

INDONESIA - AUSTRALIA COLLABORATION IN MENTAL HEALTH

Report: Asia-Australia Mental Health's (AAMH) Jakarta Meetings 25th-26th February, 2008

Meeting	Key Discussion Points	Outcomes
Day 1 – Monday 25th February		
<p>Meeting with Dr Budihardja Head of Bureau of Planning and Budgeting MOH</p>	<ul style="list-style-type: none"> • Dr Budihardja thanked Asia-Australia Mental Health for visiting the Indonesian Ministry of Health. He acknowledged that the Australian Government Department of Health and Ageing (DoHA) had endorsed our visit. • The meeting discussed possible areas of collaboration including: <ul style="list-style-type: none"> ➢ sharing Indonesia's expertise in disaster mental health with Australia ➢ Mental health could play an important role in Indonesia's existing (and very successful) program to reduce infant mortality. Improving mental health services could improve maternal and child mental health and could also address the mental health issues caused by the lack of social infrastructure to support the resulting increase in life expectancy ➢ Sharing Australia's experience of working with remote and marginalised populations ➢ Sharing experiences of mainstreaming mental health care into general health and integrating mental health into all levels of services ➢ Sharing experiences of building mental health into existing programs (eg using Indonesia's village midwives, public health nurses and cadres as tools to provide community mental health services) 	<ul style="list-style-type: none"> • Dr Budihardja verbally expressed that the Planning Bureau supported the inclusion of mental health activities in the existing MOU between Australia and Indonesia as mental health is a growing epidemic. • AAMH will submit a report of their visit to him prior to his meeting with DOHA

<p>Meeting with Dr. Aminullah, Director of Mental Health MOH</p>	<ul style="list-style-type: none"> • Australian delegation expressed gratitude to Dr. Aminullah for hosting this visit and for his invitation to attend this 2 day meeting in community mental health. 	<p>N/A</p>
<p>Meeting with Cross-sectoral Stakeholders in the delivery of Indonesian mental health services (see Attachment 1)</p>	<ul style="list-style-type: none"> • Dr. Aminullah opened the meeting by thanking the stakeholders for their participation in the development of a new phase of mental health reform in Indonesia. • This was the first formal meeting of this group of stakeholders to introduce community mental health. • Dr. Aminullah stated the need to address the growing epidemic of mental health required a multi-sectoral approach. • Dr. Pandu introduced AAMH and gave the background of the Australia-Indonesia collaboration. • A/Prof. Chee Ng presented about the global burden of mental health and disorders, a case example of Australian mental health reform and how AAMH can contribute to mental health reform in the Asia-Pacific region specifically in Indonesia. • Ms Julia Fraser presented on the bilateral collaboration between Australia and Indonesia and the potential place of mental health in this collaboration under the current MOU between the Indonesian and Australian Ministries of Health signed in 1992. She described the key principles of the approach of AAMH which are underpinned by the building of culturally appropriate models of mental health care in the community. • A free ranging and open discussion followed focusing on current needs and potential areas of collaboration. Topics included: the relationship between mental disorders and communicable disease; the role of mental health promotion in changing community's attitudes; appropriate 	<ul style="list-style-type: none"> • The stakeholders agreed to integrate mental health issues into their existing programs which include: health promotion, maternal and child, nursing, non-communicable disease and disaster programs • The stakeholders group agreed to meet regularly to develop an action plan for integrating mental health into their existing programs. • Directorate of Mental Health will be responsible to develop meeting schedules and agendas • Action plans, implementation strategies and regular reports will be submitted to the Secretary General and Director General of Medical Services and Director General of Public Health, MOH

	<p>entry points for accessing community mental health services.</p> <ul style="list-style-type: none"> An Australia-Indonesia advisory group (e.g. AAMH, MOH, CIMH, NSW government, universities, NGO's, etc) could be established for mental health reform in Indonesia. This could umbrella all existing Australian partners in the Indonesian mental health reform process. 	
<p>Meeting with Dr Farid Husein D/G of Medical Services - Ministry of Health</p>	<p>After introductions and welcome, A/Prof. Chee Ng gave a brief description of the collaboration.</p>	<p>The D/G requested that Dr Aminullah work with Asia-Australia Mental Health to build future collaboration.</p>
<p>Meeting with Heads of Mental Hospitals (see attachment 2)</p>	<p>A/Prof. Chee Ng set the context for the Australian visit and gave the Victorian example of reform in community mental health services as a prompt for potential for change in Indonesia. Dr Hervita Diatri, recipient of an Australia-Indonesia Fellowship facilitated by Asia-Australia Mental Health, provided a comparison of the Indonesian and Australian mental health systems. She outlined the current strengths within the existing Indonesian mental health system that could be entry points for reform.</p> <p>The group were then split into four groups to discuss four key questions about potential directions for mental health reform in Indonesia and the possible role for Australia in supporting this reform.</p>	<ol style="list-style-type: none"> All participants accepted the need to move from the custodial care system to a community oriented mental health service. All participants saw benefit in a continued relationship with Australia in mental health reform. Suggested areas for collaboration <ul style="list-style-type: none"> Development of a mental health strategic framework outlining an action plan with activities and specific outcomes. The ways to identify priorities areas or entry points to integrate mental health into existing programs which may include: health promotion, maternal and child program and disaster program Establishment of a pilot Community mental health program integrating the following components: general hospitals, primary health care and

		<p>community services</p> <ul style="list-style-type: none"> • Mental health promotion program: school-based program and disaster preparation program • Quality improvement of mental health hospitals • Development of case management model in community mental health system. <p>Dr Eka Viora, Head Sub-Directorate for Mental Health Services confirmed that the group would continue the discussion on the following day and she would endeavour to provide a clear plan of action to AAMH as soon as possible based on hospital directors' advice</p>
<p>Day 2 – Tuesday 26th February</p>		
<p>Meeting with Michelle Vizzard, First Secretary, Health, AusAID Present: Dr Pandu Setiawan, Dr Hervita Diatri, Assoc Prof Chee Ng, Ms Julia Fraser, Ms Bronwen Merner.</p>	<ul style="list-style-type: none"> • The Australian and Indonesian meeting participants gave brief context for the current collaboration. They reported on the previous day's meetings that focused on the urgent need for mental health reform in Indonesia. • A rationale was given for the importance of including mental health in future aid planning. Key points were: <ul style="list-style-type: none"> ○ Global burden of mental illness (for example, 14% of DALYS are caused by neuropsychiatric disorders) yet less than 1% of the Indonesian health budget is allocated to mental health ○ In addition, mental health system in Indonesia faces many challenges since the de-centralisation of services, therefore the mental health system and strategy requires strengthening. ○ Mental illness is linked to communicable diseases and underpins many of the problems currently 	<p>AAMH agreed to provide updates to the Indonesia AusAID office on the collaboration when appropriate.</p>

	<p>being addressed by AusAID (for example health systems strengthening, infant and maternal welfare, HIV/AIDS)</p> <ul style="list-style-type: none"> ○ Mental illness results in widespread disability for sufferers, their families and their communities • Ms Vizzard indicated the need to have a somewhat unified approach for the Australian government in its negotiations with the Indonesian health system and that priorities for funding would need to be renegotiated according to the new government's Aid priorities. These priorities have yet to be formally announced. • Ms Vizzard closed the discussion with the explanation that things could become clearer in the near future and after DOHA's imminent visit to Jakarta. 	
<p>Meeting with the Department of Psychiatry, University of Indonesia and other relevant experts in Child and Adolescent mental health to discuss the Protecting children in disasters program (see attachment 3)</p>	<p>A meeting took place at the Department of Psychiatry, University of Indonesia with AAMH acknowledged the presence of key specialists in child and adolescent mental health at the meeting, many of whom led programs post disaster in Yogyakarta and Aceh.</p> <p>Ms Fraser and A/Prof Chee Ng summarised the current AusAID-funded program in China aimed at protecting children's mental health in disasters. Ms Fraser included the following key points about the program</p> <ul style="list-style-type: none"> • The program is being developed by Chinese mental health professionals in collaboration with AAMH • AAMH acted as a facilitator and support for the program but all materials were generated by the Chinese team, ensuring contextual relevance and appropriateness • The audience for the materials is school teachers and community members is non-clinicians • The deliverables of the program include: <ul style="list-style-type: none"> -10 very brief key messages to protect children in disasters 	<p>Key Indonesian contacts for the program were identified. These experts indicated their enthusiasm for collaboration and their intention of a way forward for the program. A new program submission is being planned.</p>

	<p>- a train the trainer package to help communities use the materials</p> <ul style="list-style-type: none"> • The train-the-trainer program was based on adult learning principles that acknowledge expertise within the community • The program was piloted in urban and rural communities • The program was successful in urban communities but needed further development in rural and less literate communities <p>In conclusion, AAMH spoke about the rich experience existing in Indonesia in disaster mental health. AAMH invited the meeting to consider the appropriateness of collaborating on a project that would build on the Chinese, Australian and Indonesian experiences in protecting children in disasters.</p> <p>The meeting indicated a collaboration between Indonesia and Australia could be very useful. While Indonesia had developed clinician-focused materials for protecting children in disasters, they would welcome the opportunity to develop materials for community members and schools. This could be facilitated by existing very positive relationships between the Ministry of Health and school communities. They were interested in developing programs that incorporate adult learning best practice.</p>	
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Summary Achievements of the Indonesia Asia-Australia Mental Health Collaboration (2007 – present)

2007

1. Australia-Indonesia Institute Fellowships were awarded to mental health leaders for the first time
2. First Directorate of Mental Health, Ministry of Health delegation visit to Australia and met by DoHA in Melbourne

2008

1. Asia-Australia Mental Health was the first mental health delegation to present to multiple stakeholders within MOH
2. Asia-Australia Mental Health was the first delegation to present to all 34 Indonesian Mental Hospital Directors in a meeting endorsed by the DG of Medical Services, MOH and positively received by the Hospital Directors.
3. Non-MOH staff including one of the Australia-Indonesia Institute Fellowship awardees were requested to present to all Hospital Directors at an official meeting.
4. All Indonesian partners are collaboratively identifying priorities and a plan of action for the bilateral relationship and community mental health.
5. 17 Indonesian psychiatrists and GPs who have been trained in Melbourne are now taking leadership roles in community mental health reform and the Indonesia-Australia collaboration
6. There appears to be the opportunity and enormous good will on both sides to include mental health as an area of collaboration under the bilateral MOU in health
7. A potential timeline and strategy for the collaboration was developed.

Attachment 1

Relevant Stakeholders

1. Dr. Ratna Umar, Secretary Director General of Medical Services Indonesia Ministry of Health
2. Dr. Budihardja, Head of Bureau of Planning-Secretary General- Indonesia Ministry of Health
3. Dr. Aminullah, Director of Mental Health, Indonesia Ministry of Health
4. Mr. Ilham, Director of Nursing Indonesia Ministry of Health
5. Dr. Mulya Hasymi, Director of Specialist Medical Service Indonesia Ministry of Health
6. Dr. Ratna Rosita, Director of Basic Medical Service Indonesia Ministry of Health
7. Dr. Abidin Siregar, Director of Health Promotion Indonesia Ministry of Health
8. Dr. Lily, Director of Public Communication Indonesia Ministry of Health
9. Dr. Yusharmen, Director of Non Communicable disease Indonesia Ministry of Health
10. Dr. Bambang Sarjono, Director of Community Health Indonesia Ministry of Health
11. Dr. Ratna Mardiaty, Director of Jakarta Psychiatric Hospital

12. Dr. Albert Maramis, WHO-Indonesia
13. Dr Pandu Setiawan, (NGO's)
14. Dr. Eka Viora, MoH
15. Dr. Dahsriati, MoH
16. Dr Andrew Mohamraj, CBM International Technical Advisor to the Provincial Health Office (Mental Health Unit) Banda Aceh
17. Dr Diding Sawaludin, MoH
18. Dr. Irmansyah Psychiatrist, Department of Psychiatry, University of Indonesia
19. Dr. Suryo Dharmono Psychiatrist, Department of Psychiatry, University of Indonesia
20. Dr Hervita Diatri , Psychiatrist, Department of Psychiatry, University of Indonesia

Attachment 2

Directors of State Mental-Hospitals

1. Director of Dr. Soeharno Heerdjan Mental Hospital- Jakarta
2. Director of Duren Sawit Mental Hospital- Jakarta
3. Director of Dr. Marzuki Mahdi Mental Hospital- Bogor-West Java
4. Director of Bandung Mental Hospital- West Java
5. Director of Cimahi Mental Hospital- West Java
6. Director of Semarang Mental Hospital- Central Java
7. Director of Klaten Mental Hospital- Central Java
8. Director of Solo Mental Hospital- Central Java
9. Director of Dr. Soeroyo Mental Hospital- Magelang - Central Java
10. Director of Grhasia Mental Hospital- Jogjakarta
11. Director of Menur Mental Hospital- Surabaya- East Java
12. Director of Dr. Radjiman Mental Hospital- Surabaya- East Java
13. Director of Bangli Mental Hospital- Bali
14. Director of Mataram Mental Hospital – West Nusa Tenggara
15. Director of Banda Aceh Mental Hospital-Nangroe Aceh Darusalam - Sumatera
16. Director of Medan Mental Hospital-North Sumatera
17. Director of Padang Mental Hospital-West Sumatera
18. Director of Jambi Mental Hospital-Jambi- Sumatera
19. Director of Bengkulu Mental Hospital-Bengkulu - Sumatera
20. Director of Pekanbaru Mental Hospital-Riau- Sumatera
21. Director of Prof Ernaldo Bahar Mental Hospital-Palembang - South Sumatera
22. Director of Lampung Mental Hospital-Lampung Sumatera
23. Director of Sungai Liat Mental Hospital-Bangka Belitung - Sumatera
24. Director of Singkawang Mental Hospital-West Kalimantan
25. Director of Pontianak Mental Hospital-West Kalimantan
26. Director of Samarinda Lijum Mental Hospital-South Kalimantan
27. Director of Samarinda Mental Hospital-East Kalimantan
28. Director of Dadi Makasar Mental Hospital- South Sulawesi
29. Director of Dr. Ratumbuisang Manado Mental Hospital- North Sulawesi
30. Director of Madani Mental Hospital- Central Sulawesi
31. Director of Kendari Mental Hospital- South East- Sulawesi
32. Director of Ambon Mental Hospital- Maluku
33. Director of Abepura Mental Hospital- Papua

34. Drug Dependence Hospital

Attachment 3;

LIST OF PARTICIPANT

CHILD DISASTER MEETING

Department of Psychiatry, University of Indonesia

26th February 2008

1. A/Prof. Chee Ng
2. Ms Julia Fraser
3. Ms Bronwen Merner
4. Dr. A.A.A. Agung Kusumawardhani, Consultant Psychiatrist, Acting Head of Department
5. Dr. Ika Widayaty, Consultant Psychiatrist (Child and Adolescent), Head of Child and Adolescent Division
6. Prof. Edith Humris Pleyte, Ph.D, Consultant Psychiatrist (Child and Adolescent), Past Head of Child and Adolescent Division
7. Prof. Sasanto Wibisono, Consultant Psychiatrist
8. Dr. Yan Prasetyo, Consultant Psychiatrist (Child and Adolescent)
9. Dr. Tjhin Wiguna, Consultant Psychiatrist (Child and Adolescent)
10. Dr. Suryo Dharmono, Consultant Psychiatrist (Community Psychiatrist), Head of Community Psychiatrist Division, Coordinator of Center for Disaster and Violence
11. Dr. Noorhana, Consultant Psychiatrist (Child and Adolescent)
12. Dr. Gitayanti, Consultant Psychiatrist (Child and Adolescent)
13. Ms. Anindita Budiman, Psychologist – MoH
14. Dr. Jonli Indra, MoH
15. Ms Cut M., Social Worker
16. Dr Hervita Diatri Psychiatrist