MONITORING & EVALUATION REPORT

GOSHEN TRUST MENTAL HEALTH SERVICES, SAMOA.

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FOREWORD:

This report provides an evaluation of Goshen Trust Mental Health Services, Samoa "Goshen" and its activities. It analyses the work led by Goshen from 2009 to 2014. The support from Government's in creating Goshen Mental Health Trust Samoa;

"to help mental health consumers, and their families and friends, gain access to the love, care and support needed to help them be emotionally, mentally and spiritually well and stay well."[1]

is well documented.

As outlined in the existing government policies[2], there is clear responsibility for leading reform. System reforms must directly support improvements in services and therefore better outcomes for people working towards our vision of the Samoan people to;

"enjoy mental well-being that is grounded in the aiga and nurtured through a multi- sectoral approach which provides quality care that is accessible to all people while recognizing that mental, physical, social and spiritual health is indivisible".[3]

A high quality mental health system ensures the rights of people with mental health problems and/or mental illness are protected and that they have access to high standards of contemporary treatment, supports and services. A focus on results at all levels will help us all know that we are on the right road to the right outcomes.

This report is designed to provide a system wide perspective to assist all stakeholders, consumers and carers in particular, to define the outcomes that they are pursuing and to monitor performance in achieving those outcomes.

I would like to take this opportunity to thank the individuals who contributed to the write up of this Report. The information that was collected through various means of research and individual interviews helped us all to understand the complexities of evaluating, putting in benchmarks and defining what being successful is, in the provision of services for this mental health area.

[1] http://www.head-of-state-samoa.ws/speeches_pdf/Goshen/Address
[2] Samoa Mental Health Policy 2006
[3] Ibid Page 3

MENTAL HEALTH CONTEXT:

Considerable effort has been made to describe desirable outcomes in mental health at governmental level and Samoa is no exception.

As quoted by WHO Reports, there has been an increase of efforts;

> *"by governments who have a lead role to play in reshaping the debate about mental health, addressing current barriers and shortcomings, and responding to the escalating burden of mental disorders."*[4]

Significant reform in the mental health sector of Samoa includes the:

i. designing and approval of a Samoa Mental Health Policy 2006,

ii. Consolidation and passing of the Samoa Mental Health Act 2007;

iii. Samoa membership in the Pacific Islands Mental Health Network (PIMHnet)

iv. Establishment of the Mental Health Unit with competent staff at the National Health Services (NHS).

It is also important to note at the beginning of this Report, that there has been a successful integration of aiga (family) as an active partner in the provision of care, and the development of the "Aiga model"[5] which utilizes the Samoan cultural values to promote culturally appropriate family-focused community mental health care for Samoa.

Mental Health Care Services today encompass both clinical and family-focused community mental health care services. The work is conducted by a medical doctor at the MHU and several experiences nurses. Goshen activities include a community based visitation for discharged consumers. This model still applies and is adopted by Goshen and the Community Nurses of the NHS, on their usual weekly visits.

[4] WHO, 2013; Investing in Mental Health, Evidence for Action;
[5]Enoka, Tenari, Sili, Tago, Blignault; 2013; Developing a culturally appropriate mental health care service for Samoa

METHODOLOGY:

The report aims to turn the reader's attention to the two questions involved in such planning:

(i) What are we appropriately seeking to achieve?
(ii) What is the best way of going about this?

To respond to these two questions, the author suggests creating a logical framework ('logframe') for identifying measures for evaluation to be addressed at the completed and ongoing activities of Goshen. This framework will justify the mobilization of the technical, administrative and financial resources of the Trust to carry out a quality evaluation. In doing so, Goshen activities need to be;

i.	Innovative	-	that is whether the approaches used are new or a replica of other good practices used abroad in similar settings.
ii.	Replicable	-	whether GOSHEN Programme can be scaled up or can be applied in a different setting.
iii.	Strategically relevant		whether GOSHEN Programme is a flagship initiative, and whether it requires substantial resources; covers or could be expanded to cover a large number of people; or could generate substantial savings.
iv.	Tested	-	whether current activities of the Trust are similar to activities of other Programmes/Institutions in other jurisdictions and whether it has proven their effectiveness in a particular or similar context.
v.	Influential	-	The results will be used to inform key policy decisions.

Evaluation Framework

The framework selected for this evaluation is an "open systems model" which allows a thorough examination of key components in an operating system that affects the efficiency and effectiveness of programs. It will identify the specific relationships between the four integral components in an operating system: inputs, processes, outputs, and outcomes.

At this stage, the ongoing activities of the Trust cannot be substantiated as an output because of its continuous nature in terms of implementation. Therefore, most of the analysis will be focused on the three components namely inputs, processes and outcomes

By analyzing the information collected, the author will be using three indicators of performance. They are;

i. Effectiveness;
ii. Efficiency and
iii. Expected Outputs.

Effectiveness in the 'open systems mode' as specified in our logframe is defined as the relationship between the outcomes achieved and the processes used to attain them. If the processes of GOSHEN (i.e., the carer – consumer networking and; Goshen's provision of caring assistance; and Goshen 's dissemination of information about best practices and their community program) result in the intended outcomes (i.e., the increase referrals of consumers from MHU, the increased number of consumers transitioning successfully to their families, then the operations of GOSHEN are effective.

Efficiency within the same model is assessed through a comparison of inputs and outputs. If GOSHEN operations are efficient, then its inputs (e.g., government and donor funding; the accuracy and comprehensiveness of the information prepared for grantees) facilitate the work –or outputs--of GOSHEN program staff.

The final indicator will identify only the common expected efforts that are existing at the Trust. These efforts include successful outreach, engagement, and nurturance of relationships with consumers that lead to consumer's acceptance of help and their acceptance of services and treatment provided to them.

Performance measures for each indicator will be used to measure progress toward the goals and objectives of Goshen Trust. These measures will include inputs, processes, and service user outcomes at each level of the mental health system (client, program and system levels).

The Performance Domains I will be using are:

i) Acceptability
ii) Accessibility
iii) Appropriateness
iv) Competence

EXECUTIVE SUMMARY:

Accessibility: The ability of people to obtain health care at the right place and right time irrespective of income, physical location and cultural background'

Performance Indicators for this realm revealed the insignificance of Objective 2 to the Domain of Accessibility. It reflected the 24 hour high security community based 'step down facility' as accessible only to a few. Many activities recorded during interviews did not reflect the usage of this facility by everyone. Step-down facilities need nursing care. Admission into step-down facilities must specifically be monitored, as these are new services and may be subject to abuse/wrong utilization patterns.

Objective 1 was well referenced that is, 7 out of the 12 performance indicators supported objective 1.
Objective 3 and 4 were somewhat achieved, that is 3 out 12 performance indicators each supported these objectives.

Acceptability: (Care/service provided meets expectations of consumers, community, providers and paying organizations).

Objective 3 was fully met that is, 4 out of the 5 performance indicators supported this objective.
Objective 1 and 4 were somewhat achieved.
It is alarming to note that objective 2 was not met by any of the performance indicators for this domain.

Appropriateness: (Care/service provided is relevant to client/patient needs and based on established standards).

Objective 3 was mostly achieved by the 9 out of 11 performance indicators for this domain.
Objective 2 and 4 were somewhat achieved with 2 and 3 performance indicators each.
Objective 1 was referenced once and its essential to revisit the performance indicators for this domain.

Competence: (Individual's knowledge skills are appropriate to care/service provided)

Objective 3 was achieved by all the performance indicators for this domain. This is an achievement for this realm.

Objective 4 was somewhat achieved.

Objective 2 and 1 are a concern. No performance indicators relate to this objective. It's essential to revisit the relevance of the objectives at present and whether new ones need to be added to ensure that all Programme activities meet the goals already set by Goshen.

BACKGROUND

THE Government of Samoa through the Ministry of Finance Civil Society Programme (CSSP appropriated funds for Goshen to deliver and promote safe community-based mental health care programmes in Samoa and to conduct outreach and referral assistance to people who were mentally ill, alcohol abusers and to other under-served populations.

Goshen used these funds to develop and implement all their Programs and Outreach Projects initiative since 2012. These programs funded all outreach to people who are chronically mentally ill, and have been referred from the Mental Health Unit at Motootua.

Goshen's main goals to date are to offer;

(a) Conduct community-based residential respite care programmes to cater for two different levels of mental healthcare needs, and
(b) Conduct community awareness programmes to address the stigmatisation issue.

To address these issues four objectives were identified. They are;

Objective 1:	To provide a safe and empowering community-based residential mental health respite care housing facility and rehabilitation Programme for consumers diagnosed by MHU as appropriate for community-based mental health care.
Objective 2:	To provide a 24-hour high security community-based "step-down bed" facility for Samoa mental health consumers whose case is not acute enough to be held in the acute MHU unit and not low-risk enough to be housed together with other residential clients.
Objective 3:	To provide a community-based family-support Programme that helps to educate families of consumers in identifying mental illness symptoms and in implementing appropriate family-based mental health care strategies.
Objective 4:	To assist the MOH and MHU in the development and implementation of a public mental health destigmatisation campaign.

GOSHEN programs assist eligible individuals with accessing mainstream treatment at the MHU and their services. Goshen intends that the programs they offer will effectively reach and identify people who are mentally ill so they can receive the assistance and care that they need.

Drawing on an array of compiled information about what often characterized people who experienced mental illness, about their unmet needs in physical, social, and economic areas, and in light of lessons learned about best practices when engaging with their target group.

PROBLEMS:

Building reliable and comprehensive analysis takes time and effort, and it is up to Goshen to ensure that the underlying performance evaluation infrastructure is balanced and well maintained to better respond to emerging problems and help identify new concerns.

There is documented evidence[6] that mental health services sector lags behind in the development and implementation of performance measures and strategies for implementing them as tools to improve quality and outcomes.[7] It was difficult to ascertain which performance measures to use for this report, because this part of the assessment was not specified in the contract for evaluator. There were three key reasons for this lag:

i. I was unable to find sufficient evidence base through which to develop specific, valid and clearly defined measures,
ii. There was inadequate infrastructure to develop and implement quality measures and capture elements of mental health services, and
iii. There was lack of a cohesive strategy to apply mental health quality measurement across different settings in the service of improving care.

Measuring quality of mental health care is particularly challenging because a substantial amount of mental health services are delivered outside the health care sector (e.g., MHU contributions, criminal justice involvement, NHS educational activities, social services including the Community Nurses visits), and there is insufficient evidence for some mental health treatments as well per consumer, per visit.

Data elements necessary to measure quality of mental health care are incomplete or even missing in many settings, and, even when data collection does occur, it tends to be inconsistent across the different organizations. For example the data available at SBS were collected basically for census purposes and it does not incorporate details of mental illness consumers. The data at NHS does not incorporate all information per consumer at the MHU. Such data are at different locations in NHS and needed to be compiled.

Moreover, mental health programs and providers have not fully embraced quality measurement due to infrastructure and policy barriers intrinsic to mental health, including providers' concerns regarding patient privacy.

Finally, for Goshen, is far behind the rest of health care sector in the use of health information technology.

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6 Kilbourne Keyser; 2010; Challenges and Opportunities in Measuring the Quality of Mental Health Care

7 Institute of Medicine. Washington D.C: National Academy Press; 2006. Improving Quality of Health Care for Mental and Substance Use Conditions.

FINDINGS:

	Accessibility	**Goals/ Objectives**
i)	Consistent Access of Goshen consumers to Psychiatrists and other mental health professionals at the Mental Health Unit (MHU) at the national Hospital of Samoa (NHS) were identified in the weekly work schedules of MHU staff roster. This was identified as one of their priorities. The process of consumers accessing immediate and speedy medical assistance is straightforward and direct. This is a reflection of a working system.	Goal A Objective 1
ii)	It is becoming increasingly clear that if adequate funding and human resources for Goshen do not accompany a safe community based Programme for people with mental disorders, it will result in a fewer mental health services provided by the Trust. The existing services offered may be stretched beyond capacity. The serious shortages of workers trained in mental health[8], and a possibility of an increase of consumers can lead to an emphasis on custody rather than therapy. The Minister is quoted at 'recruiting at least ten nurses and two doctors to man the mental health unit'[9]. The benefit of this proposal is its triggering down effect to Goshen. The availability of local and international volunteers working in Goshen is uncertain for the future. That is, there is still the intension of volunteer institutions that Goshen in future should be able to become independent and its reliance on free helpers should reduce over time. This gap in the hiring of appropriate human resource is also evident in the current systems of Goshen. The trainings offered by the NHS, national consultant Matamua Iokapeta, the Ministry of Police (MP) all contributed to addressing of this need.	Goal B Objective 3
iii)	The outreach process by Goshen to service their consumers transitioning to their homes are held monthly. This equates to one visit per month per consumer. There is no clear cut system for visits for seriously ill consumer and no clear rules,	Goal B Objective 4

[8] 10th Pacific Island Health Ministers Meeting, Honiara, South Pacific 2013
[9] Minister of Health Speech at the 10th Pacific Island Health Ministers Meeting, Honiara, 2013

	about when to visit a consumer for a follow-up visit**s.** There are two second hand vehicles that are used for these visits. It is fitting only for visits around Apia and Western urban area. However, it is not suitable for long distance travel and also not appropriate for transporting unwell consumers.	
iv)	These visits include primary care in which Goshen provides the continuing **care** for all consumers within a health care system, and may coordinates other specialist care that the patient may need.	Objective 3
v)	To date, none of the Consumers being transferred from the MHU have had to wait out for acceptance and admission into Goshen. The availability of the 2 blocks of four rooms each and 2 step down respite units are enough to accommodate the demand at present. The 2 confinement rooms MHU and the ten rooms at Goshen is sufficient at this stage.	Goal A Objective 1
vi)	The services provided by Goshen include after-hours care. This is ingrained in its shift working hours of 7.00am to 3.00pm, 3.00pm to 11.00pm and 11.00pm to 7.00am. In these after hours, the CEO and 2 other workers are present at the Compound for any services that are needed.	Goal A Objective 1 & Goal A Objective 2
vii)	There are only two vehicles (Tucson) of Goshen. Both are second hand vehicles and are not fit for transporting unwell consumers who may be dangerous and violent. Clearly mental health consumers have the right to safe transport that minimises interference with their rights, dignity and self-respect and that avoids traumatising family members, particularly children. This right, however, needs to be balanced with the safety of the transport provider.	Goal A Objective 1
viii)	Goshen only provides services for consumers transferred from MHU. Some of their consumers are referred to them by their families and it is their responsibility that they refer this consumer to MHU immediately for medical diagnosis. In terms of denial of service for mental consumers, it has yet to happen, however, Goshen do not take any other mentally ill patient unless it's a handover case form MHU.	Goal A Objective 1

	There is a duty to accommodate consumers who may need the services of Goshen so they can equally benefit from and have access to all services being offered. Usually the process starts with the consumer asking for help. However, because of the nature of the disability, a person with a mental health disability or addiction may be unable to ask for assistance. Where service provider thinks that someone has a mental health disability or addiction and needs help, there is still a duty to accommodate that person. Organizations also have a duty to design their services, policies and processes with the needs of people with mental health disabilities and addictions in mind. This way, people with disabilities are able to fully integrate into all aspects of society. This is called "inclusive design."	
viii.	The Pacific Islands Mental Health Network (PIMHNet) and other regional networks supported the strengthening of countries in their efforts to address mental health. Mental health requires attention at the primary prevention level. Mental health promotion and early intervention, particularly with youth, need to be the focus of interventions. Further, the discussion noted that stigma towards mental health is still a major barrier to both workforce development and service delivery. This support mirrors the advocacy media reports already existing from Goshen and their supporters. It also reflects the intension of Goshen to address objective 4. Goshen needs to implement a Communication Plan immediately to address this need for awareness of the importance of understanding the serious implications of mental health.	Goal B Objective 4
ix.	The families/consumers perception of acceptability was very similar. That is, acceptability to them was being accepted immediately at the Goshen premises without going through any complicated and comprehensive paperwork's. Acceptability to some includes paying for all the medical treatments including the provision of accommodation for their relatives/children when unwell. Others interpretation includes the acceptance of their relatives at any time of the day and night. They also expect the Trust to visit their relatives weekly or even regularly depending on the crucial ness of the illness. Others expect immediate treatment and immediate positive results. Some wants and treats Goshen as a	Goal B Objective 4

	Home and to take in their families whenever the need arises.	
iii)	Funding from donors such as the Civil Society Support Programme (CSSP) Category 3 from the European Union of $300,000.00 tala is welcomed because of it financed most of the activities such as the provision of a 24-hour high security community-based "step-down bed" 2 bedroom facility. This not only has met the requirements of objective 2, but also it has addressed the plea of the public for an appropriate temporary unit following the death of New Zealander Hans Dalton, 38 at Tafaigata Prison. The outcome of this funding is the systematic functioning of the step down facility which is now fully operational and well utilized by several consumers.	Goal A Objective 1 & Goal A Objective 3
iv)	The promising process of transitioning consumers from MHU to Goshen have been commended and resulted in a recent visit by two District Court Judges, Tuatagaloa and Tuala Warren. This Criminal Justice involvement is an outcome of the successful process being utilized by Goshen. In accordance with the *Mental Health Policy* (2006) and the *Ministry of Health Act 2007*, two mental health care professionals are court officials who are appointed by the Minister of Health to advise the magistrate in cases between a mental health professional, such as a psychiatrist or nurse, and a person who has been diagnosed as having a mental disorder, but refuses treatment.	Goal A Objective 1

	Acceptability:	**Goals/ Objectives**
i)	Existing Services; The families of the Consumers interviewed were generally satisfied with the existing services received during their family member's tenureship with Goshen Trust. The majority were grateful for the assistance given to their families in terms of the rehabilitation programmes offered and wanted more training for their family member. One family was concerned with the absence of a qualified nurse or medical doctor in the premises at all times. Another concern was the security of the facility, that is, the number of male consumers outnumbered the number of male staff on duty.	Goal A Objective 3
ii)	Involvement of families in Treatment Decisions Shared decision-making is an important component of consumer-centered care and is associated with improved outcomes. The families of the Consumers interviewed were somewhat involved in the treatment decisions given to their family member's tenureship with Goshen Trust. Family-controlled decisions included those that were made after considering the consumers opinion, as well as those made with little or no input from the consumer.	Goal A Objective 3
iii)	Formal complaints mechanisms in place – Given the smallness of the current Goshen operation, the complaint processes are very clear and simple, and that is, all complaints are addressed to the CEO, and was referred to the Board of Directors if it needed addressing at that level. There is no formal complaint provision in our Mental Health Policy 2006 thus the absence of this important issue in the Mental Health Act 2007, however, the New Zealand Mental Health (Compulsory Assessment and Treatment) Act 1992, provides for a complaint mechanism at section 75 Complaint for breach of rights. In Australia, the states of Western Australia and Victoria in their Mental Health Acts, allows a provision of a Mental Health Complaint Commissioner to address mental patient grievances.	Goal A Objective 1 & Goal B Objective 3

v)	<u>Cultural sensitivity</u> The fact that most consumers being referred to Goshen are Samoans makes it easier for staff to approach them in our own usual traditions. The consumer's privacy and confidentiality of all information pertaining to the consumer is of the utmost importance. A common practice at the clinic has been to use a female staff to serve and assist a female consumer.	Goal B Objective 3
vii)	<u>Consumer rights;</u> This is provided in our Mental Health Act 2007, and the rights of all consumers are upheld and maintained. From interviews conducted, the consumers have been given treatment and their engagement in the selected rehabilitation programmes in proof of endorsement of this right. As quoted, "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, and political belief, economic and social condition."[10]	Goal A Objective 1 & Goal B Objective 4

[10] World Health Organsiation constitution

	Appropriateness:	**Objectives**
i.	Existence of best practice core programs In line with best practice**,** Trainings titled "Mental Health Advocacy & Early Diagnosis Tool" (to name a few) which aims at enhancing skills, knowledge and attitudes of the NGO members and volunteers to provide psycho - social support to the people of Samoa who experience mental illnesses, families, villages and the country, proved successful because it achieved outcomes which include early identification of symptoms and early warning signs of mental illness. Other trainings include developing care plans for short term and long term community based mental health support work; identify strengths and weaknesses of clinical (bio medical) and Faa Samoa approach to working with mental health service users and their families and write an advocacy skills plan relevant to developing community awareness. The Best Practices for successful inclusion and involvement of families/consumers in the delivery of services and treatment has been embraced by both the families and the Goshen staff and relevant stakeholders. It has become clear that shared responsibility is only possible and sustainable when many key players work collaboratively in program design, implementation and ongoing monitoring of the process. The best practice in the successful transitioning of consumers from MHU to Goshen and then into their homes has been proven to be working. It is noted that discharge planning do take place, however there is no approved and formal discharge planning mechanism in place which is crucial to care continuity.	Goal B Objective 3 & Goal B Objective 4
ii.	Fidelity: adherence to best practices This is one of the principal reasons why implementation fidelity needs to be measured. No data was available on progress of any programmes. There was also no reference to previous consumers and the improvements they have made. However, in the interviews, it was revealed that the parents/families involvement	Goal B Objective 3 & Goal B Objective 4

	in treatment which was implemented with high fidelity, such parenting practices improved significantly, but the effect was much less with families who were not very involved and willing to help their family member.	
v.	Readmission rate Readmissions rates have become a key indicator of hospital discharge quality and the primary outcome measure for studies aiming to improve mental health care transitions. There is no specific Readmission file during the interview however; this data is found in the Admission records.	Goal A Objective 3
vi.	Involuntary committal rate It was revealed that it is often that the Community Treatment Orders and Inpatient Treatment Orders are requested. Incomplete administrative data limited the accuracy of estimates of the number of people issued a CTO/ITO, however it was clear that the number of CTOs/ITOs issued, reissued and renewed has steadily increased since 2009. All CTOs/ITOs were issued by the physicians at MHU. CTOs/ITOs were most commonly issued to people with schizophrenia or schizoaffective disorder, or bipolar disorder. Interviewed health officials held the view that a consumer's well-being improved when they adhered to treatment plans, which almost always included medication. Some consumers were willing to adhere to their medication, others did not recognize that they needed medication or did not consider that the benefits of the medication outweighed the side-effects they were experiencing. Most who did continue with medication said they recognized an improvement in their lives.	Goal A Objective 3
vii.	Length of stay in Facilities The length of stay at the 'step down beds' facility and into their communities varies. There is no restrictive period of time where by consumers are to immediately vacate the premises, however, the priority is placed on the readiness of consumers to be transitioned to their homes. Attention has focused on using less and less inpatient treatment, replacing hospital stay with treatment in the community. In fact, longer hospital stay may	Goal A Objective 2 & Goal B Objective 3

	nowadays imply poor mental health care and support in the community. As a consequence, during the last two decades there has been an increased interest by administrators and governments responsible for financing mental health services in reducing the money spent on inpatient services and consequently in LOS reduction. Reduction of LOS is associated with less expenditure and reducing LOS is considered to be a sign of successful treatment in the community.	
ix.	<u>Use of seclusion/restraints</u> The building of 2 step down bed units was portrayed by staff interviewed as one possible strategy to improve critical care cost-effectiveness and consumer flow without compromising quality. The units have been used consistently by consumers. At one time, during the interviews, one of these units was used by a newly referred consumer.	Goal A Objective 2
xi.	<u>Needs-based funding and spending</u> Goshen is filling a 'significant gap in government service delivery to mental health patients. However, the demand for services far outweighs Goshen's capacity as a service provider. Additionally, insecurities around office space and limited engagement opportunities with government are impacting on its strategic goals'[11]. The MTR[12] found that Goshen would be an excellent candidate for the 'advocacy pilot'. CSSP should leverage off the operational funding grants to build Goshen's capacity for partnership with other civil society organisations and engagement with government. Goshen's situation clearly illustrates that a failure to complement core funding with other forms of assistance e.g. communications and marketing training, might limit the sustainability of this initiative.	Goal A Objective 1

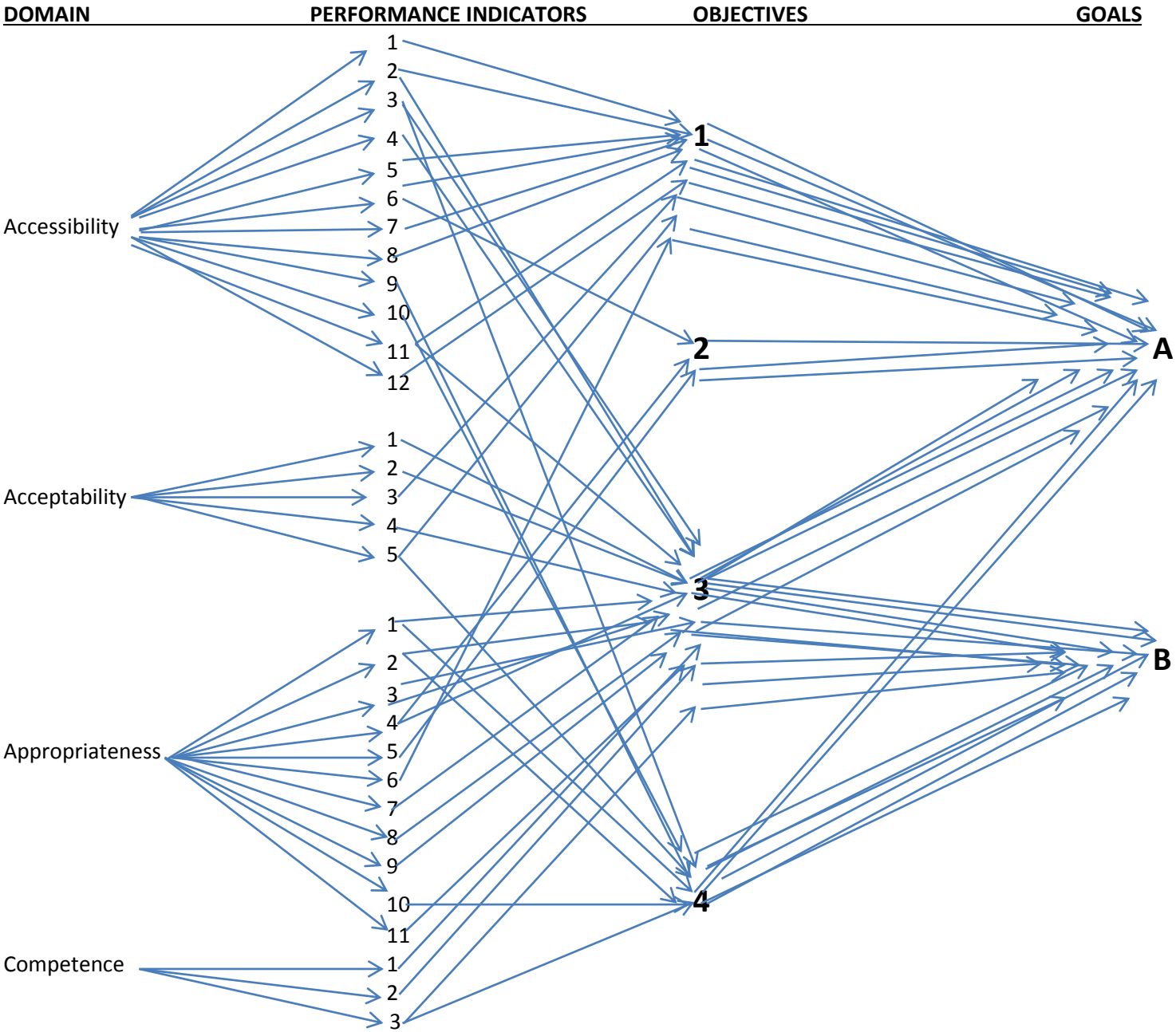
[11] Civil Society Support Program, Samoa, Mid-Term Review Report 2013
[12] Mid Term Report

xii.	Consumer/family perception of appropriateness The support counseling by Goshen was seen as appropriate in terms of the services being consumer directed and will be provided in the least intrusive manner. In terms of medical intervention, Goshen's existing procedures/guidelines were in line with MHU's procedures. There are Protocols are in place for providing referral and support. In terms of the Goshen standards on Review, Follow ups and referrals, the consumers found the service appropriate by having them the opportunity to review, discuss and comment on the available service and its appropriateness.	Goal B Objective 3
xiii.	Availability of community services Goshen has tapped into the CSSP for technical and financial assistance and the appropriate networking into communities. Various NGOs have assisted Goshen for example the Tiapapata Arts Centre, Samoa Returnees Charitable Trust.	Goal B Objective 3
xiv.	Criminal justice system involvement Recently, the Police Officers have received training in the appropriate response to persons with mental illnesses. The course expected outcomes include the instituted programs for improved identification, treatment and discharge planning. The courts have also indicated their willingness to divert persons with mental illness from the criminal justice systems into treatment. The Police have also indicated their willingness to create a positive partnership in responding to the needs of people with mental illness. Professionals involved at the police station, court or prison can take your mental health into account at any stage of your journey through the criminal justice system. The 2 orders pursuant to section 11 and 13 of the Mental Health Act 2007, have been in operation and is consistently used by Goshen staff since 2009.	Goal B Objective 3 & Goal A Objective 4

xv.	Community/institutional balance A key question to determine is what should be the balance in provision between these different services. Essentially, what is effective, what is cost effective and what is feasible within different budgetary constraints? The responses from families and staff reflected the acceptance of the activities and programmes held in Goshen. They viewed the application of such activities as relevant and related to their routine tasks in their communities.	Goal A Objective 3

	Competence:	**Objectives**
i.	Resources available to train staff to meet required competencies for role Apart from the usual trainings initiated by the SUNGO, CSSP, MPP, and the MWCD, there is no set framework that defines the knowledge, skills, and attributes needed for all staff and volunteers of Goshen. There is a provision in the Mental Health Act Section 3 Objectives – The Minister, Chief Executive Officer, Ministry, the Court and any health care professional shall, in performing or exercising any function, power, duty or responsibility under this Act and subject to available resources shall have regard to the following objectives and principles: *(j) to promote a high standard of training of those responsible for the care, support, treatment and protection of persons with a mental disorder;* During the interviews, there was a clear need requested by staff of regular trainings.	Goal B Objective 3
ii.	Resources available for on the job development and continuous learning Goshen key activities include the up skilling community members in mental health care. There is a provision in the Mental Health Act Section 3. Objectives – The Minister, Chief Executive Officer, Ministry, the Court and any health care professional shall, in performing or exercising any function, power, duty or responsibility under this Act and subject to available resources shall have regard to the following objectives and principles: *(h) to promote informed public opinion, discussion and understanding of mental disorder;*	Goal B Objective 3
iii.	Meets provincial certification /professional standards(where applicable) 'Mental Health care in Samoa is neglected and inadequately resourced. There is one part-time psychiatrist, who practices for 9 hours per week, and four full-time nurses at the national hospital, (a local psychiatrist is in training overseas). There are no services provided by a psychiatrist on Savai'i island where approximately one third of the population resides. Given limited Specialised human resources, there is limited support in villages or within families for people suffering from mental health problems.'[13]	Goal B Objective 3 & Goal A Objective 4

[13] Joint NGO Submission to the Universal Periodic Review of Samoa, 11th Working Session 2011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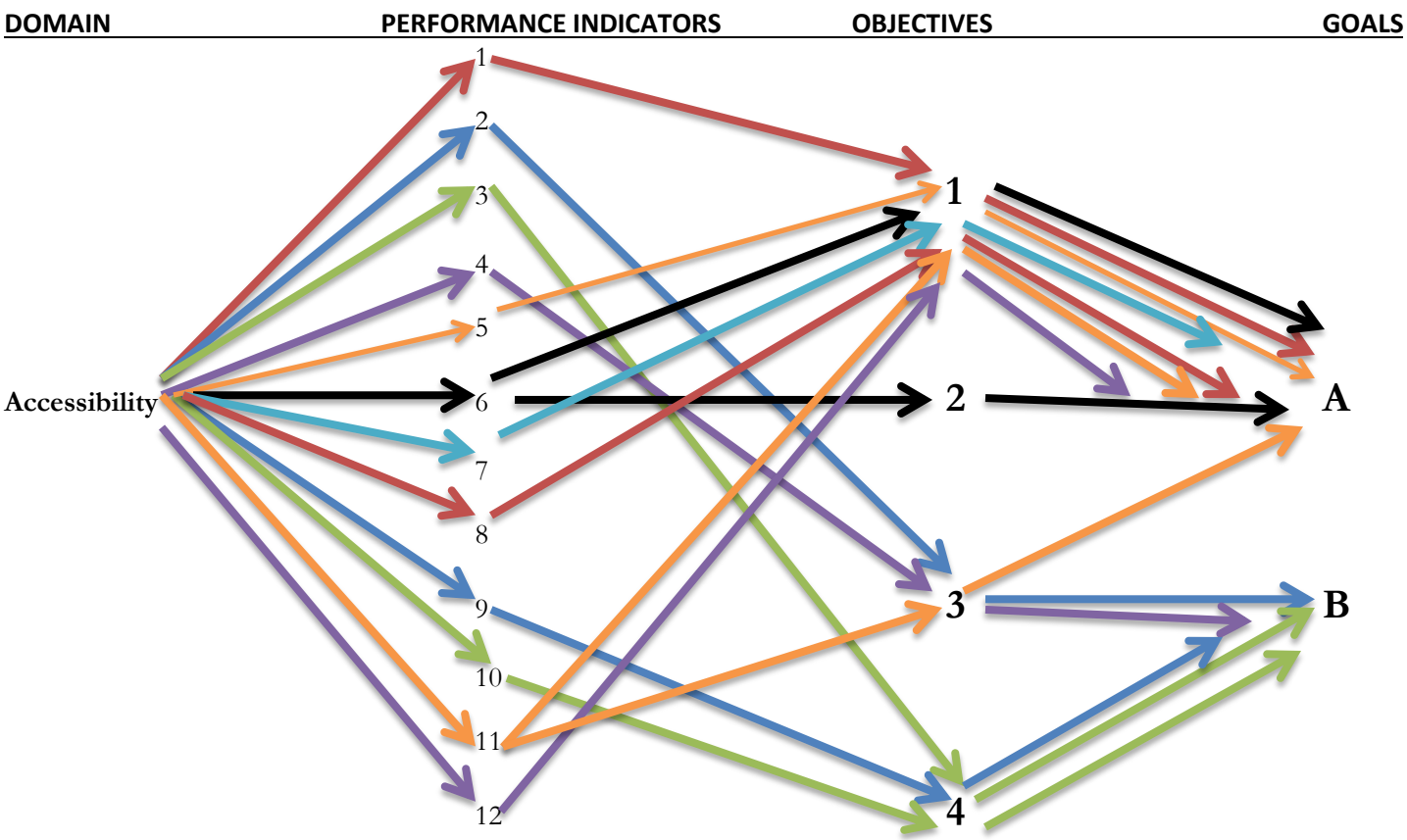
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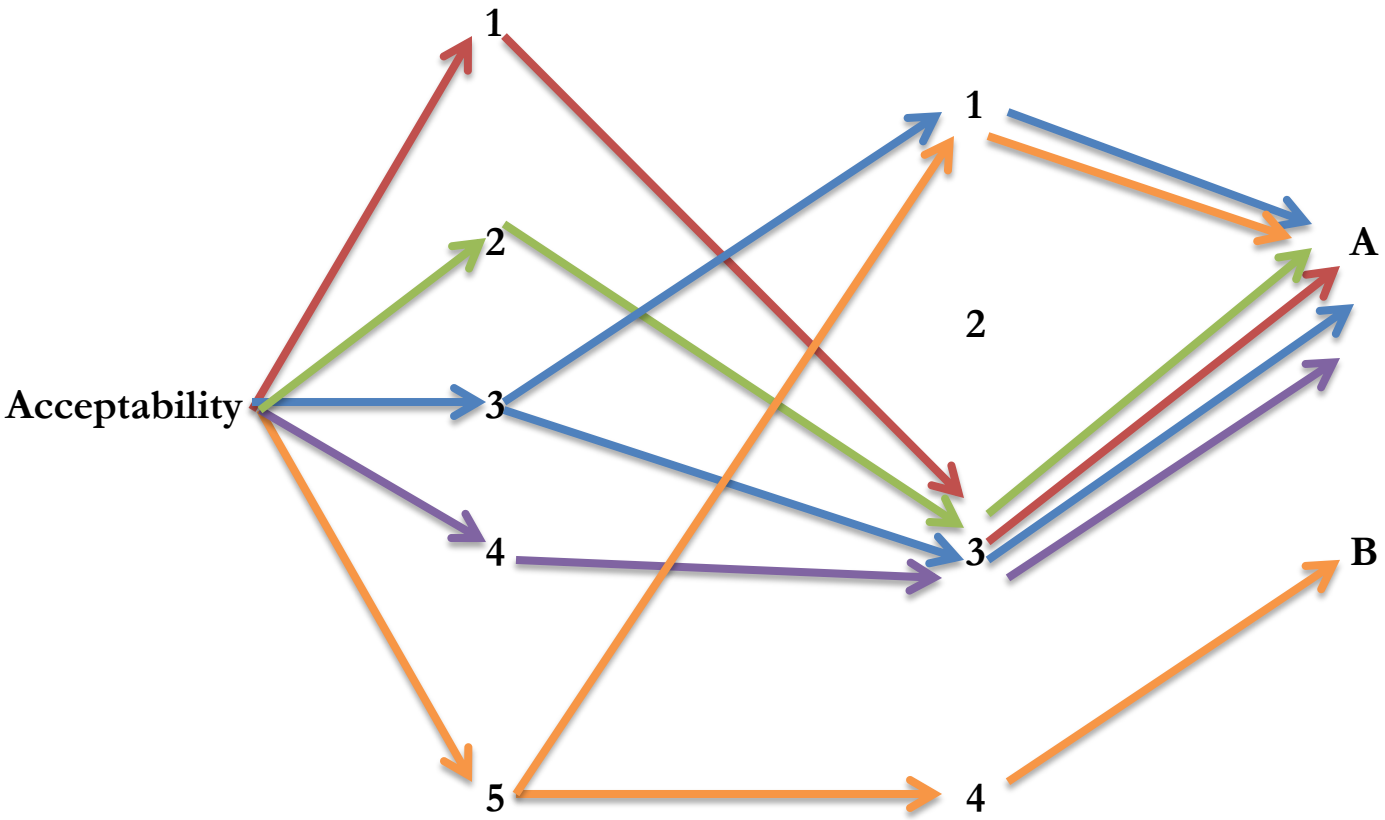
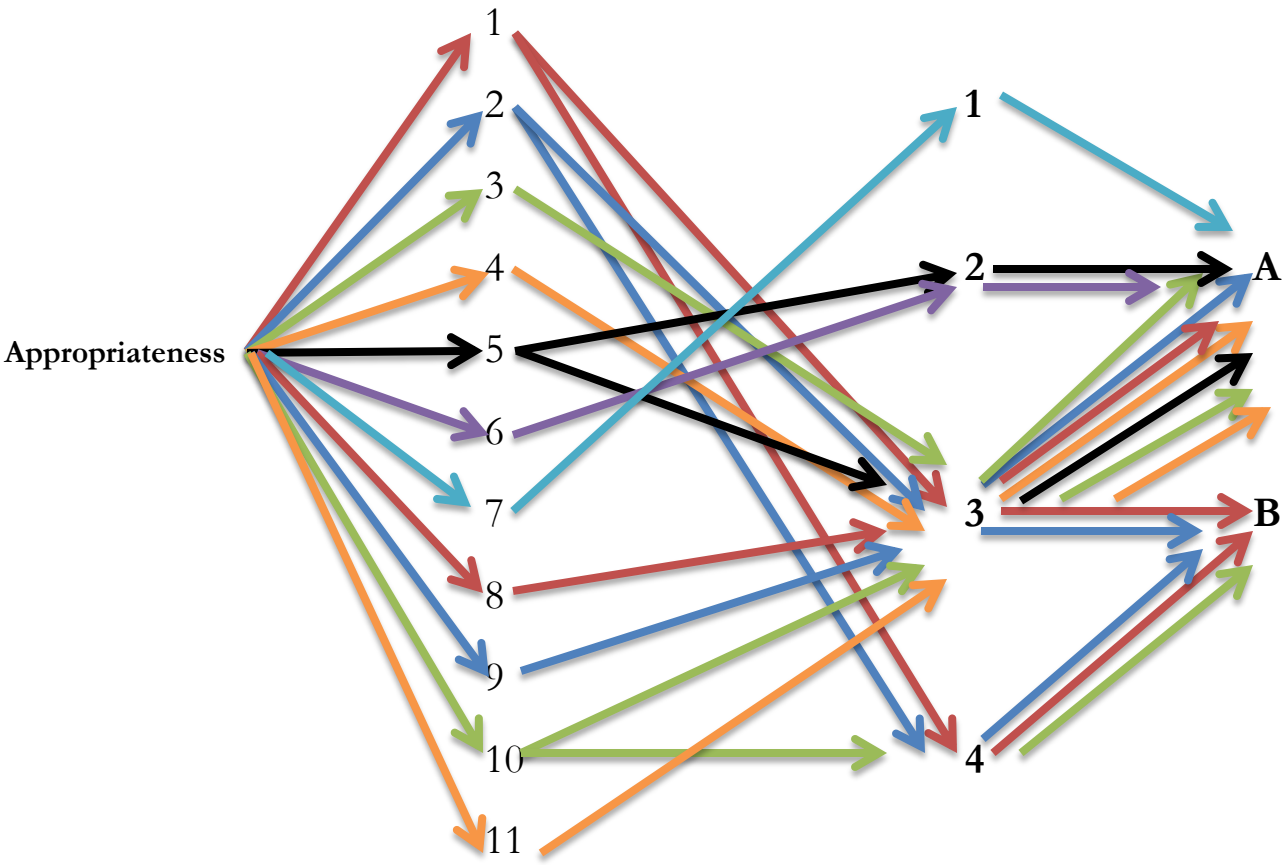


DOMAIN	PERFORMANCE INDICATORS	OBJECTIVES	GOALS



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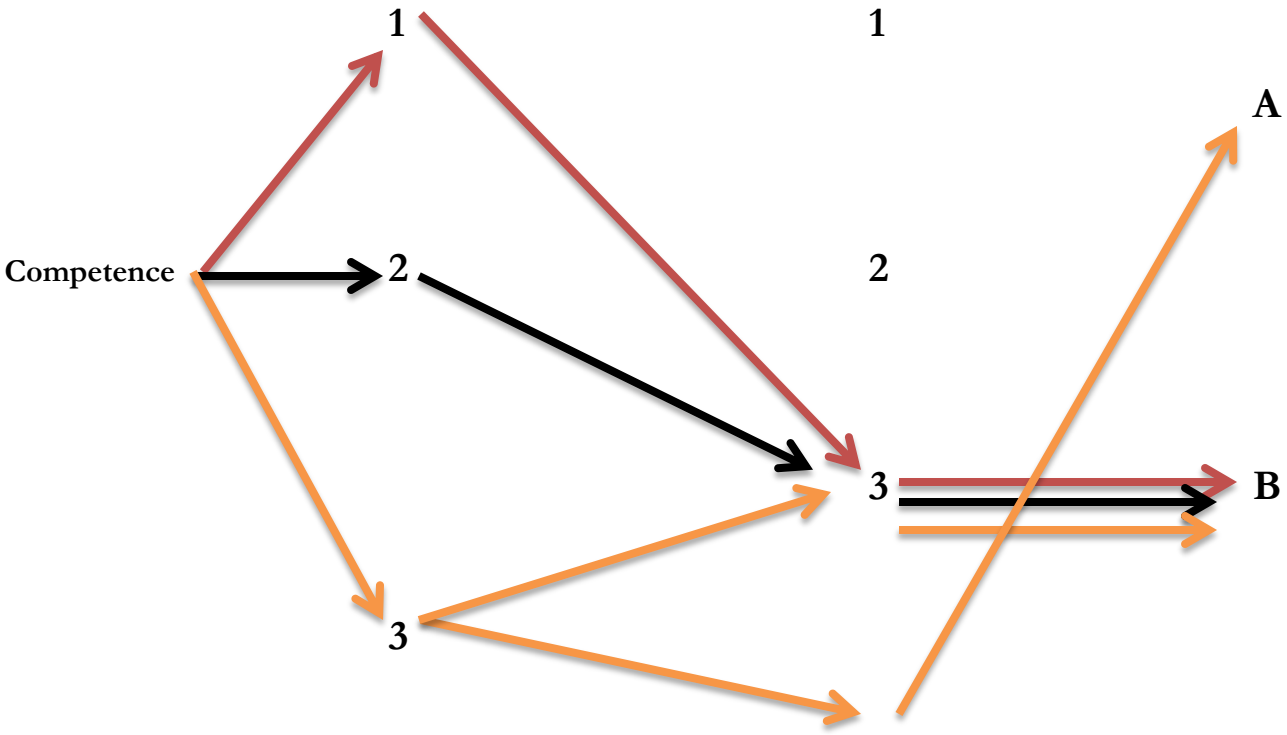

Matching Domain/Performance Indicators to Objectives:

Accessibility : The ability of people to obtain health care at the right place and right time irrespective of income, physical location and cultural background'

Performance Indicators for this realm revealed the insignificance of Objective 2 to the Domain of Accessibility. It reflected the 24 hour high security community based 'step down facility' as accessible only to a few. Many activities recorded during interviews did not reflect the usage of this facility by everyone. Step-down facilities need nursing care. Admission into step-down facilities must specifically be monitored, as these are new services and may be subject to abuse/wrong utilization patterns.

Objective 1 was well referenced that is, 7 out of the 12 performance indicators supported objective 1.
Objective 3 and 4 were somewhat achieved, that is 3 out 12 performance indicators each supported these objectives.

Acceptability: (Care/service provided meets expectations of consumers, community, providers and paying organizations).

Objective 3 was fully met that is, 4 out of the 5 performance indicators supported this objective.
Objective 1 and 4 were somewhat achieved.
It is alarming to note that objective 2 was not met by any of the performance indicators for this domain.

Appropriateness: (Care/service provided is relevant to client/patient needs and based on established standards).

Objective 3 was mostly achieved by the 9 out of 11 performance indicators for this domain.
Objective 2 and 4 were somewhat achieved with 2 and 3 performance indicators each.
Objective 1 was referenced once and its essential to revisit the performance indicators for this domain.

Competence: (Individual's knowledge skills are appropriate to care/service provided)

Objective 3 was achieved by all the performance indicators for this domain. This is an achievement for this realm.
Objective 4 was somewhat achieved.
Objective 2 and 1 are a concern. No performance indicators relate to this objective. It's essential to revisit the relevance of the objectives at present and whether new ones need to be added to ensure that all activities meet the goals already set by Goshen.

Recommendations:

1. Invest in developing an appropriate, rigorous, and independent evaluation strategy that is separate but complementary to the routine program management and monitoring activities.

For Goshen, far greater emphasis is reportedly placed on evidence based programmatic decisions. This requires using independent, scientifically valid impact evaluations to inform donor officials, policymakers, and program personnel about the various program effectiveness. Having well-defined specific objectives, linked to a narrow set of outcome measures to accomplish clear program goals is crucial. Standardized process, outcome and costing indicators will ensure we can compare programs and better understand where efforts are successful and where they need improvement.

2. Collect high quality cost data from multiple perspectives

To better understand all costs involved for planning and budgeting purposes, financial and economic cost information, from multiple perspectives (consumer, provider, institutional, donor, societal) should be collected systematically.

With agreed upon outcome measures from above, and the more widespread use of standard costing approaches, initial cost-effectiveness calculations can begin to build an evidence base for making Programme decisions on the more cost- effective intervention mixes.

3. Decrease the heavy reliance on unpaid volunteer labor for service provision

Though communities have had a long tradition of providing spiritual, social, and financial support for the mentally sick, there is always the increasing scale of the global challenges Goshen will face. Attrition rates among the volunteers at every level were high and created program discontinuities, quality of care issues, and generated a need for regular retraining of a new labor force. It is critical to recognize the additional labor provided by volunteers as a social service with opportunity costs for the worker rather than a assume it is merely a spiritual duty for the volunteers.

Figuring out whether, and if so, how to compensate the community workers assuming responsibility for Goshen care, is a key social issue. Solutions to this tough issue and the development of realistic expectations

of workload must be explored before the need exceeds the capabilities of individual volunteers or the whole organizations overall.

4. This report supports the recommendation by the Committee[14]

Allocate adequate human and financial resources to the Mental health unit in order to strengthen mental health counseling services as well as reproductive health counseling and make them known and accessible to adolescents;[15]

5. Measures to strengthen mental health and counseling services for adolescents

Mental health workforce capacity remains a challenge and we acknowledge we need improved case reporting, referral and follow up systems. Access to suitable medication is not identified as problematic and it is available when prescribed. It is envisaged as we build capacity across the different priority areas, reporting and referral systems will follow a positive trend of improvement.[16]

6. Discharge planning and Transitioning processes

Programme Discharge planning and transitioning processes are more successful when tailored to the needs of the individual, carefully planned, inclusive of family, appropriately timed, and collaborative in nature. A variety of "in-reach" and "out-reach" components between hospital and community providers can build better collaboration to support the transition process and find the right match between the client and the community placement.

7. Readmission rate

Readmissions rates have become a key indicator of hospital discharge quality and the primary outcome measure for studies aiming to improve mental health care transitions. Readmission rates are increasingly used as signals of hospital performance and a basis for reimbursement. While we applaud this focus on improving mental health care transitions and believe that proactive efforts can result in lower readmission rates, it is important to consider new policies in the context of prior government efforts to improve accountability.

[14] CRC/C/WSM/CO/1 Page 10: Para 49
[15] Country Report on the Status of the Rights of the Child in Samoa 2013
[16] Ibid Page 47

8. Involuntary Committal Rate

A CTO is not a treatment; it is a mechanism which mandates adherence to a community treatment plan and it is important to note that a CTO is only as effective as the community treatment plan that sits under it. Studies summarized have found outcomes such as improved quality of life, fewer hospital admissions and readmissions, and reductions in episodes of homelessness for people on CTOs.

9. Length of stay (LOS) in Facilities

There is focus on using less and less inpatient treatment, replacing hospital stay with treatment in the community. In fact, longer hospital stay may nowadays imply poor mental health care and support in the community. As a consequence, during the last two decades there has been an increased interest by administrators and governments responsible for financing mental health services in reducing the money spent on inpatient services and consequently in LOS reduction.

Reduction of LOS is associated with less expenditure and reducing LOS is considered to be a sign of successful treatment in the community.

10. The Need for Standardized Measures to Assess Transition Readiness

There are no standardized measures designed specifically to help Goshen identify consumers who might be ready to transition from the Facility to less intensive services. The lack of these measures is a critical barrier to progress in mental health practice, policy, and research. There's a need to address this critical gap in mental health practice, policy and research.

11. Consumer/family perception of appropriateness

In terms of Advocacy, and Consultation/Collaboration, Goshen staff must be knowledgeable about services that are accessible and relevant to consumers' interests in order to provide up-to-date information. Again appropriate training is recommended.

12. Resources available to train staff to meet required competencies for role

A competency framework is need for staff to define the knowledge, skills, and attributes of consumers of Goshen. Each staff member including volunteers will have its own set of competencies needed to perform

the job effectively. Goshen must provide detailed training programs to their staff on a regular basis in order to meet current and future needs.
To make sure the framework is actually used as needed, it's important to make it relevant to the people who'll be using it – and so they can take ownership of it.

13. Professional standards (where applicable)

'Increase funding for Mental Health and improve access to mental health professionals and support services, including better resourcing NGO and private sector services in this area.

It's also important for Goshen to initiate programs to raise awareness in the community about mental health problems and solutions.'[17]

14. Awareness Programmes

It is highly recommended that Awareness Programme be started. Its aim is to raise awareness of mental health and the implications of mental ill-health. The awareness Programme have been proven to be effective in bringing about positive change in people's knowledge about mental illness, and in reducing stigma that surrounds mental illness.

[17] Joint NGO Submission to the Universal Periodic Review of Samoa, 11th Working Session 2011

CONCLUSION:

The shift away from the use of psychiatric hospitals and long-stay institutions to the provision of community care, and arguing that such care produces better outcomes, such as quality of life, that it better respects human rights and that it is more cost–effective than institutional treatment.

This report recognized that community care implies providing a comprehensive range of services and points of contact, with contributions from different professionals and sufficient links to other sectors such as the criminal justice and education sectors.

The most successful contribution of Goshen is its ability to create the facility to accommodate the mentally ill consumers that have been abandoned for some time. However, as a way forward, recommendations for improvements need to be visited. For better results, these endorsements are to be prioritized in Goshen planning in future.

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