



 **VANUATU**
MENTAL HEALTH
POLICY & STRATEGIC PLAN

Ministry of Health | Government of Vanuatu 2021-2030

Vanuatu Mental Health Policy & Strategic Plan 2021-2030

**Vanuatu Ministry of Health
Government of Vanuatu 2021**

FOREWORD



This is timely to renew Vanuatu Mental Health Policy and Strategic Plan (2021-2030) as Vanuatu is prone to natural disasters such as cyclone, volcano ashes and public health emergencies. The year 2020 was especially challenging as our country faced Tropical Cyclone Harold and global COVID-19 pandemic simultaneously that alerted once again importance of strong health system response towards addressing psychosocial status of Vanuatu people.

This comprehensive Mental Health Policy and Strategic Plan will reassure provision of mental well being as an essential component of health care and services in achieving health for all people and aims to achieve equity and human rights through universal health coverage. Thus, keeping in mind the importance of mental health prevention and management, we would like to work to ensure good mental health of all people of Vanuatu through establishing enabling environment where people realise their potentials to cope with normal stresses of life, work productively and contribute to their society and communities; and protect people from mental health abuse and discrimination inclusive of people with mental disorders and psychosocial disabilities.

It is with great pleasure that I present the Mental Health Policy and Strategic Plan for 2021-2030 which will be implemented in line with the Global Mental Health Actions and the Vanuatu National Sustainable Development Programme. With this, I encourage all stakeholders and communities to work together to ensure mental health and rights of our people are respected and protected.




Russel Tavjri Tamata
DIRECTOR-GENERAL
MINISTRY OF HEALTH
VANUATU

The official seal of the Director-General of Health, Ministry of Health, Vanuatu. It is a circular emblem with a blue border. The outer ring contains the text 'REPUBLIC OF VANUATU' at the top and 'REPUBLIQUE DE VANUATU' at the bottom, separated by two small stars. The inner circle is divided into two horizontal sections by a thin line. The top section contains the text 'DIRECTOR GENERAL OF HEALTH' and the bottom section contains 'DIRECTEUR GENERAL DE LA SANTE'.

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ACRONYMS

WHA	World Health Assembly
WHO	World Health Organization
SDG	Sustainable Development Goals
UHC	Universal Health Coverage
NCD	Non-Communicable Diseases
MhGAP	Mental Health Gap Action Program
MHPSS	Mental Health Psychosocial Support
EMT	Emergency Medical Team
PMHC	Provincial Mental Health Committee
NMHC	National Mental Health Committee
TOR	Terms of References
MOH	Ministry Of Health
COM	Council Of Ministers
PHO	Provincial Health Office
PMHO	Provincial Mental Health Officers
PHA	Provincial Health Administrator
NMHFP	National Mental Health Focal Person
SLO	State Law Office
MOJCS	Ministry Of Justice and Community Services
VDD	Vanuatu Disability Desk's
VCD	Vanuatu Child Desk's
VCH	Vila Central Hospital
NPH	Northern Provincial Hospital
PHC	Primary Health Care
EDL	Essential Drug List
NDTC	National Drugs and Therapeutic Committee
CMS	Central Medical Stores
NDMO	National Disaster & Management Office
DPH	Director Public Health
PHRO	Provincial Human Resource Officer
MS	Medical Superintendent
NSM	Nursing Service Manager
MOET	Ministry Of Education and Training
VCC	Vanuatu Council of Churches
VCNE	Vanuatu College of Nursing Education
APTC	Australia-Pacific Training Coalition
USP	University of the South Pacific
VHW	Village Health Worker
HIS	Health Information System
PFA	Psychological First Aids
VITE	Vanuatu Institute for Teacher Education
VPC	Vanuatu Police College
NGO's	Non- Government Organizations
DWA	Department of Woman's Affaires
VWC	Vanuatu Woman's Center
VCSD	Vanuatu Correctional Service Department
HPU	Health Promotion Unit
PSS	Psychosocial support
PIMHNet	Pacific Island Mental Health Network

IEC	Information Education Communication
VBTC	Vanuatu Broadcasting Television Corporation
VYC	Vanuatu National Youth Council
MNCC	Malvatumauri National Council of Chiefs
VNCW	Vanuatu National Council of Woman
MOYSCS	Ministry of Youth, Sports and Community Services
MH	Mental Health
MOET	Ministry Of Education
MOIA	Ministry Of Internal Affairs
DLES	Department of Employment Services
RSE	Regional Seasonal Employment
GBV	Gender-based violence
VFPU	Vanuatu Family Protection Unit
OPP	Office of the Public Prosecutor
DOCS	Department of Correctional Services
VSDP	Vanuatu Society for People with Disability
VPF	Vanuatu Police Force
MOTTICI	Ministry of Trade, Tourism, Commerce and Industry
SOP	Standard Operating Procedures
ICD-11	International Classification of Diseases v11
VCSD	Vanuatu Correctional Services Department
VNSO	Vanuatu National Statistics Office
DHS	Demographic and Health Survey
GSHS	Global School Health Survey
BP	Business Plan

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.

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]

In 2019, the 72nd World Health Assembly (WHA) confirmed the objectives of the World Health Organization's (WHO) comprehensive mental health action plan for 2013-2020 as a contribution towards the achievement of

Sustainable Development Goals (SDG) target 3.4 (to promote mental health and well-being). [6] The period of the action plan was extended to 2030 in order to ensure its alignment with the 2030 Agenda for Sustainable Development, especially to promote mental health into primary health care services.



Figure 1: Mental Health Action Plan

The rationale for the call for greater investment in mental health is the high prevalence of depression and suicide as leading causes for disability, suicide and premature death worldwide. Despite the escalating mental health challenge, inaction and inadequate funding continues to hinder the forward progress, even amidst increasing awareness of its scale and scope.

All political declarations and outcome documents emerging from the 2019 United Nations High-level Meeting on Universal Health Coverage (UHC) stressed the importance of whole-of-government, whole-of-society, and cross-sectoral approaches at the global, regional and national levels to improve the health of populations. Mental health is an integral part of universal health coverage (UHC). No one should be denied access to mental health care because they are poor or live in remote areas [7].

The Non-Communicable Diseases (NCD) agenda has also been expanded from the four-by-four (four major NCDs and four shared risk factors) to the **so-called five-by-five approach**, which includes **mental health** and environmental determinants.



Figure 2: *The Five-by-Five Approach to NCD*

To scale up the implementation of national responses to address NCDs and their risk factors, WHO has developed technical packages of prioritized interventions listed below that are directly linked to mental health.

MhGAP to address mental health conditions and promote mental health

LIVE LIFE to prevent suicide

INSPIRE to reduce violence against children

MPOWER to reduce tobacco use

SAFER to reduce the harmful use of alcohol

ACTIVE to promote physical activity

MENTAL HEALTH DURING EMERGENCIES AND DISASTERS

Vanuatu is ranked the top most vulnerable country in the world to impacts of natural disasters [8]. Independent research have highlighted the need and possible interventions necessary to address the impacts of natural disasters on mental health [9][10][11]. Consequently, Mental Health and Psychosocial Support (MHPSS) interventions have been emphasized in mental health service delivery for Vanuatu. The Intervention Pyramid for Mental Health and Psychosocial Support provides practical guidance to MHPSS interventions.

Intervention pyramid for mental health and psychosocial support

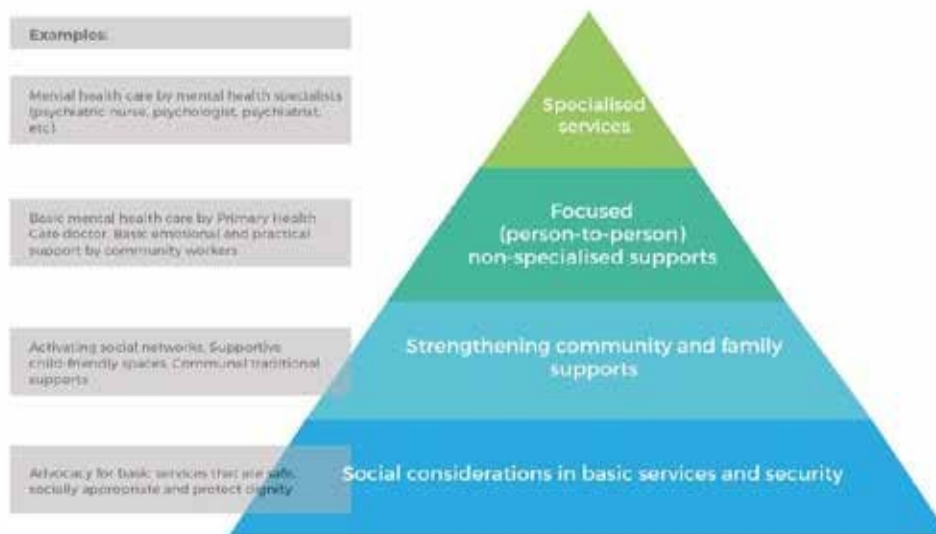


Figure 3: Interventions for MHPSS

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 35,100 individuals with 8,100 experiencing severe mental disorders.[12][13]

Mental health: The prevalence of students reporting considering suicide, planning suicide and actually attempting suicide is also concerning high among students in Vanuatu. Nearly 15% had seriously considered suicide, while more than one fifth of students had either made a plan about how they would commit suicide or had actually attempted suicide. Swift intervention to improve students' mental health and avoid suicide attempts is imminently needed.

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.[14] 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.[15] In 2017, nearly 15% of youths aged 13 to 17 years old had seriously considered suicide, while more than one fifth had either made plans about how they would commit suicide or had actually attempted suicide. [16] 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. [17] 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. Trends of the prevalence of suicide, early use of tobacco and alcohol since 2011 signal areas of concern for priority-setting. [16]

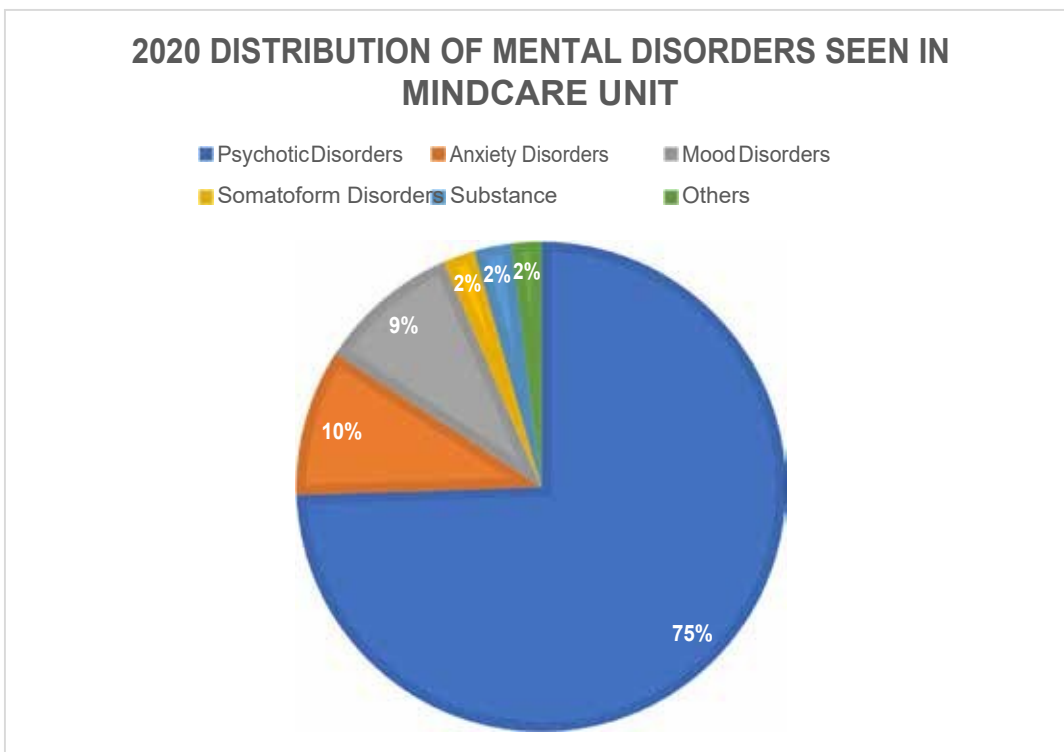
Clinical Care

Similar to community-level mental health information, to date, the systematic method in which facility-based

mental health data is routinely collected or reported throughout Vanuatu 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. This has decreased over the years as services, like home-visits, have become more consistent. In 2020, the unit recorded five (5) in-patient admissions to 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, 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 disproportionately higher prevalence of psychosis compared with other mental health concerns. In 2020, the MindCare unit recorded 529 consultations. With the challenges of COVID19, there has been a decrease in inpatient admissions and significant boost in home-visits.



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 three full-time health nurses as well as the nation's only qualified Consultant Psychiatrist, 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 one mental health nurse. Mental health outpatients' clinics are facilitated weekly for those not requiring admission and review of cases.
- Lenakel Hospital based in Tanna and responsible for Tafea Province, has one 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 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.

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 multi-sectoral 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.

Emergency and Disaster Response

Since 2015 Mental Health has been included in Emergency Medical Teams (EMTs) responses to disasters, including Ambae Volcano Disaster in 2018, Tropical Cyclone Harold and the recent COVID-19 pandemic in 2020. The Ministry of Health has signed various MOU's with key Partner agencies, like IsraAID and Vanuatu Christian Council, to strengthen the MHPSS work during disasters at the community level.

VISION

An inclusive and mentally healthy Vanuatu **-leaving no one behind**, and proactively ensuring equitable access to sustainable and quality mental health services

MISSION

To provide equitable access to holistic, responsive and evidence-based management of mental disorders to all people of Vanuatu; acknowledging the integral role of the **community in the health prevention, promotion, early detection, treatment, and recovery**

GUIDING PRINCIPLES

VALUES	PRINCIPLES
PROTECTION OF HUMAN RIGHTS	<p>Access to health care services, education, housing, nutrition and employment are universal and inalienable human rights that must be protected</p> <p>Rights to dignity, equality, respect, privacy and autonomy as well as freedom from discrimination, stigma and abuse must be upheld in the provision of health care services to all - reaching the unreached.</p> <p>Management of mental disorders must be undertaken in a confidential manner ensuring the most effective treatment with least restriction and intrusion</p>
ACCESSIBILITY AND EQUITY	<ul style="list-style-type: none"> • Mental health care services must be accessible regardless of an individual's geographical location, economic status, gender, race, social condition, physical or mental disability • Mental health care capacity building must take place at the primary health care level to ensure equitable access to services nation-wide • Community-based mental health care and support should be mobilised wherever possible.
COMMUNITY ENGAGEMENT IN PREVENTION, PROMOTION, EARLY DETECTION, TREATMENT AND RECOVERY	<ul style="list-style-type: none"> • Community-based mental health care and support should be mobilised wherever possible. • Family support is an integral component of mental health care services and thus families and partners in care of people with mental disorders should be actively involved in the management of mental disorders • Community engagement is an essential component of addressing mental health in a sustainable manner • Encourage people with mental disorders to be actively engaged in planning, delivery and evaluation of mental health services • Engage advocacy groups and peer support networks in mental health services delivery
PROTECTION OF VULNERABLE POPULATIONS	<ul style="list-style-type: none"> • 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, and persons with disabilities including the physically ill, workers that are economically vulnerable, incarcerated people and 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 AND RELIGIOUS SENSITIVITY	<ul style="list-style-type: none"> • Mental health activities must be provided in a manner that respects cultural and religious values of the community. • Traditional healers should be included in the prevention, early detection, care services and recovery of people with mental disorders in collaboration with the existing formal mental health system in the country •
EVIDENCE-BASED PRACTICE	<ul style="list-style-type: none"> • Care services for people with mental disorders 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	<ul style="list-style-type: none"> <input type="checkbox"/> A holistic approach to mental health care services must be taken in order to encapsulate the full spectrum of physical, social, environmental, cultural and spiritual aspects that contribute to positive wellbeing

OBJECTIVES

1. Re-activation 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 disorders.
3. Integrate quality mental health care services into all levels of health care provision to assure
4. Appropriate and equitable access to care including psychosocial support and essential psychotropic medicines and technologies.
5. Increase health-specific and community mental health care capacities through continued training.
6. Strengthen community partnerships to encourage civil society's participation in mental health advocacy.
7. Strengthen the mental health referral network and improve community understanding of the importance of prevention and early intervention in mental disorders.
8. Strengthen mental health data collection and reporting mechanisms ensuring outputs are used to map trends and informed planning

OBJECTIVE 1: FORMALISATION AND CONSISTENT FUNCTIONING OF M ENTAL HEALTH ADVISORY BODIES

Re-activation 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	Indicator (s)	Sources	Activities		Responsible Bodies	
						Lead	Supporting
1.1 Re-activate operations of the existing National Mental Health Committee (NMHC)	1.1.1 Reactivation of the NMHC.	Review conducted and results outlined within updated and endorsed NMHC TOR	National Mental Health Committee TOR; NMHC Annual Report	Review of the NMHC TOR to be presented at the first NMHC Meeting	X	MOH	COM
	1.1.2 Recommended members elected, with executive positions allocated to capable individuals, before annual planning is undertaken ensuring consistency with activities outlined in current strategic plan.	Appointment of executive members and Role delineation mapping carried out Team composition documentation available Meeting minutes evidence progress against strategic plan; Progress against activities is reflected in NMHC Annual Report	National Mental Health Committee TOR Annex; NMHC Annual Report NMHC meeting minutes; NMHC Annual Report	Convene NMHC meeting to elect office bearers. NMHC meets twice a year and when required and regularly undertakes tasks outlined in their pre-determined terms of reference.	X	MOH	

	1.1.3 Provincial health offices develop a provincial mental health policy and action plan in line with National Mental Health Policy	Provincial Mental Health Action Plan in place	PMHC Report PMH Action Plan	Provincial Public Health Officers and Provincial Mental Health Officer to develop Provincial Mental Health Action Plan in alignment to the National Mental Health Policy	X					Provincial Health Office	NMHC
1.2 Strengthen provincial mental health committees, ensuring regular meetings held and the reporting of information to the NMHC	Provincial Health Administration to nominate and ensure Provincial Mental Health Officers (PMHO) are established at all provinces and are supported by the NMHC and MoH in developing specific TOR.	MOH HR Structure reflects current employment of Provincial Mental Health Officers	MOH HR Structure; PMHO Annual Report	NMHC meets with PHA to advocate for recruitment of PMHO in each province	X	X	X	X	X	Provincial Health Offices	MOH & NMHC
	Provincial Mental Health committees (PMHC) work alongside the NMHC and provincial health managers to work towards province- specific identified goals aligning with the national policy and strategic plan 2021-2030.	Province-specific goals and strategies PMHC meeting minutes PMHC Annual reporting	Provincial Mental Health Strategy PMHC Annual Report;	Seek MOH Exec PHA endorsement of setting up of PMHC. PMHO and PHA with support from NMHFP and NMHC develop specific TOR for PMHC in alignment with National Mental Health Policy and strategic plan	X	X	X	X	X	PMHCs	NMHC

	1.2.3 Provincial Mental Health Committees report progress directly to the NMHC	PMHC progress reports to NMHC	PMHC Annual Report;	PMHC reports annually, and when required, to NMHC	X	X	X	X	X	PMHCs	NMHC
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OBJECTIVE 2: STRENGTHENED LEGAL MECHANISMS TO PROTECT PEOPLE WITH MENTAL ILLNESSES

Through legal mechanisms, ensure full rights realization for people with mental disorders.

Strategy	Intermediate Outcomes	Indicator(s)	Sources	Activities	2021	2022	2023	2024	2025	Responsible Bodies	
										Lead	Supporting
Review, endorse and gazette Mental Health Act	MOH to Submit instructions to SLO to review and draft Mental Health Act	Draft Mental Health Act	Draft Mental Health Act	Draft amendments to Mental Health Act	X	X				MOH	SLO
	Engage mental health champions in community consultations and advocacy to ensure the importance of legislation is undertaken to garner community backing for legislative change. 2.1.4 Reviewed Mental Health Bill is tabled for approval in Parliament	Mental Health Champions identified	Mental Health Champion Progress Reports	Facilitate formal endorsement by MOH Executive and other relevant stakeholders						MOH	NMHC & National Key Stakeholders
		Training of Mental Health Champions		Support SLO in ensuring drafted amendments is endorsed							
		Coverage of Community consultations		Identify mental health champions that will be trained to be advocates for mental health, specifically to advocate for the mental health act.	X	X					
		Approved Mental Health Act	Mental Health Act	Advocates to engage with community through the four (4) society pillars for consultation and awareness of the legislative framework							
				Draft mental health act is presented to COM for approval and endorsement	X	X				MOH	SLO, COM & Parliament
				Once draft legislation available from SLO to ensure it is processed through appropriate channels to be recognized legally.							
				Draft mental health bill is tabled for approval in parliament							

OBJECTIVE 3: EQUITABLE AVAILABILITY OF QUALITY MENTAL HEALTH SERVICE PROVISION

Integrate quality mental health care services 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	Indicator(s)	Sources	Activities	2021	2022	2023	2024	2025	Responsible Bodies		
										Lead	Supporting	
Promote Integrated quality, person-centred and inclusive mental health care services	Assessment of Mind Care Clinics in line with human rights principles and provision of report recommending further actions to ensure the highest quality of care as appropriate for Vanuatu context (including infrastructure)	Standardized clinic audit tool is developed	Mental Health Clinic Assessment Reports	NMHFP conducts annual supervisory visit to all Mind Care clinics across the country to conduct audit of facilities providing mental health care		X	X	X	X	MOH	MOJCS - VDD, VCD NMHC	
		Mental Health Clinic Assessment Reports										
		Mental Health services Audit reports	NMHC Annual Reports	Report with recommendation is documented and reported to NMHC								
		Provincial Mental Health Clinic assessment reports	PMHC Annual Report	Clinical mental health officer conducts a supervisory visit to audit clinical care of patients at mind care clinics across the country.				X	X	MOH		MOJCS - VDD, VCD NMHC
	Assessment of mind care services in provincial hospitals (including analysis of the infrastructure of buildings and feasibility of establishing or updating acute mental health units) with clear recommendations in line with human rights and standards of quality of care.	Provincial Mental Health services Audit reports			Report with recommendation is documented and reported to NMHC							
		Appointment of PMHO for the provinces	MOH approved structure	Meet with PHA to advocate for recruitment of PMHO that are vacant at all provinces.		X	X	X	X	MOH	NMHC, Provincial Health Offices & National Key Stakeholders	
		Identified community-based Mental Health Focal persons (where appropriate)										
		Referrals made	Patient Register	Strengthen communication systems to provide support to PHC workers		X	X	X	X	VCH & NPH Mental Health	NMHC, PMHC	
Formalize Mental Health workforce at all levels of health care system and strengthen the national, provincial and community coordination structures	Mental Health Trainings	PMHC Annual Report	Plan out annual refresher mental health trainings – to be included in business plan at national and provincial levels.									
	Members of the PMHCs and psychiatrically trained doctors and nurses are available to support PHC workers when needed and conduct further training											

	where appropriate.									Departments		
3.2 Strengthen the mental health infrastructure capacities of referral and provincial hospitals to accommodate for the population demand.	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.	NMHC Report			NMHC with support from NMHFP to conduct a review and situational analysis of current mental health service at VCH and NPH.	X	X			NMHC	MOH & PHO's	
	Acute mental health units are available, appropriately staffed and with access to required psychotropic medicines at both VCH and NPH.	Adequately Staffed acute mental health units at NPH and VCH	Inpatient admission Register		NMHC and NMHFP conducts annual survey of acute mental health units and available staff.		X	X	X	X	MOH	
		Staff Trainings	EDL		Annual survey and audit of availability and prescribing practices of psychotropic medication is conducted and reported to MOH and NMHC							
	3.2.3 Develop clinical guidelines and referral pathways for service users that is holistic, friendly, promotes best practice and is evidence based	Presence of Clinical guidelines	Mental Health Clinical Guidelines		Working group of Doctors, nurses and allied is set up to develop clinical and referral guidelines.	X	X	X	X		MOH & NMHC	National Key Stakeholders
		Referral Pathway documented	Mental Health Referral pathway guide		Guidelines are documented and disseminated to relevant service providers							
	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	Safe Mental Health Spaces in place			Establish safe Mental Health spaces in all hospital	X	X	X	X		VCH & NPH	MOH & PHO's
		Appropriate Psychotropic Drugs Guidelines in place			Develop Psychotropic drugs guidelines						NMHC	
					Conduct trainings on Psychotropic Drugs Guidelines						Department	
	3.2.4 Mental health out-patient services are established and continually supported at all provincial	Functioning mental health clinics		PMHC Reports	Meet with PHA to advocate for mental health clinics in provinces.			X	X	X	PHO's	MOH & National Key
				Patient register	Network with other service							

	hospitals and Sola mini-hospital. These services should be made available to the eight (8) vulnerable groups in accordance with their human rights to health care.	In-service training to PMHO		providers to strengthen collaboration and thereby increasing access to mental health services					Stakeholders
3.3 Ensure essential psychotropic medicines are available and safely dispensed.	3.3.1 Mapping of the stock availability of each psychotropic medicine at hospitals and health centres is undertaken to identify shortcomings (in line with 3.2.2, 3.2.3 and 3.2.4).	Stock mapping report and recommendation	Stock mapping report	Mental Health specialists to conduct annual mental health training and regular support to these clinics, including service providers outside of the government system Mental health specialists, with support from pharmacists to map out stock of psychotropic medication at all levels of service delivery	X			MOH	NMHC, NDTC,
	Stock control protocols are strengthened to ensure the availability of required psychotropic medicines (including dangerous drug – drugs of addiction) at appropriate-trained health care levels, including hospitals, health centres and dispensaries.	Stock Control Protocols	Psychotropic medication protocols	Findings and recommendations are reported to MOH and NDTC (where required) Annual training of safe prescribing and storage practices of psychotropic medication is conducted for health care workers using developed guidelines	X				NMHC, NDTC, CMS
	Informed by community need, the NMHC will work with the NDTC to expand the national essential medicines list to further comply with WHO standards. An audit is undertaken into the availability of psychotropic medicines in relation to the latest version of the WHO Essential Medicines List.	Guidelines for Psychotropic medication use	Psychotropic Medication Guidelines						
		Addition of new psychotropic medication in EDL	EDL	Based on findings and recommendations from clinical audit and psychotropic medication stock reports, requests will be made to the NDTC for inclusion of new psychotropic medications in the EDL	X	X		NMHC,	NDTC, CMS
					X				NMHC, NDTC, CMS

3.4 Ensure Humanitarian Development Nexus in place for disaster and emergencies response and reflected in providing equitable Mental Health awareness and access	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 PMHC	Proportion of health workers and pharmacy staff Trained on safe prescribing for psychotropic medication	NMHC Annual Report	Following launch of approved clinical guidelines, training will be conducted at provincial levels on safe dispensing of psychotropic medication.	X	X	X	X	NMHC,	NDTC, NMHFP, CMS
	3.4.1 Develop and implement Mental Health and Psychosocial Support Emergency Preparedness Plan for disaster and emergencies	MHPSS Emergency Preparedness Plan developed	MHPSS Emergency Preparedness plan	Seek approval from DPH and MOH Executive Seek technical assistance from WHO Gather MHPSS technical working group from MOH and other relevant key stakeholders Convene workshop for wider consultation Draft MHPSS Emergency Preparedness plan for disasters and emergencies Finalise and launch MHPSS Emergency Preparedness plan for Disasters and Emergencies	X	X			MOH	NMHC, WHO, National Key Stakeholders
	3.4.2 Ongoing collaboration with stakeholders and partners during all types of emergencies for prevention and risk mitigation	Minutes of meetings Response reports Resources produced	Annual Report PMHC Reports	MHPSS technical working group continues to meet to advise NMHC on MHPSS related issues	X	X	X	X	MOH	NMHC, WHO, PMHC, PHO
	3.4.3 Develop province specific MHPSS Emergency Preparedness plan that is aligned with the National MHPSS Emergency and Disaster preparedness plan	Province specific MHPSS Emergency Preparedness Plan developed, endorsed and implemented	MHPSS Emergency and Disaster preparedness plan	MHPSS technical working group, with assistance from NMHFP and PMHO, provide assistance to PMHC to develop province MHPSS Emergency Preparedness plan that is aligned with National plan. MHPSS technical working group meets with PHA to seek approval Group conducts needs assessment survey specific to province	X	X	X	X	PHO	PMHC, NMHC, MOH

	<p>3.4.4 Capacity building on preparedness planning, response and recovery in MH for the community in line with the Humanitarian-Development Nexus to support community resilience</p>	<p>Proportion of health workers and community members participating in National Trainings and workshops</p>	<p>Annual Report</p>	<p>Group convenes consultation workshop to develop province specific MHPSS Disaster response plan.</p> <p>Draft plan reviewed and finalized for launch</p> <p>The PMHC, with support from NMHFP and PMHO leads awareness on the MHPSS Disaster Response plan for communities at the provinces.</p>	<p>X X X</p>	<p>PHO</p>	<p>MOH, PMHC, NMHC, Key National Stakeholders</p>
	<p>3.4.5 Encourage in times of disaster for mental health representative to sit in Gender and Protection Cluster to ensure coordination of MHPSS in emergencies</p>	<p>Mental Health Representative present in GPC</p>	<p>GPC Reports</p>	<p>Liaise with GPC Lead to include mental health representative in GPC</p>	<p>X X X X X</p>	<p>MOH</p>	<p>MOCJS, NDMO</p>

OBJECTIVE 4: ENHANCED MENTAL HEALTH CAPACITY BUILDING

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

Strategy	Intermediate Outcomes	Indicator (s)	Sources	Activities	2021	2022	2023	2024	2025	Responsible Lead	Bodies Supporting
4.1 Ensure full-time staff are appointed and continue to oversee mental health service provision under the current MOH structure	4.1.1 The national mental health coordinator and Provincial Mental Health Officers are appointed to take full-time mental health positions under the MOH staffing structure and have sufficient budget to undertake activities nationally.	National Mental Health Coordinator appointed	MOH Structure	Meet with PHA to advocate for recruitment of PHO, and that this is captured in provincial business plan.		X	X	X	X	MOH (DPH & Mental Health Unit)	Public Service Commission
		Provincial Mental Health Officers appointed for all provinces	MOH Structure	Work with PHRO to advertise and recruit National Mental Health Coordinator.							
	4.1.2 Trained mental health nurses are assigned to mental health positions, to facilitate both in-patient and out-patient mental health care services under the MOH staffing structure.	Proportion of PMHO professionally trained in Mental Health	MOH Structure	Meet with MS of NPH and VCH with their respective NSMs to recruit mental health nurses.		X	X				MOH (DPH & Mental Health Unit)
		Appointment of trained mental health nurses in approved mental health nursing posts in VCH and NPH		NMHFP is to work with provinces to conduct annual training for capacity building, including MhGAP and other specific mental health trainings.							
	4.1.3 Health staff with adequate knowledge and experience of mental health, psychosocial support and counselling are available to counsel patients with co-morbid physical and mental health conditions	Proportion of professionally trained mental health workers running clinics	MOH Structure	To develop an advocacy strategy to prioritize scholarships for mental health, social work and counselling.	X	X	X	X	X	MOH	NMHC, VCC
		Number of in-service trainings conducted	Annual Report MOET Scholarship Unit	Ensuring that number of scholarships are available each year for mental health, social work, and counselling at a							

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 nursing curriculum facilitated by the VCNE is reviewed and expanded.	Number of scholarships awarded for Mental Health and counselling related fields Mental Health Unit in VCNE Curriculum is developed, endorsed and implemented	VCNE Curriculum	<p>certificate, bachelor and post-graduate levels.</p> <p>Develop training module and integrate it into the Health Workers Manual specifically focused on the needs of vulnerable groups and their unique and cross-cutting needs and undertake training of health workers in this to prevent stigma in practice and deliver high quality of care</p> <p>Conduct training programs for health workers acknowledging the broader spectrum of mental health issues.</p> <p>To advocate VCNE to establish mental health units for people that are not nurses but are in fields of mental health, so they can get certified to provide mental health care services.</p> <p>Nurses are identified and supported in undertaking further studies in psychiatric nursing.</p>	X	X	VCNE			
	4.2.2 Advocate to APTC and USP to have certificate level training that have flexible delivery options, such as online courses and evening classes	Availability of after hour and online accredited courses offered through USP and APTC Success rate of students enrolled in courses	APTC Prospectus USP Prospectus	<p>Number of mental health staff trained</p>	X	X	X	X	X	MOH

4.3 Foster capacity of selected civil society leaders through the provision of training and ongoing mentorship in psychosocial support and counselling capacity building.	4.2.3 MhGAP training is provided to all current hospital and health zone nurses and VHW as a component of in-service continued education.	Proportion of hospital nurses and provincial nurses successfully completing MhGAP training	Annual Report	MHPSS and Psychological first aid training (including ToT) through national and provincial levels to strengthen Disaster Support Network with the MHPSS/PFA tools adapted for Vanuatu context	X	X	X	X	MOH	PHO, WHO
		Proportion of VHW trained in basic Mental Health and / or MhGAP		Healthzone nurses and VHW are supported by the NMHCs and PMHC to facilitate mental health training with nurses, nurse aids and VHWs in their zones.						
	4.2.4 Nurses are identified at each hospital as designated counsellors and receive appropriate training in psychosocial support and counselling.	Proportion of nurses at each hospital facility identified and trained to provide counselling	Hospital Annual Reports	PHA & NSMs at the provincial hospitals to identify staffs that have the capacity to take on role of designated counsellors.		X	X	X	MOH	PHO
		Number of functional hospital based mental health clinics	MOH Health Information System (HIS)	Clinical Mental health officers are to conduct PSS and basic counselling skills training to these designated counsellors.						
	4.3.1 Sign MOU with relevant Ministries (Ministry of internal affairs, Ministry of Education, Ministry of Justice, Ministry of Finance, and Ministry of Youth and Sport) to facilitate discussions to integrate mental health in their programs within and across institutions.	MOU developed and signed	MOH Policy and Planning Unit	Develop a mapping of key stakeholders, such as to civil societies who can do professional development	X				MOH (Planning Unit)	
		Mental Health program(s) and initiatives developed, endorsed and implemented within institutions		Undertake clear MHPSS provider mapping across the country to bring together for standardised and harmonised ways for provision of mental health wellness.						
	4.3.2 Mental health, psychosocial support and counselling is integrated	MHPSS and Counselling units developed,	VITE Curriculum	Integrating the mental health components into curriculum of VPC, police, education and every	X	X	X	X	MOH	MOET, Ministry of Internal

	into VITE, VCNE and Vanuatu Police Academy as part of capacity building.	endorsed and rolled out in VITE, VCNE and Police Academy	VCNE Curriculum	service providers including frontline service providers							Affairs (Police)
			Police Academy Curriculum	Material needs to be segregated into professional development with qualified mental health workers, and basic training/awareness materials for key stakeholders, such as police, NGO'S, education, etc.							
				Includetrainingforscreening& assessment of MH & inclusion in VITE, VCNE and Vanuatu Police Academy (institutions that interact with human wellbeing across lifespan							
	Psychosocial support and mental health counselling is integrated into VCC spiritual counselling teachings at biblical colleges.	MHPSS Units / ongoing MHPSS Trainings conducted	VCC Reports	MOU to be signed with VCC to strengthen partnership	X	X	X	X	MOH		VCC
		Number of MHPSS resource materials printed and disseminated		VCC to liaise with NMHFP to coordinate support to VCC and strengthen collaborative work aligning to overall National Mental Health Strategy							
	Psychosocial support and counselling training is integrated in the DWA and VWC associated counselling and refuge services	Proportion of workers trained in basic counselling	Annual Report	Build capacity of non-health worker at service delivery points to improve access of people in need to mental health services for 4 pillars and 8 vulnerable groups.		X		X	MOH		DWA, VWC
		Number of trainings conducted	DWA Report and service user register								
		Number of service users	VWC Report and service user register								
	4.3.5 VCSD officers are adequately trained in mental health that they can provide counselling, psychosocial support and arrange referral for further assistance where	Proportion of Correctional Officers trained in MHPSS	Annual Report	Staff are identified, trained, and qualified that specifically provide services to correctional services, judiciary, education and that can supervise and provide mentorship to the staffs on MHPSS.	X				MOH		MOJCS (VCSD)
			MOH HIS								
			Correctional Services statistics								

4.4 Develop and ensure MOH endorsement of psychosocial support and counselling guidelines for internal and external distribution.	required.	Number of referrals per facility										
	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.	Proportion of Correctional Officers trained to provide basic MHPSS training	Annual Report	Meet with Correctional Services to lobby for the need to have officers trained in PSS			X	X	X	MOH	MOJCS (VCSD)	
	4.3.7 Ongoing capacity building support is provided to PMHCs and local community (4 pillars and 8 vulnerable groups) on MHPSS	Number of MHPSS TOT conducted										
		Number of provincial visits	Annual Report	NMHFP is to ensure that Supervisory visits needs to be budgeted for and included in business plan	X	X	X	X	X	PHO	MOH, NMHC, Key National Stakeholders	
		Number of community visits for trainings and awareness	PMHC Annual Report	NMHFP in collaboration with HPU budgets for community training and engagement to create awareness and promote mental health								
	4.4.1 In consultation with national psychiatrist, psychiatrically trained nurses and external consultants ensure national guidelines for psychosocial support and Counselling are developed	Draft National Guidelines for PSS and Counselling is developed	Draft National Guidelines for Psychosocial support and counselling		Seek approval and endorsement from MOH Exec to develop guidelines	X	X			MOH	NMHC, External consultants; Key National Stakeholders	
		Identify team of mental health clinicians to develop guidelines										
4.4.2 Review of the draft Psychosocial support and counselling guidelines and endorsement is sought through the Pacific Island Mental Health Network (PIMHNet)	Draft National Guideline for PSS and Counselling endorsed by PIMHNet	Endorsed National Guidelines for psychosocial support and counselling document		Draft guidelines to be presented to PIMHNet				X	MOH	NMHC, External consultants; Key National Stakeholders; WHO		

	<p>4.4.3 Once endorsed, the guidelines are published into printed materials reflecting different levels of care provision and distributed internally and externally combined with associated training.</p>	<p>Number of guidelines and disseminated</p> <p>Proportion of health workers trained on the guidelines</p> <p>Number of non-health workers trained on the guidelines</p>	<p>National Guidelines for Psychosocial support and counselling</p>	<p>Final Guidelines to be launched</p> <p>Training on use of guidelines is conducted to health workers and service providers</p>	<p>X</p> <p>MOH,</p>	<p>NMHC, External consultants; Key National Stakeholders; WHO</p>
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OBJECTIVE 5: MULTISECTORAL COLLABORATION ON MENTAL HEALTH ADVOCACY

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

Strategy	Intermediate Outcomes	Indicator(s)	Sources	Activities	2021	2022	2023	2024	2025	Responsible Bodies	
										Lead	Supporting
Encourage mainstreaming of discussions surrounding mental health in the community through national education and stigma reduction campaigns.	To build capacity of provincial MH Committee, stakeholders, health workers and village health workers to promote and provide Mental wellbeing and continuity of mental health care	Number of capacity building activities conducted for PMHC, stakeholders, health workers and village health workers Number of beneficiaries	PMHC Reports NMHC Reports	Increase community awareness in understanding of the referral system for non-health workers who are community leaders (4 pillars and 7 vulnerable groups) to be community advocates for mental health to appropriately refer cases Through PMHC and Community pillars promote community ownership over MH solutions as their motivation is integral to success To organize activities to destigmatise mental health by 4 pillars for general population inclusive of vulnerable groups in need of MH support through innovative interventions and practical solutions	X	X	X	X	X	PHO	MOH, NMHC, Key National Stakeholders
	To build capacity of community to promote mental health and wellbeing through community-driven mental health initiatives	Number of community-driven initiatives across the country	PMHC Reports NMHC Reports	PMHC to collaborate with communities and key national stakeholders in developing mental health and well-being initiatives in the community.	X	X	X	X	X	PHO	PMHC; MOH; NMHC; Key National Stakeholders
	5.1.2 Accessible mental health-specific IEC materials are developed and distributed amongst communities.	Number and types of IEC materials developed and distributed	Ministry of Health HPU NMHC	With assistance from HPU, IEC materials are developed, field-tested and distributed in communities	X		X		X	NMHFP	MOH (HPU)

5.2 Increase opportunities for people who have experienced mental illnesses to be acknowledged as key advocates in mental health decision making.	Media outlets are engaged in publishing articles and undertaking campaigns to raise awareness of mental illness and reduce stigma commonly associated with the topic.	Number and types of Stigma campaigns rolled out	NMHC Report	National Mental Health Coordinator and Mental Health team, through HPU, develop and disseminate media communications regarding mental health and wellbeing	X	X	X	X	X	MOH	VBTC & other media outlets, HPU	
	Support and harness existing community networks in addressing issues of mental disorders with communities acknowledging the positive mental health outcomes attributable to supportive environments.	Number of articles published	MOH HPU									
	5.2.1 Identify health workers, village health workers to be health advocates; and members of the community to be community advocates who will be trained in the referral pathway.	Number of ongoing Mental health initiatives in the communities across 4 societal pillars	MOH MOUs with other stakeholders with targeted work across 4 societal pillars	NMHC Report	Provincial Health Offices continue to promote community-driven mental health and wellbeing initiatives	X	X	X	X	X	PHO	PMHC, HPU, VCC, MOYSCS - VYC, MCC, VNC W, VWC, MOJ CS
	5.2.2 Well-known or respected personalities in Vanuatu who have experienced	Percentage of health workers, village health workers trained as advocates	PMHC Reports	NMHC	Ministry of Health, through NMHFP, promote and encourage people with lived experiences or survivors of mental illness to contribute to decision making activities pertaining to mental health and wellbeing.	X	X	X	X	X	NMHC	MOH, PMHC, PHO
	Number of identified community advocates	Number of trainings in the referral pathway conducted	MOH HPU									
	Number of trainings in the referral pathway conducted	Number of trainings in the referral pathway conducted	NMHC Report	Ministry of Health, through NMHFP, promote and encourage well-known or respected personalities to be advocates for mental health and wellbeing	X	X	X	X	X	NMHC	MOH, PHO, Key National Stakeholders;	

	<p>mental disorders are encouraged to speak publically about their mental health issues in an effort to reduce stigma</p> <p>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.</p>	<p>Number of service users and people who have experienced mental illness participating in policy and decision making meetings</p> <p>Proportion of policy amendments in which people who have experienced mental illness have participated in</p>	<p>National Mental Health Policy</p> <p>Meetings attendance and minutes</p>	<p>NMHC is to ensure that consultations for Policies pertaining to human rights, mental health, drugs and substance use includes the input of people with lived experiences or are survivors of mental illness.</p>	<p>X X X X X</p>	<p>NMHC</p>	<p>MOH, Key National Stakeholders;</p>
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OBJECTIVE 6: COMMUNITY-INTEGRATED PROMOTION AND PREVENTION MECHANISMS

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

Strategy	Intermediate Outcomes	Indicator(s)	Sources	Activities	2021	2022	2023	2024	2025	Responsible Bodies	
										Lead	Supporting
6.1 Strengthen the mental health referral network through publically advertising the network's two way referral channel.	Through consultation with PMHCs, community leaders and health workers, mental health focal people are identified in the clinical, social professional and community spheres.	Number of consultation with PMHCs and community is completed	PMHC Report NMHC Report	Consult with PMHC to develop a provincial strategy for engaging community and professional spheres Develop TOR for provincial referral pathways	X					PHO	PMHC, MOH, Key National Stakeholders
		Number of focal persons are identified in clinical, social and professional spheres Referral guidelines are developed	Referral guidelines	Technical working group in place to develop the referral guidelines that is appropriate for context and is evidence based.	X	X				MOH	PHO, PMHC, NMHC, Key National Stakeholders
	Number of guidelines printed and disseminated	NMHC Annual Report	Develop communication package for civil society around use of referral system Field test any communication materials develop Roll out awareness campaigns to civil society			X	X		NMHC	MOH, External Key stakeholders; Partner Agencies	
	Referral guidelines are developed in line with the Ministry of Health National Referral Policy and Clinical Services Plan (2019) and disseminated amongst identified mental health focal people in each province as well as shared with the PMHCs and other relevant stakeholders.	Mode of communication used for information dissemination Number of awareness programs conducted in the civil society									
	Information pertaining to the mental health referral channel is disseminated publically through civil society mechanisms such as schools, churches and women's groups.										

	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. Support is provided to the social, professional and community sphere and focal people through PMHCs and the NMHC. Ongoing training is facilitated through these bodies and the NMHC where necessary.	Number of referrals between each level of care	Service providers' statistics / Reports	Review existing referral mechanism Consult other stakeholders regarding safe referral Develop appropriate and safe referral mechanism, including referral tools.	X X X X	NMHC	MOH, PMHC, Partner Agencies, Key National Stakeholders
		Number of trainings conducted	NMHC Annual Report PMHC Report	Develop specific training module for identified clinical, social and professional focal persons Develop a TOT component to the training Train Trainers from the provinces to provide support within their respective provinces Develop a support mechanism	X X X X X	NMHC	MOH, PMHC, Key National Stakeholders
		Number of participants in the trainings					
6.2 Foster community mental wellbeing through mental health education which encourages positive social norms and sound mental wellbeing.	In collaboration with media outlets; mental health awareness, mental illness prevention and early detection messages are developed and regularly disseminated.	Yearly Communication Package / plan in place	NMHC Report	Develop an annual media communication plan for mental health Engage stakeholders for support for packaging and dissemination of mental health awareness	X X X X X	MOH (Mental Health Dept.)	Media outlets MOH (HPU); MOET
	Integrate Mental Health component to role and responsibilities of respective area secretaries & establish if possible position of Mental health community liaison officers added into existing systems	Number of Mental health and wellbeing campaigns Community Mental Health Liaison Officers in place	NMHC Report PHO Report	NMHC and PMHC to lobby for the inclusion of MH Liaison Officers at the local area secretary councils	X X X X	MOH	NMHC, PMHC, Local Government Area Secretaries
	6.2.3 In collaboration with the MOE a module of mental health education is developed	Mental Health Curriculum in secondary schools	MOE Report NMHC Report	Prior to implementation, mental health-engaged community leaders are encouraged to facilitate mental health awareness	X X X	MOH	NMHC, PMHCs, MOET

6.3 Strengthen prevention and promotion program of mental health targeting the 8 vulnerable groups.	and implemented as a component of health curriculum in secondary schools.				sessions with school communities.							
	6.2.4 Relevant IEC materials pertaining to mental health awareness and positive wellbeing messages are produced and distributed amongst health facilities, schools and community groups.	Appropriate IEC materials developed	NMHC Annual Report	-Strengthen MoE capacity to increase advocacy work reflecting in school curriculum and education purposes (for example dissemination of survey results such as Washington Group Questionnaire to assess students' disability including mental health states) Apply/allocate/increase investment for more funding and a specific team to undertake this work – community engagement officer	X	X	X	X	X	NMHC	MOH, HPU, MOE, MCC, VCC, VYC, VNCW, VWC	
	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.	Number of IEC materials printed and disseminated	Program Report (MOE / VYC and other relevant stakeholders)	Recruit Community Engagement MHPSS officer to work with two ministries and support capacity development and compliance with guidelines for MHPSS focal person country wide	X	X	X	X	X	NMHC	MOH, NMHFP, MOE, MOYSCS – VYC, VCC, MCC, VNCW, Ministry of Internal Affairs (MOIA), Key National Stakeholders	
		Relevant program developed	NMHC	-Expand Health promoting school initiative program to different stakeholders including NGOs working on this area.								
		Number of beneficiaries for the program	DLES Report	-Organize twice a year consultation meetings with stakeholders including NGOs on these students issues	X	X	X	X	X	MOH	DLES, NMHC, MOIA	
	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.	Number of overseas counselling services available and accessible to RSE workers	NMH Report	-Organize mental health awareness programs and self-care training to seasonal workers and their families within Briefing session before deployment (develop and make available information materials in Bislama)								
	Portion of RSE workers who access counselling services		-Include mandatory K10 screening with family and seasonal workers pre-deployment and after can also be used to undertake statistics and research of									

	<p>6.3.3 Through collaboration with the DLES appropriate mental health and support network information is available and distributed to individuals experiencing employment termination.</p>	<p>Number and types of support networks available</p> <p>Number of people accessing mental health support network</p>	<p>DLES Report</p> <p>NMH Report</p> <p>Service Provider reports</p>	<p>how Seasonal worker program impacts mental health</p> <p>-Awareness of available services – employment of qualified personal to focus on Careers counselling</p> <p>X X X X X</p>	<p>MOH</p>	<p>NMHC, NMHFP, MOIA - DLES</p>
	<p>6.3.4 Acknowledging women’s heightened risk of gender-based violence and the mental health implications of such, in collaboration with the DWA, VWC and VNCW, early detection and prevention programs are developed and delivered.</p>	<p>Number and types of mental health support for GBV available</p> <p>Number of women accessing services</p>	<p>Stakeholder Reports</p> <p>NMH Report</p>	<p>-Engage 4 pillars into MHPSS committee activities at National, provincial and community levels – National to support Provincial Committee and provincial Committee support community – TORs developed with roles and responsibilities of four pillars reflected</p> <p>-Create a position for a gender focal point/advisory role to sit and support MoH with Gender integration and mainstreaming and inter cluster collaboration</p> <p>X X X X X</p>	<p>MOH</p>	<p>NMHFP, NMHC, MOJCS, VWD, VWC, VNCW, VFPU</p>
	<p>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.</p>	<p>Number of safe Child mental health services available</p> <p>Number of children accessing services</p>	<p>Stakeholder Report</p> <p>Child Desk Report</p> <p>Police Report</p> <p>NMH Report</p>	<p>-Include in structure to Employ social workers & Trained psychologists in each office, police, FPU unit, OPP, VWC, correctional services etc.</p> <p>X X X X X</p>	<p>MOH</p>	<p>NMHC, VWC, VFPU, MOJCS - VCD</p>

6.4 Improve community programming that addresses substance abuse including the comorbidity with mental illness.	A tailored program addressing incarcerated individuals' vulnerability to mental illness is developed and implemented.	Availability of mental health services to incarcerated individuals	DOCS report	-Capture all 8 vulnerable groups at same time (client centred approach) - inclusion	X	X	X	X	X	MOH	NMHC, MOJCS -VCSD	
	People with disabilities have equitable access to mental health support and their individual needs are addressed through specific programming.	Specific programs for incarcerated individuals in place Specific mental health program for people living with disability is in place	VSDP Report	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	X	MOH	MOJCS – VDD, NMHFP, NMHC,
			NMH Report									
	Community health messaging focusing on the negative and cyclical effect of substance abuse and mental wellbeing are developed and disseminated through community organizations.	Number of IEC materials on substance use produced and disseminated	IEC Materials on Substance Use	Review current IEC materials on substance use	X	X	X	X	X	MOH	NMHFP, NMHC, PMHCs, HPU, MCC, VCC, VYC, VCW	
			NMH Report	Design and print IEC materials based on review recommendations								
	Community sports days, events and awareness campaigns promoting healthy life choices to demographics most at risk of substance abuse are undertaken.	Number of awareness campaigns conducted	NMH Report	Encourage communities to take ownership of activities and programs addressing substance use	X	X	X	X	X	MOH	NMHC, PMHC, MOYSCS - VYC	
			PMHC Report	Encourage communities to create supportive environment for young people that encourages young people to seek healthy alternatives								
6.4.3 Law regulation and enforcement bodies are supported in continually upholding laws pertaining	Identified Stakeholders that regulate use and trade of substances	Dangerous Drug Act	Reinforce Tobacco Control Act regulation and Objectives relating to substance use under the Ministry of Health NCD Policy			X	X	X	X	NMHC	NDTC, MOH, MOIA, VPF, MOTTICI	
		Ministry of Health Essential Drug List	Reinforce Tobacco Control Act regulating substance use and Objectives relating to substance use under the Ministry of Health NCD Policy at the community level.									

	to the trade of both legal and illegal substance	Recommendations made to the NDTC	NMH Report Relevant minutes of NDTC	Make recommendations to NDTC regarding substance use and trade Review and make recommendations on the Dangerous Drug Act							
	6.4.4 Law enforcement bodies are encouraged to refer individuals with substance abuse issues to appropriate support systems	Number and type of substance abuse services available Number of referrals made to substance use services Referral system in place	MOH Report NMH Report Service Provider statistics / Report	Substance Use service provider mapping to be conducted Directory of service providers developed Referral mechanism and tools developed	X	X	X	X	X	NMHC	MOH, 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.	Number and type of substance abuse recovery services available Number of clients to services and recovery rate Type of support programs and initiatives provided for families of people with substance abuse problems	MOH Report NMH Report Stakeholder Report Service provider statistics and reports	-Establish AA club for alcohol dependent individuals who are willing to stop drinking -Organize training on the 12 steps of AA-Alcoholics Anonymous program at the community level	X	X		X	X	MOH	NMHC, PHO
6.5 Strengthen primary health care services and community into the mental health care services	6.5.1 Current clinical guidelines and referral pathways for mental health care to be revised based on up-to-date academic consultation and international standards of mental healthcare and in line	Number of consultations and participants Updated clinical guidelines in place	Clinical Guidelines NMH Report	-Update SOPs to respond to MH needs by health workers and reflective of cross-cutting issues -Update SOPs to respond to MH needs by non-health frontline service providers (police, justice, social services and etc.) in conjunction with relevant ministries and sectors	X	X				NMHC	MOH, NDTC

	with relevant legislations and policies.			<ul style="list-style-type: none"> - Adapt, develop, print and disseminate the MHPSS/PFA tools including GBV Pocket Guide - The health workers are to be trained on the use of standardised MH forms (printing, dissemination and reporting by health workers). - Setting up the structure for referral based on clinical guidelines and referral pathway - Conduct training of health and non-health health workers, and mental health champions on referral structure; and conduct frequent meetings at community levels to monitor trends including community priorities advocated and feedback provided to and from provincial and then national levels. - SOPs & Standardized Interagency tools and referral forms developed and informed all stakeholders through workshops in each province/ island - Ensure for compliance with the revised mental health clinical guidelines and referral pathways as well as general mental health care quality assurance is monitored by the NDTC, NMHC and relevant provincial health service managers. - Develop training packages, educational materials - IEC materials, and mental health assessment protocol to prevent suicide, with special attention to groups identified as at increased risk of suicide (8 vulnerable groups) 			
	6.5.2 Updated mental health clinical guidelines and referral pathways are circulated amongst clinical and community, mental health care providers through the NMHC and provincial health managers.	Number of updated clinical guidelines printed and disseminated	NMHC Report PMHC Report	<ul style="list-style-type: none"> - Develop training packages, educational materials - IEC materials, and mental health assessment protocol to prevent suicide, with special attention to groups identified as at increased risk of suicide (8 vulnerable groups) 	X X	MOH	NMHC, NDTC, Partner Agencies
	6.5.3 Strengthen capacity of health workers at provincial and community levels in	Number of specific trainings conducted	PMH Report NMH Report	<ul style="list-style-type: none"> - Develop training packages, educational materials - The health workers are to be trained on the use of standardised MH forms 	X X X	PHO	NDTC, NMHC, MOH

	<p>terms of safeguarding client confidentiality, security, dignity and self-determination, non-discrimination, youth-friendliness and referral pathways.</p> <p>6.5.4 Through mental health training opportunities (MhGAP & MHPSS to all levels of primary health care like health centers, dispensaries, aid posts and community's four pillars) to set up clear role delineation in line with Ministry of Health Role Delineation Policy and with regards to mental health care that health workers are able to support, refer and assist in the recovery of community members with mental health disorders.</p>	<p>Portion of health workers trained</p> <p>Role Delineation document for mental health service providers in place</p>	<p>Mental Health service provider role delineation document</p> <p>NMH Report</p> <p>MOH Report</p>	<p>(printing, dissemination and reporting by health workers).</p> <p>Working group to discuss role of focal persons working in different layers of health service delivery</p> <p>X X X X X</p>	<p>MOH</p>	<p>NMHC, PMHC, Key National Stakeholders</p>
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OBJECTIVE 7: ENHANCED MENTAL HEALTH MONITORING THROUGH GREATER INTEGRATION OF HEALTH INFORMATION

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

Strategy	Intermediate Outcomes	Indicator(s)	Sources	Activities	2021	2022	2023	2024	2025	Responsible Lead	Bodies Supporting
Ensure accurate and timely mental health data is collected, collated and reported from all levels of health care provision and relevant external stakeholders (in line with ICD-11 and MhGAP Assessment tool).	Review of the current mental health reporting information available in HIS record books is undertaken for each level of healthcare provision.	Updated Mental Health reporting system within the HIS	HIS record book	- Establish a centralised and secure digital case management system for health workers to log patient care plans and support the secure, gender and age-disaggregated administrative data on mental health in Vanuatu - Establish a provincial system to periodically and securely collect paper based MH case files and upload to centralised database	X	X	X	X	X	MOH	PHO, PMHC, NMHC, HIS Unit
	Adjustments to reporting mechanisms is undertaken and aligned with mental health awareness / assessment / management / follow up capacities of each level of health care provision. In collaboration with VCSD, information	Number of cases reported	Health Facility Reports	- Train provincial mental health focal persons on HIS system (coding) - Follow-up reporting via phone to health zones	X	X	X	X	X	NMHFP	MOH, PMHC, PHO, NMHC, HIS Unit
		Annual Data and report on	NMH Report VCSD Report	Prevalence study and / or survey conducted in the correctional facility	X	X	X	X	X	NMHC	MOH, VCSD

<p>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.</p> <p>Mental Health-related data collected by the MOE is utilized by the NMHFP and NMHC to assess and develop interventions tailored to ensuring sound mental health of young people</p> <p>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</p> <p>Bi-annual reports are</p>	<p>prevalence of Mental illness</p>	<p>Directory of services available for people in the Correctional Facility</p>								
	<p>Number and types of interventions for youth mental health</p>	<p>MOE Reports</p> <p>NMHC Reports</p> <p>MOH Reports</p>	<p>Survey conducted in collaboration with MOE on youth mental health</p> <p>Survey results are analysed and used to inform interventions</p>	X	X	X	X	X	MOH	<p>MOET, NMHC, WHO, Key National Stakeholders, VYC,</p>
	<p>Number referrals</p> <p>Reports are shared</p> <p>Number and types of mental health awareness and interventions in communities</p>	<p>VPF Reports</p> <p>NMHC Reports</p> <p>Community Bulletins / Media (Newspaper, news etc.)</p>	<p>Strengthen working relationship between VPF and MOH</p> <p>Strengthen referral mechanisms</p>	X	X	X	X	X	NMHC	<p>VPF, MOH, MOIA,</p>
	<p>Provincial Bi-annual reports</p>	<p>NMH Reports</p>	<p>Follow up on data collecting and reporting for health centres (via phone or online)</p>	X	X	X	X	X	PHO	<p>MOH, HIS Unit, PMHC,</p>

	prepared detailing key mental health data from each province		PMHC Reports	Extract report from HIS (for provincial hospitals)								NMHC,
			HIS Record book	Strengthen and support reporting by mental health focal persons								
	7.1.7 A national report is prepared annually using health and external stakeholder data.	Annual Report disseminated	NMH Annual Report	Bi-annual report provides opportunity for review and recommendation for progress 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		NMHC, HIS Unit, Partner Agencies
		Stakeholders shared report	Stakeholders' report	National Mental Health focal person collects and collates reports from across the country on mental health indicators.								
	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	Mental Health Registry in place	HIS	Stakeholders to share reports HIS to include mental health data	X	X	X	X	X	MOH		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	Mental Health Data reporting in place	HIS	- Mental health data is collected, collated, analysed and reported in a timely manner	X	X	X	X	X	MOH (HIS Unit)		NMHC, HIS Unit, VNSO, External data collectors
			NMHC Report	- Compiled reports are referenced when seeking revised internal and external resource or financial allocations for mental health prevention, advocacy or care.								
7.3 Improve and integrate the collection and use of mental health	7.3.1 Mental health assessment surveys are undertaken at	Number and types of surveys conducted	Survey Reports	- Include mental health in national surveys	X	X	X	X	X	MOH		NMHFP, NMHC, VNSO, WHO
			NMH Report									
			MOH Reports									

information to align with international reporting mechanism.	sentinel sites (workplaces, schools, communities). A mental health component is integrated into the Vanuatu Demographic Health Survey, NCD STEP Survey, and Global School Health Survey Surveys regarding community awareness of mental illness, including common stressors and early warning signs, are undertaken nationally.	Surveys conducted	NCD STEP Survey	Include mental health in existing surveys and other relevant national surveys	X	X	X		MOH	NMHFP, NMHC, VNSO, WHO	
		National Survey conducted	DHS								
			GSHS								
			Survey Report NMHC Report	-Conduct needs assessment for addictions in the country-primary & secondary data analysis - Conduct needs assessment for the 12 steps of AA- Alcoholics Anonymous program (one in 2 years' time) -Include Substance abuse questions into National Surveys – STEPS; GSHS; DHS		X			MOH	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	Pre and post-knowledge data report for trainings conducted	MHPSS Report	Standardized questions to assess knowledge to be included in all trainings Reporting post training must include recommendations for future planning	X	X	X	X	X	MOH	NMHC, PMHC

	modification and future planning. 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.	Annual Mental Health Report	NMH Report MOH Report WHO Reports	National Mental Health Focal to collect, collate and compile annual mental health report against key objectives outline in the National Mental Health Policy and Strategic Plan	X	X	X	X	X	MOH	NMHC, WHO
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 annually to mark progress towards Global Mental Health Indicators & NSDP 2030 outlined in this strategy.	M&E Framework in place	M&E Framework NMH Report NMHC Report MOH Report	Strengthen M&E mechanism Review policy every 5 years	X	X	X	X	X	MOH	MOH, NMHC, VNSO
	7.4.2 Shortcomings against outlined goals are	Annual reporting of shortcomings and recommendations	NMH Annual Report MOH Report	Annual Report captures shortcomings and documents recommendations for progress	X	X	X	X	X	MOH	NMHC, PMHC

	<p>addressed through adaptation of annual planning or reallocation of available resources or funds.</p> <p>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.</p>	<p>submitted and captured in BP</p> <p>Annual Report</p>	<p>MH BP</p> <p>MH Annual Report</p>	<p>Review of current policy is scheduled for 2030</p>	<p>X</p> <p>MOH</p>	<p>NMHC, PMHC, Partner Agencies</p>
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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 multi-sectoral 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 THERAPEUTIC 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 TEACHING 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.

MALVATUMAU RI 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.

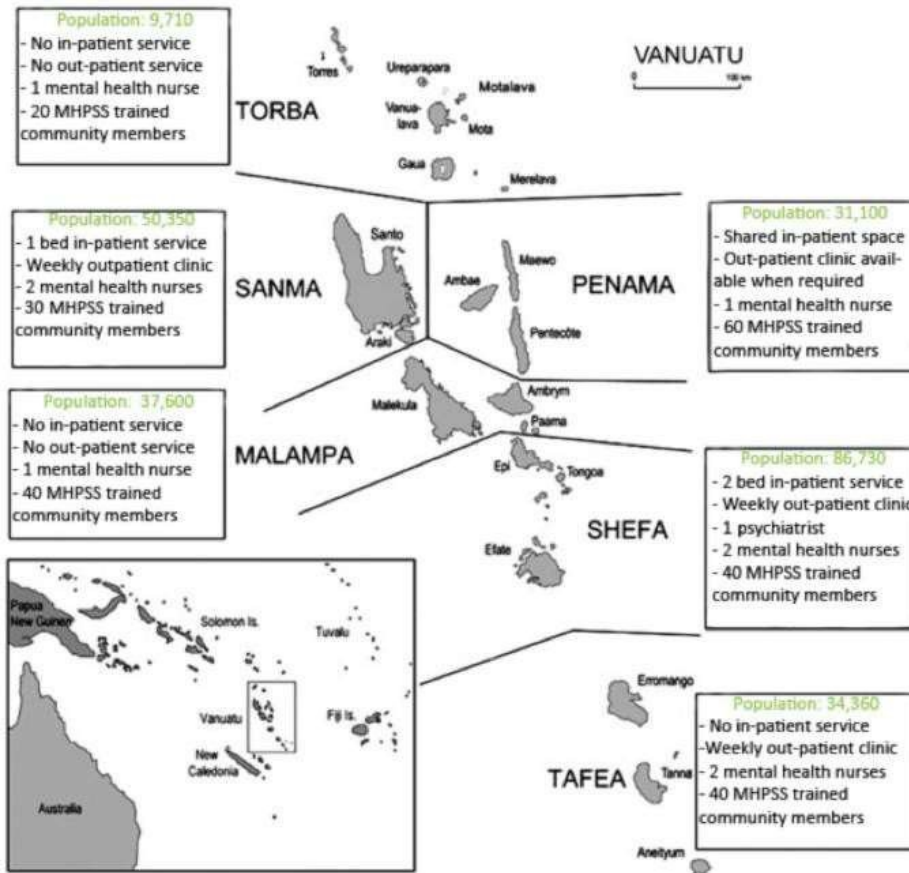
VANUATU WOMEN'S CENTER

- 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 identify 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 DRUG MEDICINES 2015	VANUATU NATIONAL ESSENTIAL MEDICINES LIST
Chlorpromazine	✓
Haloperidol	✓
Fluphenazine	✓
Amitriptyline	✓
Fluoxetine	✓
Diazepam	✓
Clomipramine	X
Carbamezapine	✓
Sodium Valproate	✓
Lithium Carbonate	X
Methadone	X
Nicotine Replacement Therapy	X

ANNEX 3 – CURRENT SERVICE PROVISION MAP



ANNEX 4 – ACKNOWLEDGEMENT

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