

COUNTRY REPORT

Mental health care in Fiji

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Keywords

Fiji, mental health, psychiatry, services

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Received 6 December 2010

Accepted 21 December 2010

DOI:10.1111/j.1758-5872.2011.00105.x

Abstract

Fiji is one of the largest island nations in the South Pacific. It is multicultural and has an economy based on tourism and sugar production. Like many developing countries Fiji faces the double burden of communicable and non-communicable diseases as well as a third emerging burden of accidents and injuries. Fiji lacks data on the national prevalence and burden of disease of mental disorders. Using World Health Organization estimates there is over a 90% treatment gap for mental disorders. Contributing to this treatment gap are the misconceptions and stigma surrounding mental illness leading people to seek alternative treatments. Fiji's mental health services were established in 1884, comprising a single ward to care for mentally ill expatriates. Services have since expanded to include a 136-bed inpatient facility (St. Giles Hospital), which provides outpatient, psychosocial rehabilitative and community psychiatric services. Mental health services remain centralized at St. Giles, with follow-up in the community supported by a well-established public health hierarchy and by medical personnel at the divisional hospitals. St. Giles is also responsible for conducting mental health awareness and training for health workers and the public and provides input at a national level for mental health policy, plans and legislation. Psychiatric training is available at the undergraduate nursing and medical levels. The Fiji School of Medicine is in the process of developing a postgraduate psychiatric program. With its limited resources Fiji needs to integrate mental health services into the general and public health systems to achieve a comprehensive and integrated mental health system.

Background

Fiji is an island nation located in the South Pacific, which covers an area of 18,270 sq km. It is comprised of approximately 322 islands, of which 106 are permanently inhabited. Eighty percent of the total population resides on the two main islands of Viti Levu, where the capital, Suva, is located, and Vanua Levu. The 2007 national census determined the population to be 827,900, comprised of Indigenous Fijians (57%); Indo-Fijians (38%); and other ethnicities (5%) (WHO MIND Series, 2009). Fiji is predominantly a Christian nation (52.9%) but other religions are also present (Hindu [38.1%]; Muslim [7.8%]; Sikh [0.7%]; and other religions [0.1%]). The official language is English but Fijian, Hindustani and Rotuman are also spoken.

Fiji gained independence from Britain in 1970. Since 1987, Fiji has experienced four coups, three of

which were military and one civilian coup in 2000. The most recent military coup was in December 2006 and has resulted in Fiji's expulsion from the Pacific Islands Forum and the Commonwealth of Nations (WHO CHIPS, 2008).

Fiji's economy is based on tourism and sugar production but is diversifying with manufacturing becoming an important source of employment. Fiji has a 9.7% per capita gross domestic product (GDP) growth rate and 3.7% of its gross domestic product is expended on health. The annual growth rate has remained steady at 1% and has been attributed to the moderately low level of fertility and high level of emigration (WHO CHIPS, 2008; WHO MIND Series, 2009).

People in Fiji are living longer with the average life expectancy for females being 72 years and 68 years for males. Fiji like many other developing countries is undergoing an epidemiological transition and is facing

the double burden of non-communicable and communicable diseases as well as a third emerging burden of disease related to accidents and injuries. Fiji is also vulnerable to natural disasters and has annually faced severe flooding, hurricanes and recently threats of tsunamis (WHO CHIPS, 2008; WHO MIND Series, 2009).

History of mental health services

Mental health services were first established in 1884 with the creation of a single ward to cater for expatriates with mental disorders. The original buildings were expanded to include segregated wards for Europeans and "Natives" separated by gender. These form the basis for the current existing 136-bed national psychiatric hospital located in the capital of Suva (Karim, 1996).

Initially, treatment comprised mainly of separation and restraint of patients who were supervised by "wardens". However, by the early 1950s electro-convulsive therapy (ECT) was introduced as the focus of therapy. In the 1960s phenothiazines were introduced and revolutionized the treatment of mental disorders.

In 1962, a full-time medical officer was appointed to the psychiatric hospital and by 1964, a full-time psychiatrist was appointed who also acted as the Medical Superintendent (Karim, 1996). Currently, mental health services remain centralized at the national psychiatric hospital and are supported in the outer areas by a well-established public health system.

Psychiatric morbidity

Fiji does not have any data on the national prevalence or burden of disease of mental disorders. However, using World Health Organization estimates (3% of the adult population has a severe mental disorder and 10% a mild to moderate mental disorder), about 14,000 adults have a severe mental disorder while about 48,000 have a mild to moderate mental disorder. Only about 6,000 people are seen annually at the only psychiatric facility in the country, leaving a treatment gap of over 90% for mental disorders (WHO MIND Series, 2009).

Mental health policy and legislation

As of September 2010, Fiji has new mental health legislation which focuses more on consumer rights; treatment in the least restrictive environment; further development and strengthening of community mental health care; mental health promotion and reducing stigma associated with mental ill health. The national mental health policy is still in draft form awaiting

finalization. Fiji already has in place a national mental health and suicide prevention plan and a national suicide prevention policy.

Infrastructure

Health care services in Fiji are distributed amongst four divisions which divide the country geographically: Central and Western divisions on Viti Levu including nearby islands; Northern division on Vanua Levu including nearby islands and the Eastern division which covers the group of islands east of Viti Levu.

There are three main divisional hospitals which provide secondary and tertiary care (Colonial War Memorial Hospital in Suva covering the Central and Eastern divisions; Lautoka Hospital for the Western division; and Labasa Hospital for the Northern division). Each divisional hospital is supported by a network of facilities providing primary preventative care: sub-divisional hospitals (11 in the Central and Eastern divisions; six in the Western division and four in the Northern division), health centers (33 in the Central; and Eastern divisions; 23 in the Western division and 19 in the Northern division) and nursing stations (46 in the Central and Eastern divisions; 24 in the Western division; 21 in the Northern division) (WHO MIND Series, 2009).

St. Giles Hospital is the national specialist psychiatric hospital located in Suva. It is the only psychiatric facility in the country. There are no psychiatric units in the general hospitals or health centers. While Labasa Hospital has two beds allocated for psychiatric patients they are not utilized. Psychiatric patients admitted to general hospitals are managed in the medical wards.

Mental health services

Mental health services are centralized at the national psychiatric hospital. Short-term emergency care and primary care are available at divisional and sub-divisional hospitals, health centers and nursing stations nationwide. This care is provided by public health nurses, public health doctors or physicians who often have lack of mental health training and inadequate facilities for psychiatric patients (WHO MIND Series, 2009).

Mental health care and psychotropic medications are supplied to the population free of charge. Fiji is fortunate to have a wide range of conventional antipsychotic (tablets, short-acting and long-acting injections) and antidepressants available as well as a limited number of newer psychotropic medications such as olanzapine and fluoxetine, which are also supplied free.

Mental health workforce training

Formal training in psychiatry for medical students was first introduced in 1968 at the Fiji School of Medicine. A few years later psychiatry was formally introduced into the undergraduate nursing curriculum (Karim, 1996). Currently, the undergraduate curriculum at the Fiji School of Medicine includes a 9-week block of psychiatry for medical students and a 2-week block for nursing students at the Fiji School of Nursing. There is a postgraduate mental health nursing certificate available for nurses, which is of 1-year duration.

There is no local postgraduate training for doctors, although the Fiji School of Medicine is in the process of developing postgraduate courses in psychiatry and mental health.

In 2008, there were the following human resources for mental health per 100,000 population: 0.24 psychiatrists; 0.12 psychologists; 1.2 psychiatric nurses; 12 nurses trained in mental health; and 0.12 physicians trained in mental health (Fiji Ministry of Health Annual Report, 2008).

Traditional healers and religious beliefs

In Fiji, there are still many misconceptions surrounding mental illness leading to delay in seeking treatment. Traditional healers and “witch doctors” are often consulted first for customary herbal and other remedies. In a survey by Aghanwa (2004), peri-urban dwellers listed “witchcraft” as a first-line treatment for mental illness. Mental illness is often thought to be the result of not fulfilling customary obligations; being cursed or demon possession.

In addition to these misconceptions, the stigma associated with mental illness and the St. Giles Hospital further prevents people from seeking timely and appropriate care.

The way forward

Fiji faces many ongoing challenges: social (poverty, urbanization, substance abuse, family breakdown, etc.), political (recurrent coups), and geographical (difficulty for those living in remote areas in accessing mental health care due to vast distances and geographical landscape). In addition, Fiji faces recurrent

natural disasters (flooding, cyclones and hurricanes as well as tsunami threats). All these factors negatively impact on population mental health, making mental health services and programs a much needed priority.

In a developing country like Fiji with limited resources it is necessary to utilize what is available. There is a need to integrate mental health care into the community and general health care system and decentralize current mental health services. Specialist training in mental health and psychiatry is necessary for medical and nursing personnel at St. Giles Hospital, as well as mental health training for general and public health nursing and medical staff. Development of infrastructure in the outer areas is vital to establishing appropriate and wide-ranging community mental health care services. The implementation of the newly-passed mental health decree, which emphasizes the need for strengthening and further developing community mental health care, including preventative and rehabilitative services, is also vital to achieving an integrated and comprehensive mental health system.

Acknowledgments

This paper is based on a presentation at the 14th Pacific Rim College of Psychiatrists Scientific Meeting, Brisbane, 28–30 October 2010. The encouragement and advice provided by Dr Ilse Blignault of the Black Dog Institute in Sydney, Australia, is gratefully acknowledged.

References

- Aghanwa H.S. (2004) Attitude toward and knowledge about mental illness in the Fiji Islands. *Int J Soc Psychiatry*. 50(4), 361–375.
- Fiji Ministry of Health (2008) Ministry of Health of Fiji Annual Report 2008. Government Printers, Suva.
- Karim I. (1996) ‘A Brief History of St. Giles Hospital’, unpublished paper.
- World Health Organization (2008) Western Pacific Country Health Information Profiles 2008 Revision. WHO Regional Office for the Western Pacific, Manila. Available from: http://www.wpro.who.int/publications/PUB_139789290613954.htm
- World Health Organization (2009) WHO MIND Country Summary Series – Fiji. World Health Organization, Geneva.