

# Why is developing a Pacific child psychiatry capacity so important?

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## Tui Atua Tupua Tamasese Efi

- ‘Pele i upu, pele i ‘ai, pele i foliga, pele i aga’
- (if something is precious (pele) to us, it or they would not be excluded)



# Pacific populations are youthful

- Percentage of population under 24:
  - Vanuatu 56%
  - New Caledonia 38%
  - Solomon Islands 55%
  - Samoa 51%
  - Tonga 54%
  - Cook Islands 38%
  - Fiji 43%
  - PNG 53%
  - Kiribati 51%



# Mental health problems cause suffering in young people

- Higher youth suicide rates in Pacific nations eg 30/100,000 compared with most countries, (except New Zealand which has even higher rates)
- Invisible suffering eg depression/anxiety/PTSD
- Dropping out of school
- Increased alcohol and substance abuse
- Rejection of roles and adult direction
- Alienation from friendships and family
- Reduced ability to work

# 6 year old Himoni after 2009 tsunami in Lalomanu village, Samoa



# Adverse childhood events associated with major health problems in adults 50 years later

- **4 or more adverse childhood events associated with:**
  - 12x increased risk of suicide
  - 10 x more likely to have drug dependence
  - 7.5 x more likely to have Alcohol dependence
  - 2.2x more likely to have IHD
  - 2.4x more likely to have suffered a stroke
  - Also increased diabetes and cancer



# Adverse Childhood events include the following:

- Experiencing severe natural disaster
- Death of parent
- Divorced Parents
- Parent abusing alcohol or drugs
- Parent has a mental illness
- Adult violence in the house
- Physical and/or emotional neglect
- Repeated Verbal abuse
- Physical abuse
- Sexual abuse
- Parent in prison

# Many types of mental health problems in young people

- Anxiety Disorders eg Post Traumatic Stress Disorder (6%)
- Disruptive Behaviour eg ADHD, Conduct Disorder (5%)
- Depression (4%)
- Psychosis (3%)
- Bipolar Disorder (1%)
- Eating Disorders (1-3%)
- Schizophrenia (1%)







# Pressures on Young people that contribute to mental health problems

- Losses from Natural Disasters
- Unemployment and financial insecurity
- Westernisation pressures (eg via social media)
- Bullying or alienation from peers
- Excessive social or cultural expectations
- Family and relationship problems
- Violence
- Other forms of abuse
- Misuse of alcohol and other substances
- Teenage pregnancy

# Effective interventions for child mental health problems are available- some can be appropriately adapted for a range of Pacific contexts

- EMDR and trauma focused CBT for post traumatic stress
- Parent management training for disruptive behaviour problems like Conduct disorder
- Multisystemic therapy for drug abuse problems and severe conduct disorder
- Talk therapies for Anxiety
- Talk therapies and Antidepressants for Depression
- Antipsychotic treatments and family based treatments for psychotic illnesses

# So, that is the “why”- What about “how”? (to best to build capacity in child and adolescent psychiatry in the Pacific?)

- Generalist vs Specialist?
- Every context is different
- Training barriers
- Importance of relationships
- Other models- eg surgeons- mentoring and training

# Developing child psychiatry capacity: Pasifika Study Group 2013



# Pasifika Study Group 2015








# Pasifika Study Group 2017

- **Joint project between PMA and Faculty of Child and adolescent psychiatry (RANZCP)**
- **Aiming to:**
- Foster network of doctors and other professionals who are interested in child and adolescent mental health
- Support and develop mentoring relationships between colleagues
- Case discussion focusing on Pacific contexts and challenges
- Promote leadership
- Encourage development of training opportunities



Many things can wait  
The child cannot  
Now is the time  
His blood is being formed  
His bones are being made  
His mind is being developed  
To him, we cannot say tomorrow  
His name is today

Gabriela Mistral (Chilean Poet)



