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Systems and Stigma Change through the Fiji Recovery Project Intentions, Lessons, Questions,

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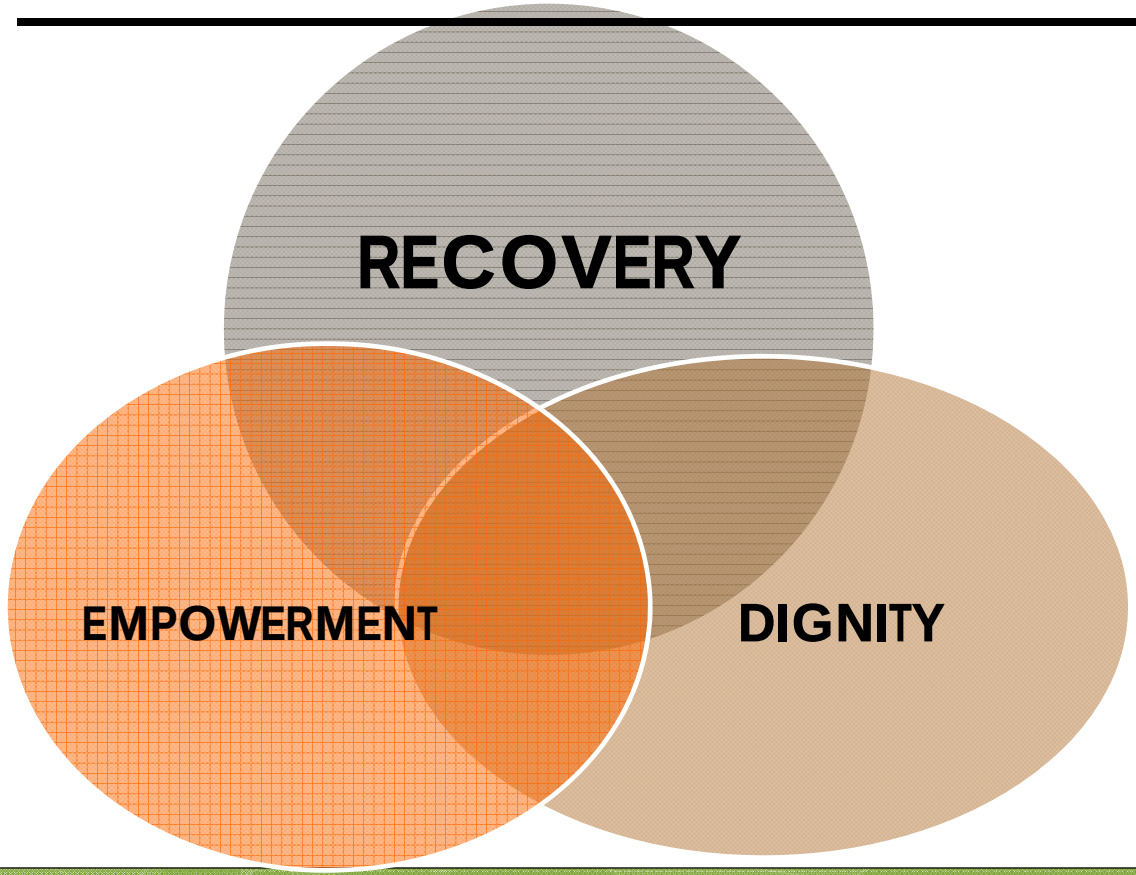
VALUES FRAMEWORK



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Change Agents Integration

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Fiji Fulbright Specialist Program

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Fiji Fulbright Specialist Program Background

- Proposed project advanced by Psychiatric Survivors Association of Fiji and Fiji National University to US State Department via Embassy in Fiji
- Goal: Advance rights, psychosocial practices and systems change driven by community mental health needs

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Psychiatric Survivors

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Fiji

"The provision of quality mental health services for the people of Fiji"

Key Objectives

- Stronger relationships between FNU, health professionals and community based organizations hopefully resulting in ongoing information exchange and learning opportunities
- Support the development of communities of practice between practitioners in this area.

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Named Program Objectives

- Increased expertise of FNU staff and students, health professionals and community (NGO based workers) in psychosocial rehabilitation and recovery oriented services
- Support access to training materials on recovery oriented and psychosocial rehabilitation
- Stronger linkages between organizations working in this area including Psychiatric Survivors Association, Fiji Association for Mental Health, Youth Champs 4 Mental Health, Lifeline Fiji, Community Recovery Outreach Program (CROP), St Giles Psychiatric Hospital and community agencies

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Essential Questions

- What does/can Recovery look like for very diverse Fiji Communities and what are its practical systemic and social impediments
- How can I as a foreigner come to understand the unique cultural and linguistic aspects of Fiji's communities and work with cultural humility to help?
- How can the Recovery Project most positively impact life for Fijian people where services are marginal at best and discrimination is pervasive?

Essential Questions

- What kind of change strategies are most viable and potentially effective in a developing nations?
- How can we change both attitudes and practices from the perspective of psychosocial service program and professional training?
- What positive cultural resources or idioms could be highlighted to foster recovery?

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What NOT to do

- Helicopter Training and Research
- Isolated trainings for advocates and carers
- Initiate unsustainable change
- Introduce foreign content that would quickly be forgotten

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Saint Giles

Fiji Service

Strategic Goals

- APPROACH AS CO-LEARNING Cultural Humility
- DISCUSS RECOVERY MODEL
- INFUSE RECOVERY INTO PRACTICES THROUGH CHAMPIONS
- BUILD COMMUNITY ENGAGEMENT
- ACTIVATE ADVOCATE AND PROVIDER ALLIANCES

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Strategy

- STAKEHOLDERS AND POWER GROUPS

1) Survivors/Carers,
2) NGO Workers
3) Clinical Workers
4) FNU/USP Students
5) Decision makers/donors
6) Champions
7) Everyone

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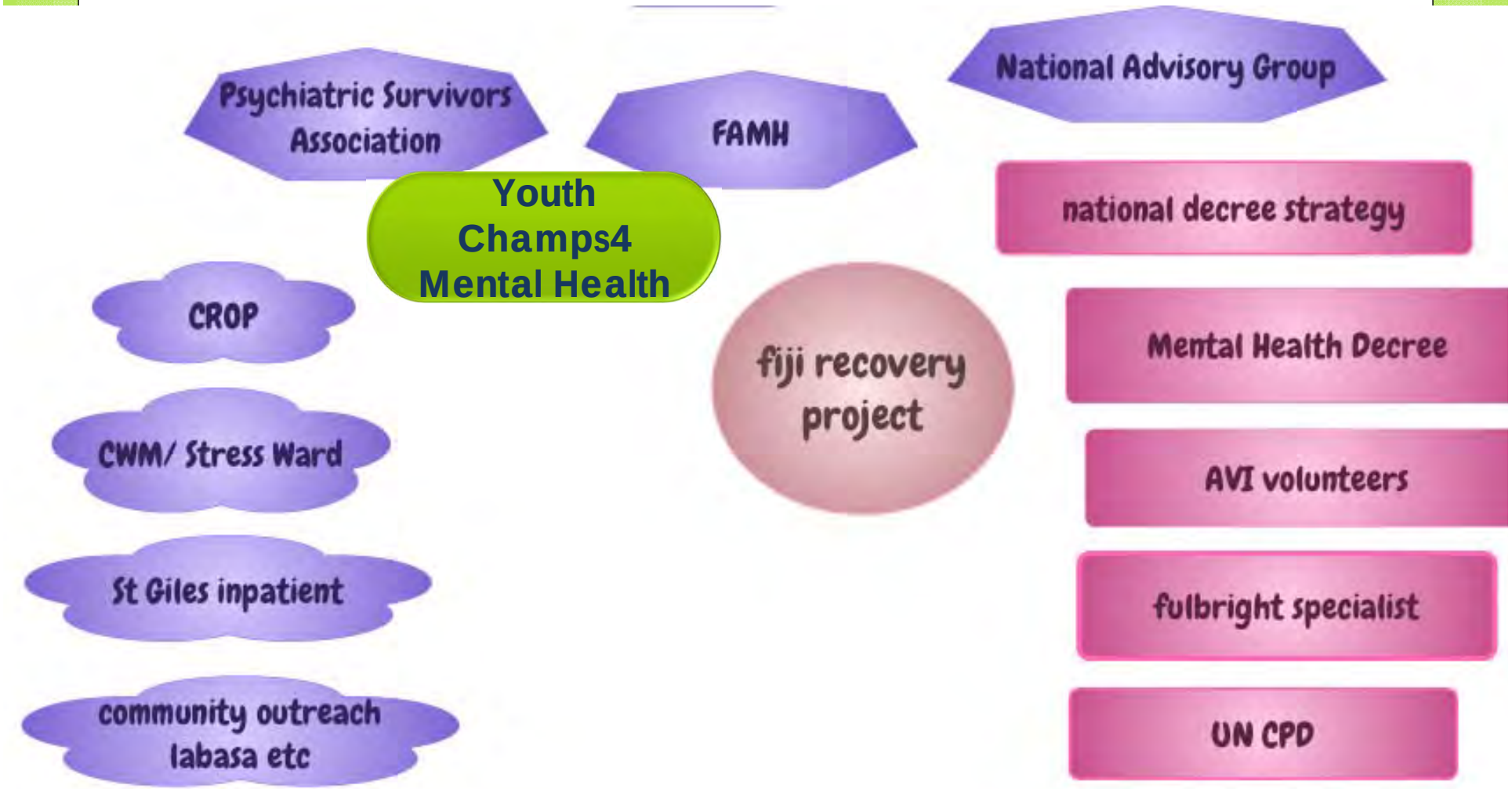

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ACTION CODING

- C - Connecting,
- L – Learning/Co-learning
- D – Designing
- B - Building (Program Development),
- T - Training (practice/skills)
- S - Sustaining (systems change/Strategy)

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Day	Date	Event	Connecting, L - Learning, D - Designing, B - Building (Program Development), T - training (practice/skills), S - Sustaining (systems change/Strategy)	Time	Venue	Purpose	CONTENT AREA Knowledge and Skills, materials and outputs	Participants: 1) Survivors/Carers, 2) NGO Workers 3) Clinical Workers 4) FNU/USP Students 5) Decision makers/donors 6) Champions 7) Everyone	Participant numbers - MAX
								Week 1	
ARRIVAL DATE – TBC	Jul-16	Eduardo arrives - time TBC							
SA Day 1 - morning	July 17 am	Morning Tea to welcome Eduardo	C	10-11am	N/A	Welcome Eduardo to Fiji		6	15
Day 6pm	Jul-22	Intro to Motivational Interviewing – half day session	L, T	2pm-5pm		Part 1 of a 3 session training in Motivational Interviewing	Presentation. (Prochaska-SOC, Ambivalence, Change talk, RL basics)	4	20
Day 7	Jul-23	Basics – RO + PSR in Suva	C,L,T	9am-4pm		Day 1 of 2 Day Crash course in Recovery oriented practice and PSR – MAX 20 PPL	(History, medical model/PSR), (LH, Helper Prin. Disability, CI), (Personhood) (Empowerment, Engagement and Stigma,	1, 2, 3, 4	20
Day 8	Jul-24	Basics – RO + PSR in Suva	C, L, D, T	9am-4pm		Day 2 of 2 Day Crash Course	Clubhouse, COSPs, Empowerment, Addictions, Suicide, Stigma, Employment and Supported	1, 2, 3, 4	20
Day 9	July 25 am	KEEP FREE				Admin Time			
Day 9	Jul-25	Lunchtime Lecture -		1-2pm		Public lecture about employment and			
Day 9	July 25 afterno on	Recovery Overview for PGMH Students	L, T	2-5pm		Overview and discussion about issues specific to PGDMH	4 (Post Grad Diploma in Mental Health)		6

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Foreign Help Historical Imperialism and Cultural Humility

Cultural humility

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Recovery as Talanoa

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Talanoa & Grog Session "Kava"

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Words, Names, Labels

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Advocate training

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Connecting

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Connecting, Sustaining

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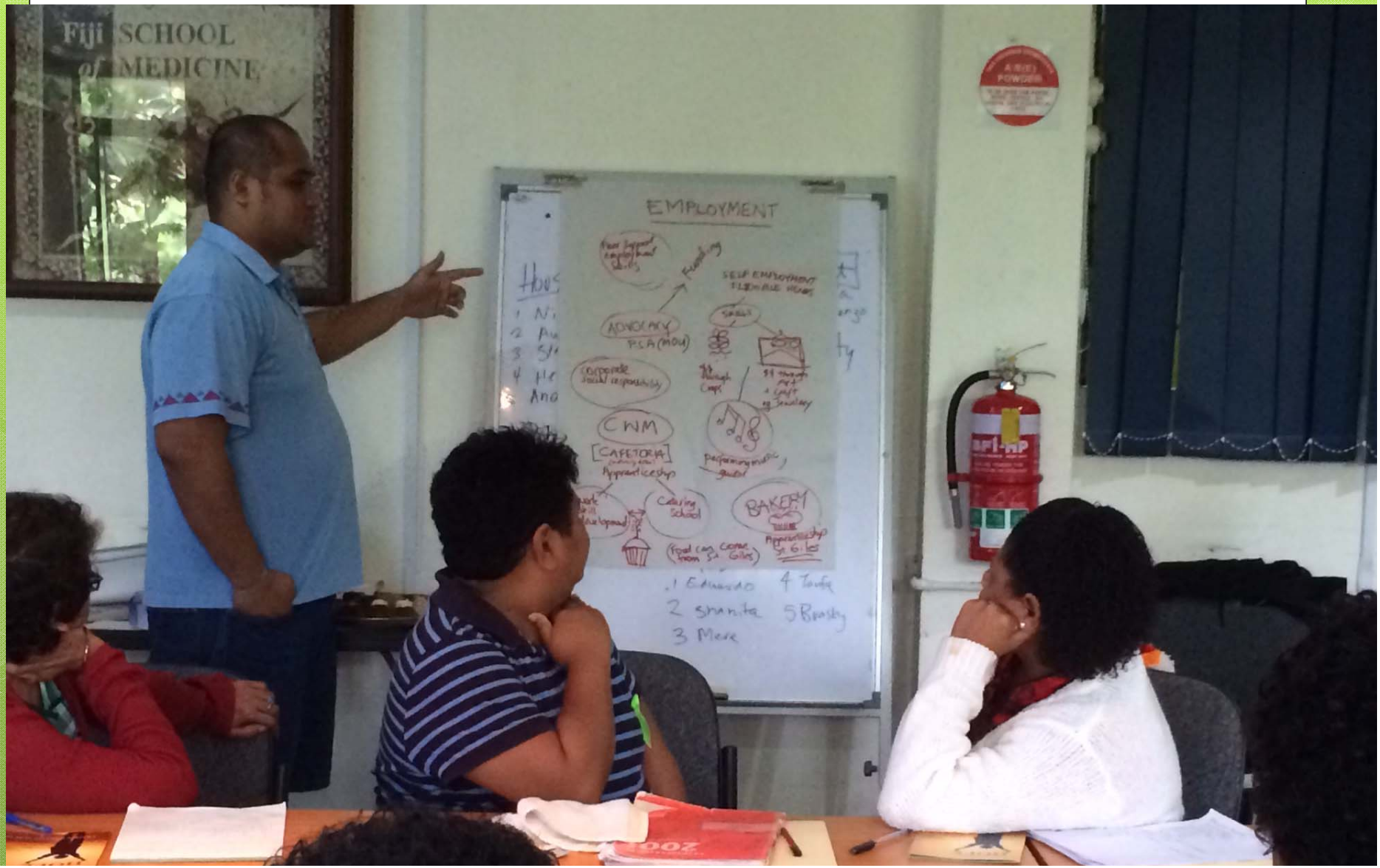
Learning Designing



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Learning

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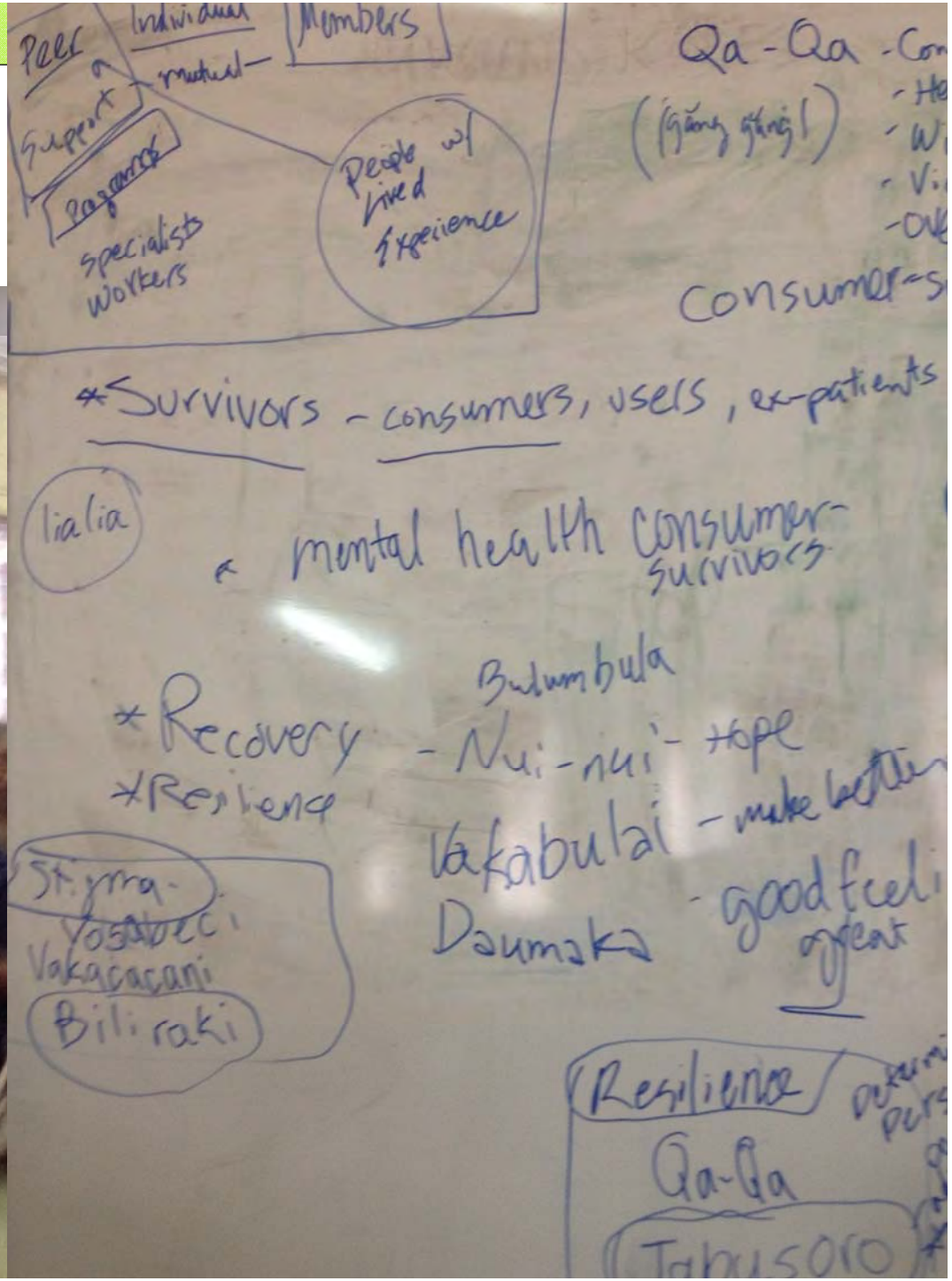
Recovery Idioms CBPR project

Talking talk



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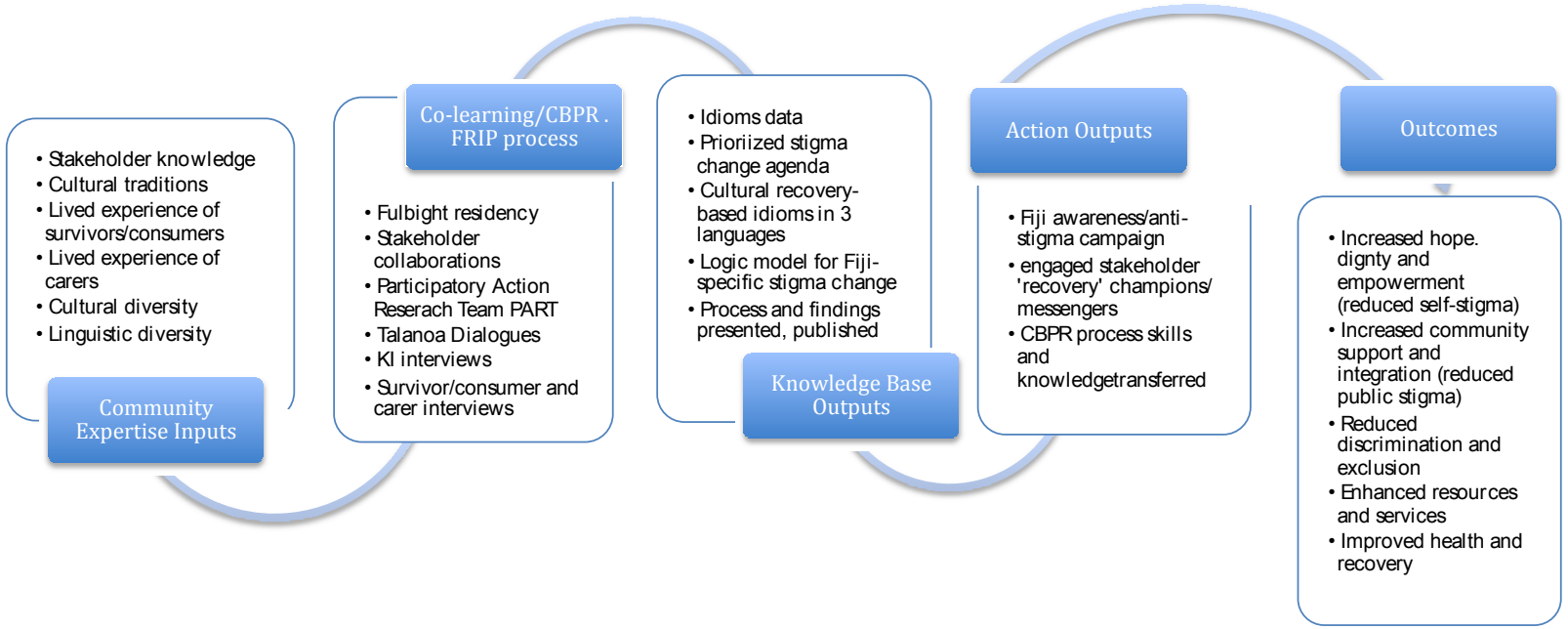
LOGIC MODEL FRIP



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- OUTCOMES ???? +200 attendees

Survey participants indicated that the top areas that they benefitted from were:

- New valuable information about mental health, recovery, psychosocial rehabilitation, and services and supports related to these issues (91%)
- Enhanced hope, inspiration and/or motivation to make a difference for mental health in Fiji's communities (73%)

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- OUTCOMES ???? +200 attendees

- New skills that I am able to use in my daily life to help support and/or advocate for people living with mental health challenges (64%)
- The opportunity to meet, collaborate with and learn from other mental health leaders in Fiji (64%)
- New valuable information on survivor/consumer experiences, and their personal recovery journeys, needs, challenges and rights (64%)

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Outputs

Fiji Recovery Project *Eduardo Vega, MA United States Fulbright Specialist*

Fiji Mental Health Recovery Project—Phase 1 Project Report Appendix A

Fiji Mental Health Recovery Project—Fulbright Specialist Directions Overview			
DOMAIN/ direction	Outcomes	Phase 1 residency Activities/Outputs	Phase 2 Activities/ Outputs (active & proposed)
PROGRAM			
1A. Psychosocial Rehab Services PSR 1 Recovery Clubs CMH Centers	Recovery clubs	PSR intensive training, recovery coach training	Clubs/ centers strategized, planned, implemented in 3 areas
1B. PSR 2–Peer Support Specialists (PSS)	PSS at service settings, PSS certificate program, survivors employed, hope for recovery	Recovery coach training, Survivor advocacy, leadership training (FAMH training)	PSS trained and mentored, train others; PSS employed PSS certificate program
1C. PSR 3– Wellness Recovery Action Planning (WRAP) for self-help, consumer and carer empowerment	WRAP planning and groups at hospital and community settings	Introduction to collaborative care, survivor self-help and self-management skills	Analysis, field survey, resource development WRAP facilitator training
1D. PSR 4 –Employment/ Individualized Placement and Support (IPS) Model	Survivors employed in general sector jobs; reduced unemployment	PSR training/approach development	Analysis, field survey, resource development
2. National MH Awareness/ Stigma/Discrimination Reduction (SDR) Campaign	Supportive communities, SDR, increased resources	Public lectures	MOH workshop/strategy consultation; training and TA; logic model for campaign, etc.
3. Fiji Culturally Responsive Supports and Community-Based Participatory Research (CBPR)	Strengths-based language and tools, Fiji community culturally informed SDR, conceptual reframing of recovery and mental h l h	'Recovery Talanoa' session, survivor dialogues on Fijian strengths idioms, CBPR key informant discussions, protocol revision, project brief	CBPR principles training, Ethics approval process, interviews, findings; conceptual reframing/idioms based SDR and stigma

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Outputs

FNU

Recovery 2014 Project

Report to the US Embassy in Suva on Fulbright Specialist Program

Provided by FNU (College of Medicine, Nursing and Health Sciences)
Hoodless House, Brown Street, Toorak (Suva), Fiji

September 2014

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Outputs

- 8 trainings
- 20 sessions
- Over 200 engaged
- Over 60 trainees in advocacy, psychosocial rehab practices, programs development, recovery peer coaching, leadership

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Conclusions

- Foreign experts are limited in their impact for change
- Cultural humility and co-learning are effective
- Training is less important than inspiring
- Community driven solutions take root
- Knowledge transfer is capacity building but not sufficient to building capacity

Conclusions

- Multi-level engagement leads to positive changes
- Advocates+ lived experience =lived expertise -> support ->
- Reliance on foreign capacity -> disincentivization and disempowerment

Conclusions

- STORIES ACTIVATE
- SYMBOLS are powerful
- HELP is needed
- Recovery is a journey communities must take together

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