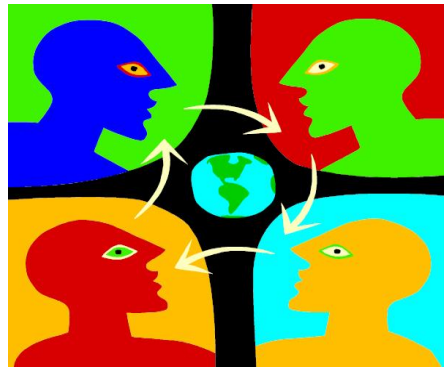
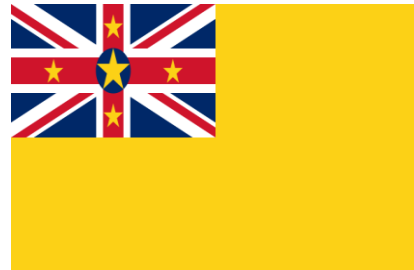


# WHO MIND

Mental Health in Development



WHO proMIND:  
Profiles on  
Mental Health in  
Development



NIUE



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For feedback or suggestions for the improvement of this publication, please email;  
Dr Michelle Funk, [funkm@who.int](mailto:funkm@who.int)

# NIUE

***“For all people in Niue to enjoy mental wellbeing that is grounded in the family, community and nurtured through a multi-sectoral approach which recognises that mental, physical, social and spiritual health are indivisible”***

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This publication has been produced as part of the World Health Organization's (WHO) profiles on mental health in development (WHO proMIND), and has been written and edited by:

Mr Manila Nosa, Director of Health, Ministry of Health, Niue  
Mrs Minemaligi Pulu, Coordinator, Mental Health Programs, Ministry of Health, Niue  
Dr Michelle Funk, Coordinator, Mental Health Policy and Service Development, Department of Mental Health and Substance Abuse, WHO, Geneva  
Ms Jane Gaffa, Mental Health Policy and Service Development, Department of Mental Health and Substance Abuse, WHO, Geneva  
Ms Anne McLean, (former) Director of Health, Ministry of Health, Niue  
Ms Ketiligi Fereti, Coordinator (former), Mental Health Programs, Ministry of Health Niue  
Dr Frances Hughes, (former) WHO PIMHnet Facilitator, Wellington, New Zealand  
Ms Sarah Skeen, Technical Officer, Mental Health Policy and Service Development, Department of Mental Health and Substance Abuse, WHO, Geneva  
Ms Natalie Drew, Technical Officer, Mental Health Policy and Service Development, Department of Mental Health and Substance Abuse, WHO, Geneva  
Dr Kanna Sugiura, Technical Officer, Mental Health Policy and Service Development, Department of Mental Health and Substance Abuse, WHO, Geneva

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Dr Eddie Akauola, Manager, Mental Health Services, Ministry of Health, Niue  
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Dr Temo K. Waqanivalu, Coordinator, Office of the WHO Representative in the South Pacific, Suva, Fiji

## **(WHO proMIND): Niue**

Potential partners interested in finding out more about mental health in Niue should also contact project partners based in-country (contact details on page 7).

## **WHO proMIND**

Potential partners and donors interested in supporting or funding WHO proMIND projects should contact Dr Michelle Funk (funkm@who.int), Coordinator, MHP, Department of Mental Health and Substance Abuse, WHO, Geneva, Switzerland.

More information about WHO MIND and WHO proMIND projects are available on the website: [http://www.who.int/mental\\_health/policy/en/](http://www.who.int/mental_health/policy/en/)

## The WHO Pacific Islands Mental Health Network (PIMHnet)



The idea to establish the Pacific Islands Mental Health Network (WHO PIMHnet) came about at a meeting of Ministers of Health for the Pacific Island Countries (Samoa, 2005) during which the idea of a Pacific network as a means of overcoming geographical and resource constraints in the field of mental health was discussed.

There was unanimous support among countries of the Pacific Region to establish the network, and with the support of New Zealand's Ministry of Health, the World Health Organization initiated the process to establish PIMHnet. The network was officially launched during the Pacific Island Meeting of Health Ministers in Vanuatu in 2007.

- ▶ PIMHnet currently counts 19 member countries, each with an officially appointed focal point: **American Samoa, Australia, Commonwealth of the Northern Mariana Islands, Cook Islands, Federated States of Micronesia, Fiji, Guam, Kiribati, Marshall Islands, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tokelau, Tonga and Vanuatu.**

The key aim of the Pacific Island Mental Health Network is to enable Island countries to work together and draw on their collective experience, knowledge and resources in order to establish mental health systems that can provide effective treatment and care.

In consultation with countries, PIMHnet has identified a number of priority areas of work, including advocacy; human resources and training; mental health policy, planning, legislation and service development; and access to psychotropic drugs; and research and information. Network countries meet on an annual basis to develop workplans outlining major areas for action to address these priorities, to be officially endorsed by their Ministers of Health.

PIMHnet has also been successful in forging strategic partnerships with NGOs and other agencies working in the Pacific Region in order to reduce the existing fragmentation of mental health activities and to build more coordinated and effective strategies to address the treatment gap, to improve mental health care and put an end to stigma, discrimination and human rights violations against people with mental disorders.

PIMHnet is funded by the New Zealand Ministry of Foreign Affairs and Trade through the New Zealand Aid Programme.

# THE PROJECT

***“For all people in Niue to enjoy mental wellbeing that is grounded in the family, community and nurtured through a multi-sectoral approach which recognises that mental, physical, social and spiritual health are indivisible”***

## KEY ACHIEVEMENTS FOR MENTAL HEALTH IN NIUE

- Completion of a Human Resource and Training Plan for mental health
- Annual consultation and review of patients by Manukau District Health Board with assistance from New Zealand
- Annual celebration of World Mental Health Day by the Department of Health with the involvement of the Police Department
- Multisectoral Mental Health Committee established comprising Health Department officers (Director of Health, 1 doctor and 2 nurses), a Police officer, a Counsellor, Education and Community Affairs personnel, a Legal Officer and an NGO member

## NEXT STEPS FOR NIUE

- Implementation of the Human Resource and Training Plan
- Developing awareness and knowledge of mental health issues for policy makers
- Ensuring that there is a position dedicated to mental health in the Department of Health who will coordinate all mental health activities including capacity development of health care workers in clinical skills, and mental health promotion and prevention
- Development and finalization of a mental health bill and policy
- Training and appointment of permanent health staff to manage mental health programs in Niue, to maximize sustainability
- Continue to screen for mental disorders, provide proper management and raise awareness in the community via workshops, radio and community programs

## OVERVIEW

Mental health services in Niue are beset with many challenges including a lack of health professionals with specialist skills in mental health. There is no mental health policy and only outdated and unworkable legislation. With an estimated 20 000 Niueans residing in New Zealand, population decline and a reduction in human resources for health remains an ongoing concern. Funding also remains a major issue, as currently there is no budget allocation for mental health activities.

The population of Niue is small, therefore its health system has been developed emphasizing primary health care as opposed to specialized care. There is one general hospital, Niue Fook Hospital. It is used by patients with any medical conditions who require hospitalization, including people with mental health conditions. For very severe cases, patients will be transferred to New Zealand based on an agreement between Niue and New Zealand via Manukau District Health Board. This is also applicable to people with mental disorders. Police escorts are also available depending on the condition of the patient.

A few individuals with mental illness are given a special financial benefit, with a maximum allowance of \$150 per fortnight. This money is meant to assist with food and personal items as well as power, telephone and other household expenses.

Traditional beliefs and Christianity form the basis of Niuean concepts of mental health problems and their management. Cultural perceptions of mental illness can also lead to stigma and discrimination. Furthermore, linguistic differences can also lead to complexities in understanding Western models of mental illness. Churches are a significant community resource in providing support and education to those affected by mental illness and their families.

A mental health policy for Niue is under discussion.

## HISTORY AND MILESTONES

### 2004

Counseling Committee was established for post-trauma purposes with members from the government (Health Department), police, education, and churches. However, these activities stopped in 2008.

### 2007 (June)

A representative from Niue attended the inaugural WHO Pacific Islands Mental Health Network (PIMHnet) meeting and mental health policy workshop which took place in Apia, Samoa.

Manukau District Health Board officials conducted a needs assessment. Following the needs assessment, short training workshops on mental health for healthcare staff have provided by a doctor and a nurse from the Manukau District Health Board

### 2008 (September)

A representative from Niue attended the Second Annual PIMHnet meeting and human resource and training workshop, Nadi, Fiji.

### 2009 (November)

Human Resource and Training Plan for mental health in Niue was completed.

### 2010 (June)

Mental health clinics for reviewing the health status of people with mental health problems are conducted annually by the psychiatrist and nurse from Counties Manukau District Health Board, New Zealand

### 2010 (October)

A representative from Niue attended training in mood disorders in Sydney, Australia, at the Black Dog Institute. This was a two-week training program followed by ongoing support from a distance.

### 2011

All residents 10 years and older were screened for mental health problems using the K10 screening tool. This was done in conjunction with the Island Nutrition/NCD Steps Survey. Although not formally analysed yet, preliminary data reveal that there is a substantial number of people who need some mental health assistance.

### 2012 (February and March)

A number of appointments were made to manage the mental health services and program of Niue. These were as follows: Mr Manila Nosa, Chief Public Health Officer became the Director of Health; the Chairperson for the Mental Health Committee, Dr Eddie Akauola, Chief Medical Officer, became the Manager of Mental Health Programs; and Mrs Minemaligi Hetutu Pulu, Maternal Child Health Nurse became the Coordinator for Mental Health Programs.

A Mental Health consultation team (doctor and psychiatric nurse) from Manukau District Health, New Zealand, review the treatment plans of all people receiving treatment for mental disorders.

### 2012 (June)

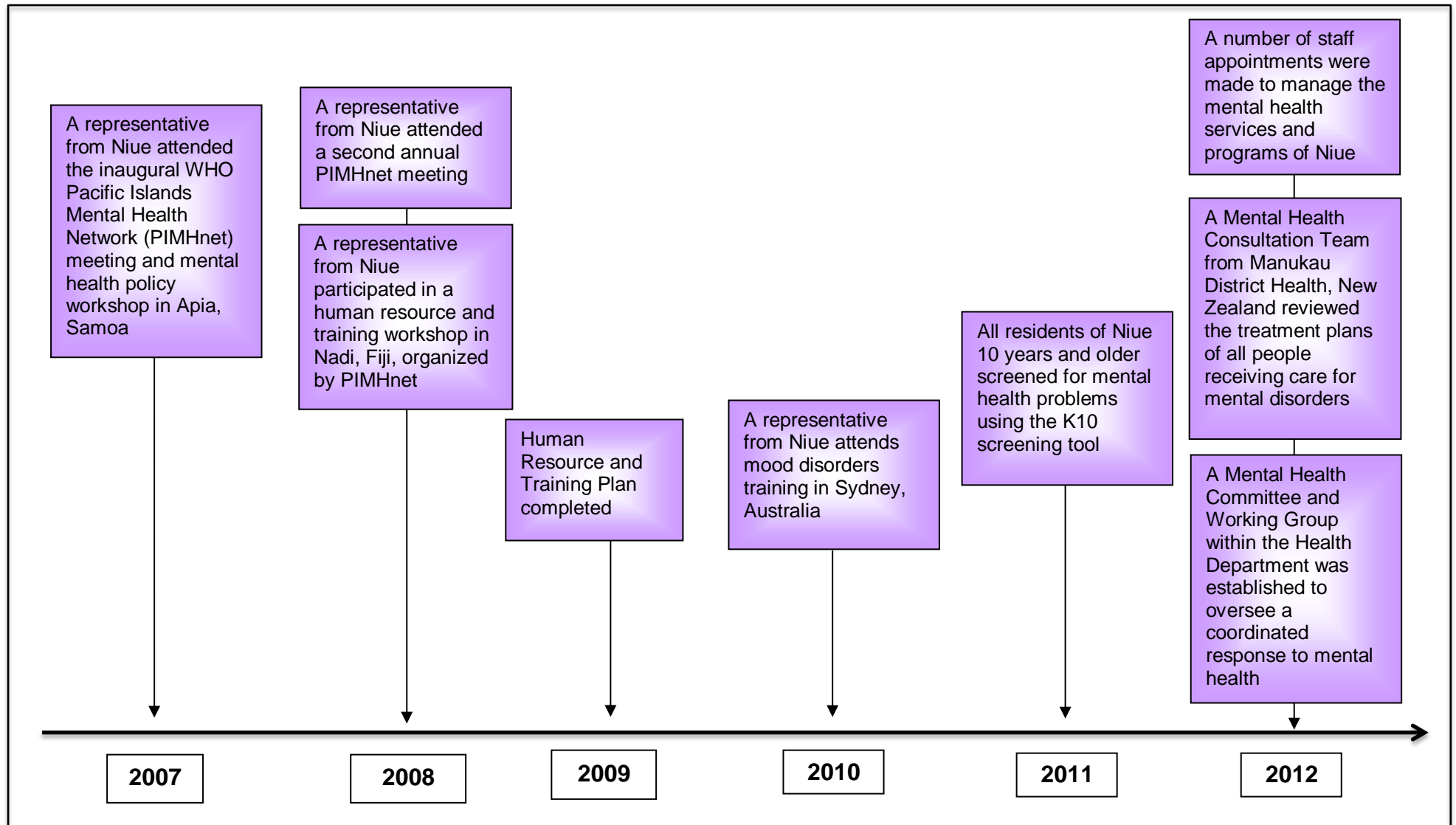
A Mental Health committee and working group within the Health Department is established to oversee a coordinated response to mental health. The Working Group is comprised of: the Director of Health, Chief Medical Officer (Manager of Mental Health Programs), Medical Officer, Principal Nurse, Principal Dental Officer and the Coordinator of Mental Health Programs.

The Mental Health Bill is discussed and scrutinized by the mental health committee and a consultant adviser to the Niue Government - Professor Anthony Angelo, Victoria University, Wellington, New Zealand.

A one day training session in mental health is conducted by Dr Soosay, a psychiatrist from New Zealand



Figure 1. Timeline



## OFFICIAL DOCUMENTS

### DEVELOPMENT AND POVERTY REDUCTION POLICIES, STRATEGIES AND PROGRAMMES

- The Niue MDG 2006 progress report: A Proactive effort towards a prosperous Niue by 2015. <http://planipolis.iiep.unesco.org/upload/Niue/Niue%20MDG%202007.pdf>

### HEALTH AND MENTAL HEALTH POLICIES, PLANS AND PROGRAMS

- Niue Moui Olaola: An integrated NCD Action Plan, 2009-2012. Department of Health, Niue

### LEGISLATION

- Public Health Act 1965
- Mental Health (Compulsory Assessment and Treatment) Act of New Zealand, 1992

### SITUATIONAL ANALYSIS

- Situational analysis of mental health needs and resources in Pacific Island countries, 2005, WHO and Centre for Mental Health Research, Policy & Service Development, University of Auckland, New Zealand  
[http://www.who.int/mental\\_health/policy/pimhnet/Pacific\\_islands\\_needs\\_assessments.pdf](http://www.who.int/mental_health/policy/pimhnet/Pacific_islands_needs_assessments.pdf)

## MAIN PARTNERS

### NATIONAL LEADING PARTNERS

Mr Manila Nosa, Director of Health, Health Department, Niue  
Email: [Manila.Nosa@mail.gov.nu](mailto:Manila.Nosa@mail.gov.nu)

Dr Eddie Akauola, Chief Medical Officer/Manager, Mental Health Services, Ministry of Health, Niue  
Email: [eddieakauola@hotmail.com](mailto:eddieakauola@hotmail.com)

Dr Waimanu Pulu, Medical Officer, Ministry of Health, Niue  
Email: [waimanu81@gmail.com](mailto:waimanu81@gmail.com)

Mrs Puasina Tatui, Principal Nursing Officer, Ministry of Health, Niue  
Email: [Puasina.Tatui@mail.gov.nu](mailto:Puasina.Tatui@mail.gov.nu)

Mrs Minemaligi Pulu, MCH Nurse, Coordinator, Mental Health Programs, Ministry of Health, Niue  
Email: [Mine.Pulu@mail.gov.nu](mailto:Mine.Pulu@mail.gov.nu)

### WHO COUNTRY OFFICE

Dr Yang Baoping, The WHO Representative in Samoa, American Samoa, Cook Islands, Niue and Tokelau, Apia, Western Samoa.  
Email: [who.sma@wpro.who.int](mailto:who.sma@wpro.who.int)

Dr Ahn Dong Il, The WHO Representative in the South Pacific, Suva, Fiji.  
Email: [ahnd@wpro.who.int](mailto:ahnd@wpro.who.int)

Dr Temo K. Waqanivalu, Coordinator, Office of the WHO Representative in the South Pacific, Suva, Fiji  
Email: [wqanivalut@wpro.who.int](mailto:wqanivalut@wpro.who.int)

### WHO REGIONAL OFFICE FOR THE WESTERN PACIFIC (WPRO)

Dr Xiangdong Wang, Regional Adviser in Mental Health and Control of Substance Abuse, WHO Regional Office for the Western Pacific, Manila, Philippines  
Email: [wangx@wpro.who.int](mailto:wangx@wpro.who.int)

### WHO HEADQUARTERS

Dr Shekhar Saxena, Director, Department of Mental Health and Substance Abuse (MSD)  
Email: [saxenas@who.int](mailto:saxenas@who.int)

Dr Michelle Funk, Coordinator, Mental Health Policy and Service Development, MSD  
Email: [funkm@who.int](mailto:funkm@who.int)

Ms Natalie Drew, Technical Officer, Mental Health Policy and Service Development, MSD  
Email: [drewn@who.int](mailto:drewn@who.int)

Dr Kanna Sugiura, Technical Officer, Mental Health Policy and Service Development, MSD  
Email: [sugiuraka@who.int](mailto:sugiuraka@who.int)

### OTHERS

Dr Frances Hughes, (former) WHO PIMHnet Facilitator

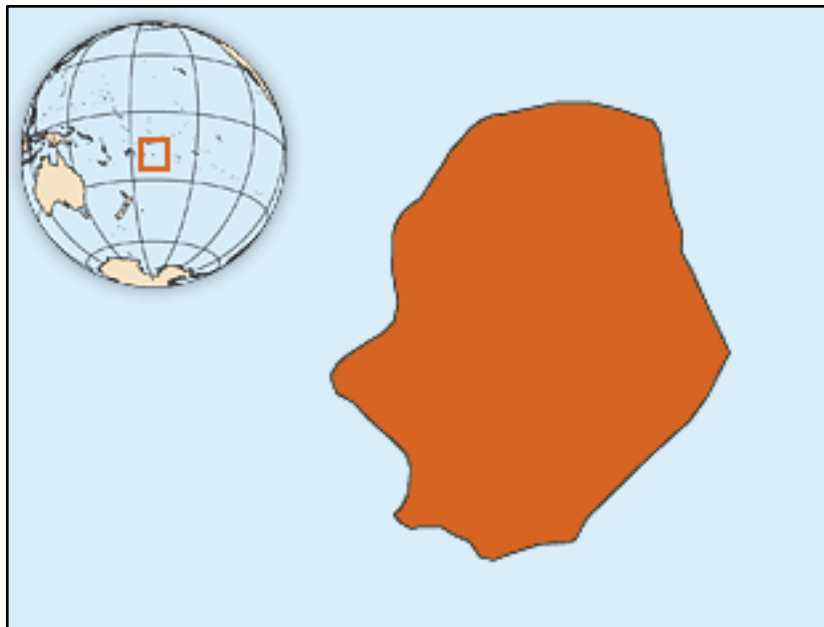
Dr David Chaplow, Consultant Psychiatrist



# THE CONTEXT

## 1. COUNTRY DEMOGRAPHIC AND SOCIOECONOMIC PROFILE

Figure 1  
Location of Niue



*This map is an approximation of actual country borders.*  
Source: reference (1)

### GEOGRAPHY AND CLIMATE

Niue, also known as the “Rock of Polynesia”, is an island situated in the South Pacific Ocean. The island is located 2,400 kilometres northeast of New Zealand and its neighbouring islands are Tonga, Samoa and the Cook Islands (2). It is one of the world’s largest coral islands with an approximate land area of 259 square kilometres. The capital of Niue is Alofi.

There are two distinct seasons; the wet season from December to March which has an average temperature of 27°C and the dry season from April to November which averages 24°C. In 2004, Cyclone Heta, a category 5 cyclone, hit Niue and devastated the island (2). Cyclone Heta caused substantial damage to buildings, vegetation and essential services, particularly on the island’s Western side, seriously threatening its on-going viability. In the months directly after Cyclone Heta a comprehensive reconstruction programme was developed by the New Zealand government, together with a commitment to support Niue repair their infrastructure over several years (3).

### DEMOGRAPHICS

The population of Niue has decreased over the years, from around 5000 in 1960, to 2000 in 1990, with around 1000 residents in 2010 (4). Population density is estimated at six persons per square kilometre, with 37.5% living in urban areas. Children under the age of 15 years make up 16.7% of the population, and adults 65 years and older accounting for 12.2%. The crude birth rate is 20.1 per 1000 population and the death rate is 7.8 per 1000 population (5). In 2011, the life expectancy for males was 67 years and for females 76 years (6)

## POPULATION DECLINE

There is substantial emigration to New Zealand due to Niue's lack of natural resources, its isolation and insufficient social and economic development. Niueans also hold New Zealand citizenship, and employment, educational opportunities and family ties also draw Niueans to New Zealand (3). The 2001 New Zealand census reported 20,148 Niueans in the New Zealand population (6).

Fertility has continued to decline in Niue. In 2011 the total fertility rate for women aged 15-49 years was 2.6%, with the crude birth rate at 20.1%. Good access to family planning and a trend to marry at a later age have contributed to this low fertility rate.

## CULTURE

The people of Niue have strong linguistic and cultural affiliations with both Tongan and Samoan groups. There are two distinct ethnic groups on the island; the Motu of Samoan origin in the North and the Tafifi of Tongan origin in the South. The first Samoan missionary was sent by the London Missionary Society (LMS) and landed in Niue in 1849. An LMS missionary and his wife became the first permanent European residents in 1867. Consequently, missionisation has significantly shaped Niuean society and its values (7). While Niueans are predominantly Protestant (Ekalesia Niue) (2), there are several other Christian-based religious groups including church of the Latter Day Saints, Catholics, Seven Day Adventists, Apostolics and Jehovah's Witnesses. In order of prevalence, the population consists of Niueans, New Zealanders, Australians, Samoans, Tongans, Tuvaluans, Fijians, and others. Official languages spoken on the island are Niuean and English (8).

Niue is distinctive in the Pacific for its egalitarian leadership. Although there is no hierarchical system, identity and status is firmly established in the family name. The Aga Fakamotu Niue sets the beliefs and behaviours that are the basis of individual identity, social stability and the basis of family, community and national development. Three factors central to the aga fakamotu Niue are; the family and family roles; sharing of resources; and the importance of land.

Traditional healing and Christianity form the framework of Niuean concepts of mental health and its management. Traditional understandings of mental illness include the belief that it is caused by spiritual possession "kai he tau aitu" or a curse "tau kaiaalu." This perception of the causes of mental illness leads to a belief that appropriate treatment must be of the same nature. Therefore, the relevance and role of traditional healers, including the use of herbal medicines within treatment, is important. A taulatua (witch doctor) could be called upon to provide cultural treatment using herbal medicine (fakaaoga e tau vai he motu) which is made from herbal leaves (fakaaoga e tau lau akau) to be massaged on a person's body. Since Christianity also has an influential role in Niuean culture, Christian-based practices are also considered important in the treatment of mental illness. Religious rituals such as prayer and fasting can be used as treatment for a person with a mental illness (2).

## GOVERNMENTAL AND MEDIA

Niue was placed under New Zealand's protection in 1901, and became self-governing in free association with New Zealand under the Niue Constitution Act in 1974. The Legislative Assembly is the supreme law-making body, with twenty members. Six of these members are elected from a common roll and fourteen act as village representatives (5). The government is the main employer on the island with over 400 employees. It also has a number of trading arms such as a port, a bond store, Niue Telecom, a public works department and a power corporation (3).

The majority of media in Niue is government owned and operated. Telephone services are provided by Telecom Niue. Niue Star, Niue News (online news service) and Niue Economic Review are published weekly. Television Niue and radio Sunshine are both government owned and operated by the Niue Broadcasting Corporation (9).

## **POVERTY**

According to the Household Income and Expenditure Survey (HIES) conducted in Niue in 2002 and the Poverty Analysis Report completed in 2004, poverty in Niue is non-existent. Income levels in Niue are believed to be comparatively higher than most Pacific Island countries. The land tenure system in Niue allows for almost everyone in Niue to enjoy free access to land for subsistence and commercial use as well as the sea (territorial waters) where people can fish for food (10).

## **DEVELOPMENT INDICATORS**

Niue's economy is fragile and suffers from common Pacific Island problems such as; geographical isolation, very limited resources, shortage of skilled and entrepreneurial expertise, limited land for development, poor soil quality and a small population (10). The country's economy is dependent on limited agricultural exports and the sale of fishing rights. The trade deficit in Niue creates a scenario whereby the economy is heavily dependent on foreign aid, most of which comes from New Zealand, with some support from Niueans living abroad (5). Other donors include Australia, China, France and various multilateral organisations. The total bilateral New Zealand Official Development Assistance (ODA) to Niue for 2010/11 was NZ \$18.72 million. The main focus of the programme was economic sustainability, principally through development of the tourism sector (3). The proportion of health budget to GDP is 16.2% with 99.2% coming from Government. The total expenditure on health per capita at the average exchange rate in 2010 was US \$2076 (6).

The Niue MDG progress report (2006) states that the country has achieved five of the eight Millennium Development Goals and is on track to achieve all by 2015. The five goals it has achieved are; to eradicate extreme poverty and hunger (MDG1), to achieve universal primary education (MDG2), to promote gender equality and empower women (MDG3), to reduce child mortality (MDG4) and to improve maternal health (MDG5).

Acknowledging the current and future impact of lifestyle diseases on the health and development outcomes of Niue, Millennium Development Goal number 6 (MDG6) regarding HIV/AIDS and other diseases has been modified to focus on non-communicable diseases. The low prevalence of HIV/AIDS, Malaria and Tuberculosis in Niue has allowed for a local focus on diabetes, high blood pressure/hypertension, gout, asthma and cancer, which are widespread in Niue. This may be due to the contemporary lifestyle adopted by Niueans which includes a lack of exercise and a poor diet consisting of fatty, fast food, imported and processed food, carbonated drinks, alcohol and tobacco. In Niue, an additional goal to "promote sustainable population developments" was added with the aim of addressing the diminishing population of the country. If this issue is not addressed as a key priority, continuing emigration could be detrimental to the survival of Niue as a nation state (11). Table 1 presents select key development indicators for Niue.



Table 1  
**Indicators of human development for Niue**

Indicator	Niue		Source Reference
	Male	Female	
Life expectancy at birth	65	82	(6)
Under-5 mortality	0	0	(6)
Crude Birth rate, per 1000 population	N/A		(6)
% births with skilled attendants	100		(6)
Infant mortality per 1,000 live births	0		(6)
Maternal mortality ratio	0		(6)
% Illiterate >15yo	Data Not available	Data not available	(8)
Primary school enrolments (gross)	100%	100%	(8)
GNI per capita annual USD	Data not available		(8)
Gini coefficient for income distribution (0=perfect equality; 100=perfect inequality)	Data not available		(8)

## **2. CONTEXTUAL FACTORS INFLUENCING MENTAL HEALTH NEEDS AND SERVICES**

### **POPULATION DECLINE HUMAN RESOURCES AND DEMOGRAPHIC CHANGES**

Population decline and emigration to New Zealand has greatly impacted the pool of appropriately trained and skilled health workers. The lack of a sustainable population, and resulting lack of healthcare workers means that essential and quality services such as specialised education and health services cannot be effectively provided on a long-term basis (11).

### **AN INCREASE IN NON COMMUNICABLE DISEASES**

Lifestyle-related health problems in Niue are leading to an increase in the the prevalence of risk factors for chronic diseases (6). These include diabetes, high blood pressure/hypertension, gout, asthma and cancer (10). High rates of chronic conditions place increased pressure and added expense on the Niue healthcare system, and also impact the development of other services including mental health.

### **LACK OF FORMAL MENTAL HEALTH SERVICES**

There are no specialist mental health professionals in Niue, and mental health is not included in the regular training of physicians and other health workers. The healthcare system is also not equipped to deal with severe mental illness, and so individuals with more complex needs are referred to psychiatric services and treatment in New Zealand.



# **MENTAL HEALTH PROBLEMS AND TREATMENT IN NIUE**

### 3. BURDEN OF DISEASE AND TREATMENT GAP

#### PREVALENCE AND BURDEN OF DISEASE IN NIUE

There is little data available on the prevalence of mental health problems in Niue. Limited data on alcohol use via the 2006 Niue Census suggests the alcohol abuse is not a major problem. Only 10% of people reported consuming alcohol on a daily basis. The remaining 90% reported using alcohol at an occasional social event (Niue Economics, Planning, Development and Statistics Unit, 2008). Based on prevalence rates from the World Mental Health Survey (2004), it is estimated that 133 people (13% of the adult population) have had a mental disorder in the previous year, among which 20 to 31 people (2 to 3% of the adult population) had a severe form of mental illness.

#### TREATMENT AND SERVICE UTILIZATION DATA

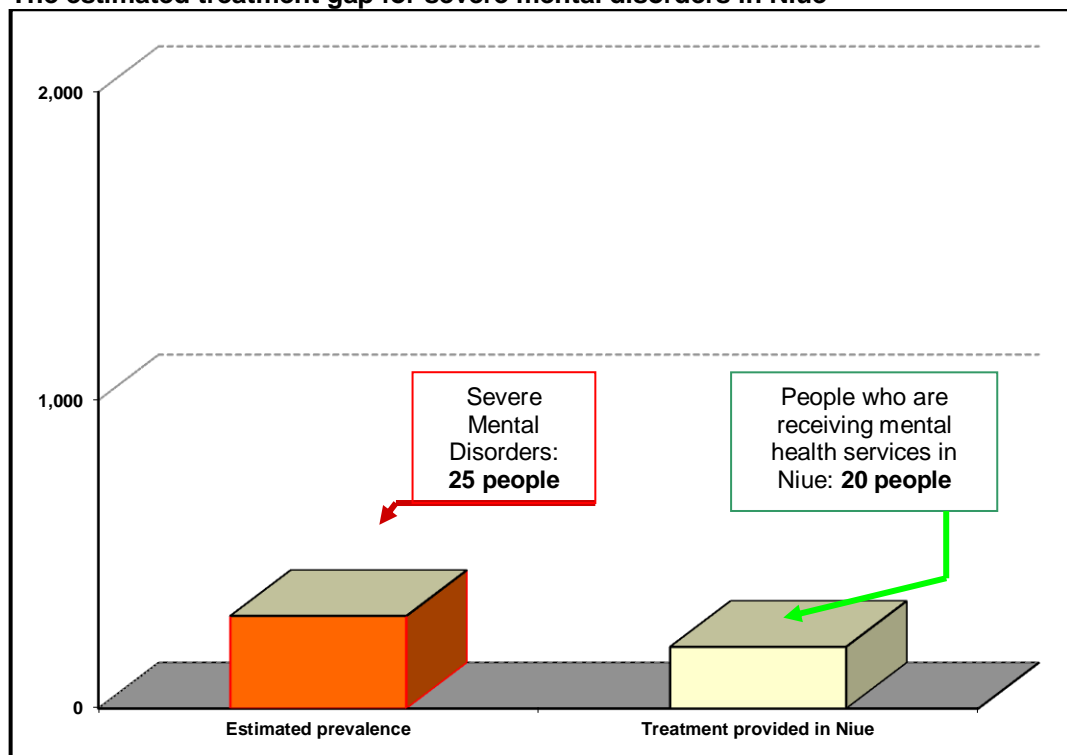
There were 20 people treated in hospital with a mental health condition in 2010. Following discharge from hospital, where treatment for a mental health condition has been provided, the person receives weekly visits for one month. After the first month, visits are scheduled for every second week. For month's three to five, visits occur on a monthly basis. From the sixth month onwards, the frequency of visits varies according to the condition of the person. If the condition is severe and persistent, visits will be more frequent.

#### TREATMENT GAP

The 'treatment gap' is the difference between the prevalence of mental illness and the treatment provided. In Niue, health authorities report that there is no treatment gap since all people with severe mental disorders are identified and receive treatment either in Niue or through services in New Zealand. Estimated prevalence of severe mental disorders (3% of total 833 adult population) is 25 of which 20 people in Niue are currently identified as receiving treatment (Figure 3).

Figure 3

**The estimated treatment gap for severe mental disorders in Niue**





# **MENTAL HEALTH WITHIN THE GENERAL HEALTH SYSTEM**

## 4. MENTAL HEALTH WITHIN THE GENERAL HEALTH SYSTEM

The Department of Health works closely with other government departments including Public Works and Community Affairs to ensure high standards of; environmental sanitation, drinking water, refuse disposal, quarantine measures, vector control, infectious disease control, sexually transmitted diseases and AIDS prevention, school health and health promotion and education. Community outreach is maintained through village visits by public health nurses (MCH Nurse) and annual village inspections by public health officers who are based at the hospital. While medical services are free for local residents, payment is required for some prescribed medicines and for visitors.

As Niueans have New Zealand (NZ) citizenship they also qualify for medical care in NZ. The Niuean Health Department refers up to 1 – 2 people per month for medical care in NZ, when a service is not available on the Island. The cost of attending the appointment in New Zealand is covered.

Niue's national health priorities are focused on public health prevention strategies to reduce risk factors associated with causes of morbidity/mortality and lifestyle diseases. Lifestyle-related health problems are increasing and the prevalence of risk factors for chronic diseases is high. In the 2006 census, 23% of residents aged 15 years and older said they smoked, with smoking twice as prevalent among men (31%) than women (16%).

Niue's national health priorities are (5):

- To make Niue the healthiest country in the Pacific in terms of having healthy people and a healthy environment
- To pursue health promotion, disease prevention and injury prevention strategies with more vigour
- To strengthen the capacity of human resources to effectively deliver primary care services and public health programmes

Niue Fook hospital is the centre for all preventative and curative health services, dentistry, and school health services for school children and village services. Community outreach is maintained through the maternal health nurse, village visitations, school clinics and regular public health village inspections. The hospital has three vans and one ambulance which allow for outreach to the villages.

There are no specialist psychiatric facilities or beds specifically for mental health at Niue Fook hospital. Mental health is part of the primary health care system in Niue. There are currently no facilities in the community for people with mental disorders. Individual cases however, are managed in the hospital under strict supervision of family or by the police. Individuals who are very aggressive with a mental disorder are put into a prison cell as a measure to prevent risk of self-inflicted injuries until they are stable to be managed in the hospital environment.

Figure 4. Ministry of Health Organigram

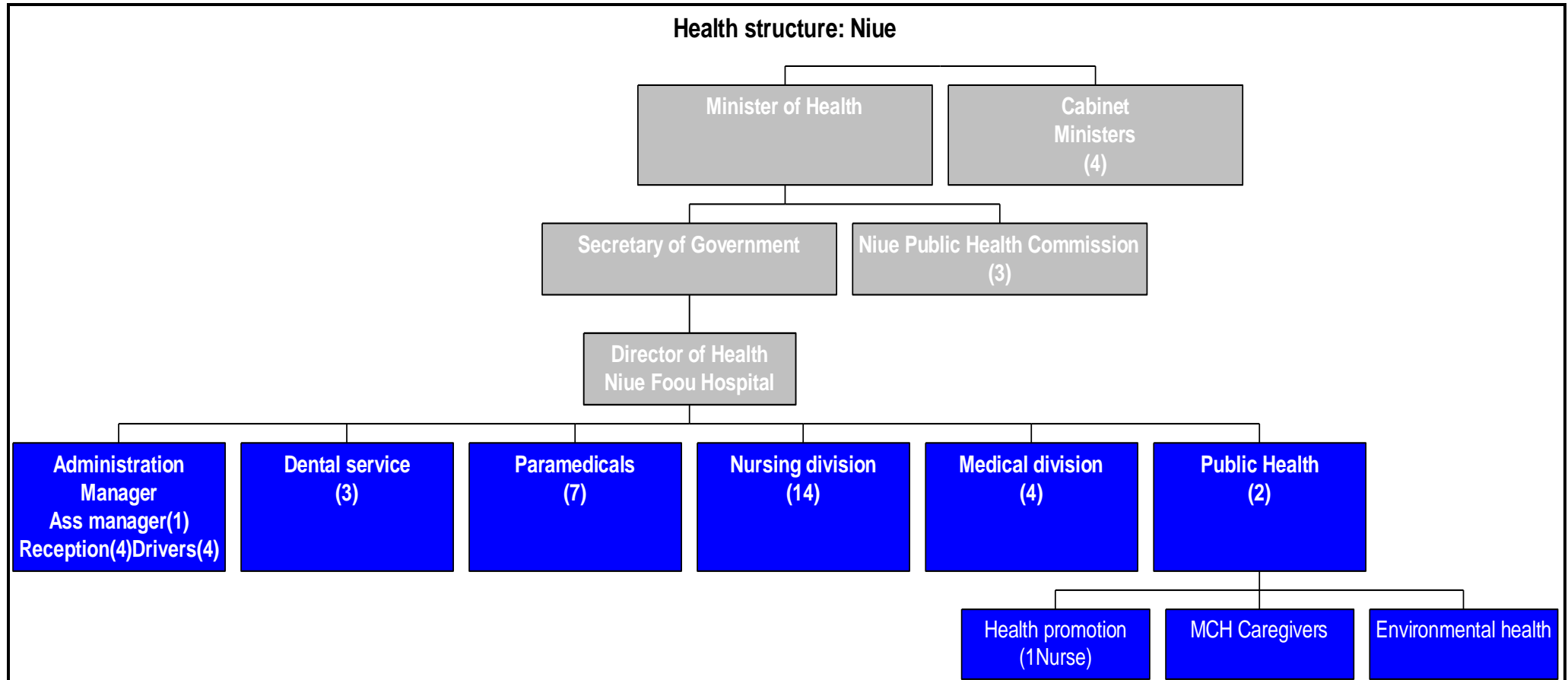
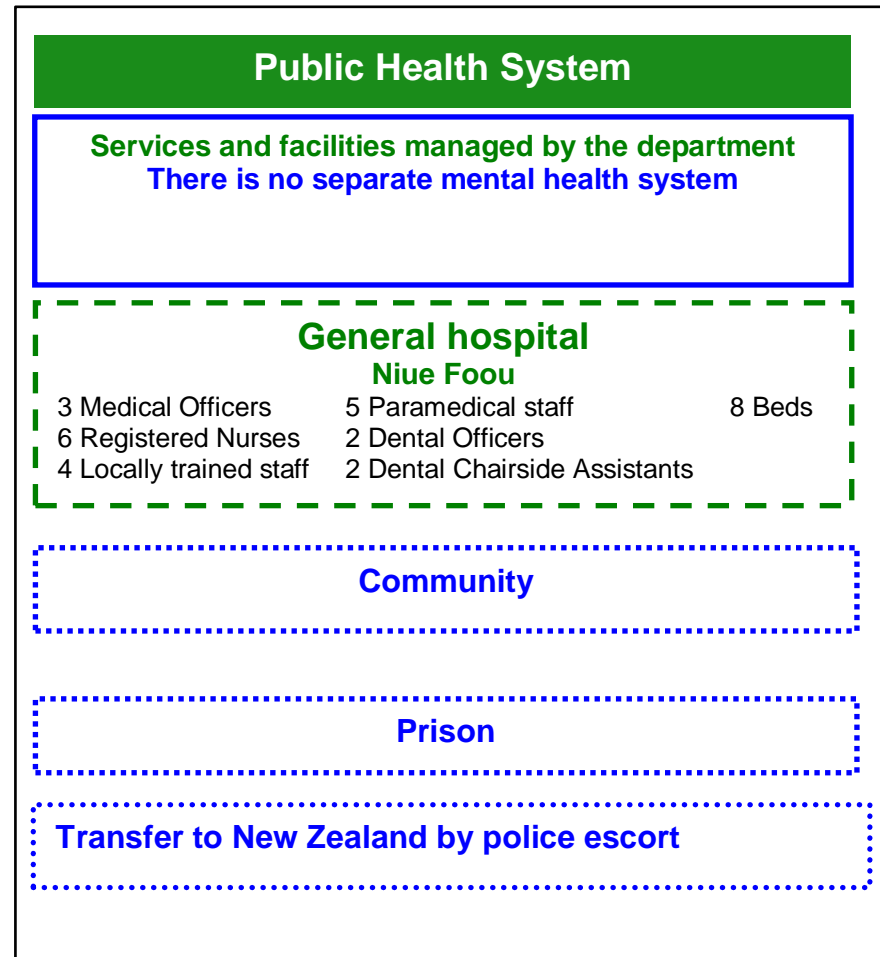


Figure 5. Mental health services mapped against the general health system





## COORDINATION

The Niue Cabinet Ministers is responsible for the Niue Public Service Commission, and the Secretary of Government. Under the Secretary of Government, the Department of Health is run by the Director of Health, based at Niue Foa Hospital. The Director of Health is responsible for the dental, paramedical, nursing, medical and public health services. Mental Health is coordinated amongst the medical, nursing and public health divisions as a team effort.

## LEGAL FRAMEWORK, POLICIES

The Government is committed to the Healthy Islands programme and the Tobacco Free Initiative, which are supported by the WHO. The Moui Olaola Project (a Healthy Islands health-promotion project) was started in 1996.

### **Niue National Strategic Plan, 2009-2013. Niue Government:**

The central purpose of the Niue National Strategic Plan (NNSP) is to focus on and invest in creating opportunities for everyone in Niue through; financial stability, good governance, environment, social support and Tāoga development pillars with economic growth as the identified anchor, necessary for prosperity.

### **Niue Moui Olaola: An integrated NCD Action Plan, 2009-2012. Department of Health:**

Is a national action plan for the management of non-communicable diseases. This plan targets diabetes, cardiovascular diseases, obesity and cancer, which continue to increase in prevalence and are currently the leading causes of health burden in Niue.

## MENTAL HEALTH LEGISLATION

A Mental Health Bill is in its draft form to replace the Mental Health (Compulsory Assessment and Treatment) Act of New Zealand, 1992.

## HUMAN RIGHTS

Niue is a party to a number of international human rights conventions which declare the existence of universal human rights. The four treaties relating to human rights that extend to Niue as a result of the New Zealand treaty action, are listed below (12):

1. International Covenant on Economic, Social and Cultural Rights (ICESCR), signed 28 December 1978
2. International Covenant on Civil and Political Rights (ICCPR), signed 28 December 1978
3. International Convention on the Elimination of All Forms of Racial Discrimination (CERD), signed 22 November 1972
4. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), signed 10 January 1985.

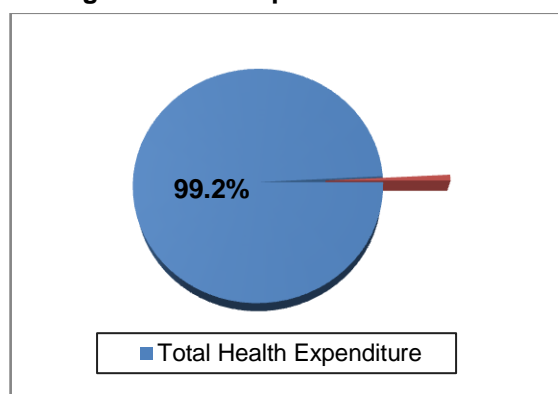
## 5. RESOURCES FOR MENTAL HEALTH

### FINANCING

Niue's estimated per capita total expenditure on health in 2010 at an average exchange rate was US\$ 2076 (6).

General government expenditure represented 99.2% of total health expenditure in Niue. There is no budget allocation specific for mental health activities and medicines. Medicines for mental illness, however are secured under the general pharmaceutical supply (6).

Figure 6  
**Total government expenditure on health in 2010**



### HUMAN RESOURCES

Human resources for health are located in the government public health sector. The types and numbers of health professionals are presented in Table 2.

Table 2  
**Health Personnel (selected categories) by Health Sector in Niue**

Profession	Government	Private	Non-government organizations	Faith-based organizations	Total
Medical Doctor	3	0	0	0	3
Psychiatrist	0	0	0	0	0
Psychologist	0	0	0	0	0
Nurse	10	0	0	0	10
Psychiatric Nurse	0	0	0	0	0
Social Worker	0	0	0	0	0
Physiotherapist	1	0	0	0	1
Midwife	2	0	0	0	2
Pharmacist	1	0	0	0	1
Dental officer	2	0	0	0	2
Dental Chairsides Assistant	2	0	0	0	2
Paramedical staff	5	0	0	0	5
Public Health Officer	0	0	0	0	0
Health Promotion Coordinator	1	0	0	0	1
Health Service Manager	1	0	0	0	1
Office Assistants	2	0	0	0	2
Drivers	4	0	0	0	4
MCH Nurse	1	0	0	0	1
Nutritionist	1	0	0	0	1
Care Givers	10	0	0	0	10
HIV Counselor	0	0	0	0	0

Source reference (6)

## TRAINING

No health related education or training is offered at the Niue campus of the University of the South Pacific. The university offers foundation papers for science degrees only. Health professionals practising in Niue have received their education overseas, mainly in the Fiji School of Medicine and Nursing. There are no specific mental health courses in Niue, however there is a need for on-going training opportunities for registered nurses and medical officers to ensure appropriate mental health services are provided.

## MEDICATIONS

An essential medicines list is in place and medicines used are those recommended by the Medical Officers. Accessing appropriate medications for mental disorders can be problematic due to the limited funding available for mental health services. The costs of medications are covered under the general pharmaceutical budget. Approval is required from the Director of Health before new medications are ordered.

Table 3

### Comparison of the WHO List of recommended psychotropic medications and the National Essential Medicines List in Niue

(see Appendix for the WHO List of Essential Medicines recommended dosages)

Drugs included in WHO Essential Psychotherapeutic Medicines 2009	Drugs included in Niue National Essential Medicines List
Chlorpromazine	yes
Haloperidol	yes
Fluphenazine	yes
Amitriptyline	yes
Fluoxetine	no
Diazepam	yes
Clomipramine	no
Carbamazepine	yes
Valproic acid	yes
Lithium Carbonate	no
Methadone	yes
Nicotine replacement therapy	yes
Risperidone	yes
Paroxetine	yes
Citalopram	no

Source: reference (13)

## INFORMATION SYSTEMS

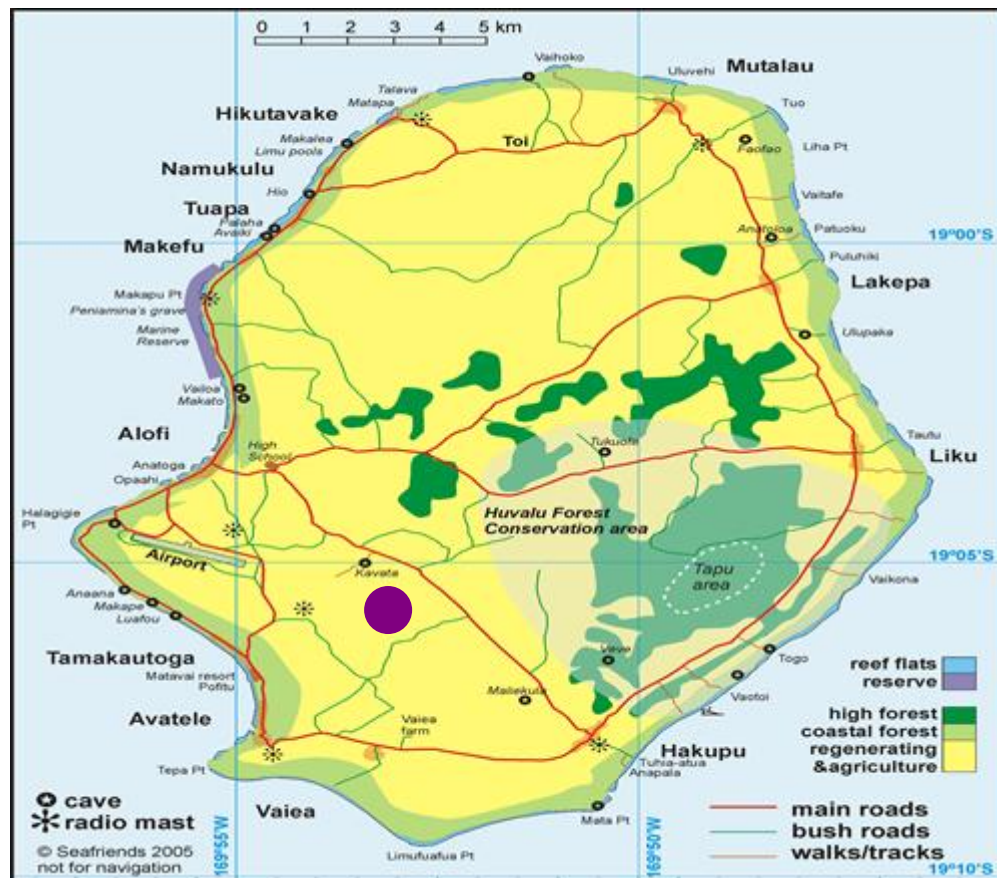
Statistics Niue Office is the official statistics agency of the Government of Niue. The website contains the latest statistics compiled by Statistics Niue and a number of reports. The statistics are collected from the numerous censuses and surveys conducted by the office as well as administrative records compiled by other government departments and International agencies. The mental health reporting system is not well developed and only limited data is collected systematically.

## PUBLIC EDUCATION AND LINKS TO OTHER SECTORS

The Government of Niue established the Maui Olaola Committee, made up of representatives from government agencies and non-government agencies responsible for health related programmes. The role of the committee was to promote awareness of the physical, social and economic impact of health problems on the individual, family, community and nation; and to assist the people in making healthy choices with regards to lifestyle and behavior. In addition, the committee had an important aim to integrate into one national health programme, all relevant programmes that had previously been implemented in isolation. This committee has not been functional since 2004, although there is a desire to revive it.

On World Mental Health day, mental health awareness programs and contests are conducted. Similar campaigns in support of mental health are also held on other occasions several times a year.

Figure 7  
Mapping Health Care Services in Niue



 Niue Fooo Hospital

Lord Liverpool Hospital had previously been the centre for all preventative and curative health services, dentistry services and school health services since the early 1990s. From June 2001 to May 2002 the hospital underwent a US\$ 2 million renovation project, with financial assistance provided by WHO, the New Zealand Agency for International Development (NZAID) and AusAID. However, Lord Liverpool Hospital was destroyed by Cyclone Heta in January 2004. Temporary hospital services were constructed in a youth centre in Fonuakula, Alofi, which is located near the airport. Finally, a new hospital was constructed in Kaimiti, situated at an inland location rather than a coastal area. The new hospital named “Niue Foa Hospital”, translated to mean “Niue New Hospital” was constructed in 2005 with funding provided by the World Health Organisation, the European Union and NZAID (5).

## **FACILITIES AND SERVICES**

### ***General hospital and inpatient mental health services***

General health services are provided via Niue's only hospital, Niue Fook Hospital. The hospital is staffed by 3 Medical Officers, 6 Registered Nurses, 4 locally trained staff members, 5 Paramedical staff, 2 Dental Officers and 2 Dental Chairside Assistants. The hospital has eight beds with specific allocation for both maternal and paediatric care. All beds however, are multi-functional and are sometimes used for people with mental disorders. Mental health problems are attended to by a medical officer or officers and/or a registered nurse.

In some cases, the prison is used to contain people with severe psychotic episodes for safety as there are no specialist psychiatric facilities or beds dedicated for mental health alone at Niue Fook Hospital. In extreme cases, people can be transferred to New Zealand for care and treatment.

### ***Formal community mental health services***

There are no formal community care facilities for people with mental disorders.

### ***Mental health services through primary health care***

Although a health outreach service is conducted regularly in the villages, none of the public health nurses or public health officers have any specialized training in mental health.

### ***Informal community care***

In view of the shortages of skilled professionals, there is an increased reliance on family and community networks to provide support for people with mental illness on the island. This can place considerable pressure on families, particularly when the family is the sole provider of care for the person.

### ***Traditional healers***

It is not known how many traditional healers provide care for people with mental illness as they are not part of the formal healthcare system. As mentioned, the role of traditional healers and remedies, including the use of herbal medicines within treatment is important in the Niue community. Traditional Niuean understandings of mental illness include the belief that it is caused by spiritual possession. This leads to a belief that appropriate treatment must be of the same nature.

### ***Nongovernment organizations (NGOs)***

There are no permanent international NGOs on the island, however there is the Niue Island United Association of NGO's (NIUANGO) and a local body affiliated to the World Council of Churches. As well, there are local charitable organisations including churches, women's and youth groups. None of these NGOs provide formalised programs specifically for mental health care and support.

### ***Faith-based organizations***

Christianity is an important aspect in Niuean culture, and churches are generally viewed as safe places without stigmatisation where people are able to be open about the issue of mental illness. Therefore, churches are a significant community resource in providing support and education to those affected by mental illness and their families through pastoral counseling and spiritual support.

### ***Mental health services users or family associations***

There are no service user groups or family associations

Figure 8(a) and (b). **The WHO Pyramid of Care and the reality in Niue**

Source: reference (14)

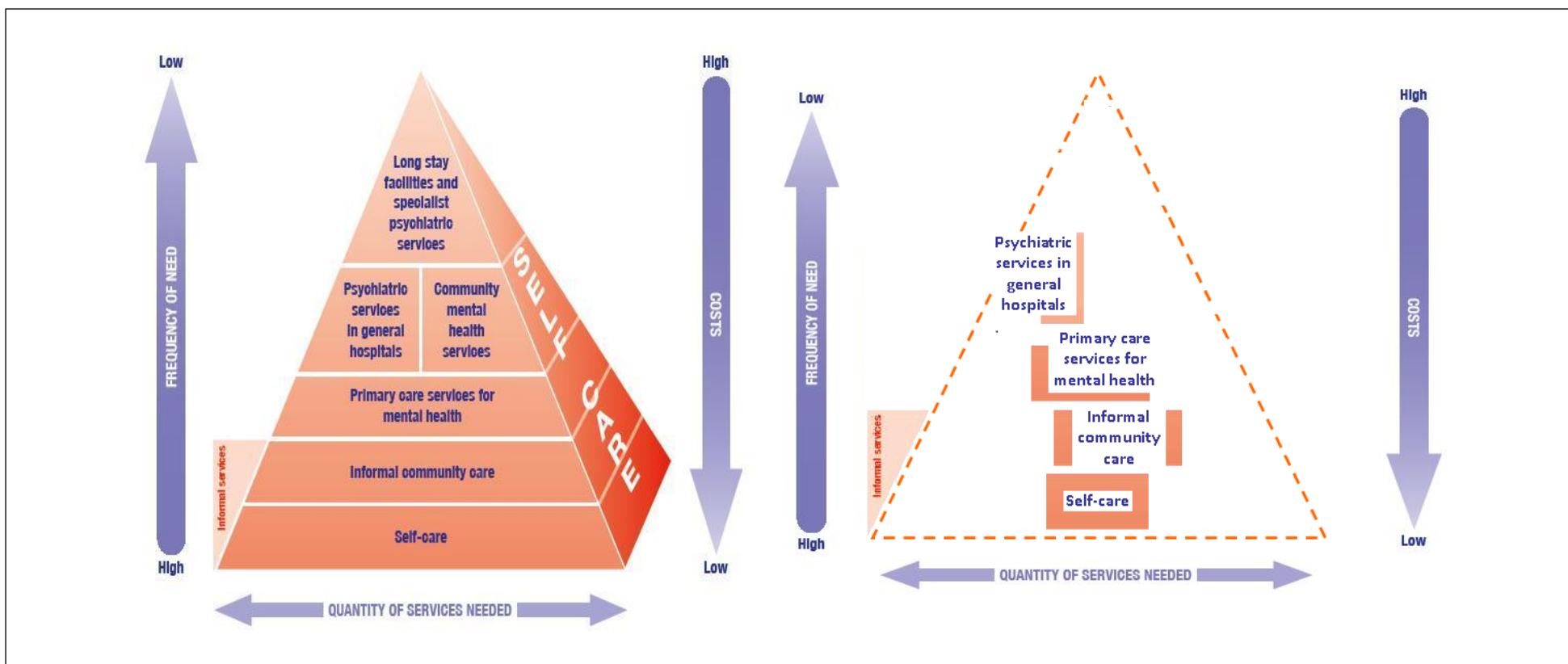


Figure 8(a)  
**The ideal structure for mental health care in any given country**

Figure 8(b)  
**The reality of mental health care in Niue**  
*Due to the size of the country, mental health services are provided through the general hospital and in the community. Also, it is not appropriate to have a long stay facility.*



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Improving health systems and services for mental health

[http://www.who.int/mental\\_health/policy/services/mhsystems/en/index.html](http://www.who.int/mental_health/policy/services/mhsystems/en/index.html)

WHO/Wonca joint report: Integrating mental health into primary care - a global perspective

[http://www.who.int/mental\\_health/policy/Integratingmhintoprimarycare2008\\_lastversion.pdf](http://www.who.int/mental_health/policy/Integratingmhintoprimarycare2008_lastversion.pdf)

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- [The mental health context](#)
- [Mental health policy, plans and programmes - update](#)
- [Organization of services](#)
- [Planning and budgeting to deliver services for mental health](#)
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- [Child and adolescent mental health policies and plans](#)
- [Mental Health Information Systems](#)
- [Mental health policies and programmes in the workplace](#)
- [Monitoring and evaluation of mental health policies and plans](#)

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## APPENDIX

### Essential psychotherapeutic medicines

#### (WHO Model List of Essential Medicines, 16th list, March 2009)

Where the **[c]** symbol is placed next to the complementary list it signifies that the medicine(s) require(s) specialist diagnostic or monitoring facilities, and/or specialist medical care, and/or specialist training for their use in children.

Psychotic disorders	
<b>Chlorpromazine</b>	Injection 25 mg (hydrochloride)/ml in 2ml ampoule Oral liquid 25 mg (hydrochloride)/5 ml Tablet 100 mg (hydrochloride)
<b>Fluphenazine</b>	Injection 25 mg (decanoate or enantate) in 1ml ampoule
<b>Haloperidol</b>	Injection 5 mg in 1ml ampoule Tablet 2 mg; 5 mg
Complementary list [c]	
<b>Chlorpromazine</b>	<i>Injection: 25 mg (hydrochloride)/ml in 2 - ml ampoule Oral liquid: 25 mg (hydrochloride)/5 ml. Tablet: 10 mg; 25 mg; 50 mg; 100 mg (hydrochloride)</i>
<b>Haloperidol</b>	<i>Injection: 5 mg in 1 - ml ampoule Oral liquid: 2 mg/ml Solid oral dosage form: 0.5 mg; 2 mg; 5 mg</i>
Depressive disorders	
<b>Amitriptyline</b>	Tablet 25 mg (hydrochloride)
<b>Fluoxetine</b>	Capsule or tablet 20 mg (present as hydrochloride)
Complementary list [c]	
<b>Fluoxetine</b>	<i>Solid oral dosage form: 20 mg (present as hydrochloride) a &gt;8 years</i>
Bipolar disorders	
<b>Carbamazepine</b>	Tablet (scored) 100 mg; 200 mg
<b>Lithium carbonate</b>	Solid oral dosage form: 300 mg
<b>Valproic acid</b>	Tablet (enteric coated): 200 mg; 500 mg (sodium valproate).
Generalized anxiety and sleep disorders	
<b>Diazepam</b>	Tablet (scored): 2 mg; 5 mg
Obsessive-compulsive disorders and panic attacks	
<b>Clomipramine</b>	Capsule 10 mg; 25 mg (hydrochloride)
Medicines used in substance dependence programmes	
<b>Nicotine replacement therapy</b>	Chewing gum: 2mg, 4mg Transdermal patch: 5mg to 30mg/16 hrs; 7mg to 21mg/24 hrs
Complementary list [c]	
<b>Methadone*</b>	Concentrate for oral liquid 5 mg/ml; 10 mg/ml Oral liquid 5 mg/5 ml; 10 mg/5 ml <i>*The square box is added to include buprenorphine. The medicines should only be used within an established support programme.</i>

Source: reference (15)

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