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

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VALUES FRAMEWORK

RECOVERY

EMPOWERMENT

DIGNITY
Change Agents Integration

- Lived Expertise
- Community-Defined Practices
- Research
Fiji Fulbright Specialist Program
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
Psychiatric Survivors
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.
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
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?
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
Saint Giles
Fiji Service

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
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
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
Youth Champs4 Mental Health

Psychiatric Survivors Association

FAMH

National Advisory Group

National decree strategy

Mental Health Decree

AVI volunteers

Fulbright specialist

UN CPD

CROP

CWM/ Stress Ward

St Giles inpatient

Community outreach labasa etc
ACTION CODING

- C - Connecting,
- L - Learning/Co-learning
- D - Designing
- B - Building (Program Development),
- T - Training (practice/skills)
- S - Sustaining (systems change/Strategy)
<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Event</th>
<th>Time</th>
<th>Venue</th>
<th>Purpose</th>
<th>CONTENT AREA Knowledge and Skills, materials and outputs</th>
<th>Participants</th>
<th>Participants Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARRIVAL DATE - TBC</td>
<td>Jul-16</td>
<td>Eduardo arrives - time TBC</td>
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<tr>
<td>Day 1</td>
<td>July 17</td>
<td>Morning Tea to welcome Eduardo</td>
<td>C</td>
<td>10-11am</td>
<td>N/A</td>
<td>Welcome Eduardo to Fiji</td>
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<tr>
<td>Day 6pm</td>
<td>Jul-22</td>
<td>Intro to Motivational Interviewing – half day session</td>
<td>L, T</td>
<td>2pm-5pm</td>
<td></td>
<td>Part 1 of a 3 session training in Motivational Interviewing</td>
<td>Presentation. (Prochaska-SOC, Ambivalence, Change talk, RL basics)</td>
<td>4</td>
</tr>
<tr>
<td>Day 7</td>
<td>Jul-23</td>
<td>Basics – RO + PSR in Suva</td>
<td>C, L, T</td>
<td>9am-4pm</td>
<td></td>
<td>Day 1 of 2 Day Crash course in Recovery oriented practice and PSR – MAX 20 PPL</td>
<td>(History, medical model/PSR), (LH, Helper Prin. Disability, CI), (Personhood) (Empowerment, Engagement and Stigma)</td>
<td>1, 2, 3, 4</td>
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<tr>
<td>Day 8</td>
<td>Jul-24</td>
<td>Basics – RO + PSR in Suva</td>
<td>C, L, D, T</td>
<td>9am-4pm</td>
<td></td>
<td>Day 2 of 2 Day Crash Course</td>
<td>Clubhouse, COSPs, Empowerment, Addictions, Suicide, Stigma, Employment and Supported</td>
<td>1, 2, 3, 4</td>
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<tr>
<td>Day 9</td>
<td>July 25</td>
<td>KEEP FREE</td>
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<td></td>
<td>Admin Time</td>
<td></td>
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<tr>
<td>Day 9</td>
<td>Jul-25</td>
<td>Lunchtime Lecture</td>
<td></td>
<td>1-2pm</td>
<td></td>
<td>Public lecture about employment and</td>
<td></td>
<td></td>
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<tr>
<td>Day 9</td>
<td>July 25</td>
<td>Recovery Overview for PGHM Students</td>
<td>L, T</td>
<td>2-5pm</td>
<td></td>
<td>Overview and discussion about issues specific to PGDMH</td>
<td>4 (Post Grad Diploma in Mental Health)</td>
<td>6</td>
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Foreign Help
Historical Imperialism and Cultural Humility

The Center for
Dignity, Recovery & Empowerment
Cultural humility
Recovery as Talanoa
Talanoa & Grog Session “Kava”
Words, Names, Labels

Saint Giles
Advocate training
Connecting
Connecting, Sustaining
Learning Designing
Learning
Recovery Idioms CBPR project
Talking talk
LOGIC MODEL FRIP

Community Expertise Inputs
- Stakeholder knowledge
- Cultural traditions
- Lived experience of survivors/consumers
- Lived experience of carers
- Cultural diversity
- Linguistic diversity

Co-learning/CBPR. FRIP process
- Fulbright residency
- Stakeholder collaborations
- Participatory Action Research Team PART
- Talanoa Dialogues
- KI interviews
- Survivor/consumer and carer interviews

Idioms data
- Prioritized stigma change agenda
- Cultural recovery-based idioms in 3 languages
- Logic model for Fiji-specific stigma change
- Process and findings presented, published

Knowledge Base Outputs
- Fiji awareness/anti-stigma campaign
- Engaged stakeholder ‘recovery’ champions/messengers
- CBPR process skills and knowledge transferred

Action Outputs
- Increased hope, dignity and empowerment (reduced self-stigma)
- Increased community support and integration (reduced public stigma)
- Reduced discrimination and exclusion
- Enhanced resources and services
- Improved health and recovery

Outcomes
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%)
OUTCOMES

- 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%)

+200 attendees
## Outputs

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

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

**Eduardo Vega, MA United States Fulbright Specialist**
Outputs

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
Outputs

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