

COUNTRY REPORT FOR THE GROUP TRAINING COURSE
IN MENTAL RETARDATION FY 1995

Social Welfare Division in my Country, Solomon Islands, comes under the Ministry of Health and Medical Services of which is headed by the Minister of the Crown followed by his Permanent Secretary and three Under Secretaries (one for Personnel and Administration, one for Primary Health Care and the third is for Health Improvement). My Division (Social Welfare) then falls under any of the Under-Secretaries. If anything to do with Administration we go to the Admin Section or if anything to do with Primary Health Services we approached the primary Health authority and so on.

The total population of Solomon Islands at present stands around "379,205 in 1994 with an average annual growth rate of 3.5% making it one of the highest population growth rates in the World and Malaria remains the major cause of mortality in the Country."

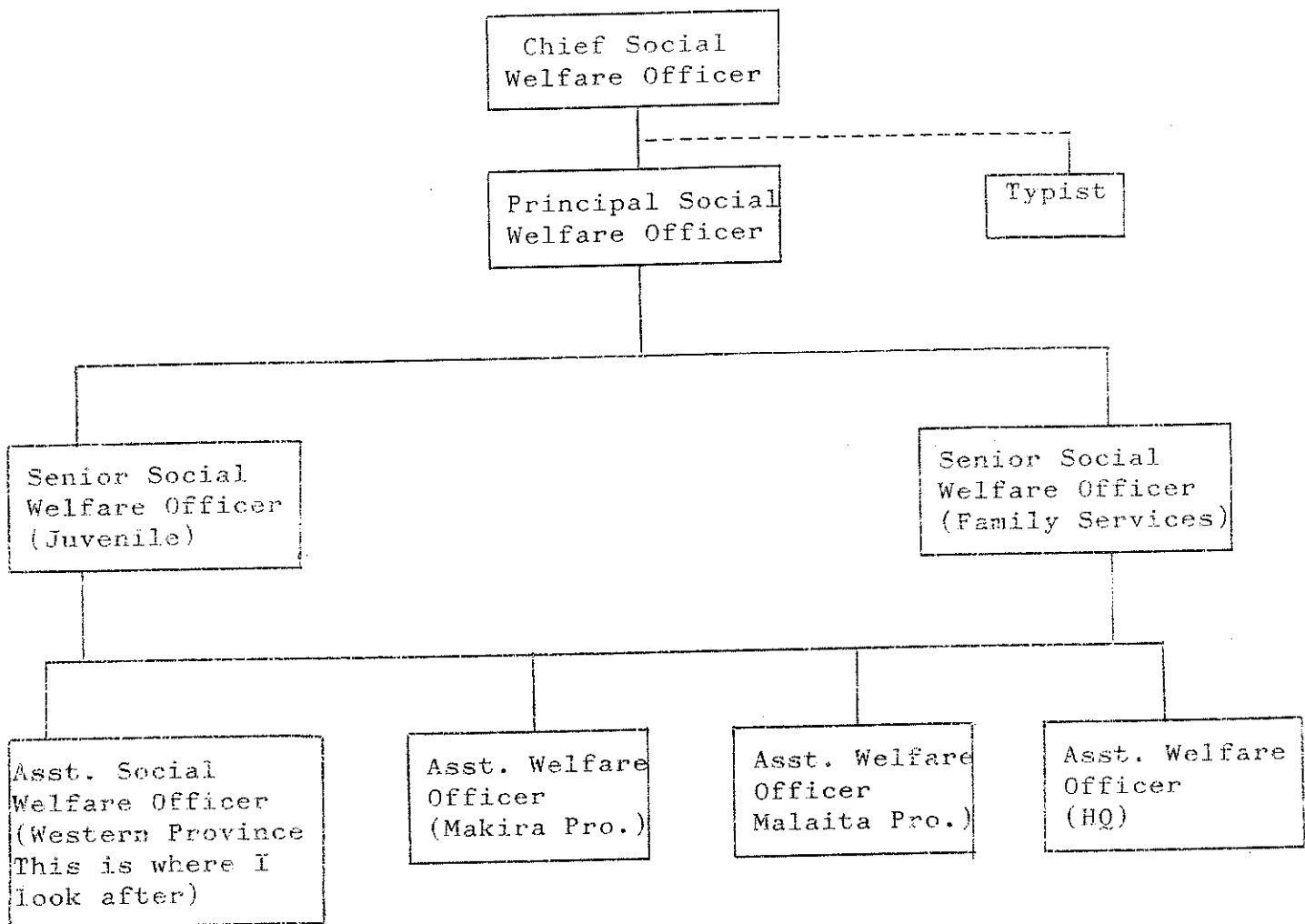
"The country's population is characterized by a young age structure with 47% of the population under 15 years of age, 18% are under 5 years. And it is estimated that the population of children under 5 years of age and women in the reproduction age group will increase from about 50,000 and 60,000 respectively in 1986 to 80,000 and 137,000 respectively by the year 2010. Given below is an estimated population projection for the period 1993-1997 in my country.

<u>Year</u>	<u>Estimated Population</u>
1993	365,429
1994	379,205
1995	383,850
1996	403,158
1997	425,175

Therefore, looking at the rate at which my country's population grows there will be an increased demand, especially in the face of the very little expansion in terms of new additional clinics, financial and human resources to provide the necessary services including Psychiatric services to the rural communities.

Now I want to concentrate on Social Welfare alone. Social Welfare Division of the Ministry of Health and Medical Services is headed by the Chief Social Welfare Officer who controls the operations and functions of the entire Division for the whole country. He is answerable or responsible to the Permanent Secretary on behalf of the Divisional present and future aims and objectives in the country.

Our Divisional Head is supported by a team of staff consisting of the Principal Social Welfare Officer, two Senior Social Welfare Officers, four Assistant Social Welfare Officers and a Typist. Three out of the four Assistant Social Welfare officers are based in the country's Provinces while one is based in Headquarter. I looked after the Welfare Services in Western Province. Please see Social Welfare organisation chart outlined below:-



My country has a total of nine Provinces of which only three of the provinces are staffed while the other six Provinces are still in need of our permanent serving officers.

Social Welfare in my country deals with Juvenile cases, Adoption cases, Custody and Maintenance cases, Counselling, General Welfare services and Mental Pre and After Care services. Since the majority and the bulk of the population lies in the Provinces and most of our officers are based in the capital (HQ) with specific duties outlined in the organization chart, the roles played by Assistant Social Welfare Officers in their Provincial boundaries are, of course, wider in scope since they carry out all of the Social Welfare functions in their respective Provincial Centres alone, hence their work is very vital.

I will like now to concentrate on what I call Mental Pre and After Care services coordinated by Social Welfare in my country. Mental Pre Care Services provided by Social Welfare refers to the services Social Welfare provides to the community, may be through public awareness campaign, educational campaign or may be through the media, about the causes of mental illness and the after care services refers to the services Social Welfare provides to the patient after being discharged from a Mental Institution.

In the Mental Pre Care Stage Social Welfare Division of the Ministry of Health and Medical Services tries its best to educate the general public about the causes of mental abnormality and this is achieved through public awareness campaign, the use of the countries media and various other teaching methods such as little booklet being distributed to schools and various organizations. In this stage Social Welfare also arranged for mental retarded perons who are still roaming around in the community to be admitted to the country's mental institution.

In the mental after care stage Social Welfare Office arranged for the discharged patient to go back to his village. While the patient is in his/her village Social Welfare Staff keeps on monitoring the condition of the discharged patient.

Mental pre and after care services provided by Social Welfare Services in my country is definitely quite young at this stage and my country is still looking at ways to develop or expand these services in order to meet the demand of the country's communities. Therefore, such services can be carried out properly, efficiently and effectively with qualified personnel behind the services.

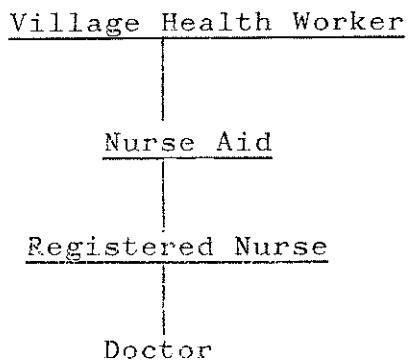
I am afraid to say that my country Medical Services is not well equipped to address the Mental abnormality problem properly. may be due to no proper policies laid down by the National government for Mentally retarded people, may be due to lack of fund which my country is experiencing at present thus resulting in less qualified personnel in the field of Mental retardation or it could be that the community as a whole seems to look upon the problem of mental retardation with less or no interest which result in the stagnant growth of locally mental care workers in my country.

The National Government is the major source of funding for health services at both the Provincial and Central levels. Since the succeeding governments have always considered health services as an important political priority and a right of its citizen, this has been reflected in high proportion of government allocations to health. My divisional budget is shown below. The figures are in thousand of dollars.

<u>Section</u>	<u>1989</u>	<u>1990</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>
Social Welfare	189.7	157.3	138.7	168.5	153.3

Apart from the government funding the Health Sector entertains a wide range of donors since independence either providing technical cooperation projects or capital projects through grants. The donors are mainly traditional health donors such as WHO, UNFPA, UNICEF, the United kingdom, NZ and the Australian government through AIDAB. Since the early 1980s the number of aid donors have not only expanded but also the level of activities and the level of financing within the health sector had increased. These have now included the EC, Japaness Government through the JICA, Republic of China, UNDP, ILO and Canada. With help from the above countries and international funding agencies proper health and rehabilitation services will flow smoothly to the rural community.

Rehabilitation is a 'sweet' word especially to the disable and to the community who works with the disable. Disabilities in the meaning of the word refers to polio, leprosy, deaf, blind and the mentally ill. All these needs a rehabilitation programme and the delivery of these rehabilitation services is equally the same to the delivery of health services to the rural community. Below is the chart showing personnel, from the least to the highest, who deals with health delivery services in my country.



The first contact point between the Ministry of health and the rural communities is the Village Health Worker who then bring up the matter with the Nurse Aid who, in turn, bring up the matter with the Registered Nurse and finally if the sickness is quite complicated and comprehensive, the Doctors would have to come into the scene. This is how Medical Services is dispatched to the community and this includes services for the Mentally retarded community.

Looking at the mentally retarded once it comes to the attention of the Village Health Worker, the VHW will inform the village constable if the mentally ill is quite aggressive and the village constable will inform us about the problem. The village constable, before we arrive on the scene, will try in all his best to look after the mentally ill patient. After my arrival, I will assess the situation and if I think that the patient needs hospitalization then arrangement will be made for the person concern to be admitted to the country's Nation Psychiatric Unit.

However, some very severe cases, severe in the sense that they are very aggressive, are normally kept in the country Jail where Warders will have to look after them. They will receive treatment while in the Jail. The purpose of placing them in Jail is that the staff of the National Psychiatric Ward cannot physically man handle the aggressive mentally retarded patient. And after they come back to their normal senses again, they will be released from the corrective institution.

You see, while the mentally retarded is in the Mental Institution the usual treatment for them is normally the administration of drugs to keep them calm especially during the period of the sickness. Their condition are carefully watched by the Psychiatric staff and when they come back to their senses again and if the Psychiatrist at the Ward thinks that the patient is fit to be discharged then arrangement, through Social Welfare Office, for his discharge will be made for the Patient to travel down to his/her home village.

While in the village the Social Welfare Officer will work closely with the village community to try and engage the mental ill discharged patient in Social activities, just to keep him/her busy hoping that by doing this it will sort of prevent the person in question of acquiring the disease again. In some cases it works but in most cases it doesn't. And in cases where it doesn't work, patient will have to go back to the national Psychiatric Unit again.

There are also major constraints in the delivery of rehabilitation services to the Rural community. These factors continuously undermine the ability of the Ministry of Health to provide health services effectively to the consumer. Some of these factors are within the control of the Ministry of health but the majority of them are outside the jurisdiction of the Health Sector.

The Health Sector being a service Ministry must rely on other Ministries and Sectors to be able to effectively deliver some of the services. Lack of support and understanding from these sectors could seriously limit the Ministry's capability to provide health services to the people, particularly in rural areas.

In the field of mental retardation I personally believe that the country should develop and expand the present labour force by recruiting more specialist such as psychiatrist and qualified clinical psychologists through technical aid programme offered by other developed countries. The expansion and development of services in the field of mental problems is really necessary in order to meet the demand of the country's growing population.

At present the country has only one qualified psychiatrist working at the National Psychiatric Unit at Kilu'ufi in the Malaita Province. He is supported by a team of staff who are either semi trained or with no formal training at all. This is not good.