees to integrate mental health awareness and care components into community based rehabilitation services.
- Increase public awareness of the multi-level mental illness referral channel and, where appropriate, engage with stakeholder to strength this network.
- Act as the point of contact for provincial mental health concerns and facilitate collaboration between provincial health offices, the NMHC and the MOH with regards to provincial mental health care service provision.
- Aid in facilitating provincial mental health data collection and reporting; referring collated reports to the NMHC

Provincial Health Offices

- In consultation with PMHCs, work with the MOH and NMHFP to integrate the mental health programs outlined in the Mental Health Strategic Plan into annual business plans.
- Ensure mental health services are available and adequately resourced at provincial hospitals and relevant community health facilities.
- Aid in facilitating regular supervision of mental health care provided at provincial hospitals and health facilities.
- Assist with and monitor the functioning of PMHCs supporting provincial mental health awareness campaigns and activities.

NDTC – National Drug and Therapeutics Committee

- In collaboration with the NMHC review current guidelines on dispensing of psychotropic medications.
- Provide input into mental illness clinical care guidelines and protocols.
- Undertaken ongoing training with pharmacy and health workers regarding safe dispensing of psychotropic medications.
- Work with clinical staff to ensure compliance with safe dispensing protocols.
- Conduct review of clinical mental health protocols with the NMHC on a biennial basis.

CMS – Central Medical Stores

- Assist in mapping psychotropic medicine availability in health facilities nationally.
- Support the NDTC and NMHC in ensuring the safe dispensing of psychotropic medicines through ongoing training with pharmacy and health workers.

HPU – HEALTH PROMOTION UNIT

- Assist in the development and dissemination of mental health sensitive and mental health specific community health messages, IEC materials and awareness campaigns.

VCNE – VANUATU COLLEGE OF NURSING EDUCATION

- Work with the NMHC to review mental health component of nurses' training and, if necessary, expand training to ensure strong mental health awareness in the future health workforce.

MINISTRY OF EDUCATION

- Work with NMHC to support the provision of ongoing MHPSS and counselling training to selected teachers nationwide.
- Through the inclusive education system support teachers in facilitating relevant MHPSS and counselling to at-risk children as well as those identified to have mental illnesses or learning disorders.
- Work with the NMHC and other relevant bodies to integrate components of MHPSS education into school curriculum.
- Develop protocols for early identification and pathways for referring children with mental illnesses and those experiencing high stressors to ongoing and appropriate support.
- Ensure any data which provided information of the mental health status of students is made available to the NMHC and NMHFP to aid in future programming

VITE – VANUATU INSTITUTE OF TEACHERS' EDUCATION

- In collaboration with the NMHFP and NMHC review current curriculum with regards to MHPSS education and training.
- If necessary, work with the NMHFP and NMHC to expand mental health education components of teachers' education to ensure all teachers have a strong foundation of mental health awareness.

MINISTRY OF JUSTICE AND COMMUNITY SERVICES

VCSD – VANUATU CORRECTIONAL SERVICES DEPARTMENT

- Work with NMHC to support the provision of ongoing MHPSS and counselling training to correctional services officers and community probation staff.
- Support identified correctional services officers and community probation staff in facilitating ongoing MHPSS and counselling services.
- Work with the NMHC to develop protocols for early detection, referral and ongoing support of at-risk or mentally ill incarcerated individuals and those on probation.
- Ensure accurate and timely data regarding the prevalence of mental illness amongst incarcerated individuals and those participants in the probation program is made available to the NMHFP and NMHC. This should also include information regarding availability and access to mental health, psychosocial support and counselling services for individuals in incarceration or on probation.

VDD- VANUATU DISABILITY DESK

- Work with the NMHC and PMHCs to integrate MHPSS and counselling services into pre-existing community based rehabilitation programs.
- In collaboration with the NMHC and PMHCs explore options to tailor counselling and MHPSS services to people with disabilities acknowledging the grief associated with recent disablement and the significant stressors related to ongoing social isolation.
- Support the NMHC and PMHCs in advocating for greater mental health education of clinical health staff allowing staff to acknowledge, identify and provide support for people at risk of or suffering from mental illnesses in combination with physical ailments.

VCD- VANUATU CHILDREN'S DESK

- Work with NMHC to support the provision of ongoing MHPSS and counselling training to selected staff, particularly those working directly with at-risk children.
- Ensure staff are aware of appropriate referral channels for both children and families at risk of suffering from mental illnesses.
- Support the NMHC and PMHCs in advocating greater community mental health awareness.
- Work with the MOE to ensure suitable MHPSS and counselling services are available to children in schools.

VWD & VNCW - VANUATU WOMEN'S DEPARTMENT & VANUATU NATIONAL COUNCIL OF WOMEN

- Work with NMHC to support the provision of ongoing MHPSS and counselling training to selected women's affairs members.
- Ensure adequate standards of MHPSS and counselling services are available to women and families.
- In collaboration with the NMHC and PMHCs increase public awareness regarding women's increased vulnerability to mental illness and assist these bodies in tailoring programs and campaigns to target this increased vulnerability.

MINISTRY OF TRADE, TOURISM, COMMERCE AND INDUSTRY

- Work with the NMHFP, NMHC and VPF to ensure national compliance with protocols and laws pertaining to the trade of both legal and illegal drugs.

MINISTRY OF FINANCE AND ECONOMIC MANAGEMENT

VNSO – VANUATU NATIONAL STATISTICS OFFICE

- Work with the NMHFP and NMHC to integrate mental health data collection into wider community based surveys ensuring collated data is available for MOH decision making.

MINISTRY OF INTERNAL AFFAIRS

DLES - DEPARTMENT OF LABOUR AND EMPLOYMENT SERVICES

- Work with NMHC to support the provision of ongoing MHPSS and counselling training to selected staff within the Department of Labour and Employment Services.
- In collaboration with the NMHC ensure deploying seasonal workers are briefing on mental illness vulnerability and have access to MHPSS and counselling services whilst abroad and upon returning home.
- Ensure MPHSS and counselling services are made available to individuals experiencing employment termination through collaboration with the NMHFP and NMHC to identify appropriate internally and externally available mental health referral channels.

VPF - VANUATU POLICE FORCE

- Integrate components of mental health education, particularly focused on vulnerabilities to and early detection of mental illnesses, into academy training for new officers.
- In collaboration with the NMHC ensure the provision of MHPSS and counselling training is made available to selected police officers nationally.
- Work with the NMHC to develop protocols for early detection and referral of individuals with mental illnesses ensuring information pertaining to mental health referral networks is widely available throughout the police force.
- Ensure available data related to VPF responses to mental illness-related incidences in the community are made available to the NMHFP and NMHC in order inform future community programming.

MINISTRY OF YOUTH, SPORTS AND COMMUNITY SERVICES

VYC - VANUATU YOUTH COUNCIL

- Work with the NMHC to support the provision of tailored ongoing MHPSS and counselling training to youth leaders.
- Work with youth leaders to increase peer support channels and knowledge of referral options and counselling services for at-risk youth and those with mental illnesses.
- Assist the NMHC and PMHCs in developing and undertaking mental health awareness campaigns targeted at youth and young people.
- Support mental wellness activities targets at young people including programs around healthy living, continued education opportunities and the mitigation of recreational drug use.
- Act as a liaison between youth and government mental health committees such as the NMHC and PMHCs ensuring these groups are aware of and are actively addressing mental health issues affecting youth.

VANUATU CHRISTIAN COUNCIL

- Integrate MHPSS and mental health counselling training into spiritual counselling mechanisms taught at biblical colleges.
- In collaboration with the NMHC ensure the provision of MHPSS and counselling training is made available to church leaders.
- With the assistance of the NMHC develop and implement programs allowing church leaders to provide mental illness education to their congregations aiding in reducing related stigma and disassociating common misconceptions which link mental illness to spiritual transgressions.
- Act as an advocate for mental illness and as a point of contact allowing IEC materials and mental health messages to pass from the NMHC and PMHCs to community members.

MALVATUMAURI COUNCIL OF CHIEFS

- In collaboration with the NMHC, provide cultural and community guidance in the development of mental health IEC materials and aid in their distribution to communities.
- Support community initiatives aimed at reducing stigma surrounding mental illness.
- Assist in facilitating referral of community members to both clinical and community mental health care providers.

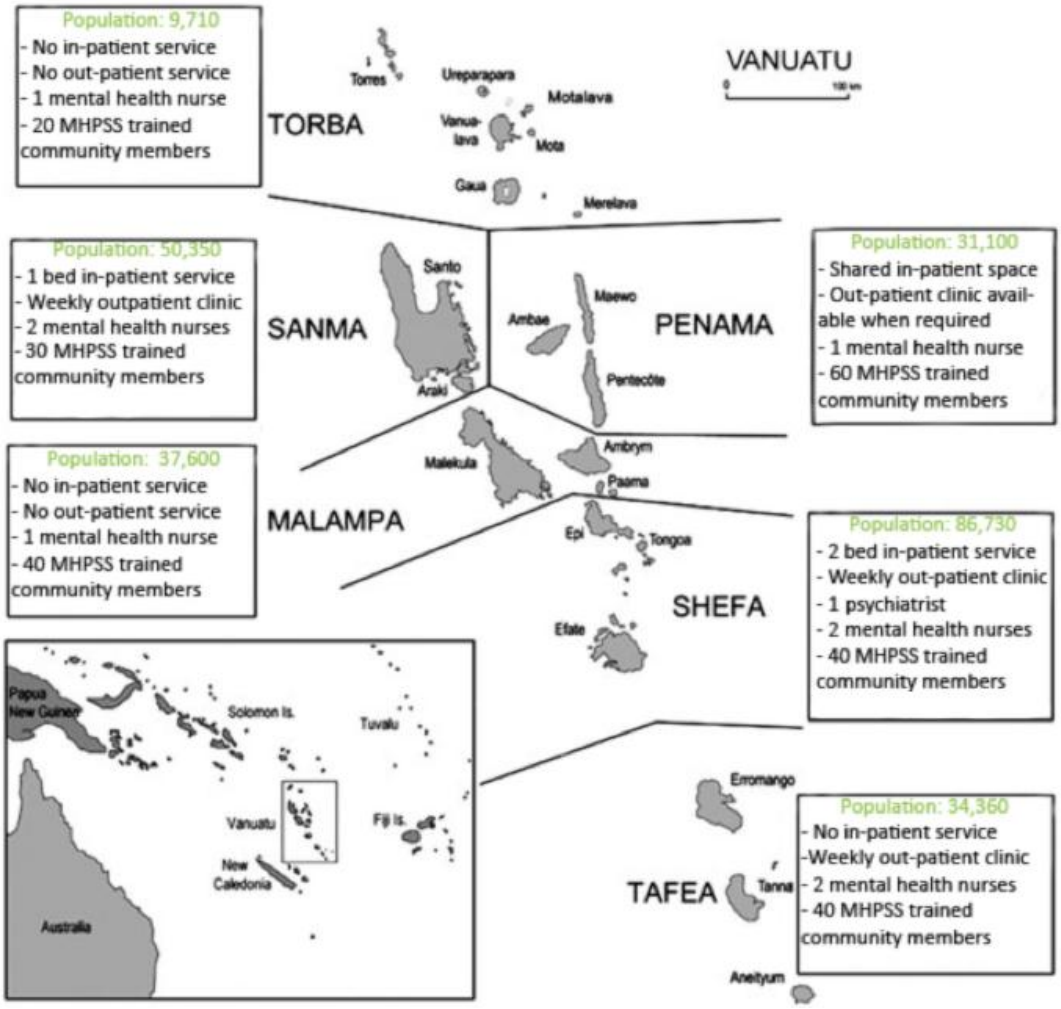
VANUATU WOMEN'S CENTRE

- Work alongside the VNCW and VWD to ensure women's increased vulnerability to mental illness is adequately addressed through increased public awareness and the provision of ongoing MHPSS and counselling training to identified female leaders and those working with women's rights bodies.
- Provide referral for women and children to appropriate mental health clinic and community support channels.
- Support the NMHC in the development of general and women-targeted mental health IEC materials and assist in the distribution of these resources.

ANNEX 2 - CURRENT PSYCHOTROPIC DRUG AVAILABILITY

WHO ESSENTIAL PSYCHOTHERAPEUTIC MEDICINES 2015	VANUATU NATIONAL ESSENTIAL MEDICINES LIST
Chlorpromazine	✓
Haloperidol	✓
Fluphenazine	✓
Amitriptyline	✓
Fluoxetine	X
Diazepam	✓
Clomipramine	X
Carbamazepine	✓
Sodium Valproate	✓
Lithium Carbonate	X
Methadone	X
Nicotine replacement therapy	X

ANNEX 3 – CURRENT SERVICE PROVISION MAP



ANNEX 4 – ACKNOWLEDGEMENT

The Vanuatu Ministry of Health's Mental Health Unit would like to acknowledge the support and assistance provided by WHO and the Pacific Island Mental Health Network as well as the following individuals and their respective ministries, government departments and organisations:

Mr. Jerry Iaruel	Ministry of Health	Mr. Jean Luc	Labour Department
Mr. Graham Tabi	Ministry of Health	Mr. Mala Antfalo Jilopaia	Vanuatu Police Force
Ms. Lana Elliott	Ministry of Health	Lt. Collin Willie	Vanuatu Police Force
Mrs. Rachel Takoa	Ministry of Health	Insp. Ephraim Kalorip	Vanuatu Police Force
Mr. Vanua Siken	Ministry of Health	Mrs. Viviane Obed	Care International
Mr. Jean Jacques Rory	Ministry of Health	Mr. Sam Kaiapam	Vanuatu Disability Desk
Mr. John Tasserei	Ministry of Health	Mr. Damian Farrell	Vanuatu Disability Desk
Mrs. Margaret Lui	Vila Central Hospital	Ms. Elizabeth Emil Mael	Vanuatu Children's Desk
Dr. Jimmy Obed	Vila Central Hospital	Mr. Carlo Nangia Jr.	Vanuatu Correctional Services Department
Dr. Lawrence Tabi	Vila Central Hospital	Mr. Frank Solomon	Vanuatu Correctional Services Department
Mrs. Monique Tahi	Vila Central Hospital	Mr. John Jack	Vanuatu Correctional Services Department
Mrs. Jenny Stephen	Vila Central Hospital	Mrs. Sannine Shem	IsraAID
Mrs. Margaret Lui	Vila Central Hospital	Ms. Hagit Krakov	IsraAID
Mr. Peter Kaloris	Paunagisu Community Rehabilitation Centre	Mr. Jean Noel	Wan Smol Bag
Mrs. Evelyne Emile	Vanuatu College of Nursing Education	Mr. Joe Kalo	Vanuatu Youth Council
Mr. Michael Buttsworth	World Health Organisation	Mrs. Jenifer Manua	Vanuatu Women's Department
Mr. Viran Tovu	Prime Minister's Office	Mrs. Annick Stevens	Vanuatu Women's Council
Mr. Tom Jean Pierre	Malvatumauri Council of Chiefs	Pr. Shem Tema	Vanuatu Christian Council
Mr. Pierre Gambetta	Ministry of Education	Mr. Rennie Ngwele	Vanuatu Seventh Day Adventist Mission
Mr. Glenden Illasa	Ministry of Education	Ms. Dorinda Bule	Vanuatu Broadcasting & Television Corporation
Mrs. Liku Jimmy	Ministry of Education	Mr. Jonas Cullwick	Daily Post
Mr. Jim Knox Allanson	Ministry of Education	Mr. Sam Raymond	Mental Health Advocate

Their invaluable input has helped mold the Vanuatu Mental Health Policy and Strategic Plan 2016 – 2020 to best accommodate for the needs of those with mental illnesses and, in turn, improve the health and development outcomes of Vanuatu over the coming five years.

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