Bula!

In August 2016, I visited the St Giles psychiatric hospital in Suva, Fiji.

Luse Sivo, the Director of Nursing (referred to as Matron), gratefully received gifts of lanyards, MSE cards and pens donated by ACHMN. She outlined how the mental health system worked in Fiji and what reforms she was introducing in the St Giles Hospital. She was keen to hear how that compared with current practices in Australia and what medications are being prescribed here. Matron Luse expressed interest in establishing an ongoing connection with Australian mental health staff for the benefit of Fiji’s mental health system. She took me for a brief tour of the hospital and left me to spend time in the men’s acute care unit.

St Giles is an old hospital built on the spur of a hill in Suva, the capital city of Fiji (and most of Suva appeared to be built on spurs too). The hospital is an assortment of buildings that resemble the early 1900’s. Some buildings date back 131 years, and the most recent building, the administration building, was added in 1984.

Matron Luse explained men and women were housed in separate wards, although this has not always been the case. The buildings (wards) were at opposite ends of the grounds with entrances and exits locked by nursing staff. The dormitory was a large open room with no windows and the wall only came up to window level and then it was open. A wide, covered verandah surrounded the building providing shelter from the sun and rain. Male patients all slept in the open dormitory while the women’s area appeared to consist of a number of buildings made from sheet tin, built at a later time than the original hospital. The hospital caters for 60 to 80 patients. It also provides an out-patient service which saw 4401 visits in 2015. That year the Hospital had 450 admissions.

The discharge process was happening in the dining building that was equipped with rudimentary sink and bench where plastic cups, plates, bowls and cutlery were stored. It looked as if there were only enough for one per patient. Long, wooden tables down the centre space of the room with long, wooden forms on either side furnished the room. It also looked like the patients were responsible for the domestic duties in the dining area. Again there were no windows in this room, just open space. The building did not appear to have a TV or anything like games, books or craft to provide entertainment. There were a few kitchen chairs of different styles placed along the verandah of the dormitory and some garden seating in the open grassed area. The drainage was very basic, with small open drains to take runoff water away. In a nutshell, the buildings were a lot like less sophisticated versions of some wards I worked in on the outskirts of Melbourne 30 years ago and these were built in the early 1900’s and reflected the mental health understanding and treatment of that era.

In a previous visit to Fiji, I met a lady whose son was diagnosed with schizophrenia - in Australia, he would have had a dual-diagnosis, with drugs used possibly for self-medication. Coincidentally, I was at the hospital when he was discharged, and he was happy for me to observe this process too. This relationship opportunity provided a consumer’s view of the services in Fiji.

When this young man became unwell, there was no local mental health service or unit available in his town, so he was transported to St Giles psychiatric hospital...
in Suva, more than 2 hours drive away where he had no family or support. Part of his discharge plan was to return to the hospital regularly for outpatient visits to receive prescriptions for medication. His mother was designated to be responsible for him taking the medicines. They live in Sigatoka which is on the other side of the island to Suva.

To paint a clearer picture of the situation, Fiji is made up of 333 islands. Suva is on one of the 2 largest islands, Veti Levu. Administratively, Fiji is divided into four divisions, and there is one community mental health team for each division. A news article in February 2017 stated that there were “stress management wards” in 3 general hospitals - Suva, Labasa and Lautoka. These provided assistance to people with “mild to moderate distress, and an inpatient service for those who may need to stay awhile.” I could not find in my research, any mental health after hours’ support lines listed.

My experience in Fiji tells me that the mental health service could improve the provision of information to consumers and families. In my time there, I had the opportunity to answer questions from this young man’s mother, regarding her son’s illness, prior to meeting him. She was very grateful to receive answers to very basic questions. I have since sent her more accurate information about schizophrenia; causes, signs and symptoms, ways to treat and manage it as well as referring her to online sources for information, which made her feel more at ease. She now has a better understanding of the illness and could see a better way forward with her son. She was also relieved to know that his illness was not unique to him and that many others all over the world could experience it.

Medications such as Olanzapine and Risperidone were used in the young man’s treatment. However, it is not the only component of effective treatment in overcoming a disabling mental illness. Matron Luse spoke about the many changes the service needed in this regard and talked about incentive programs to encourage more staff to become trained in mental health. She was keen to know if there was an opportunity for return visits or programs available in Australia to further educate Fijian staff. The Matron is also interested in continuing to receive information and resources for their mental health service to utilise in their endeavours to improve service provision.

St Giles Hospital is situated close to Fiji’s prison, which was of great concern for Matron Luse. My understanding is that a significant number of prisoners get admitted to St Giles. I gathered that a well-established community health service would reduce admissions to hospital from both the community and the prison. The young man who lived at Sigatoka was a good example - he had been seen in court a number of times before a judge sent him for a psychiatric assessment. A community mental health presence may detect mental health issues in the community in a timelier manner, possibly relieving pressure on the courts, police, hospital, prison and families.

On my return to Mackay, Queensland, I reflected on how far mental health understanding and treatment have advanced in this area and my lifetime. Quality facilities, localised mental health services, high level of professional standard, education for families and community, community support including funding to meet individual needs through the NDIS. My reflection makes me feel grateful for having a role in an excellent service our country provides. In my continuous correspondence with contacts in Fiji, the St Giles’ matron had mentioned that she welcomes visits from Australians to deliver education to their staff. I can see how an ongoing relationship with St Giles could help Fiji in the quest to improve their mental health service by providing sources of information.

Reference:
Fiji TV News Bulletin Feb 26 2017, Sofaia Koroitanoa