

Bridging Worlds: Navigating Mental Health Advocacy in Rural Fiji

A Reflective Essay

Introduction

What does it mean to live in a rural village in the heart of Fiji - considered one of the world's 'happiest countries'¹ - yet still struggle with your mental health? What does that struggle look like, when you've never been taught about what it means to have mental health? In educational systems across the country, there is low awareness of the importance of mental health, and only recently has there been a call to introduce teaching on wellbeing and supporting high school students with their struggles². Where in the UK there has been a huge drive over the past decade to increase awareness and support with mental health challenges, schooling institutions in Fiji are only just beginning to implement basic teaching into their curriculum. This essay will explore my experiences of being an international volunteer in Fiji, helping the local youths (18-35 years) learn about mental health; whilst also being immersed into their rich culture and diverse way of life.

The History of Mental Health Struggles in Fiji

Many theories and models describing cultural transition outline a sequence of phases illustrating common experiences within a culture or society that lead to changes in beliefs, practices or values. The year 1867 marked the end of cannibalism in Fiji³, after the British missionary Thomas Baker came to the South Pacific to spread the word of God, thus starting the cultural transition to Christianity - where religion would henceforth predominate. In 1874 Fiji became a British crown colony, after which point further cultural transitions have taken place. Between 1879 and 1916, the British brought Indian indentured laborers to work on sugar plantations, where they faced mistreatment, exploitation, and high rates of poverty, illiteracy, and famine in their districts⁴.

The system of indentured labours was abolished in 1917, however the Indo-Fijians were not economically able to return to India, thus settled in Fiji and had to adjust to living peacefully alongside the Fijians as equals. Not only did the Indians suffer ‘disabling physical and mental damage within the plantation labour systems’⁴, but adapting to this new lifestyle caused further emotional and psychological struggles for both cultures, despite at this time not having awareness of the concept of mental health. Contemporary Fijian culture is still heavily focused around spirits and ancestors, where fears of curses generated at night - causing insanity, illness or worse - are still central in villages⁵. These anxieties can contribute further to declines in mental health.

Fijian Culture

An important concept when looking at Fijian beliefs is ‘vanua’, which is the connection between people, the land, and the world. To every tribe, or ‘mataqali’, ownership of land is integral to life - land is seen as the physical entity the people are most dependent upon for survival. A common belief is that if a family were to build on land not belonging to their tribe, ancestors of that land would impart a curse of madness on the residents. ‘Mana’ is a closely linked concept - it is seen as meaning ‘blessing’, or ‘spiritual power’, which comes from the ancestral spirits, and they have the highest influencing power. It is largely believed that the ‘mana’ guide the wellbeing of the people, and gifting is required for them to maintain the natural balance of the land. These strong cultural beliefs of the Fijians hold great importance, therefore it is vital to keep this in mind when discussing mental health. Learning about this showed me how faith and religion might influence wellbeing by nurturing anxieties rather than empowering us against them. A further cultural barrier to seeking support for mental health is the significance of traditional gender roles in the village, where men are to be seen as strong and raised to be the protector of the family - making them hesitant to share feelings and express need for help when faced with challenges.

Logistical Issues for Mental Health Support

In Fiji, access to mental health services is restricted by resources - support is available via helplines yet many villagers do not own mobile phones, or signal in villages is limited. This is further complicated due to attitudes towards mental health and level of education in the field; there is considerable stigma surrounding the issue - such as fear of family embarrassment, and the thought that mental illness is a form of madness or a curse that has been put on the sufferer. Mental health professionals must overcome indigenous stigma, as well as help people understand what is meant by mental health. From personal experience, explaining even the most basic concepts in mental health can be tricky with language barriers (most words don't have a direct translation) as well as lack of existing knowledge of what it means to have mental health - especially when taking into consideration the consequences of misunderstanding. For the Fijian youths, unfamiliar with psychology and concepts such as brain chemistry, it can be incredibly hard to comprehend the significance of mental health being on the same level as physical health.

Access to Support & the Extent of the Problem

According to the 'Mental Health Atlas' by the World Health Organisation, there is one psychiatric facility in Fiji, and four mental health outpatient facilities. In terms of staffing, there are five psychiatrists, forty-six mental health nurses, and no psychologists in the country⁶. The Royal College of Psychiatrists states that across the UK, per 100,000 people, there are eight consultant psychiatrists in England, ten in Scotland and six in Wales⁷. As of 2022, the Fijian population is 929,766 - meaning there are just 1.86 psychiatrists per 100,000 people. This being the case, accessing mental health services in Fiji is no easy task, hence not many of the villagers even know it is an option. Fiji is considered to have "one of the highest suicide rates in the world"⁸, with the youngest age of suicide being seven years old⁹. Suicide is an increasing concern in Fiji, yet not

enough people are able to advocate for mental health support due to a lack of educational background in the field; thus it is seen as a 'silent' issue. The average loss to suicide is 110 Fijians per year, and for every completed suicide it is estimated another twenty attempts are made; the most vulnerable age group is 16-25 years⁹. Suicide rates in Fiji per 100,000 people is 12.2 for males, and 5.7 for females. Comparing this to the UK, the figures are 11.8 per 100,000 for males, and 4.0 for females¹⁰. This clearly demonstrates that much like the UK, suicide rates in Fiji are significantly higher in males, yet these figures show the extent of the difference in suicide rates overall between the UK and Fiji.

Worldwide, globalisation causes a significant impact on mental health; this can be observed in Fiji where villagers are being forced to move away from their families to the big city, younger people are being influenced into different lifestyles where respect for village elders is lost (causing intergenerational conflicts), and gender roles are being challenged causing an expectation for men and women to adapt to new lifestyles. In addition to this, Fiji is prone to natural disasters, leading to widespread damage and crucial financial impacts; socioeconomic consequences of this includes increasing poverty, and worsening mental health¹¹.

Personal Experience of Volunteering in Fiji

I had the opportunity of spending four weeks living with a host family in a rural village in the Fijian highlands, with the support and guidance of Think Pacific. The key goal of their projects is sustainable development, and to be mutually beneficial for both volunteers and locals. My personal goal was to advocate for mental health support by delivering workshops to provide a foundation in mental health knowledge. Through Think Pacific's focus on cultural exchange, volunteers live as equals with villagers, learning from each other throughout the experience. Often, international

volunteers go abroad and try to drill Western ideas into the locals, believing their approach is the only 'correct' way. In my project, the Fijian youths were valuable members of our team - we took a collaborative approach to discussing mental health and issues they faced. Our contribution to supporting the village with mental health was through enthusiastic challenging of ideas, a learning mindset, and bringing new perspectives.

Each day in the village involved leading workshops designed to initiate conversations around mental health, from foundations of wellbeing, to exploring deeper topics like stigma, discrimination, and suicide awareness, including risk factors and prevention strategies. Starting with the basics allowed locals to build confidence, and establish rapport with us volunteers, helping them feel more at ease when moving on to more challenging topics. Given the statistics on suicide in Fiji, it is understandable that many in our workshops had personal experience - either through their own struggles, or those of family or friends. In light of this, it was crucial we worked to raise awareness of the issue, and gave the youths knowledge and confidence to act as mental health advocates within their community. By discussing these difficult issues openly, we were able to break the stigma, stress the importance of support networks, and empower individuals to support each other - thus leading to a stronger and more resilient community.

My motivation to complete this international volunteering project was the opportunity to explore the culture, lifestyle and traditional skills of the Fijians in-depth, whilst also leading the delivery of a range of workshops to discuss complex mental health topics. Pushing myself beyond my comfort zone gave me a chance to develop inter-cultural competency, as well as the opportunity to improve my communication skills within a foreign cultural environment. The project broadened my perspective on mental health struggles around the world, and allowed me to reflect on the cultural

framework I was raised under; how in the UK mental health is considered an open topic to learn and discuss, yet this is very different in a developing country like Fiji.

Benefits to the Locals

The Fijian youths in the village of Nubuyanitu, where I was based, benefitted greatly from the project - from never being taught the basics of mental health, to leading workshops and community events showcasing the importance of advocacy - they picked up many key concepts and developed significant confidence along the way. We came to the village to teach young adults about mental health, with the long-term aim of them then becoming teachers to the wider village. They had the opportunity to engage in unfamiliar subjects with important personal relevance, as well as improve their critical thinking and teamwork skills. One reason I had for doing this project was knowing the value of being able to talk openly about personal struggles; if people don't understand mental health, they can't talk about it effectively. However, by teaching them the fundamentals of mental health, then diving deeper into the various challenges associated, and the importance of support, we can create opportunities for communities to engage in meaningful conversations when struggling - ultimately fostering a strong support system within the village.

In the current cultural climate of Fiji, a fear among many is that the younger demographic are no longer engaging with integral aspects of tradition and their culture, therefore causing knowledge to be lost. The Fiji National Development plan, in line with requests from the ministry of iTaukei affairs, expresses the need for young people to re-engage with their culture. It is vital for them to have knowledge of what it really means to be Fijian, and the customs and traditions that have been handed down through countless generations over the years. To support the Fijians with this, our project included a culture course, taught by the locals, where we would learn about food, traditional dances (such as 'meke'), art and crafts, and perspectives - including history of Christianity. The aim

of this initiative was to stimulate engagement with and revitalise local culture - a good example of cultural exchange.

Reflection

Reflecting on my overall experience with the mental health workshops, one of the key learning points for me was that no matter how little background knowledge people have in mental health, if you put in the effort to stimulate discussions they can learn an immense amount. One of villagers with whom I worked closely said she found the workshops valuable because herself and others were able to “learn more about mental health and share our knowledge with our families and communities as a whole”, and that us as volunteers became “friends” who they could “share [their] life stories with”. This was incredibly rewarding, because not only did I play a significant role in advocating for mental health within a rural village, but I made friends along the way who valued me as someone they could place their trust in, and open up about personal struggles (which they may never have spoken about before). Furthermore, when asking the youths to reflect about what they had learnt, many of them mentioned they now felt able to talk to each other when they were struggling, and a significant proportion of them were able to fight stigmas including “men don’t cry” - which is so important in a village where traditional gender roles play a key role in limiting support for men.

Long-term aims of the project included building knowledge within a community, who could be confident in advocating for and addressing issues in mental health among the locals, as well as being able to provide support for those facing mental health difficulties. We wanted to support the younger demographic by furthering their employability - through helping them build vital skills such as teamwork, leadership and public speaking, and presenting them with a certificate to evidence their experience which would enhance their CV. I hope that through the project they have

been encouraged to become ambassadors for mental health within their community, but also for the Fiji National Development plan through delivering the culture course and re-immersing themselves in local traditions. Lastly, I hope they are able to further the reach of the project by continuing advocacy with peers and younger generations within rural areas of Fiji.

This experience taught me an incredible amount; I genuinely believe it had a profound impact on my development and helped me grow both personally and professionally. Not only did I overcome worries in public speaking and socialising amongst people, with challenges such as language barriers, but also I was able to positively support locals in their struggles with mental health. This gave me a sense of accomplishment knowing I made a difference to the community who so kindly took me into their home. This whole project has been a personal achievement, but in particular, I am proud of my ability to have advocated such a challenging issue whilst leading enjoyable yet beneficial workshops. The biggest challenge was the first few sessions, where we were in a new environment amongst new people (who were unfamiliar with our language), and we had to encourage them to open up and feel comfortable with us whilst also adjusting to the huge amount of changes that comes with moving from an urban area in a first world country, to a rural village in a developing country. The challenges I faced made me realise how fortunate we are to live in a world where conversations about our struggles are not only acceptable but seen as 'normal', and to have access to so much support in our everyday lives. I can no longer take this for granted as I saw how difficult it was for some people who do not have these luxuries. Although there is still a lot of work to be done with mental health in the UK - including addressing problems with high rates of suicide amongst men - this experience gave me perspective of how much has been achieved over the last few years.

Conclusion

To conclude this essay, I want to touch on the ethics of international volunteering, and how we can make it more sustainable moving forward. International volunteering has the potential to foster cultural exchange leading to developing knowledge of multiple cultures - both for the volunteers and the locals. Volunteers have the chance to bring their understanding and expertise in complex topics to communities who benefit greatly from that knowledge. However, it is important to consider motives, and whether what you do to support locals will be beneficial for them.

Volunteering abroad can lead to unequal power dynamics, which can lead to locals feeling inferior - this was a key consideration for my project, and we made every effort to give the Fijians leadership positions in our workshops. It is important not to become dependent on international volunteers for development, which reduces long-term sustainability. We encouraged rural communities to forge their own independence in mental health by giving youths a supportive environment to plan their own community advocacy day, to teach villagers about mental health and what they had learnt. We hope that on our departure from the village, locals have been equipped with skills and knowledge required to further the impact of our project by teaching others and acting as advocates themselves. By prioritising community needs, ensuring locals are gaining what they need to from projects, and fostering long-term, sustainable development, the benefits of international volunteering can be maximised whilst minimising harm to rural villages.

During my time in Fiji, I was amazed by the beauty of the islands, and the kind warmth of a people who were so happy to participate and embrace our presence in their village. To consider that these same people could continue to suffer high rates of suicide, and other consequences of mental health, felt shocking. It helped me realise how much knowledge and awareness I have of mental health given the level of support within my country, and I feel grateful that I was able to share this with the villagers. In return, I have been given the joy of sharing their culture through not only learning their

traditional dances, arts and food, but also their warm-hearted nature and compassion, which I hope to assimilate into my own cultural heritage on my return to the UK.

Alice Ramsey

I declare that I have no conflict of interest

Reference List

1. 10 reasons Fiji is one of the world's happiest countries [Internet]. Lonely Planet. [cited 2024 Aug 24]. Available from: <https://www.lonelyplanet.com/articles/why-fiji-is-happy>

2. Odrovakavula L, Mohammadnezhad M, Khan S. A Survey on Wellness and Its Predictors Amongst Fiji High School Students. *Frontiers in Public Health* [Internet]. 2021 May 10 [cited 2024 Aug 24];9:671197. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8141803/>
3. CultureTrip. A Brief History of Cannibalism in Fiji [Internet]. Culture Trip. 2017 [cited 2024 Aug 24]. Available from: <https://theculturetrip.com/pacific/fiji/articles/a-brief-history-of-cannibalism-in-fiji>
4. Buckingham J. Disabling labour: race, disability and Indian indentured labour on Fijian sugar plantations, 1879–1920. *Postcolonial studies* [Internet]. 2024 Mar 13 [cited 2024 Aug 25];1–16. Available from: <https://www.tandfonline.com/doi/full/10.1080/13688790.2024.2320088#d1e121>
5. Roberts GJ, Leckie J, Chang O. The History of Mental Health in Fiji. *International and Cultural Psychology*. 2017;237–51.
6. WHO. Mental Health Atlas 2020 Country Profile: Fiji [Internet]. www.who.int. 2022 [cited 2024 Aug 25]. Available from: <https://www.who.int/publications/m/item/mental-health-atlas-fji-2020-country-profile>
7. Royal College of Psychiatrists. Postcode lottery for psychiatric care [Internet]. www.rcpsych.ac.uk. 2022 [cited 2024 Aug 25]. Available from: <https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2017/09/11/postcode-lottery-for-psychiatric-care>
8. Suicide – Ministry of Health & Medical Services [Internet]. MHMS Fiji. [cited 2024 Aug 26]. Available from: <https://www.health.gov.fj/suicide/>
9. Lifeline Fiji. About | LIFELINE FIJI [Internet]. lifelinefiji.com. [cited 2024 Aug 26]. Available from: <https://lifelinefiji.com/about/>
10. WHO. World Bank Open Data [Internet]. World Bank Open Data. 2024 [cited 2024 Aug 27]. Available from: <https://data.worldbank.org/indicator>
11. Philipp J. Mental Health in Fiji [Internet]. The Borgen Project. 2023 [cited 2024 Aug 27]. Available from: <https://borgenproject.org/mental-health-in-fiji/>