

in the healthcare system. The SMWs and SMCs – as well as some stress management day centres that have also been established under the MHD – are on the whole doing reasonably well and have good client acceptance.

The reasons for the resistance to change lie in the fact that the teaching of psychiatry to doctors and nurses had been based for many years at St Giles. The old asylum was the model for mental healthcare, not only for Fiji but also for hundreds of Pacific Islands students. While the rest of medicine was moving forwards in Fiji, the practice of psychiatry had stagnated (arguably by design). The medical students of the Pacific had been trained in the St Giles institutional model of psychiatric care, a venerable mental hospital with locked doors. They had become the consultants and decision-makers in many Pacific Island countries. Their training in a custodial mental hospital had made an indelible mark on their understanding of what constituted optimal facilities for psychiatric care.

After so much effort, and despite many difficulties, the three SMWs set up under the MHD are now functioning reasonably well. Fiji also has three more diploma-level psychiatrists in the three SMWs and one new medical superintendent at St Giles. The country still lacks occupational therapists, clinical psychologists and social workers. The clinical skills of doctors and nurses and medical students should be improved, and training should be based at the SMWs rather than the mental hospital. Ongoing efforts aim to improve the running of the mental hospital through better ward management, including the separation of patients with

acute illnesses from those with forensic problems and intellectual disabilities.

After much debate on the curriculum of the PGDMH, it was felt that the programme needed a review. In an attempt to improve the training of future psychiatrists for Fiji and the region, help from the Royal College of Psychiatrists was sought through the Western Pacific International Division. A request was sent to College members in the region. In early 2013 the overseas consultant, in collaboration with the Western Pacific International Division of the College, drew up a list of over 70 volunteer senior psychiatrists. Most of them were based in Australia and New Zealand. They were keen to help the PGDMH and the nurse training programmes of the FNU. Their names have been submitted to the Ministry of Health and await approval by the FNU.

Meanwhile, the first-ever psychiatrists from the islands of Vanuatu, Palau and Kiribati, who had been trained in the 1-year PGDMH, graduated in 2013 and are now working in their respective countries.

Fiji has come a very long way in changing its pattern of psychiatric care, which had stagnated, in contrast to the care of the people presenting with physical conditions, which had progressed reasonably well. The next logical step is for Fiji, on which other Pacific Island nations depend for medical education, to improve its training in psychiatry so that all undergraduate students of medicine and nursing and PGDMH students can be taught modern methods of psychiatric care. This would be of major benefit to the entire region.



MENTAL
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Mental health law profiles

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The East African state of Uganda has recently become the focus of international opprobrium because of proposed legislation advocating the death penalty, later reduced to life imprisonment, for homosexual relationships. In such a difficult environment some progress is nonetheless being made and the historical development of efforts to improve human rights for people who have a mental illness is clearly set out in the paper by Ssebunnya and colleagues. The importance of the World Health Organization's mental health rights advocacy and guidance stands out in relation to

this (see <http://www.mindbank.info>), which clearly remains unfinished business.

The legislative environment is no less difficult in Sudan, where civil war has raged for decades, recently dividing the country officially in two. Saeed and colleagues seem to suggest that healthcare, including mental healthcare, has, as a result, gone backwards from a relatively advanced level. Sudanese psychiatrists now based in the UK and Ireland appear to be extending an active hand to work together with local people to overcome this catastrophic legacy for people who are mentally ill.