

Medical Elective Report

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I spent two and a half weeks at St. Giles Psychiatric Hospital, Fiji. I had heard many positive reports about doing electives in Fiji from other medical students and was keen to pursue an elective in psychiatry. I found information about St. Giles Hospital on "The Electives Network" and applied via Fiji School of Medicine. I was delighted when my application was accepted. My experience at St. Giles has proved to be both enjoyable and enlightening. It has been a fantastic learning opportunity, not only in terms of psychiatry and the delivery of mental health services but also in learning about the community and people of Fiji as a whole. I was very fortunate to arrive at a time when the Fijian Mental Health Services were undergoing great reform. This largely consisted of the implementation of the new Mental Health Decree, decentralisation of the Mental Health Services and the opening of Stress Management units in the general hospitals.

Background

St Giles Hospital, established in 1884 is currently Fiji's only psychiatric facility. Initially run by lay members of the community, the hospital staff now includes three full time psychiatrists. The hospital has 190 beds and serves a population of approximately 850,000. Access to St. Giles and the services provided is difficult for people living beyond the greater Suva area. To date rural communities in the Northern and Western Divisions of Fiji and those based on the smaller islands have suffered from the absence of mental health services. In 2009, following a submission by the Minister for Health, Dr Neil Sharma, the Fijian Cabinet approved the development of St Giles Hospital into a regional mental health institute which would serve as a specialized training and research centre. In 2011 a new Mental Health Decree was passed and is due to be implemented on July 1st. This new decree is very much in line with the WHO guidelines and the focus is centred on patient rights. Decentralisation of the mental health services will involve the opening of regional mental health clinics and stress management units in district hospitals. This will not only allow many communities to access services but also solve issues of overcrowding at St Giles. Furthermore, the integration of the mental health services with the general medical services will not only facilitate interdisciplinary awareness and training but also help to reduce the stigma surrounding mental illness. In addition to geographical distance, stigma has proved to be a major barrier preventing patients from accessing the services. St Giles was formerly known as "The Asylum" and today people in the

community will often turn to spiritual leaders or alternative practitioners when unwell in order to avoid the perceived stigma associated with attending the facility. This results in a delayed presentation which can be associated with a poorer outcome and is more distressing for the individual sufferer and their family. Efforts are now being made to raise awareness and actively go out into the community and locate cases that require treatment and possibly admission. The stress management units due to be opened in the general hospitals were named as such in order to reduce stigma by avoiding the use of terms such as psychiatric unit or mental health ward. During my first week at St Giles I had the privilege of attending the opening ceremony of Samabula Mental Health facility. I also attended the National Training Workshop on Decentralisation of Mental Health Services in Fiji which was presented by Professor Deva, visiting psychiatrist. The Minister for Health made an appearance at both events which were covered by the national media and again helped to raise awareness.

Overview of weeks 1-3

In order to maximise my experience at St Giles I spend time with a number of different team members. During my first week I was attached to the Community Psychiatric Nursing (CPN) team. As previously mentioned I attended the opening of the Samabula Mental Health Centre and two days of the three day decentralisation workshop. I also went out to the community with the team and went on a number of home visits. This not only helped me to gain an insight into the lives of the individual sufferers and their families but also allowed me to see how the team functioned and challenges they faced. I also spent some time with the Occupational Therapist who outlined the service and introduced me to some of the inpatients. Finally I took a history from one of the new patients admitted to the men's ward. In the course of my second week I attended ECT, went to outpatient clinics, attended a discharge planning meeting and followed up on the patient I had seen previously. In my final week I spent a day with the hospital counsellor who outlined the services provided and the counselling techniques used and sat in on a consultation with a new patient. I attended the patient review meeting and outpatient clinic.

Learning Objectives

1. *How are psychiatric services organised and delivered in Fiji? How do they differ from the UK?*

In order to meet this learning objective I spoke to a range of staff members, I attended the mental health decentralisation workshop, and spent time on the wards, at outpatient clinics and with the CPN team. As previously mentioned St Giles Hospital is currently the only mental health facility in Fiji and caters for patients with intellectual disability in addition to mental illness. In the UK the mental health services are delivered via trusts which cater for people in accordance with geographical area. There are 58 mental health trusts in England and they provide health and social care services for people with mental health problems. Mental health services may also be provided by GPs who can refer to more specialist care if required. In the UK the mental health services are undoubtedly stretched at times however access to the services are generally available to those in need of care. The movement of the Fijian mental health services to a divisional level will undoubtedly allow more people to gain access to the services however the doctor-patient and indeed nurse-patient ratio will still remain incredibly high when compared with the UK. Domiciliary Services in Fiji have attempted to address this problem and discharged patients are referred to doctors and zone nurses who frequently do not have specialist psychiatric training. In the UK mental health is a nursing speciality however in Fiji a specific training qualification does not exist at present. Most general hospitals in the UK have a psychiatric liaison service, no such service is available in Fiji at present and referrals from the general hospitals are made directly to the St. Giles team.

In the UK there is a large emphasis on multidisciplinary team collaboration. An MDT approach was also adopted at St. Giles however they lacked certain key team members such as psychologists and social workers that are present in the UK. In addition to staffing shortages, the limited availability of essential medication is a challenge that the Fijian psychiatrists face. In the UK for example, a variety of atypical antipsychotics are widely available and are usually the first line of treatment in patients presenting with features of psychotic illness. In Fiji, the psychiatrists are acutely aware of the shortages of such medications and in many cases have to prescribe typical antipsychotics if well tolerated. In terms of other therapeutic differences, in my experience ECT is used more commonly in Fiji than in the UK. It is used in treatment resistant cases as is the case in the UK, however the

wide variety of drugs available in the UK facilitate a trial and error approach which may make drug therapy more effective.

2. To identify the prevalent psychiatric conditions in Fiji. How do they differ from the UK?

In order to meet this objective I once again spoke to staff members and attended outpatient clinics and discussed patients on the wards. I also looked on the web for any epidemiological studies. Unfortunately I was unable to identify any such studies however did discover that according to Dr Victor Wassen, psychiatrist, that St. Giles has approximately 6800 cases of psychotic depression. Most of the inpatients I was exposed to and the majority of patients who attended the outpatient clinics when I was present had a diagnosis of schizophrenia or bipolar disorder. This was similar to my attachment at Mile End Hospital in London however I did encounter a number of patients in the UK who presented with anxiety disorders. Alcohol and substance misuse are problematic in Fiji and the UK. In Fiji, individuals frequently consume homebrew which does not occur commonly in the UK. In terms of illicit drug use, marijuana use is common in both countries and solvent sniffing is common in Fiji however hard drugs are not commonly consumed. In the UK cocaine abuse is becoming increasingly problematic in addition to the widespread use of other hard drugs.

3. To actively participate in clinical services (ward rounds, MDT meetings, outpatient clinics, liaison services etc)

To meet this objective I attended patient discharge and review meetings. I also attended outpatient clinics on five occasions and sat in with different doctors when possible. During the clinics I was invited to ask the patients questions. This was very beneficial as I was able to formulate and investigate my own diagnoses.

4. To competently conduct and present psychiatric assessments:

- *Interview and mental status examinations*
- *Be able to generate differential diagnoses and formulate a working diagnosis*
- *To plan biopsychosocial treatment plans for patients with psychiatric illnesses using available resources*

Whilst attending clinics I had the opportunity to speak to patients and discuss their presentation and treatment regimes with the doctor present. I also interviewed a new patient on the men's ward. I discussed the case with one of the psychiatrists and with the ward nurses. I monitored the patient's progress and in order to complete the interview I spoke to the patient's family.

Conclusion

I really enjoyed the time I spent at St Giles. I feel this was largely due to the welcoming staff who were always happy to include me in activities and were very willing teachers. I felt the staff were competent and very motivated and I was really impressed with the positive approach they adopted under such challenging conditions, never compromising on patient care. I sincerely hope that I will return to Fiji at some stage in the future and lend a hand with the expertise I have acquired in the meantime.

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