

## **Volunteering and International psychiatry essay prize.**

### **Reflections on the hidden burden of female mental illness in the Solomon Islands.**

Depression, anxiety and somatic complaints affect one in three people in any community around the world, primarily women<sup>1</sup>. Despite this fact, and the large number of females living in Gizo, mental illness amongst community members appeared well hidden. I shall reflect on the experience of my medical elective in the Solomon Islands, in an attempt to explore further the hidden burden of female mental illness in this part of the world. Whilst doing so, I shall briefly discuss the Solomon Islands societal attitudes, history and health system, outline my medical elective and explore the causal factors of potential female illness. I shall discuss the possible way that mental distress presents, the response to this burden of disease and the barriers that have arisen to its management. Finally, I conclude with some potential solutions that need considering to expose and manage the potential mental illness of numerous women within the Solomon Islands.

#### **Background:**

Just under one thousand islands in the South Pacific Ocean make up the sovereign state of the Solomon Islands. Over six hundred thousand inhabit a third of these islands, with the majority residing in rural settlements<sup>2</sup>. The population is predominantly Melanese, with smaller groups of Polynesian and Micronesian people, and a few expatriates, contributing to the overall populace. Solomon people live in an equatorial climate, and due to the location of the Solomon Islands, are annually faced with the devastating consequences of cyclones, earthquakes and tsunamis<sup>3</sup>.

Unfortunately the Solomon Islands has suffered erratic leadership, corruption, social discord and inter-ethnic conflict since its formal independence in 1978<sup>4</sup>. Consequentially, families have been faced with the trauma of violence, deaths, and displacement<sup>5</sup>. Peace was restored in 2003 following the arrival of the Australian-run RAMSI, Registered Assistance Mission to the Solomon Islands, which helped to restore law and order<sup>6</sup>. Over a decade later, RAMSI are still currently placed in the different provinces of the Solomon Islands, assisting the national police force.

The population of the Solomon Islands faces a double burden of disease, with the increasing incidence of non-communicable diseases, such as diabetes and obesity, as well as the more familiar communicable diseases found in tropical climates, such as malaria<sup>7</sup>. The national health service across the Solomon Islands is made up of a number of tiers, with an outlined referral pathway. At present the Solomon Islands has a central National Referral Hospital in its capital, Honiara, made up of a variety of specialist departments. Patients are referred here from smaller provincial hospitals or self-refer. Numerous nurse-lead, or occasionally doctor-lead, rural clinics refer patients to provincial hospitals.

The remoteness of many communities within the Solomon Islands creates a disparity in the health care service available to people. However, this inconsistency is particularly prominent with Psychiatric health care. The health care system that delivers psychiatric services is divided across the Solomon Islands. A four-bed acute care ward attached to the National Referral Hospital in Honiara is run by one consultant psychiatrist and there is a trained nurse-led National Psychiatric Unit in Malaita Province that has a 20 bed capacity. At a community level, in 2013, there were three trained psychiatric nurses placed in three of the provinces<sup>8</sup>. The remaining provinces rely on registered nurses with no or limited mental health knowledge. Consequentially, the vast majority of the population do not have easy access to psychiatric services within the Solomon Islands.

Internationally, efforts have been made to address the lack of mental health awareness and available services across the Pacific Island countries. In 2007, the World Health Organisation initiated the first annual meeting of the Pacific Island Mental Health Network<sup>9</sup>. The aim is for health ministers from the Pacific Island countries to discuss strategies and areas to prioritise to improve mental health care. Despite such efforts, an official mental health policy is still yet to exist within the Solomon Islands<sup>3</sup>.

### **My medical elective in Gizo Hospital:**

Following the completion of my medical finals, in March 2014, I had the opportunity to travel to the Solomon Islands for my medical elective. For eight weeks I lived on the small island of Ghizo, in Gizo, the second major town in the country.

Gizo hospital is one of the country's largest provincial hospitals, newly built since the 2007 tsunami damaged its predecessor. Despite the primitive services provided at the Solomon Islands' second main hospital, I was impressed with the variety of services available to patients. The hospital is run by the medical director, one of the five doctors, maintaining its workforce of nurses, pharmacists, radiographers, laboratory technicians and security guards.

As a medical student I was able to get actively involved in Gizo hospital's emergency and outpatients departments, the latter being the equivalent to the UK's general practice service. Under the supervision of the local doctors, I was able to carry out my own consultations, request investigations and come up with management plans.

### **Female Mental Health in and around Gizo:**

One of the hardest facts to understand is the complexity of mental illness amongst women in the Solomon Islands. The main reason being the sheer lack of research and data into this area of interest, which consequentially helps to hide the burden of mental illness amongst women. In the Solomon Islands, a female's mental health is challenged by many different aspects of her life. I attempt to explore some of these in order to expose the

hidden burden of female mental illness within the Solomon Islands, how this presents and the insufficient resources available to tackle such a problem.

Traditionally, communities within the Solomon Islands had a matrilineal land system, women were highly respected and heavily involved in the management of the land<sup>2</sup>. Today, the stark contrast of the current patriarchal society within Gizo reflects the vast change in social attitudes and values across the rest of the Solomon Islands, as a result of male dominated religion, laws, economics and politics<sup>2</sup>. One example that highlights the extremity of gender inequality within the Solomon Islands is the traditional practice of 'bride price', whereby a man pays a price for his bride and as a result effectively 'owns' and controls her<sup>10</sup>.

At a societal level, all leaders within the community are male, such as chiefs of tribal communities and priests. This was also comparably apparent within the hospital of Gizo and the delivery of health care. During my time there, all the doctors were male apart from the arrival of a female doctor who took up the emergency department post. It was fascinating to discover that she was one of only twelve fully qualified female doctors practicing in the Solomon Islands. Despite being in such a respected position within the community it was interesting how in any doctor's meetings she remained submissive and spoke only when spoken to by her male colleagues. I feel that the patriarchal attitudes did not stop at the hospital entrance, and that gender inequality continued amongst the medical workforce.

The combination of the above societal shift in attitudes, the resultant disparity in gender equality and the most recent armed conflict around the millennium has continued to fuel the greatest cause of female mental disorder, gender-based violence. 64% of women between the ages of 15 and 49 had experience some form of violence in a relationship from an intimate partner<sup>11</sup>. However, females are not free from violence if they are not in a relationship, 18% of women had survived violence from a non-partner<sup>11</sup>. Despite these shocking figures, the saddest fact is that 73% of both men and women believe violence against women is justifiable<sup>11</sup>. This belief is reinforced by societal attitudes, religion and law, which in turn reinforces the acceptability of the violence that women in the Solomon Islands is subjected to. Consequentially, women that have survived such ordeals have been found to more likely suffer emotional distress and are nearly four times more likely to attempt suicide<sup>11</sup>. The acceptance amongst men and, more importantly, women themselves helps to hide the disclosure of any potential mental illness.

Although peace has been restored within the Solomon Islands, widespread gender-based violence is still present within communities. Alongside the back drop of cultural attitudes towards the different genders and their place within society, lies two further exacerbating sources of gender-based violence, alcohol. In the Solomon Islands, in 2010, the prevalence of males drinking alcohol was over five times more than females<sup>12</sup>. Within the population of alcohol drinkers in the Solomon Islands, in 2010, males consumed seven times the total volume of alcohol than females, in litres of pure alcohol<sup>12</sup>. These figures highlight the prominence of alcohol within communities. The sources of alcohol varied from store-bought alcohol, home brew and distilled home brew<sup>13</sup>. The easy access to alcohol and its

excessive consumption<sup>13</sup>, particularly amongst males, makes it easy to understand its clear contribution to gender-based violence that females are subject to.

With such a high prevalence of gender-based violence, surviving natural disasters and societal situations of hopelessness, I was surprised not to come across a large number of mentally distressed women. I soon realised that a lot of these women's mental distress was possibly being presented through physical symptoms and that they were in fact suffering psychosomation<sup>5</sup>. Throughout my time seeing patients in the outpatient department of Gizo hospital, the greatest number of complaints from women were chronic, unexplained: back pain, abdominal pain, headaches and tiredness. Until I learnt of the high gender-based violence prevalence, I could not comprehend why so many females were suffering from similar symptoms that were not medically severe or worrying in a physical sense. Part of my blindness to this was possibly contributed to by the response and management of such complaints by the local doctors. Not necessarily the fact that they were male, but the overall attitude to medical management and the insensitivity to any consideration of mental health problems.

This attitude however was not just at a clinical level but also at a managerial level, despite being the second largest hospital in the Solomon Islands, there was no psychiatric health care clinic or service available. The lack of such a concrete psychiatric service may explain the lack of consideration for psychiatric disorders, partly because they are not culturally recognised through mental distress and partly because if one does diagnose a psychiatric condition, the management for that patient is severely limited without the expert psychiatric knowledge and facilities. Consequentially, this sustains the concealment of female mental illness within the Solomon Islands.

In fact it was not until I specifically enquired about violence at home that a woman who had returned twice before to the outpatients department with chronic back pain revealed that ten years ago her husband had kicked her repeatedly in the back and that she had had pain ever since. Another upsetting case was the arrival of two burns victims onto the female ward. A mother and her eight month old baby had severe burns to their backs and chests from an 'accidental' spillage of boiling water. Despite her family's certainty that the perpetrator was the woman's husband, the mother of the baby denied this and stuck with the original story, that it was an accident. The disturbing fact that women agree with such actions, as mentioned earlier, supports the fact that so many women remain silent and do not volunteer the true facts of their injuries. Additionally, it is thought that a women's reliance of a male breadwinner reduces the likelihood of them speaking out about their partner's violence towards them<sup>14</sup>, which may have been the case for the both of the patients I came across. In fact 70% of women who are subjected to violence do not speak out, and those that do confide in a friend or close family member<sup>15</sup>. Not speaking out and suppressing such trauma possibly offers an explanation for the psychosomatisation and high prevalence of physical ailments amongst the female population in the Solomon Islands.

Finally, another reason for why women don't speak out about such violence is that its existence and the concept of the fact that it is a violation of women's rights is completely new to this part of the world. The first national study on gender-based violence was not

carried out until 2007<sup>10</sup>, the year that the PIMHnet held its first meeting<sup>9</sup>. It was not until 2010 that the National policy Gender Equality and Women's Development Policy (GEWD) was implemented to protect and eliminate violence towards women<sup>2</sup>. The idea that such culturally embedded actions are unacceptable is still very new to Solomon people. Whilst I was in Gizo, it became apparent that a women's group were speaking to different villages and communities on and around Ghizo, raising the awareness of gender-based violence against women and promoting the fact that it was wrong. Unfortunately the audience at these gatherings were predominantly women, emphasising the fact that the message that gender-based violence is wrong is still not being accepted within society today, particularly by the male community members. Once again, any resultant mental illness amongst females subjected to such violence remains hidden.

### **The Psychiatric cases I did see..**

In order to fully understand what needs to be addressed to improve the management of mental illness in the Solomon Islands, I reflect on two cases I witnessed during my time in Gizo.

In the two months I was in Gizo and seeing patients, I only came across two clear cut psychiatric cases recognised in western psychiatry. One was a fifty year old man complaining of low mood, loss of energy, with feelings of hopelessness, worthlessness and experiencing anhedonia. This gentleman was diagnosed with depression and started on a course of Amitriptyline, which was increased a week later after a follow-up appointment. The second psychiatric case was that of a young male experiencing psychosis, possibly untreated, undiagnosed schizophrenia. He would walk about Gizo responding to what appeared to be auditory and visual hallucinations. He would also repeatedly warn people about the devil and go about looking for him.

These two cases emphasise many factors around the perception and response to mental illness in the Solomon Islands. Interestingly, the former's management plan was suggested by one of my fellow medical students. It is highly unlikely that such a plan would have been made by one of the local doctors who are more focused on the physical health of their patients. Supporting the fact that mental illness is being hidden in general as it is not enquired about even at a health system level.

Additionally, Amitriptyline was the only anti-depressant available. Unfortunately, there are no pharmaceutical manufacturers in the Solomon Islands. The country is heavily dependent on imported pharmaceuticals from other countries worldwide<sup>13</sup>. Unfortunately, it was not infrequent that certain drugs became unavailable across the Solomon Islands. During my elective both paracetamol and metformin went out of stock. The latter was clearly a great concern for those patients reliant on it for the management of their type two diabetes. Consequentially, prescribing Amitriptyline to a patient came with the high risk of developing discontinuation syndrome if the supply was unreliable.

The latter case, emphasises the findings of a qualitative study on the perceptions of mental health in the Solomon Islands. It was found that locals thought that even if a person does go to Honiara or Malaita for psychiatric treatment, they are often not followed up on their return<sup>13</sup>. The community may treat the person badly, teasing them and excluding them, actions which I witnessed in Gizo towards this particular male community member. Consequentially, this could give an incentive for anybody suffering mental illness to remain quiet, and keep it hidden.

Finally, unfortunately most people have the belief that the government and chiefs of the communities often neglect the needs of mentally ill people<sup>13</sup>. As well as being illustrated in this case whereby the young male was known to have behaved like this for many years without any input. I feel that this was also highlighted by the heavy reliance on non-governmental organisations and the church in Gizo to provide groups and a sense of community to support people with mental distress. Inevitably, if the government is not dealing with its peoples' mental health needs, then they remain blind to any abnormalities in this area and once again mental illness remains concealed.

### **Conclusion:**

The burden of female mental illness within the Solomon Islands is potentially huge, and unfortunately at the current time, unmeasurable. The key actions that need to be taken to address this issue can be divided into three areas: society, the government/ international input and the health care system.

At a societal level, issues around gender-based violence and excessive alcohol consumption need to be tackled. This would be helped with a more proactive, practical approach from the government and the international community, such as through teachings in the education system or potentially through punishment in the legal system. Additionally, more funding needs to be fed into research targeted at looking into the true burden and causes of female mental illness in the Solomon Islands.

The health system, the gatekeeper to discovering and managing mental health issues in females needs to engage with the concept of psychiatric illness within the context of the Solomon Islands' culture. All health care professionals, doctors and nurses need adequate training/ re-training so that they have the appropriate skills and knowledge base to recognise and manage mentally ill individuals. Rather on being heavily dependent on unreliable pharmaceutical treatment, investment should be made in sustainable community based psychological interventions, which can be easily adapted to respect local beliefs and customs<sup>16</sup>.

The need for such changes is vital to ensure that the next generation of females within the Solomon Islands do not mentally suffer in silence.

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