Acknowledgements

This report is dedicated to all the young people of the Solomon Islands.

We wish to acknowledge and thank the following people:

The people of Burns Creek, Koa Hill and Fulisango and Zion, 3 suburbs of Honiara, who participated in the Knowledge Action Practice (KAP) survey, the focus groups and the interviews.

The participants to the Training of Trainers (TOT) workshop: Isaac Kiriau, Youth representative at the Church of Melanesia; Sergeant Joe H. Ririmae, Director, Community Policing Unit, Sister Doreen Awaisi and Sister Mary Lulo, Christian Care Centre of the Church of Melanesia, Annie Horiwawpu, Society of St Vincent de Paul; Niniu Oligao, the Solomon Islands Red Cross; Ethel Laufanua Suri, Program Officer, Vois blong Meri; Charles Fox, President, National Youth Congress, Oscar Wate, Solomon Islands Planned Parenthood Association; Ambrose Malefoasi, St. Nicholas School and Lecturer at USP, Honiara; Martin Moali and Abraham Diki, Winds of Change; Jackson Wara, Assistant Director, King George Sixth School; Veronica Maepeza, Research Officer, SIDT; Siv Yoganathan and Moses Ramo, World Vision; Metlin Keke, Women for Peace; Jefter Tuhagenga Global Leadership News; Dr. Glynn Gelo, Director of the USP Centre, Honiara; Daniel Gaefoa, Assistant Director, Mental Health Unit, Ministry of Health; Moren John Dusaru, Registered Nurse; Gregory Masuram and Hubert Kaipuru, Youth representatives, Fulisango-Zion; Hudson Maenasi, Youth Leader, Koa Hill; Johanne Angeli, Concordia University, Montreal, Canada.

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The research team from SIDT who collected data: Gregory Masuram, Hubert Kaipuru, Annie Horiwawpu, Niniu Oligao, Abraham Diki, Rebekah Tali, Nelson Angisiringi, Jamie Rex, Fred Maetia, Veronica Maepeza and Johanne Angeli. Johanne Angeli conducted the focus groups with the help of Ambrose Malefoasi. Jennifer Wate, Director, SIDT, coordinated the team with Jefter Tuhagenga, YMH Coordinator. Dr Christine Jourdan, Concordia University, Montreal, Canada, who planned the research, carried out the key informant interviews with the stakeholders, undertook in-depth interviews with research participants, analysed the results and crafted the report.

Thanks to NZAID, for the funding of the Youth and Mental Health Project. To the Foundation of the People of the South Pacific International (FSPI) for commissioning the research through Margaret Leniston, Regional Health Programme Manager, who also edited and organised the publication of the research with Maureen Penjueli, Communications and Advocacy Coordinator and to Archana Mani, the Regional YMH Coordinator for her contribution to the Mental Health Awareness Training with SIDT. This report was designed by SPC Regional Media Centre. Special thanks to Emily Nadike from the SPC Regional Media Centre.
Foreword by the Hon. Johnson Koli, Minister of Health and Medical Services

It is indeed an honour and privilege for me to present this report on behalf on all key stakeholders; and especially for the youth, both young women and men, of this country.

Healthy people are crucial in the development of sustainable livelihoods for the nation. Our children and youth are our future. Let me remind us that health is not merely absence of disease but also physical, psychological and mental well-being.

Hence the report is invaluable in many regards, such as to provide the actual situation of the country in relation to youth and mental health. The data and information sets out the baseline parameters, and should help all stakeholders plan and allocate appropriate resources in supporting the recommendations entailed in the report.

As health is everyone’s business, the recommendations in the report, appropriately calls on all stakeholders including the Government Ministries, NGOs and civil society to strengthen both the professional and operational links to address key mental health factors and related issues highlighted in the report.

We have a very young and dynamic population. There are many challenges ahead of us in dealing with the key mental health issues and problems in relation to youth of this country. The report has re-emphasized many of the key internal (current mental health care system) external (demographic and social) and issues and recommendations for youth and mental health in the Solomon Islands.

The report sets the basis for all key stakeholders to work towards a common framework to address the issues around youth and mental health.

Finally, but not the least, I would like to take this opportunity to commend all those involved in successfully contributing to this study and producing this report.

Our people’s health is our passion.

Hon. Johnson Koli MP
Minister of Health & Medical Services
Solomon Islands
Youth and Mental Health in Solomon Islands: A Situational Analysis

Message from the Executive Coordinator, Solomon Islands Development Trust

The Solomon Islands Development Trust (SIDT), with 25 years working within villages both in rural and urban centre of Solomon Islands, has witnessed a growing number of issues directly affecting our young people. Issues affecting youth range from unemployment, aimlessness, drug and alcohol abuse, sexual abuse, family breakdown and the list goes on. These issues have a bearing on the young people’s ability to deal with life in a mentally healthy way.

The report provides an insight into how young people deal with the many pressing issues and they are struggling to cope with life. The report provides real life stories from youth about how they try to manage these challenges. In some instances it illustrates how they make decisions that have negative impacts on their life.

SIDT’s mission is to improve the quality of life in villages and to recognize the young population, both young women and men of this country, as an important asset. The strength of our work is in our capacity to build strong networks within the government, NGOs, community and alongside young people, to recognize and advocate for solutions.

In this regard the SIDT Youth and Mental Health (YMH) project is aimed at addressing these challenges, alongside those who have concern and responsibility for the well-being of our young people. These challenges cannot be seen in isolation, but need to be addressed in partnership with stakeholders within communities and across the government sectors.

The recommendations highlighted in this report cannot be taken for granted. The report calls for a greater focus by everyone to reduce mental ill health and improve coping strategies, because mental health is everyone’s business. The challenge is for everyone at the family level, community levels and national level to develop programs and create opportunities to address these issues and to create a policy environment which is respectful of the rights of those with mental ill health, to prevent discrimination against them.

The Youth and Mental Health project, partners with local network groups to complement the activities provided by government and other key organizations. The SIDT YMH project also works with the Foundation of the Peoples of the South Pacific International (FSPI) network partners and includes eight Pacific countries, who support each other to address these challenges.

We would like to thank the three communities of Koa Hill, Burnscreek and Fulisango in Honiara for their ongoing support in providing assistance to tackle challenges their young people face. SIDT will continue to work alongside you on the issues you have raised.

Thanks also to Dr Christine Jourdan for supervising the research and analysis, to FSPI and the Regional Health Team for their training support, advice and in particular for the coordination of the publication process. I want to thank, on behalf of SIDT, NZAID’s funding of the FSPI Youth and Mental Health Project across the region.

We trust this report will serve as an instrument which will contribute to the wellbeing of our young people.

Ms Jennifer Wate
Executive Coordinator
Solomon Islands Development Trust (SIDT)
# Table of Contents

<table>
<thead>
<tr>
<th>Acknowledgements</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreword</td>
<td>3</td>
</tr>
<tr>
<td>Introduction</td>
<td>4</td>
</tr>
<tr>
<td>List of Tables, Figures and Boxes</td>
<td>7</td>
</tr>
<tr>
<td>Abbreviations</td>
<td>8</td>
</tr>
<tr>
<td><strong>Executive Summary</strong></td>
<td>9</td>
</tr>
<tr>
<td><strong>1. Introduction</strong></td>
<td>11</td>
</tr>
<tr>
<td>1.1 Background</td>
<td>11</td>
</tr>
<tr>
<td>1.2 Objectives of the study</td>
<td>11</td>
</tr>
<tr>
<td>1.2.1 The key objectives</td>
<td>11</td>
</tr>
<tr>
<td>1.2.2 Expected outcomes</td>
<td>11</td>
</tr>
<tr>
<td>1.3 Summary of methodology</td>
<td>11</td>
</tr>
<tr>
<td><strong>2. Solomon Islands: an overview</strong></td>
<td>12</td>
</tr>
<tr>
<td>2.1 Social transformations</td>
<td>12</td>
</tr>
<tr>
<td>2.2 Honiara</td>
<td>13</td>
</tr>
<tr>
<td>2.3 Youth and Gender in Solomon Islands</td>
<td>14</td>
</tr>
<tr>
<td>2.4 Youth in Honiara</td>
<td>15</td>
</tr>
<tr>
<td>2.5 Youth and the tension</td>
<td>17</td>
</tr>
<tr>
<td><strong>3. Literature Review</strong></td>
<td>20</td>
</tr>
<tr>
<td>3.1 Mental Health</td>
<td>20</td>
</tr>
<tr>
<td>3.2 Mental Health in the Pacific</td>
<td>20</td>
</tr>
<tr>
<td>3.3 Mental Health in the Solomon Islands</td>
<td>20</td>
</tr>
<tr>
<td>3.3.1 The situation analysis of mental health</td>
<td>20</td>
</tr>
<tr>
<td>3.3.2 Mental Health Services in the Solomon Islands</td>
<td>21</td>
</tr>
<tr>
<td><strong>4. Research Findings</strong></td>
<td>24</td>
</tr>
<tr>
<td>4.1 Analysis of interviews, focus groups and questionnaire survey</td>
<td>24</td>
</tr>
<tr>
<td>4.1.1 Violence</td>
<td>24</td>
</tr>
<tr>
<td>4.1.2 Wellness of mind</td>
<td>27</td>
</tr>
<tr>
<td>4.1.3 Substance Abuse</td>
<td>28</td>
</tr>
</tbody>
</table>
### 4.1.4 Suicide

### 5. Pressing issues for young people in Honiara

- **5.1 Marginalization**
- **5.2 Unemployment and poverty**
- **5.3 Education and vocational training**
- **5.4 Social change and family breakdown**
- **5.5 Lack of recreational facilities**
- **5.6 Overpopulation and urban pull**

### 6. Existing youth projects in Honiara

- **6.1 Interviews with stakeholders**

### 7. Recommendations

- **7.1 Policy**
- **7.2 Service intervention**
- **7.3 Advocacy**
- **7.4 Enhancement of professional competence**
- **7.5 Collaboration and cooperation between stakeholders**
- **7.6 Further research**

### 8. References

### 9. Appendices

- **Appendix 1: Methodology**
  - Overview
  - Ethics
  - Research tools
  - Pre-test
- **Appendix 2: List of some projects on youth in Honiara 2007**
- **Appendix 3: List and contacts of stakeholders**
- **Appendix 4: Objectives of National Education Action Plan**
- **Appendix 5: Recent research on youth in the Solomon Islands**

Glossary
List of Tables, Figures and Boxes

List of Tables

Table 1: Population estimate by households and province: 1999-2005/6  
(adapted from HIES, table 2.2, p.22)  13

Table 2: Percent distribution of estimated population in Honiara and 
Solomon Islands and sex by age group  16

Table 3: Total number of criminal activities reported in Solomon Islands from year 
2004-2006  17

Table 4: Total number of criminal activities reported in Honiara from year 
2004-2006  17

Table 5: Numbers of attempted suicide by youth in Honiara, Jan. to August 2007  23

Table 6: Numbers of focus groups, interviews and questionnaires conducted 
for the Research  24

Table 7: Rape cases from year 2002-2005  25

Table 8: Number of cases of domestic violence, sexual harassment and child 
abuse/sexual reported to the Family Support Centre, 
Honiara, 1977-2006  26

Table 9: Effects of domestic violence on the family and on children  27

Table 10: What should the government do to help young people feel 
good about their life  33

Table 11: Unemployment rate in Solomon Islands 2002-2005/6  33

Table 12: Secondary Enrolment by class, year an sex, 2003-2005  34

List of Figures

Fig. 1 Population growth in Solomon Islands since 1970  12

List of Boxes

Box 1 In their own words: tensions  18
Box 2 In their own words: violence  25
Box 3 In their own words: domestic violence  26
Box 4 In their own words: women and suicide  27
Box 5 In their own words: substance abuse  29
Box 6 In their own words: suicide  31
Box 7 In their own words: unemployment  32
Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCC</td>
<td>Christian Care Centre</td>
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<tr>
<td>CP</td>
<td>Community Police</td>
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<td>CPD</td>
<td>Continuous Professional Development</td>
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<td>CYP</td>
<td>Commonwealth Youth Program</td>
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<td>DHA</td>
<td>Department of Home Affairs</td>
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<td>ESIRPII</td>
<td>Solomon Island Education Reform Programme</td>
</tr>
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<td>FSC</td>
<td>Family Support Centre</td>
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<tr>
<td>FSPI</td>
<td>Foundation of the Peoples of the South Pacific International</td>
</tr>
<tr>
<td>HIES</td>
<td>Household Income and Expenditure Survey</td>
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<td>HISP</td>
<td>Health Institutional Strengthening Program</td>
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<td>HR</td>
<td>Human Resources</td>
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<tr>
<td>HTC</td>
<td>Honiara Town Council</td>
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<td>IMHP</td>
<td>Integrated Mental Health Plan</td>
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<td>IOA</td>
<td>Institutional and Organisational Analysis</td>
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<tr>
<td>KAP</td>
<td>Knowledge Action Practice</td>
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<tr>
<td>MH</td>
<td>Mental Health</td>
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<td>MHMS</td>
<td>Ministry of Health and Medical Services</td>
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<tr>
<td>MTAF</td>
<td>Mid Term Expenditure Framework</td>
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<td>MWYS</td>
<td>Ministry of Women, Youth and Sports</td>
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<td>NEAP</td>
<td>National Education Action Plan</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<tr>
<td>NIU</td>
<td>National Intelligence Unit</td>
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<td>NRH</td>
<td>National Referral Hospital</td>
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<tr>
<td>NYC</td>
<td>National Youth Congress</td>
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<tr>
<td>NZAID</td>
<td>New Zealand International Aid and Development</td>
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<td>PAF</td>
<td>Performance Assessment Framework</td>
</tr>
<tr>
<td>RAMSI</td>
<td>Regional Assistance Mission to the Solomon Islands</td>
</tr>
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<td>RSIP</td>
<td>Regional Solomon Island Police</td>
</tr>
<tr>
<td>SCF</td>
<td>Save the Children Fund</td>
</tr>
<tr>
<td>SDB</td>
<td>Solomon Island Dollar</td>
</tr>
<tr>
<td>SIBC</td>
<td>Solomon Island Broadcasting Corporation</td>
</tr>
<tr>
<td>SICHE</td>
<td>Solomon Islands College of Higher Education</td>
</tr>
<tr>
<td>SIDT</td>
<td>Solomon Islands Development Trust</td>
</tr>
<tr>
<td>SIEMIS</td>
<td>Solomon Islands Education Management Information System</td>
</tr>
<tr>
<td>SIG</td>
<td>Solomon Islands Government</td>
</tr>
<tr>
<td>SIIMHP</td>
<td>Solomon Islands Integrated Mental Health Plan</td>
</tr>
<tr>
<td>SIPPA</td>
<td>Solomon Islands Planned Parenthood Association</td>
</tr>
<tr>
<td>SIP</td>
<td>Solomon Islands Police</td>
</tr>
<tr>
<td>STIs</td>
<td>Sexually Transmitted Infections</td>
</tr>
<tr>
<td>TOT</td>
<td>Training of Trainers</td>
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<tr>
<td>TVET</td>
<td>Technical Vocational Education and Training</td>
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<tr>
<td>UNICEF</td>
<td>United Nation Children’s Educational Fund</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>USP</td>
<td>University of the South Pacific.</td>
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<tr>
<td>VBM</td>
<td>Voice Blong Meri</td>
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<td>WHO</td>
<td>World Health Organisation</td>
</tr>
<tr>
<td>YMH</td>
<td>Youth and Mental Health</td>
</tr>
</tbody>
</table>
Youth and Mental Health in Solomon Islands: A Situational Analysis

The Youth Mental and Health Project is part of a pan-Pacific project set up under the aegis of the Foundation of the Peoples of the South Pacific International (FSPI) and funded by New Zealand International Aid and Development (NZAID). The first phase of the project took place in Papua New Guinea, Vanuatu, Kiribati and Fiji (2003-2006), and sought to understand the relationship between Masculinity, Mental Health and Violence (MMHV) in these countries. The second phase (2006-2009), includes the Solomon Islands and Tonga. This has created an opportunity to evaluate the situation of youth and mental health in young men and women’s lives. The project will extend to Tuvalu and Samoa in 2008.

The Youth and Mental Health (YMH) Solomon Islands: A Situation Analysis has analysed existing research on this issue and has focused its primary research in Honiara. The YMH project has engaged young people from the research communities and will continue to work with these communities throughout the YMH Project. Preliminary observations in Honiara, shows a high youth population. Seventy Five per cent of 15 to 19 year olds are unemployed. Many of these young people indicated they are finding it difficult to deal with life and more particularly, with the demands of social change and urbanisation. These difficulties, associated with lack of employment opportunities, are expressed through behaviours that range from alcoholism and depression, violence against others or against themselves and at times end in a tragic suicide. The reported attempted suicide rate in Honiara alone, within a nine month period, is very high. From January to August 2007 there were 41 suicides, 35 of them female and 6 were male. Most of these occur amongst the younger population. This statistic is disturbing and like other youth and mental issues, needs further gender based research and urgent action to prevent such tragedies occurring.

Youth in Honiara are going through difficult times and are experiencing an increase in stress related to lifestyles, social change, and lack of support from families, communities and government. Young people face a range of social and economic issues that bear on their ability to deal with life in a mentally healthy way. Issues of poverty; unemployment; aimlessness, depression, drug and alcohol misuse, limited and inadequate education and training opportunities, gender disparity, marginalization, violence, sexual abuse and family breakdown are raised by them and discussed in the report.

Young people who are still in school and pursuing their education may be at less at risk as they are engaged in such activities, but measures need to be put in place to ensure that education and training will allow them to become employed and to contribute back to society and their communities. In addition, a high number of students going overseas for post graduate degrees are not returning to the Solomon Islands to bring back their skills and experience. The country is experiencing a drain of talent that it cannot afford. Incentives need to be created to encourage them to return and be able to be employed and contribute back to Solomon Island’s development.

The report shows that young people who have left school (drop outs or push outs), or those who have no schooling, are at particular risk of developing psychological and social difficulties. If young people are not employed or involved in activities to improve their lives and build self-esteem and engagement with their communities, they will be at risk. The fact that a large number of them cannot find employment, partly because they have no marketable skills and or because employment opportunities are rare, it will decrease their ability to find a constructive way to place themselves in their communities and society. This situation seriously affects their self-esteem and
risks leading them into a state of depression. It is essential to develop projects and programs that will provide vocational guidance, counselling and structural support.

The findings indicate that the tensions took place in the Solomon Islands between 1998 and 2002 and beyond, played havoc on the lives of people in Honiara. In particular the report goes further to highlight the devastating and potentially long term impact of such events on youth. Youth appear to have lost trust in their national institutions and see it as essential that they be able to work to improve spiritual, mental, emotional and physical health of youth.

The report reveals that the trauma created by the tension should not be underestimated. It lives on for many young people. There are many unresolved issues that after years of unsatisfactory governance, struggles over resources, corruption at all levels of government. Young people are looking for leadership and role models to look to and to successfully lead them.

The streets of Honiara are full of young people walking and hanging around, yet they have little or no real voice in the affairs of the country and given very little opportunity to constructively contribute to the social and economic development of their country. Despite their demographic importance, their political voice is negligible.

The National Youth Policy (2000:4) recognizes the need to address the issues central to the life of young people and identifies the most pressing ones. Youth are keen to be active and engaged constructively. The report outlines a number of key recommendations. More resources, both people and money and the facilitation and development of support networks, specifically designed in a gender sensitive way with and for youth and families. Youth programs, services and facilities, are needed and are required to be designed, with youth, to be available at both at community and at an institutional level, both in Honiara and nationally.

Youth also stated the need for government and service agencies to develop advocacy, awareness and education programs on mental wellness for youth, for families and for communities which address the differential needs of men and women. It is important for government and non government agencies to advocate for and facilitate linkages and to work together within local communities, with church leaders, local nurses and medical practitioners and with families and to engage youth people and their groups to help plan for and develop community and youth facilities. The recommendations in this report attempt to provide a guide for ways to address these critical mental health issues and needs.

The recommendations in the report, call for action on mental health legislation and policy; the development of programs which create a policy environment respectful of the rights of those with mental ill health to prevent discrimination; mental health counselling facilities; gender sensitive youth support services; education and awareness on gender and family relations; anger management, suicide prevention and improvements in opportunities for training and employment.
1. Introduction

1.1 Background

The Youth Mental and Health Project is part of a pan-Pacific project set up under the aegis of the Foundation of the Peoples of the South Pacific International (FSPI) and funded by New Zealand International Aid and Development (NZAID). The first phase of the project took place in PNG, Vanuatu, Kiribati and Fiji, and sought to understand the relationship between Masculinity, Mental Health and Violence in these countries. The second phase, which takes place in the Solomon Islands and in Tonga has been expanded in order to evaluate the mental health situation of local youth (women and men) and to assess the impact of mental health (MH) on their life.

In the Solomon Islands, the initial situational analysis, while utilising reports on youth and mental health issues in the Solomon Islands, has focused its primary research in Honiara to meet the project objectives. The YMH Project will continue to work within the communities engaged in the Knowledge Action Practice research. Preliminary observations in Honiara had shown that many young people were finding it difficult to deal with life in general and more particularly, with demands of social change and urbanization. These difficulties, associated with lack of employment opportunities, are expressed through behaviours that range from alcoholism and depression, violence against others or against themselves.

1.2 Objectives of the project

The aim of the project is to understand and improve youth and mental health in the Solomon Islands.

1.2.1 Key objectives:

- To raise awareness of youth mental health issues and to de-stigmatize mental illness and mental ill health among the target population.
- To provide youth focused evidence based research and information that will guide policy and decision makers.
- To promote the development and improvement of gender based culturally sensitive youth friendly services.
- To promote the development of Youth and Mental Health education materials in order to assist people deal with mental health issues within communities.
- To foster the coordination of governmental and non-governmental mental health related plans and actions throughout the country.

1.2.2 Expected outcomes:

- Youth will become aware of mental health issues, including their causes and effects.
- The community will become aware of youths at risk and will be able to address the issues of mental health of youth while providing adequate and efficient, gender sensitive, regional and national services.
- Information and legislation will be put in place in order to allow service providers to act sensitively and efficiently and to increase the coping capacity at national and regional levels.

1.3 Methodology

The Knowledge Action Practice (KAP) research for the situational analysis, took place in three residential areas of Honiara which were identified by stakeholders as problematic with regards to mental health. They are Burns Creek, Koa Hill and Fulisango Zion. Using a variety of research tools (questionnaires, focus groups, in-depth interviews, photography, itineraries) the team of volunteer peer researchers carried out the field research in May and June 2007. The details of the methodology and of the ethical considerations appear in Appendix 1.
2. Solomon Islands: an overview

2.1 Social transformations

The Solomon Islands has been independent since 1978. They are constituted of six large islands and a multitude of smaller ones. The country is divided into nine provinces (Choiseul, Western, Central, Rennell and Bellona, Isabel, Guadalcanal, Makira, Malaita, Temotu), each with their own capital. Honiara, the capital of the country, is located on Guadalcanal, and is administered like a province. The population of the country comprises Melanesians (94%), Polynesians (4%), Micronesians (1.5%), Europeans (.8%), Chinese (.3%), and others (.4%). Over the last 30 years, the population of the country has risen quickly. The population is now estimated to be around 533,000 (see Fig. 1).

Linguistic (91 local languages and dialects plus English and Pijin) and ethnic diversity contribute to the atomisation of a country into local identities focused on the Pijin concept of hom (the place of origin). Despite years of urbanization, rapid social transformation, increases in levels of education, and participation in global economy and exchange, the concept of hom still organizes much of people’s sense of consciousness and identity. Christianity has marked the history and development of the country, initially in the education sector.

Figure 1: Population Growth of Solomon Islands 1970-2006

Over the years, Solomon Islanders have become increasingly involved in cash generating economic activities. Currently 80% of the population are village-based and live in a subsistence economy (mainly gardening and fishing), however, an ever-growing number of people are looking for paid employment in the urban areas and in the capital city of Honiara in particular. In some parts of the country, such as North Malaita for instance, ‘rural push’ has been exacerbated by population pressures and put a premium on arable garden land located close to villages. In most areas, young peoples’ expectations about life, fuelled by rising levels of education, connections to the wider world through radio and videos and the desire to partake in the cash economy, have pushed them to look for life outside of the village. ‘Urban pull’ is linked to employment and education opportunities, distance away from kastom (local cultural rules and practices) and family, amenities such as running water and electricity and the excitement of urban living.

The ‘urban pull’ was considerably curtailed between 1998 and 2002 by the ethnic tensions that shocked the country. The result was that the ‘rural push’ and ‘urban pull’ became temporarily replaced by ‘rural pull’ and ‘urban push’ as people, looking for shelters away from the violence, social unrest and economic breakdown that dominated life in Honiara during that period, went back to their home village.

### 2.2 Honiara

Honiara has attracted migrants ever since the beginning of its history, shortly after the end of World War II. Initially, most migrants were young men in search of employment who transited through Honiara en route to the plantations of the archipelago. Progressively, as the town developed and offered jobs and education opportunities as well as services, families established themselves in Honiara. The town is now bursting as its seams and the population pressure is being felt in different ways: inadequate infrastructure; higher cost of living; shortage of services; shortage of housing; shortage of employment. There was also a rise in development of squatter settlements for those displaced by the tensions.

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<td>Choiseul</td>
<td>31,259</td>
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<td>Western</td>
<td>81,852</td>
<td>13,650</td>
<td>4.4</td>
<td>62,739</td>
<td>9,570</td>
<td>3.2</td>
</tr>
<tr>
<td>Isabel</td>
<td>23,638</td>
<td>4,614</td>
<td>2.4</td>
<td>20,421</td>
<td>3,472</td>
<td>2.6</td>
</tr>
<tr>
<td>Central</td>
<td>24,491</td>
<td>4,209</td>
<td>2.1</td>
<td>21,577</td>
<td>3,533</td>
<td>2.0</td>
</tr>
<tr>
<td>Rennel</td>
<td>4,409</td>
<td>672</td>
<td>10.3</td>
<td>2,377</td>
<td>423</td>
<td>2.2</td>
</tr>
<tr>
<td>Guadalcanal</td>
<td>84,438</td>
<td>14,611</td>
<td>5.6</td>
<td>60,275</td>
<td>10,164</td>
<td>1.5</td>
</tr>
<tr>
<td>Malaita</td>
<td>140,569</td>
<td>22,114</td>
<td>2.3</td>
<td>122,620</td>
<td>18,362</td>
<td>3.3</td>
</tr>
<tr>
<td>Makira</td>
<td>50,026</td>
<td>7,524</td>
<td>8.0</td>
<td>31,006</td>
<td>4,859</td>
<td>2.7</td>
</tr>
<tr>
<td>Temotu</td>
<td>23,800</td>
<td>4,300</td>
<td>3.8</td>
<td>18,912</td>
<td>3,335</td>
<td>1.9</td>
</tr>
<tr>
<td>Honiara</td>
<td>69,189</td>
<td>9,984</td>
<td>5.7</td>
<td>49,107</td>
<td>6,641</td>
<td>3.8</td>
</tr>
<tr>
<td>Total</td>
<td>533,672</td>
<td>86,734</td>
<td>4.4</td>
<td>409,042</td>
<td>63,404</td>
<td>2.8</td>
</tr>
</tbody>
</table>

Source: Adapted from HIES, Table 2.2
In 2005, the population of Honiara was estimated to be 69,189 or approx 13% of the Solomon Islands which is 533,672.

2.3 Youth and Gender in Solomon Islands

In Solomon Islands, youth is traditionally defined socially rather than chronologically and usually refers to unmarried young people. The Pijin terms iang gele and iang boe refer to single young people. However, a chronological dimension is now part of the definition of youth. According to the national youth policy of Solomon Islands, people between the ages of 15 and 29 are considered as youth. According to the National Statistics Office (2007) youth represent 33% (175,598) of the population of the country and range from young teenagers to fully matured young adults, however in the urban areas this age group increases considerably (refer 2.4).

Young people’s membership into the clan, is linked to a ‘matrilineal’ or ‘patrilineal’ heritage (lineage) according to their region and island. The foundation of their identity normally is derived from this geneology. Traditional gender roles are being challenged and are changing in Solomon Islands, particularly in Honiara. A woman is not limited to being a homemaker whose main economic activity would be to produce the food that would feed her family. She can now be also a wage earner, and indeed many of them take advantage of education and local opportunities to maximize their income generating capacity. As a result, many households in Honiara are double-income households. For most of them, this is a necessary response to the fact that urban living is expensive. Women become empowered by having access to money and education with the result that gender relations are changing. Some men lament this change and even resent it. Some men have expressed frustration at the new independence of women in general and of their wife in particular. There is an obvious lack of understanding that the changing roles of women meet the changing economic demands of society. In many cases, men are also frustrated by their own lack of economic independence. A number of young women postpone having children in the hope of pursuing education or a career, a fact that angers some in-laws. Some cases of domestic violence are being attributed to the fact that some men feel frustrated by the less traditional gender roles [see Schwartz et al., 2005].

In rural areas, young unmarried people are allowed a free life style within the family units but are expected to do their share of gardening, fishing and house chores. As they grow older, young men progressively distance themselves from the family unit and congregate, without much supervision, in youth groups that roam around villages. For many young men, and for the better part of the twentieth century, going to work on the plantations in other parts of the archipelago was tantamount to a rite of passage that many of them felt they had to undergo before getting married. Today, many young men who have had some schooling go to town in search of paid employment. Young women, though they can circulate quite freely, are guarded closely and do not enjoy the same degree of association and ‘free’ movement as their male counterparts. When young, they are often left under the care of an older female relative. Parents discipline their children by reprimanding them strongly (toko, in Pijin) or by whipping them with a twig. There have been some reports of young adolescent males incurring severe physical discipline at the hand of an irate father or uncle. It seems that girls, once they reach puberty, escape severe corporeal disciplining. As was reported by various churches and NGOs (CCC, 2004; CCC, 2007) sexual child abuse and prostitution of youth is on the rise in the rural areas. Girls are particularly at risk given the prevalent practices of gender inequality in socialization, discriminatory application of ‘kastom’, and early marriages. The sexual abuse of girls worsened in the areas of the country where violent civil unrest and lawlessness was prevalent during the political tensions (1998-2002). Amnesty International (2002) reports severe incidents of rape of young girls and women on Malaita and Guadalcanal during that period.

Once married, young people are supposed to assume the responsibilities assigned to adults and
to reproduce quickly. Scales’s (2003) discussion of youth, hints to the possibility that occupation is a discriminatory factor: an unemployed young man, a Masta Liu, is more likely to be called a youth than a student of the same age. Youth therefore seems also to connote an idea of freedom, of carefree attitude that can only be found among those young people who have no responsibility, be they academic, familial or professional. Even though, the concept of youth applies equally to boys and girls between the ages of 15 to 29, in practice, people often associate youth to young men only.

In the Solomon Islands, education is not compulsory and not all children go to school. Many do, even though primary schools are often located far away from the home village of the children. In 2004, 71.2% of all children aged 5 to 15 were in school (National Statistics Office website). Currently, the literacy rate is 22% (National Youth Policy, 2000) and there are more boys in primary (53.3% boys and 46.7% girls) and secondary (57% boys and 43% girls) schools than there are girls. Data from the National statistics Office show that in 2005, girls represented 47% of all children in primary schools around the country. This level has been stable for the 4 previous years [National Statistics Office]. At the secondary level, they represented around 43.4% of all secondary school students. The drop out rate is very high for both gender, and so is the ‘push out’ (the students who are not admitted into higher grades because of lack of space) rate. In 2000, the National Youth Policy estimated that the total number of ‘push out’ youth was around 60,000 (National Youth Policy). We can expect it to have increased since then. Overall, the number of young girls in secondary schools declines as they progress up the school system. In 2005, girls represented 45% of all children in Form 1 and only 32% of all students in Form 7 [National Statistics Office Website, 2007].

The National Youth Policy (2000:4) recognizes the need to address the issues central to the life of young people and identifies the most pressing ones:

- High population annual growth rate of 3.2%
- Inadequate education system for young people
- Lack of employment opportunities for young people
- Human sexuality: reproductive, sexual and mental health problems - teenage/unwanted pregnancy, prostitution, attempted suicide, STI/ HIV/ AIDS
- Crime and juvenile delinquency
- Drug and substance abuse: alcohol, tobacco, betel nut and homebrew and emerging abuse in marijuana and cocaine
- Lack of self-esteem
- Changing life-style (social problems)
- Rural to urban migration
- Conflict: Individual, family, cultural and religion

Some of these issues are studied as part of the situational analysis. The issues of substance abuse; conflict and violence; suicide and depression are addressed in more depth (Refer Section 4.).

### 2.4 Youth in Honiara

Honiara has always drawn young people to it from the outer islands, placing considerable pressure on available resources and on the households of relatives residing in Honiara. They arrive in the hope of better opportunities, education, employment and social life. The proportion of young people in Honiara, is now slightly above the mean for the country. The age distribution shows that 68.9% of the Solomon Islands population is below the age of 29. In Honiara, the same age group represents 71.6% of the population. The table below shows that the age group <15 in Honiara is significantly
lower in Honiara than the same age group in the country overall and that the age group 15 to 29 is significantly higher in Honiara than the same age group in the country. Preliminary observations in Honiara in 2007 showed a decline in the number of children per family among the young generation of middle class urban adults, from a mean of 6 children per family to a mean of 3. The reduction in family size may explain the situation in part. Yet, households in Honiara are large and usually comprise the immediate family plus relatives on both sides of the family. This often translates into large cohorts of youth within one family residential unit. These numbers put pressure of family budgets.

The age group under study in the situation analysis (youths between the ages of 15 to 29) comprises 13,500 males and 12,759 females for a total of 39,018 persons. In Honiara young women in that age group represent 72.7% of the population and young men 70.5% (see Table 2).

Jourdan (1995; 2003) shows, that urban youth are exposed to many social pressures that often push them to the margins of society. Even though they constitute the major elements of the family units in terms of a potentially productive labour force, they are often ignored by their parents and in decision-making. At the societal level, they are very visible. The streets of Honiara are full of young people walking and hanging around; yet they have little or no real voice in the affairs of the country and given very little opportunity to constructively contribute to the social and economic development of their country. Despite their demographic importance, their political voice is negligible.

<table>
<thead>
<tr>
<th>Age group</th>
<th>Honiara</th>
<th>Solomon Islands</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 15</td>
<td>32.6</td>
<td>39.6</td>
</tr>
<tr>
<td>15-19</td>
<td>12.6</td>
<td>10.5</td>
</tr>
<tr>
<td>20-24</td>
<td>12.8</td>
<td>9.2</td>
</tr>
<tr>
<td>25-29</td>
<td>12.5</td>
<td>9.3</td>
</tr>
<tr>
<td>Total</td>
<td>70.5</td>
<td>68.9</td>
</tr>
<tr>
<td>30-34</td>
<td>7.6</td>
<td>8.0</td>
</tr>
<tr>
<td>35-39</td>
<td>7.3</td>
<td>6.3</td>
</tr>
<tr>
<td>40-44</td>
<td>4.0</td>
<td>4.5</td>
</tr>
<tr>
<td>45-49</td>
<td>4.3</td>
<td>3.6</td>
</tr>
<tr>
<td>50-54</td>
<td>2.6</td>
<td>2.7</td>
</tr>
<tr>
<td>55-59</td>
<td>2.1</td>
<td>2.1</td>
</tr>
<tr>
<td>60-64</td>
<td>0.8</td>
<td>1.6</td>
</tr>
<tr>
<td>65+</td>
<td>0.9</td>
<td>2.2</td>
</tr>
<tr>
<td>ns</td>
<td>0.2</td>
<td>0.4</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Solomon Islands National Statistics Office website, 2007

Young people, who have been to school, hope to get a job when they graduate and to benefit from the tangible rewards associated with earning an income. They enjoy the urban life style, and whatever consumer goods they can partake of with the little money they have. They also enjoy the freedom that comes from having parents too busy with work to have the adequate time to get involved with them or to supervise them. Many youth express an interest to be engaged and appear to be engaged in and enjoy sports and church related activities. However many youth express a concern that they are idle: they have left school and there is no or insufficient regular work.
available. Quite a number of them engage in illegal activities. Tables 3. and 4. show the number of criminal activities reported in Solomon Islands and Honiara from 2004 to 2006. According to the police report ‘These crimes were usually committed by unemployed youths, school dropouts, and youths from broken families. The age group of the youths ranges between 12-35 years old.’ According to the same report, most of the public morality cases shown for 2004 occurred during the tension but were reported only in 2004 after the arrival of RAMSI in the country late in 2003. The statistics were not sex-disaggregated to permit gender analysis.

<table>
<thead>
<tr>
<th>Table 3 and 4: Total number of criminal activities reported in Solomon Islands and Honiara from year 2004-2006</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Table 3: Solomon Islands</strong></td>
</tr>
<tr>
<td>Crime against</td>
</tr>
<tr>
<td>Person</td>
</tr>
<tr>
<td>Property</td>
</tr>
<tr>
<td>Public morality</td>
</tr>
<tr>
<td>Lawful authority</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

*Source RSIP: National Intelligence Unit, 2007.*

<table>
<thead>
<tr>
<th>Table 4: Honiara town</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crime against</td>
</tr>
<tr>
<td>Person</td>
</tr>
<tr>
<td>Property</td>
</tr>
<tr>
<td>Public morality</td>
</tr>
<tr>
<td>Lawful authority</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

*Source RSIP: National Intelligence Unit, 2007.*

Many families live in poverty. The minimum hourly wage (set at SDB $1.25 for agricultural and fishing activities and at SDB $1.50 for other forms of unskilled labour) has not been reviewed since 1969. At that rate, a fortnightly wage is approximately SDB $120. Yet the cost of living has increased disproportionately and many urbanites cannot make ends meet. For instance, a 20 kg bag of rice, the food staple in Honiara, was selling for SDB $102 in May 2007. An unskilled worker would need the equivalent of a week and a half of wages in order to buy it. The Government is proposing a plan to raise it to SDB $6.00 per hour. The increase of and acknowledgement that street children are now a fact of life in Honiara, is an indicator that the traditional safety nets and social fabric have deteriorated significantly. These children live find shelters in the central market or in refuges organized by local churches. As indicated by the Christian Care Centre (CCC, 2004) report on the commercial exploitation of children, show they are at risk of being victims of sexual predation in exchange for a bit of food, money or comfort.

### 2.5 Youth and the tension of 1998-2002

The tension [as the socio-economic crisis became known in Pijin] that took place in the Solomon Islands, between 1998 and 2002, played havoc on the life of people in Honiara in a variety of ways. Many small businesses shut down after because they were ransomed by guerrillas and thugs, who bullied with the use of guns and rifles, to extort money or contributions ‘in kind’ to support them. The result was that employees also lost their jobs and their source of income. The government became insolvent, destabilised and stopped paying public servants for a few months. Many members of the police forced joined the insurgents. Lawlessness
became a fact of life. Insecurity, theft, physical violence, extortion of goods and money, breakdown of ‘traditional’ values of sexual impropriety and antisocial behaviour were common throughout the period (1998-2002). Food became scarce as roadblocks located on the eastern and western town borders prevented farmers from entering the city.

Large-scale population displacement took place when families had to be relocated back to their home villages, or to Honiara, often to become burdens to their local kin. The size of households increased, putting pressures on family units. For instance, in Honiara alone, the mean size of households in 1999 went from 6.4 persons to 9.2 persons [SIG: 2000, 64]. Many families were separated. Those people who could not leave, or would not leave because they had nowhere to go to, or had goods they wanted to protect, had to make do with limited access to food and basic services. In order to survive, many had to engage in ‘out-of-the-ordinary’ activities [UNICEF 2005:6]. Violence against women, rape particularly, increased tremendously during that period (Amnesty International 2004).

Many of the guerrillas and thugs who took control of Honiara during those years were young men between the age of 17 and 29. Some joined the fight because of political or cultural convictions while others, who were contacted as part of this study said, that they ‘enjoyed the excitement and the power that was now in their hands’; they referred to the fact that they commandeered cars from neighbours and friends and went on joy rides throughout the town and often crashed them; they entered shops owned by ‘wantoks’ and demanded that household goods and food be given to them; they threatened people with guns and rifles and demanded money. Youth gangs, some ethnically based, appeared in areas of the town such as Burns Creek and Fulisango Zion and started to fight each other to establish territories. Marijuana and kwaso, the home brewed distilled alcohol made with yeast, became readily available at prices that were lower than that of beer.

Young people who did not join the fight or did not take advantage of the social unrest suffered. Many schools and colleges stopped functioning when teachers stopped receiving their wages paid. Families reported that they ran out of money for school fees and their children and young people stayed home from school. Fear became a fact of life and young people’s activities and freedom of movement became seriously curtailed. Many became isolated from their network of friends. This was particularly true for young women, who reported they were afraid to leave their homes.

Box 1: In their own words: tensions

Joining in the fun/fight

At that time members of the M.E. F. (the Malaita Eagle Force) were dressing in army fatigues and took their guns everywhere. Even in the nightclubs. When you went inside, you saw no one dressed in street clothing; they all were wearing army fatigues. So one night, I thought I would try too. I put fatigues on, took the family car, and I went to the roadblock at Rove. They stopped me; looked inside the car, saw that I was wearing a uniform then opened the gate and let me through. I went to the club, the nightclub and started to drink. I did not pay for my drinks. On the way back, because they recognized me, they waved me through. It was great! (quote of young male, Fulisango).

Stealing a car

During the tension, every one had a car. Whether you worked or not, you had a car, a Hilux [note: a four-wheel drive]. People stole them because no one was complaining. No one complained because there was no policing. Every one else was in charge of the town, except the police. So one night, my cousin tells me to come with him and his friends. We reached a house and he said: ‘Go in and take the Hilux parked inside the gate’. But it was the house of one of my mother’s closest friends. So I was hesitant, I did not want to do it. My cousin and the other guys said that I had to do it. So I told them: ‘Okay! If I go and take it, I am the one who keeps
it and drives it, not you’. I went to the front door, knocked on the door and the woman opened. She recognized me and I asked her about the Hilux. ‘It belongs to a man from Guale’ (Guadalcanal), she said. I told her: ‘Ok, I am taking the car, because otherwise some else might steal it’. Her daughter gave me the keys and I drove off. I kept it for a few months and drove it everywhere, especially to go drink in the clubs. One day, another cousin came to borrow the Hilux. He was drinking and went into a ditch in Langakiki. The car was totalled. When he came to tell me about it, I said: ‘Don’t worry, we have not paid for it, we just took it’. (quote young male, Koa Hill).

Since the arrival of Regional Assistance Mission to the Solomon Islands (RAMSI), late July 2003, many people in Honiara have regained some peace of mind and are looking forward to the future, despite the riots that took place in 2006, which affected Chinatown and other communities in and around Honiara. Many of people reported a yearning for peace, a sense of personal and collective physical security, the restoration of law and order, a national economy that will function better than in the previous 5 years and one which will ameliorate the difficulties and contribute to the overall improved living conditions and development of youth in Honiara and people of the Solomon Islands. Much remains to be done to ensure that young people in Honiara can have a bright future. The main issues facing them remain: limited access to education and professional training; high rates of unemployment; violence; poverty and social marginalisation and the consequences of these issues, if not resolved.

The findings of the 2005/2006 Household Income and Expenditure Survey concurs with this assessment (Maesulia, 2006):

Solomon Islands has a rapidly growing population. This will have an impact on GDP per capita, distribution of income and put pressure on food supply policies, Health and Education.

- Solomon Islands has a very young population most of whom will move into the working age and the labour force in the next few years. This will impact on employment and unemployment issues, and education and put pressure on job creation.

- The findings that the majority (84%) of our people living in the rural areas show that the Government policy on rural development is on the right track.

- The age dependency is high and this is putting enormous pressure on those who are in the working age and with an average of 6 people living in one house, this may affect spending, food distribution etc and shows overcrowding which may lead to health problems in the future if this increases.

- Educational attainment needs to be improved so many of our active population 15 years and above receive certificates, diplomas and pursue higher degrees. This is currently not the case.

Source: Household Income and Expenditure Survey, 2005-2006
3. Literature Review

3.1 Mental Health

“Mental health is the foundation for the well-being and effective functioning of individuals. It is more than the absence of mental disorder. Mental health is the ability to think and learn, and the ability to understand and live with one’s emotions and the reactions of others. It is a state of balance within a person and between a person and the environment. Physical, psychological, social, cultural, spiritual and other related factors participate in producing this balance. The inseparable links between mental and physical health have been demonstrated.

World Health Organization, Western Pacific Regional Office (2002)

3.2 Mental health in the Pacific

Mental illness in the Pacific differs somewhat from the western conception of mental illness. In the Pacific, more emphasis is placed on spiritual and cultural dimensions whereas in the west there is slightly more tendency to emphasize chemical imbalance (New Zealand Ministry of Health, 2005:17). Pacific islanders may make reference to possession by spirits in order to explain episodes of mental ill health, possession that can only be found out by divination, followed by propitiation of offended ancestors (among the non-Christian groups) and healed by prayer and atonement among the Christian groups. It is not necessary for a cultural understanding of mental illness to be in opposition to a biological dimension of it. According to Byron Good (1997), the cultural basis for mental illness and the cultural explanation for mental illness, play a key role in the handling of a mentally unwell person and in the type of curative response to the care and treatment provided.

Whether mental illness is a matter of genetic predisposition (schizophrenia, for instance) or a reactive manifestation to the socio-cultural environment (stress) or drug induced (psychosis), will have an impact on how to treat and to handle it.

In the Western Pacific, 17.6% of the total disease burden is due to neuropsychiatric conditions. Another 2.6% is due to intentional self-harm. This burden is predicted to grow significantly (Solomon Islands Integrated Mental Health Plan, 2001; 4004 revised; 2006:2).

3.3 Mental Health in the Solomon Islands

3.3.1 The situation analysis of mental health

Mental health is a subject that is difficult to talk about in the Solomon Islands because mental illness is stigmatized. The stigma is reinforced by the fact that the English word ‘mental’ and the Pijin word ‘mentol’ that means ‘crazy, mad’ sound alike. People who are said to be suffering from mental illness are often thought to be crazy.

Mental health has not been a priority issue in the Solomon Islands with the result that there is insufficient policy, resources and services available. The care for mentally ill people has been left to families, communities, churches, and non-governmental organizations who are often poorly equipped and ill-prepared to handle the situation of a person who is mentally unwell.

It is only recently that the government has initiated measures to address the situation. A national mental health program has been in operation since 1999. It has been revised in 2001 and in 2004. The Ministry of Health has prepared a Solomon Islands Integrated Mental Health Plan (IMHP, 2006-2010). The plan intends to review the mental health infrastructure, needs and services in the country and proposes goals, strategies and actions to reduce mental illness and improve mental health. The areas targeted by the IMHP are (i) the psychosocial problems such as violence and domestic violence,
child abuse, teenage pregnancies, depression, suicide (ii) the mental disorders (psychosis, severe depression and anxiety, bipolar disorder) and (iii) substance abuse. The strategic integrated IMHP is a first step towards a National Mental Health Policy that is long overdue. A consultant has been hired to draft the initial parameters of the policy and is expected to submit a first draft in 2008.

3.3.2 Mental health services in Solomon Islands

While there is government commitment now to improve the state of mental health services and support, the previous lack of commitment in that area partly explains the absence of reliable statistics at the provincial and national levels. It also explains the paucity of the resources that are available to the population to assist them. There exists only one psychiatric unit in the country (Kilu’ufi hospital in Auki, Malaita) where only those patients with acute psychosis or disruptive behaviour are admitted. This unit has 24 beds (14 for males and 10 for females) under the care of the only psychiatrist in the country. Bed placements are said to be always full, as patients are sent from all over the country. There are outpatient facilities in Auki and in Honiara, and the National Referral Hospital in Honiara has a small acute care unit of 4 beds. There is limited outreach of psychiatric training and services in the provinces. Ten qualified psychiatric nurses also provide training in mental health to other medical care workers. The nurses get qualified through the nursing program at Solomon Islands College of Higher Education (SICHE).

As part of the IMHP and in preparation for the National Mental Health Policy, the government has done an assessment of the state of mental health services in the country, reviewing strengths, weaknesses, possibilities and threats. The list below, reproduced from the Solomon Island Integrated Mental Health Plan (2006:4-5), summarizes them:

**Strengths:**
- Small and growing team of qualified mental health professionals;
- Stability and commitment of senior staff (male and female);
- Culture of cooperation and innovation;
- Recognition of skills and critical roles played by others including general health workers, police and courts and community organisations;
- National division within the Ministry of Health (MOH) with a separate staff establishment and operating budget;
- Long-standing relationship with SICHE;
- Support from families and the general public;
- Collective wisdom and experience;
- Demonstrated achievements in the areas of patient care and health worker training, including provincial touring.

**Weaknesses:**
- Lack of coordination between different units and programs of the mental health service;
- Isolation of provincial mental health program officers;
- Lack multidisciplinary input (e.g. psychology, social work and occupational therapy) leading to over-reliance on pharmacotherapy to the neglect of psychosocial interventions and rehabilitation;
- Historic concentration of resources in inpatient care rather than community mental health;
- Limited access to specialist mental health care by most of the population, coupled with lack of awareness of mental disorders and available treatments and services;
- Lack of clinical guidelines, treatment protocols and clear referral pathways;
- Limited list of essential psychotropic drugs and unreliable supply;
- Poor mental health information systems;
- Lack of appropriate facilities;
- Absence of a national mental health policy.
Opportunities:

• Mental health receiving increasing attention nationally, regionally and internationally;

• Psychosocial problems also receiving increasing attention;

• Potential collaborators and partners include other government departments, non-government and community service organisations, and the churches;

• Family ties still strong in the community;

• Availability of telecommunications including radio, phone and email;

• Availability of expertise and financial support (e.g. Health Institutional Strengthening Program – HISP and the World Health Organisation – WHO).

• Presence of Australian psychiatrist while Solomon Islander psychiatrist completes his training;

• Recruitment of overseas volunteers (e.g. Australian Volunteers International);

• Growing respect for mental health service from general health workers and the public.

Threats:

• Rapid societal changes associated with family breakdown and refusal to care for patients with psychiatric illness;

• Potential to be swamped by emerging issues such as substance abuse or HIV/AIDS;

• Changing priorities within the MOH resulting in loss of support for mental health;

• Economy stagnates rather than continues to recover;

• Loss of donor funding in absence of local funding stream;

• Increased expectations and demands for services exceed available resources;

• Problems in supply of essential psychotropic drugs;

• Mental health workers become stressed and ‘burned out’;

• Loss of qualified staff;

• Conflict between traditional health beliefs and modern medicine;

• Stigma and discrimination associated with mental disorders.

As part of a Pacific wide review of mental health care and services, Hughes et al. (2005: 22) stated that the Solomon Islands dedicate 1.4% of their health budget to mental health and made it clear that this budget is insufficient. They listed the most pressing needs: the drafting of a national mental health policy; increasing the quality of training of psychiatric nurses; funding of an inpatient unit; the renovation of existing facilities and the expansion of facilities into the provinces; the keeping of statistics on mental health problems and mental health disorders.

No research on mental health in the Solomon Islands appears to have taken place to date, yet everyone is of the opinion that the number of people suffering from mental illness is increasing. The absence of complete statistics makes it difficult to know the extent of depression and suicide among the young population. Numbers are rather subjective and everyone contacted for this study had an opinion on the number of youth suicides that occurred in Honiara. Most stakeholders and interviewees stated that it was a growing concern. They had the impression that girls and young women committed suicide more than boys and young men. This is corroborated by the partial statistics supplied by the Ministry of Health Medical Services (MHMS) in Honiara for the eight month period, January-August 2007 (Table 5).

People suffering from mental illness, or from mental distress, do not have many places to go to outside of Auki and Honiara. Even in Honiara, the formal
support system is limited, with few people seeking help from these services. This may be due to a lack of peoples’ knowledge of these services or how to access them. Women who participated in this study seemed to consider formal mental health services as one option, but in general, people are more likely to seek help within their church congregation and their network of close friends in case of personal distress. Within the residential neighbourhoods, the proximity of houses to each other makes it possible for neighbours to keep a discrete (or not so discrete eye) on troubled youths. They are often able to intervene and appease a crisis within neighbouring families. Because of the extended family obligations, discipline of youth is shared responsibility within the extended family context. Skills in mediation and conflict resolution would be well advised and supported.

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Source: National Referral Hospital, Honiara
4. Research Findings

4.1 Analysis of interviews, focus groups and questionnaire survey

For this study, and in addition to interviews with stakeholders, a total of 282 people were contacted. Table 6 gives a summary of the number of interviews, focus groups and questionnaires done in each of the 3 research locations. Talks with stakeholders and preliminary research had shown that four issues relating to YMH were identified as important: Mental wellness; violence; substance abuse and suicide. These issues have been selected and in-depth survey and focus group discussions on knowledge, attitude and practice (KAP) were carried out to enlighten the issues and provides direction for action.

A gender analysis was carried out to identify the variance in the perceptions, responses and issues of young men and young women.

4.1.1 Violence

The questionnaires, focus groups and interviews dealt with violence and domestic violence. Most young people interviewed were comfortable with the concepts. While they often described violence in moral terms: ‘not a good thing’ or ‘bad behaviour causing harm or wrong’; they were more to the point when talking about domestic violence: ‘parents fighting and smacking their children’; ‘the wife is beaten up’. Interestingly they did not limit domestic violence to the sole beating of a woman by a male partner, but included also ‘physical force used against children’, ‘destruction of goods in the home’, and ‘psychological violence’.

Young boys (unmarried in their late teens) were uniformly blamed as the main culprits who perpetrated violence, followed by young men (over 20). Respondents and focus groups participants

| Table 6. Numbers of focus groups, interviews and questionnaires by gender and community |
|-----------------------------------------------|-----------------|-----------------|-----------------|
| Numbers of                                    | Burns Creek     | Koa Hill        | Fulisango Zion  |
| Focus groups                                  | 2               | 2               | 2               |
| (One group of men and one of women in each area) | 16 persons      | 17 persons      | 12 persons      |
| Male/female                                   | 2               | 2               | 2               |
| Male/female (key informants)                  | 2               | 2               | 2               |
| In-depth individual interviews                 | 17              | 12              | 11              |
| Survey                                        | 12              | 9               | 10              |
| Questionnaires                                | 10              | 13              | 9               |
| Wellness of mind                               | 9               | 9               | 5               |
| Violence                                      | 5               | 8               | 6               |
| Substance abuse                               | 10              | 14              | 9               |
| Suicide                                       | 11              | 10              | 5               |
| Total of persons (interviews and questionnaires) by gender | 52             | 46              | 41              |

Knowledge Action Practice (KAP) KAP is a participatory action research method which engages and empowers the subjects of the research to express their ideas and information (knowledge), their behaviours and experience (practice) and suggest recommendations for change (actions) recommendations and solutions on the issues being researched. It is an equitable means to develop evidence on the topic and subjects of research and the information gathered as a baseline tool for measuring progress (monitoring and evaluation).
listed fights between young unemployed men as the main group engaged in violent behaviour. ‘The 18 or 20 year-olds are causing the fights’, they say (young man, Koa Hill); ‘It is mostly those who do not work’, says another one. Indeed, some participants often referred to violence by the Pijin term ‘faet’. Respondents also listed swearing and stealing. Young girls, in focus groups, interviews and questionnaires, were the only ones to mention rape as a form of violence. Some young men seem to say that there were not too many instance of rape: ‘Rape, I don’t know. We do not seem to have much of it here” (young man, Koa Hill). And every other men in this group of young men aged 18 to 29 agreed. Unemployment and lack of money, substance abuse, parental failure, and the break down of moral codes were identified as the main causes of violence.

**Box 2: In their own words: violence**

**Violence**

I think that we have different types of violence. The first is associated with fighting. When a husband and a wife fight, we call that domestic violence. Then there is the violence linked to alcohol abuse: men fight because they have been drinking. Or drunken people cause disturbances and other people come to fight them. Then there is the violence linked to ‘kastom’: for instance, if I take the woman of another man and I do not pay compensation, then we shall fight. Another type is linked to swearing: someone swears at someone else and they fight. All these sorts of violence can be sorted out in life (Young man, Koa Hill).

**Rivalry between gangs**

I will explain. I am from To’obaita, and I feel safe if I stay with my ‘wantoks’. This guy is from Kwara’ae. This one there is from South [South Malaita]. You are from Isabel. We are different types of people. And we feel safe if we are with our own people. We are not afraid of others: ‘You are insulting me, we will beat you up’. That’s it. No one is backing down. Then, it starts.

Young women made reference to ‘rape’ and to ‘the fear of being raped’. Stories about longlaen [gang rape] are numerous in Honiara and it seems that numbers are on the increase. Table 7. gives an indication of the cases of rape reported to police. If the National Intelligence Unit data for rape cases statistics (2007) were sex disaggregated further gender analysis could have been undertaken.

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<td>2005</td>
<td>65</td>
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<td><strong>Total</strong></td>
<td><strong>510</strong></td>
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Source: National Intelligence Unit, Solomon Island Police, 2007

Longlaen is always associated with alcohol intoxication or drug abuse. Some women state to have been drugged, or taken to parties where they became drunk, and were raped subsequently. Young women reported that while the nurses at the hospital are quite responsive and empathetic, but they reported that the rape survivors are often ashamed and refuse to seek treatment or counselling, and even less likely to press charges. They often become depressed, and in some cases, commit suicide. According to police reports (Clerra Qila, 2007), rapes are the least reported crimes in the country. Many reasons explain the situation: rape survivors are ashamed and do not want it to be known that they have been raped. At times, they have been threatened of further retaliation by the abusing man (or men) and are scared to talk. In many cases, they do not know their rights. In 2003 and 2004 there was an increase in reporting the rapes to the police. The Christian Care Center [CCC] report on the Sexual Exploitation of Children in the Solomon
Islands (2007), noted that many rapes on underage youth were also taking place in the rural areas and are underreported.

The CCC report indicated that the community was blamed for doing nothing about the violence and abuse or for having tried, but failed. Participants listed family breakdown, fear, social disunity and lack of freedom as the main consequences of violence. In order to deal with it, men recommended a stronger recourse to the law and the establishment of youth programs and the creations of jobs; women wished for more cooperation within the community, the establishment of recreational facilities for young people and increases in awareness campaigns and counselling. Many participants suggested that parents should discipline their children better and most blamed violence on idleness and talked about finding ways of keeping young people busy.

The reasons given for domestic violence were varied. Female respondents to questionnaires blamed drunkenness of a husband as the main cause of domestic violence against women, followed by jealousy and disobedience of the wife. Men listed arguments between spouses, drunkenness and jealousy and claimed that fights took place when the wife did not respect him and disobeyed him. In interviews, some women mentioned that fights took place when women did not perform their household chores or did not accept to have sex with their husbands. This is evidence of mental, emotional and physical abuse.

Focus groups discussions revealed that domestic violence was more likely to occur when basic family or personal needs were not met (not enough money to go around when the father squandered it on beer, for instance) and mothers struggled financially. Participants noted that difficulties increased when the household was over-crowed with wantoks; when the father was drunk and behaved erratically; or when the father took a lover (an ever increasing situation in Honiara); or when the mother came home late. It is mainly the fathers who discipline or ‘beat up’ children and youths when: ‘they had been naughty’; when ‘they were swearing’; when ‘they had disobeyed’; or when ‘they needed to be taught a lesson’. Children and youth often risked getting caught up in the dispute between parents and being ‘beaten up for siding up with the mother’. Two young men, in the interviews, stated that their fathers were ‘not happy with their mothers wanting to work outside of the home and resented coming home to an empty house. Sometimes the father would drink, would abuse his wife verbally about her own work, and would become physically violent’.

**Box 3: In their own words: domestic violence**

How is domestic violence affecting the family?

Domestic violence is a big problem. The more it happens, the more the children get depressed. They are very upset and sad. Sometimes, they run away from the house and look for another place to stay, they follow their friends, and sometimes, because of

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<td>3</td>
<td>4</td>
<td>5</td>
<td>1</td>
<td>91</td>
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Source: Family Support Centre, Honiara
peer pressure, they get involved in thefts or any other crime. It is really not good. (young woman, Burns creek).

Why do men beat up their wife?

Some husbands are unfaithful and have a mistress. When they return home at night, their wife is upset and complains. Then the husband punches her. That’s how! Other times, he may come home hungry, he is drunk but hungry, and if she has not prepared anything for him to eat, he beats her up. (young woman, Burns creek).

Young people were well aware of the effects that domestic violence had on the family. Respondents to the questionnaires and participants in the focus groups said that the children suffered the most from domestic violence: children, including teenagers and youths living at home, live with fear, they become depressed, start to misbehave, lose concentration at school and some commit suicide. Wives run away, return to their parents and sometimes also commit suicide, as a result of the breakdown in the family and the abuse.

**Box 4: In their own words: women and suicide**

**Women and suicide**

When I was small, my aunt committed suicide because her husband cheated on her with her own sister’ (young woman, Koa Hill).

My mother too, this year. She was very upset at my father because he used to go out late. One night, he slept at a motel. She got angry and drank chloroquine. My uncle found her, made her drink milk and eat charcoal and took her to the hospital. She is fine now (young woman, Koa Hill).

Being ‘idle’ and ‘unemployed’ were blamed for drunkenness and for domestic violence. The impact of family violence across generations has damaging long term impacts.

In order to reduce family violence, both women and men recommended the establishment of community awareness programs, anger management programmes, more reporting to the police and more cooperation between families. More detailed sex disaggregated data and analysis is essential of police and agency statistics would facilitate an understanding of the causes and effects of the violence and the different impacts on children, men and women. This analysis is essential to be able to determine the appropriate gender specific services required to reduce the violence and prevent long term negative impacts on the victims/survivors and future generations.

**4.1.2 Wellness of mind - ‘tingting helti’**

During the preparatory workshop, it became evident to all participants that the word ‘mental illness’ was going to be problematic on two counts: First, it implied that illness was the norm. Participants suggested, and it was agreed, that the questionnaires should present wellness as the norm. The second difficulty had to do with the term ‘mental’, which also exists in Solomon Pijin, but to mean ‘crazy’ or ‘abnormal’. We were concerned that questions on mental wellness where likely to lead the participants to consider that mental illness or mental wellness was mainly or solely related to people who were crazy. It was decided to remove the term ‘mental’ and to replace it with ‘mind’ and

| Table 9: What are the effects of domestic violence on the family and on children? |
|-----------------------------|---------|---------|
| **Answers**                | **Women** | **Men** |
| Break up of the family     | 27%      | 31.4%   |
| Child is badly affected psychologically | 29% | 22% |
| The family is stressed and worried | 13.5% | 18.5% |
| Mother/children commit suicide | 10% | 7.4% |
| Poverty                    | 0%       | 11.1%   |
to use the paraphrase: ‘wellness of mind’ which was translated into Solomon Pijin as ‘tingting helti’. Most participants were not familiar with the term “wellness of mind”, but were able to give a definition or an explanation that showed their understanding of the concept. Only a handful of people stated not understanding/knowing the concept.

Young people explained that a few factors contributed to feeling good about themselves: ‘beauty’; ‘enjoying freedom and the support of parents’; ‘being healthy and having a job’. Young men and young women attributed different importance to various factors when asked to comment on their own gender or on the other. Whereas young men ranked ‘being handsome’ and ‘having a job’ equally high, young women ranked ‘being beautiful’ and ‘being comfortable with oneself’ equally high. For both genders, the major cause of depression was ‘the breakdown of a love relationship’, but young men ranked ‘lack of a job’ and ‘lack of family support’ in 2nd and 3rd position whereas young women gave the same ranking to ‘lack of family support and excessive parental control’ in 3rd position.

Both genders, complained about the fact that ‘the community where they lived had not done much to help young people’ and ‘wished that the government would do something to help them’. They ‘wished for jobs’ or ‘money generating projects’; ‘recreational facilities and education’. A high number of them claimed that the number of depressed people had increased since the ethnic tensions of 1998-2002 and blamed the atmosphere of ‘fear’, ‘insecurity’, ‘economic recession and family difficulties’, for this increase.

4.1.3 Substance abuse

At least 40% of women and 30% of men, who answered the questionnaires, admitted not knowing what the term ‘substance abuse’ meant. But quite a number of them associated it with ‘something that is not good for us’. However, they knew quite well what kwaso, marijuana and alcohol were. In questionnaires, women were the only ones to associate the terms directly with young people and with breaking the law. Men and women believed that young people started to drink or smoke marijuana because of peer pressure or to assuage anger and frustration (for men) and sadness and depression (for women), to feel relaxed, to forget problems or to relieve their stress and their fears. All were very cognisant of the effects of drinks and drugs on behaviour: increased aggressive behaviour and violence was first on the list of negative effects. Most knew that kwaso and marijuana ‘affected the mental capacities of the consumers’, ‘damaged the brain’, ‘made people crazy and sick’ and may also cause death. Most were also aware of the social and personal consequences of abusing drugs and alcohol which in includes: an increase in aggressive behaviour and violence; family breakdown; behaviour disorder and community breakdown. Close to 50% of questionnaires respondents stated that young men were abusing substance more that young women. Young men were said to be ‘more aggressive’ and ‘more active than girls’ and ‘more prone to try forbidden substances’.

There are different types of alcoholic beverages available to the young people of Honiara.

(i) **Toddy**, called locally kaleve, is a Polynesian tradition and is made with the fermented sap of the coconut tree; it is home made and available in some of the Polynesian settlements around Honiara.

(ii) **Solbrew** (the locally brewed beer) is available in all shops in Honiara.

(iii) **Home brew** is the result of the fermentation of yeast and sugar in water. It has been available for some time to people around Honiara. Most young people in the settlements around Honiara such as Naha, Green Valley, Fulisango-Zion, Koa Hill and Burns Creek know how to make it and where to buy it.

(iv) **Kwaso**, is the new comer. It is a distilled alcohol made with home brew. It appeared during the tension. It is home made and readily available in Honiara. It has very high alcohol content.

(v) **Hard liquor** (called **hotstaf** in Pijin) such as gin, vodka, whisky is sold at dear price from the local
liquor stores and bars but too expensive for most Solomon Islanders.

(vi) **Methylated spirit** can be purchased in shops around Honiara. It must be set a flame and burnt before water can be added. When the flames die down, the liquid can sweetened with sugar or fruit juice. Refer to Kushel, Takiita and ‘Angiki (2005) for a complete survey of the types of drug and alcohol consumption in Honiara. Consumption is widespread.

From the study conducted by the Federation of Solomon Islands Youth (FOSIY) between September 1998 and June 1999, it appeared that 86% of the young unemployed people, interviewed, consumed alcohol’ (2005 :221).

Interviews and focus groups conducted for this research revealed that kwaso, the homemade distilled alcohol, had replaced beer as the favourite alcohol for young people. There are a few reasons for this: it is readily available; ‘young people know to prepare it themselves’; and it is ‘more potent than beer’. It can be drunk mixed with colas or soft drinks, or even coffee mix and coconut water or drunk straight. Participants said that there are different qualities of kwaso, more or less diluted, and that some people will purchase it from a respected maker in their community so they know its source. Young people know where to find dealers, and where to go to obtain the best quality kwaso possible. Some areas of town, such as Green Valley for instance, Naha or the Central Market, are known as places where it is available regularly. A 330ml bottle of kwaso sells for SDB$10, the price of a can of beer. It is much more potent and goes a long way. None of the respondents knew for sure the alcohol proof of kwaso. Yet the nickname for it among the young people is ‘forty-five’ supposedly referring to the mean proof of ordinary kwaso.

Drinking dry kwaso and smoking marijuana together was recognized as a very dangerous practice, and that to do so could lead to death. The culture of kwaso drinking and marijuana smoking is not limited to young adults and teenagers. School children also consume them.

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**Box 5 In their own words: substance abuse**

What are the effects of marijuana and Kwaso?

Marijuana makes you quiet, but kwaso makes you talk. You talk too much. Both change you character very much; if you take them together, you want to fight. It makes people do bad things. But if you drink kwaso by itself, you are fine. Except if you drink too much of it, then you want to fight, you swear at people, your stumble and fall down, or you collapse and sleep anywhere on the streets. If you take just enough kwaso, you go home and slip. But if you take too much, you end up in trouble and the police arrest you for causing trouble. (young male, Koa Hill).

Why do people drink kwaso? (A collation of answers of young men in a focus group, Koa Hill).

a. This is why: If I like to drink and my wife likes to drink too, and we do not have much money, then if we go to the bottle shop, we are not able to buy much. So I decide to drink kwaso. It is cheap: $10 for a bottle. So even if we are one, or two, or three people and we mix it, we get completely drunk quickly.

b. Peer pressure. People say: ‘Try it’. If I am a student, I may ask a friend of mine: ‘Do you want to try it?’ Then it gets out of control.

c. To have fun. If you go to a dance, you are bound to find kwaso there.

d. Once you are drunk with kwaso, you are not afraid of dancing and you like going out with the girls.

Should the government worry about it? (A collation of answers of young men in a focus group, Honiara).

a. The government should worry because people are building the nation, not the frogs or the dogs. The government should enact laws to fight it.

b. Strong law to stop kwaso.
c. If you want to stop it, you need to impose strong punishment, I mean penalty.

d. Like for murder. Because if you give me something to drink that is as bad as that, it is as if you are murdering me.

e. So the Government should have a law like this: if you make kwaso, you go to prison 7 or 8 years. Because it is bad stuff. If I end up drinking the whole bottle, then I die. It destroys my organs, my heart, my lung.

f. The police arrest kwaso makers but they give them a fine only. Even if it is $2000 or $3000, they keep selling more and they get their money back quickly.

Around 80% of questionnaire respondents stated that consumption of kwaso and marijuana had increased since the tension. They said that both substances were available before the tension, but that many young people feared the police and were afraid to try. The general breakdown of law that prevailed during the tension, created a situation where many young people became emboldened and started to break the law. Ironically, marijuana and kwaso became more available after a ban was placed on the sale of beer at that time.

Marijuana sells for $2 a joint and many young people like to smoke one in lieu of tobacco when they sit down to chat with friends. While the main consumers are young people who are unemployed, participants say that people of all age groups smoke marijuana, starting with school children aged 7 years old, to secondary school children, to law enforcement officials and to middle class adults.

The law related to marijuana was passed in 1996, appears not to have functioned as a deterrent. [see Kushel, Takiita and ‘Angiki 2005]. There seems to be a general understanding that smoking marijuana and drinking kwaso in moderation is not a problem. Those who are reported not to smoke are very church abiding young people. People are known to have tried smoking marijuana and drinking kwaso but stopped out of concern for their health or their families, very often with the help of church groups. Many participants suggested that in order to help their children stop the habit, parents should take them to church, enrol them in activities for young people, and keep them busy. Many people, particularly young women, saw idleness as the source of all social evil.

The youth said that kwaso and marijuana are produced by young, unemployed educated young men who get into ‘the business in order to make money’. According to participants to focus groups and interviewees, the extent of drug dealing and alcohol consumption is directly related to ‘unemployment’; ‘boredom’; and ‘the frustration caused by not being able to put one’s education to good use’. Indeed about 50% of the respondents to the questionnaires listed ‘the creation of jobs by the government and money generating projects’ as a solution to reduction of substance abuse.

4.1.4 Suicide

All the young people knew the meaning of the word ‘suicide’ and listed the following causes for it: ‘breakdown in love relationships’; ‘family problems (domestic violence, conjugal indiscretions)’, ‘life difficulties and stress’. In questionnaires, men alone mentioned ‘unwanted pregnancy’ as a cause for the suicide of young women and both genders felt that ‘loneliness and rejection’ were also an important cause of suicide for young men. ‘Low self-esteem’, along with ‘the absence of job and poverty’ were also noted as a cause.

Participants in focus groups and respondents to questionnaires were almost unanimous that women committed suicide more often than young men. Table 5 seems to indicate that this is the case. Yet, if the statistics are correct, the gender ratio of suicide in the Solomon Islands seems to be at odds with general trends found elsewhere in the Pacific [see also Akin 1985]. As Booth (1999: 443) indicates: ‘Higher male than female suicide, found in all the Pacific, is in keeping with world norms’. One reason given by the respondents was that women were getting depressed more easily in response to stress whereas young men tended to become angry rather than depressed. Participants listed overdose of medicine as the main method to kill oneself,
followed by hanging which, they said, was mostly done by Polynesian men. Some participants blamed parents, community, and the government for the suicide of young people, particularly when they killed themselves out of despair of not finding a job. Yet many participants felt that suicide was ‘one’s own affair’ and that ‘no one should be blamed for it except the person themselves who committed suicide’.

Participants and respondents felt that so far, that nothing much had been done by communities and the government to prevent the suicide of young people and suggested a few solutions: more awareness campaigns should be organized; more employment opportunities should be provided so that self esteem can be restored; better education and technical training so that one could obtain employment and contribute to society; and the creation of more recreational facilities so that young people could ‘be kept busy’ and ‘feel good’ about being active. Many suggested a need for increased counselling services. A few people talked about the need to have a law against suicide but did not explain how they saw it could work.

Both young men and young women listed church leaders, priests and pastors as the main people to go to for counselling when ‘feeling low’. The church is still very present in the mind of young people, even though quite a number of them have stopped attending church services. Women, more than men, suggested resorting to counselling offered by social services.

More than half the women and close to half the men who responded to the questionnaires thought that the number of suicide had increased since the tension. Various stakeholders confirmed it. Yet in the absence of official and reliable statistics on suicide, it is difficult to ascertain the significance of that claim. Most people gave as causes an increase in personal difficulties since the tension, such as: broken homes, loss of jobs or business, social disruption that traumatized individuals. Booth (1999) comparative research on suicide in the Pacific Islands shows that these remarks are supported by the ethnographic literature dealing with the region. She says: ‘further commonality is found in the broad underlying causal theme of Pacific suicide; societal transition from traditional to modern with attendant intergenerational conflict and pressures on the younger generation. This is reflected in the increasing suicide trend and the concentration amongst youth (Booth, 1999:44).

Revenge suicides are evident. An 18 year old stated that he had tried to commit suicide to punish his mother, whose unwarranted jealousy, endless bickering, loud scenes and destruction of family property, was destroying the family. He took a rope, threw it over the frame of the house, tied the noose around his neck, but was caught just in time by a neighbour who was alerted by the screams for help from his mother. This was his second attempt.

**Box 6.: In their own words: suicide**

**Who is likely to commit suicide more, boys or girls?**

I think it is the girls who commit suicide. The families do not look after them well. The girls get depressed; there is no one to look after them, to talk with them or encourage them or give them advice. Sometimes they have problems with their friends and they get sad. They become lonely and ashamed. (young woman, Koa Hill)

**Are there more causes of suicide today than before?**

Before, suicide was rare. These days, people are influenced and its numbers have increased a lot. People had good reasons to die. They were afraid of death. These days it is as if dying is a game. Someone who is not well kills himself. (young male, Koa Hill)
5. Pressing issues for young people in Honiara

A few important themes and issues have emerged throughout the interviews, focus groups and questionnaires. They bear directly on the mental health of the young participants to the study. In short, the following issues is what worries them: marginalisation; unemployment and poverty; education and vocational training; social change and family breakdown; lack of facilities for young people; overpopulation and urban poor.

5. 1 Marginalisation

Young people in Honiara realize that the world is changing around them and they would like to be part of it. Yet they feel left out economically and socially. Even the most educated amongst them find it hard to find a place in a society where social standing is defined by age and by having a job. In Honiara, marginalisation of youth is not simply indexed by class membership. Youth belonging to the middle class feel just as marginalized and hopeless as the urban poor, albeit in different ways, if they do not have a job. They also feel forgotten and ignored by the government and frequently stated that ‘they want to be recognized for what they are’ and they ‘want the government to take them seriously’. When youth experience social and economic marginalization in a context where change in their status is not likely to take place quickly, with low self esteem, followed by depression. For the most part, young people attribute violence, substance abuses, disorderly behaviours, family breakdowns, depression and suicides, that are reported in Honiara, to socioeconomic marginalisation.

Box 7: In their own words: unemployment.

According to you, what are the consequences of not having a job?

In these modern times, it is really not good at all to loaf around. You must have a job, because we live on money. If you do not have money, then your life is not good. (young male, Koa Hill).

According to you, why are there so many young people who have no jobs?

I would like to ask the government one thing, because I see that they insist a lot on education, but there are no employment opportunities. I would like to ask the Government why they are doing this: there are plenty of school leavers like me, and there are not jobs for us to have. I want to urge the Government to look into this and see the problem that we the young people are facing in this country (young male, Koa Hill).

When young people ask the government to provide them with jobs and with money generating projects, they are asking to be recognised as making an economic and social contribution to the nation and to be given their rights as productive citizens to the development of the Solomon Islands. In the mean time, many youth in Honiara, particularly in the study areas, join gangs so that they can feel that they belong. Youths feel that it is essential for the government to recognize them as a socio-economic and human priority of the country.
5. 2 Unemployment and poverty

Poverty is now a fact of life in Honiara (Jourdan 1995; CCC 2004; CCA 2005). Without available statistics, it is difficult to give accurate figures. Eradication of poverty is one of the United Nations Millennium Development Goals which the Solomon Islands Government is attempting to address in its development planning in rural and urban areas. The urban areas show up significant inequalities in standards of living.

**MDG Goal No.1: Eradicate Extreme Poverty and Hunger**

Available economic and social data suggest the poverty situation to be increasing, new vulnerable groups are emerging, e.g. those displaced by the ethnic conflict, the unemployed and the youth, and significant inequalities existed between urban (4 times higher) and rural income’.

Young people have repeated time and again, throughout this study, that having access to money through employment and money generating projects is what contributes centrally to their positive self-image and their overall well-being (Table 10).

Table 11 reveals an alarming unemployment rate. For young people between the ages of 15 to 19 it is extremely high. Unemployment increased from 59.2% in 2002, to 75% in 2005/2006. In the 20-24 age group, however, there is a 10% improvement in employment opportunity during the same period, from 59.2% to 49%. However the overall employment of that age group, 15-24 made no overall improvement.

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Unemployment rate</td>
<td>15.2%</td>
<td></td>
</tr>
<tr>
<td>Unemployment rate for people aged 15 to 19</td>
<td>59.2%</td>
<td>75%</td>
</tr>
<tr>
<td>Unemployment rate for people aged 20 to 24</td>
<td>59.2%</td>
<td>49%</td>
</tr>
</tbody>
</table>


If the data was sex disaggregated, a gender analysis would have been possible. However, Solomon Islands National Statistics and the HIES (2006) do indicate that young women aged 19-25, represent 34% of all youth in paid employment in the same age category, revealing that there is considerable gender disparity. The traditional and cultural expectations of women discriminate against them. This is illustrated when it comes time for parents to send children to school. For example, ‘if money is short, boys will be sent and girls will stay home’. Young girls who participated in the focus groups were adamant that women should work and be self-reliant; most men also agreed that women should work and be financially independent and self-reliant. Yet when talking about women in their communities, most of them assumed that ‘they would

Table 10: What the youth indicated the government could do to help young people feel good about their life.

<table>
<thead>
<tr>
<th>Answers</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide jobs</td>
<td>16.5%</td>
<td>25.5%</td>
</tr>
<tr>
<td>Establish money generating projects</td>
<td>22%</td>
<td>16%</td>
</tr>
<tr>
<td>Provide sports and recreational facilities</td>
<td>18.4%</td>
<td>16%</td>
</tr>
<tr>
<td>Provide education and technical training</td>
<td>12.24%</td>
<td>12.7%</td>
</tr>
<tr>
<td>Make youth a priority</td>
<td>12.24%</td>
<td>10%</td>
</tr>
</tbody>
</table>
stay home to look after the house and the children’. This indicates a high expectation by men that the primary responsibility of the traditional care of family ought to be carried by the women, as well as carrying the financial responsibility. Not one of the men gave any indication that their role was to take care of the family.

Opinions on the perceived causes of unemployment vary from: political problems; wantok business; poverty (many youths have to stop studying because they cannot afford school fees); to lack of job opportunity; lack of family support and to over-population. Many young people, often educated, resort to selling drugs and kwaso and in some cases resort to stealing and extorting money to manage and survive in a difficult economic context. Young people are were quick to remind others that in Honiara, as opposed to the rural areas, ‘mifala kaeka long selen’ (we need money to eat).

Participants in this research were bemused by questions relating to choice of careers. Having a choice would be a luxury. If they were lucky enough to get a job, any job would do. This observation correlates with that reported in the UNICEF report A Situational Analysis on Women, Children and Youth (2005:36).

As a result of poverty and of the breakdown of families and traditional support systems, such as the ‘wantok’ system, the number of street children is increasing in Honiara. Once again statistics are lacking, but local NGOs and churches have set up shelters for them. It seems that their numbers are increasing and that the resources have become insufficient. Homeless children and youth are vulnerable to sexual exploitation (CCC, 2004; Schoefftel Maleisea and Maleisea, 2006) get tempted into alcohol consumption and drug abuse, often flirt with delinquency and outright violence and lawlessness. Many of these young people sleep out on the streets (see also CCC, 2004.

### 5.3 Education and vocational training

Youth are particularly at risk of feeling worthless and helpless when the expectations of a bright future that has been fuelled by the education system, do not materialize. Often, the pressures come from their own families and reinforce these expectations; they demand performance, money, and support.

The education system in the Solomon Islands is an inheritance of the colonial period and is focused on academic achievements, rather than on vocational and technical training. A combination of factors work against success at school and include: tuition fees which exclude entry for many; insufficient places and less places than the demand within the higher

<table>
<thead>
<tr>
<th>Class</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
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<tbody>
<tr>
<td></td>
<td>Boy</td>
<td>Girl</td>
<td>Total</td>
</tr>
<tr>
<td>Form 1</td>
<td>3,097</td>
<td>2,632</td>
<td>5,729</td>
</tr>
<tr>
<td>Form 2</td>
<td>2,855</td>
<td>2,303</td>
<td>5,158</td>
</tr>
<tr>
<td>Form 3</td>
<td>3,735</td>
<td>2,058</td>
<td>4,793</td>
</tr>
<tr>
<td>Form 4</td>
<td>1,870</td>
<td>1,307</td>
<td>3,177</td>
</tr>
<tr>
<td>Form 5</td>
<td>1,441</td>
<td>1,009</td>
<td>2,450</td>
</tr>
<tr>
<td>Form 6</td>
<td>454</td>
<td>219</td>
<td>673</td>
</tr>
<tr>
<td>Form 7</td>
<td>77</td>
<td>30</td>
<td>107</td>
</tr>
<tr>
<td>Total</td>
<td>12,529</td>
<td>9,558</td>
<td>22,087</td>
</tr>
</tbody>
</table>

Source: Solomon Islands National Statistics Office website (2007)
divisions resulting in many students being ‘pushed out’ of school after year 3 of secondary schooling; and the requirement to be proficient in English, as a criteria which limits entry and future opportunities. As shown in Table 10, the rate of attrition from Form 1 (the first year of secondary schooling) to Form 7 (the pre university year) is very important. In each of the three years respectively, the girls represented 43.2%, 43.9% and 43.4% of all the youth in secondary schools. But a close look reveals that the level of attrition through the curriculum is greater for the girls than for the boys. For instance, in 2005 the number of girls in Form 1 was 2,706 or 45% of the student body for that class. In the same year, the number of girls in Form 7 represented only 32% of the student body.

Young participants in the study are realizing that the current education they receive is not enough to provide them with the life and technical skills which they need to find employment after they have left school. The youth expect the government to establish vocational schools that will provide them with opportunities to acquire such skills. The Solomon Islands College of Higher Education (SICHE) is providing some technical training, but the resources are meagre and do not meet the increasing demand. The catholic vocational school, Don Bosco, located outside of Honiara, is very successful in training young men for trades. But again, this is too little and is not accessible to young women. Some NGOs are focusing on life skills, but do not provide formal technical training. There is a serious inequitable gender gap in the education opportunities and it affects a great many youth and society negatively. This situation puts the economic and social development of Solomon Islands in jeopardy.

As a result of the lack of opportunity and access to education and employment, youth get disenchanted, frustrated and depressed. Some are harbouring very negative feeling towards society and the government, which leads to grievances and eventually to the desire to act against society, business and the government.

In interviews, young unemployed men explained how joining the ‘fight’ during the tenson acted as an outlet for their anger and frustration and as a remedy to their idleness and boredom. Indeed, the story of riots that took place in Honiara over the years that preceded the tenson, and since then, in 2006 is fraught with stories of young men who jumped at the opportunity of, at last, ‘finding a cause to live for’. This is a very disturbing situation for the present and future of Solomon Islands. It is absolutely necessary for the Government to reorient the education system appropriately. The education action plan 2007-2009 (SIG, 2007a) is a step in the right direction but does not address adequately the need for technical and professional training of the youth.

5.4 Social change and family breakdown

Young people in Honiara find themselves at a crossroad between worlds, they either do not know or do not control, that of the customary ways associated with village life and that of the town from which most of them are excluded. The period of the tenson has been one of rapid social change where social values collided, economic order collapsed; social harmony and mutual respect were challenged. Young people are noting, embracing, resisting, and promoting changes that take place around them. They are confronting and are subjected to a range of new influences and models of behaviour. Some young people do not feel prepared for these.

Some of these models have an effect of families and are painful to the youths who experience them. Young participants in the project regularly listed family disruptions as one of the main sources of psychological distress. For many of them, ‘family problems’, the ‘catch all’ term for situations ranging from marital indiscretions, divorce, drunkenness of one or both parents, domestic violence, to child abuse, are the reason for many behavioural and mental problems of the young people.

Stakeholders are well aware of the situation and churches in particular are putting in place safety nets and counselling centers for families. Young people talked about the distress caused by seeing their family become dysfunctional: ‘parents have started...
to drink’: ‘much money goes towards beer’; ‘there is no money for food and children are hungry’; ‘no money for school fees and bus fares’. In other cases it was reported that some parents have stopped supervising the young girls: ‘the girls go out at night’, they ‘hang out in dangerous places of the town; and they ‘sleep away from their home’. While in other cases, parents have lost interest in the life of their young ones: they ‘are so burdened by the difficulties of making ends meet’; or ‘so obsessed with their own life and career that they ignore them’. Clearly, parents are stressed, resources are stretched thin and social roles are being redefined. Young people feel that all this is taking a toll on them and that they are at risk.

Some young people say that morals have collapsed. Some are outraged at rampant corruption of the leadership; at the permanent state of fear they live in because of the gangs that roam around some areas of the town; at what they say is the powerlessness of the police and the law to restore order so that they can have a life. They blame ‘the break down of moral codes’; ‘overpopulation’; the ‘neglect of children by parents’ and ‘substance abuse’ for the societal problems they have to live with and that it curtails their freedom and their future.

The trauma created by the tension should not be underestimated. It lives on for many young people. There are many unresolved issues after years of unsatisfactory governance, struggles over resources, corruption at all levels of the administration, but particularly in the higher circles of government. The young people are looking for leadership and role models and fail to find them.

5.5 Lack of facilities for young people

Throughout the study, many young people talked about ‘boredom’ and ‘idleness’ as the main causes of mental distress in youth. They suggested that much of the social ills they experienced were linked to the absence of sports and recreational activities for them. Church groups have tried to provide such activities in the form of choirs, bands, sports teams and competitions, but this is clearly not enough. Youth felt that they needed outlets for their energy, their creativity and their talent. Without these outlets, boredom and frustration quickly sets in.

At the national level some sports facilities exist, but these are not open to the general public and most are not available to youths in the suburbs or in the settlements. Youth were outspoken and saddened by the severe shortage and in some communities the absence of services dedicated to youth, for example, the lack of recording studios for the music bands, the absence of cinemas, the absence of a centralised facility or services exclusively dedicated to places where young people are located. Young women complained that most youth facilities were aimed at boys and young men and they stated they would like to see the situation changed to account for the differences in the needs for young men and women.

There is also a need for social services targeting youth specifically. Young women, more than young men, make use of counselling services provided by the social services, but they would like to have an easier access to them in locations they regularly frequent. The NGO Save the Children (SCF) is providing some counselling and doing outreach work on reproductive health and condom for safer sex practice in bars and nightclubs and with apparent great success.

5.6 Overpopulation and ‘urban pull’

As the urban pull increases, more and more youth and adolescents arrive in town in search of employment. In Honiara, population pressures put a strain on everyone in town but more particularly on the young people who see the competition for jobs increase and strains local resources and infrastructure. Tensions between groups increase and so too does the risk of violence. Some young people have talked about being afraid to walk around in their areas of residence and be challenged by youth from other areas, and feel that overpopulation severely limits their freedom of movement. This is particularly true for young women.

Over population also means that houses are full with relatives from both sides of the family having to co-exist in tight quarters. As more and more marriages
take place between people belonging to different ethnic groups, households are routinely bi-ethnic and sometimes tri-ethnic, and often times crosses three generations. Housing shortages; increases in rents (often stated as associated with the presence of RAMSI officers who can pay higher rents) and limited financial means of individuals push people in Honiara to cohabit in order to make ends meet. While the official household size in urban areas of Solomon Islands is 6.9 people (HIES report 2006:1), a rapid survey of households in some of the poorer areas of Honiara show that the size of households fluctuates throughout the year, and in some cases can reach 20 people (Jourdan: Field notes April-May 2007).

The effects of overpopulation on the livelihood of youths are considerable. Young people have complained that the influx of wantok in their homes make it difficult for them to deal with everyday life requirements: they ‘do not have the peace and quiet necessary for study’; they ‘have to share quarters and do not have privacy’; they ‘often cannot bathe because there is not enough water for all given the water shortages miring Honiara’; there ‘is not enough money to feed everyone and they often have to go to school in the morning with an empty stomach’. In some cases, young people prefer to ‘be in the street’ and often ‘try to find shelter away from the noise and crowd in the homes of their friends’. These situations increase the instability of young peoples’ lives and place them at risk.
6. Existing youth projects in Honiara 2007

Government agencies and services, as well as NGOs have had a focus on youth over the recent years. They are developing, or have developed programs and projects aimed at providing training in youth life skills to increase their social and health awareness, the necessary rudiments to start a business and improve their quality of life. A summary of some key youth projects in Honiara in 2007, are listed in Appendix 5.

6.1 Interviews with some stakeholders

The list of stakeholders and key informants with which discussions were held, including their contact information, is found in Appendix 6.

Commonwealth Youth Program (CYP). Ms Afu Billy, Director of CYP.

CYP is not an implementing agency. They act on three fronts for which they provide training: Youth, enterprise and sustainable livelihood; Governance and networking; Youth, work and training. A number of key people in local NGOs received training at the CYP. CYP is currently reviewing the National Youth Policy of the Solomon Islands.

Community Police (CP). Sergeant Joe Ririmae, Honiara Community Police (CP).

CP focuses on crime prevention and outreach in the various suburbs and schools of Honiara. CP seeks to raise awareness about the law and the consequences of breaking it. Liaising with NGOs and government services, they organize workshops in schools and in housing settlements. The means of the CP are limited: their activities are seriously curtailed by the fact that they have no cars and no budget. They are planning to develop sporting events, life skills events for youth and are hoping to enlist help from RAMSI and diplomatic missions to that end.

Christian Care Center (CCC). Sister Doreen, Co-ordinator of the Christian Care Centre of Church of Melanesia.

The purpose of the centre is to provide shelter to women and children who are victim/survivors of domestic violence. It is located in Tenaru but has an antenna in Honiara where women can seek refuge in case of domestic crisis. The center provides counselling, helps women go through the courts for redress and offers advice about life skills. The Center has undertaken two research projects on the commercial exploitation and sexual abuse of children in Solomon Islands (CCC, 2004 and CCC, 2007).

Honiara Town Council (HTC). Audrey Baeanisia, Head of the Youth Division.

A Youth Policy was established in 1980 but only began to be implemented in 2005. Many of the activities of the Youth Division revolve around sports activities and arts festivals organized for young people in Honiara. Micro projects on beautification of Honiara, sports, recreation and arts are being funded by local NGOs; diplomatic missions; the Regional Assistance Mission to the Solomon Islands (RAMSI); the European Union (EU) and by the Ministry of Home Affairs. A Youth Advisory Committee was recently set up to review the Youth Policy and comprises stakeholders, church representatives, and community representatives, and the Ministry of Youth, Women and Sport. Their preliminary findings noted that youths in Honiara had limited access to paid employment; were lacking facilities for leisure activities; had little or no access to income generating activities; were worrying too much and many youth abused substances. The situation has worsened since the tension. In order to reach youth, the Youth Division is working through informal networks outside of the schools. Their operating budget is reported to be SDB $240,000 per year (2007).
Ministry of Health and Medical Services (MHMS). William Same, Director of Nursing and Mental Health, National Referral Hospital (NRH), Honiara.

Solomon Islands has a Mental Health Act (1974). A Five Year Strategic Plan (2006-2011) and an Integrated Mental Health Plan (IMHP) started in 2006 and a National Mental Health Policy is currently being developed. The MH Act needs to be reviewed. The only mental health hospital is located in Kilufi on Malaita and is now staffed by the only psychiatrist in the country, Dr. Paul Orotaloa. The MH ward contains 24 beds with a 60%-70% relapse and patient return. All patients are young and the average age is 16, most are young men who have been affected by marijuana use. Marijuana use is considered significant cause of admission as a precipitating factor of mental illness. There are 4 beds dedicated to MH in the acute care unit of the National Referral Hospital (NRH) in Honiara. A detoxification center is being planned for the future. There is no epidemiological data on MH in the Solomon Islands.

Drug addiction, depression, alcoholism and suicide were identified as important key issues. Most suicides (see Table 3) are committed by females. Females are inclined to overdose on chloroquine or aspirin. However, men are inclined to use more violent means and tend to hang themselves, particularly in Polynesian communities in the Solomon Islands. According to Mr. Same, the number of suicide has increased since the ‘tensions’. The reasons for suicide are mainly: broken love relationships; fights; anger and frustration.

National Youth Congress (NYC). Charles Fox, President of the NYC.

The mission of the NYC is to represent the voice of young people, and particularly the Masta liu (the unemployed) and the ‘push outs’ of the education system. The NYC is a semigovernmental organization created as an outcome of a White Paper in 1980 and affiliated with the Youth Division of the Ministry of Home Affairs. The NYC participated in the development of the National Youth Policy (2000) and works in a range of different areas:

- To improve the conditions of youth in rural areas;
- To organise workshops for youth in rural and urban areas on topics ranging from awareness raising, skills development, community development to management training;
- To organise a training program for youth with the National Trade training and testing; since 2003, the NYC has been evaluating the negative effect of the tension on the youths.
- To implement the National Youth Policy.

Since 2004, the NYC has been addressing the effects of the tension on youth and seeks to facilitate the rehabilitation of the youth who have taken part in it. The NYC is planning to hold a conference in 2008 for Provincial Youth Ministers, Provincial Youth Coordinator and Church Youth Leaders. This is part of an awareness campaign that aims to revise the administrative and legal framework addressing youth issues. According to the NYC, there is an urgent need for social workers, counsellors and for support for people who have expertise in face-to-face contact with youths.

Solomon Islands Development Trust (SIDT)

SIDT runs a number of number of community based programmes which actively engage youth and include the Youth and Mental (MH) project, a community based governance programme, coastal and natural resource management called the Community and Coasts Programme and other community and village based and sustainable livelihood programmes.
Youth in Honiara are going through very difficult times and are experiencing an increase in stress related to lifestyles, social change, and lack of support from families, communities and government. They are facing important issues that are bearing on their ability to deal with life in a mentally healthy way: poverty, unemployment, aimlessness, depression, drug and alcohol misuse, limited and inadequate education and training opportunities, gender disparity, marginalization, violence, sexual abuse and family breakdown. Much of this can be alleviated or corrected with more resources, both people and money and with the facilitation and development of support networks, specifically designed in a gender sensitive way for youth and family services and facilities. Programs are needed and are required to be put in place to address many of these problems for young men, women and designed to be available at family, community and at an institutional level both in Honiara and nationally.

Young people who are still in school or pursuing their education may be at less at risk during this time as they are engaged in such activities; but measures must be put in place to ensure that the education and training they receive will be able to contribute back in to society and their communities. In addition, a high number of students going overseas for post graduate degrees are not returning to the Solomon Islands and bringing back their skills and experience: the country is experiencing a brain drain that it cannot afford. Incentives need to be created to encourage them to return and be able to be employed and contribute back to Solomon Islands development.

Young people who have left school (drop outs or push outs), or those who have no schooling, are at particular risk of developing psychological difficulties. If young people are not employed or involved in activities to improve their lives and build self-esteem and engagement with their communities they will be at risk. The fact that a large number of them cannot find employment, partly because they have no marketable skills and or because employment opportunities are rare, it will increase their inability to find a constructive way to place themselves in their communities and society. This situation seriously affects their self-esteem and risks leading them into a state of depression. It is essential to develop projects and programs that will provide vocational guidance, counselling and structural support. Many youth have lost trust in their national institutions and it is essential to restore it to improve their spiritual, mental, emotional and physical health.

The National Youth Policy (2000:4) recognizes the need to address the issues central to the life of young people and identifies the most pressing ones. There is a stated need for government and service agencies to develop advocacy, awareness and education programs on mental wellness for youth, for families and for communities which address the differential needs of men and women. It is important for government and non government agencies to facilitate linkages and to work together within local communities and with church leaders, local nurses and medical practitioners, with families and to engage youth groups and young people to help plan for and develop community and youth facilities. The recommendations in this report attempt to provide a guide on how to address these critical mental health issues and needs. The recommendations call for action on mental health legislation and policy; mental health counselling services and facilities; organization and delivery of gender sensitive youth support services; and education and awareness on gender and family relations, anger management and improvements in opportunities for training and employment.
7.1 Policy

**Recommendation 1**

Implementation of the National Youth Policy (2000) should be an immediate priority. Youth and gender specific services need to be designed and planned in consultation with youth.

Rationale: Seven years after the NYP was …., there has been the creation of a Youth Desk at the newly refurbished Ministry of Women, Youth and Sports is a welcomed action. The NYP is central to the future of the country.

**Recommendation 2**

Review of the Mental Health Act in line with WHO guidelines and a National Mental Health Policy should be developed, resourced and implemented.

Rationale: There is a Solomon Island Integrated Mental Health Strategic Plan since 2001, revised in 2004 however a Policy is also required.

**Recommendation 3**

That the Ministry of Health require and develop sex disaggregated MH statistics and publish them annually.

Rationale: To facilitate action in this area and to address Mental Health needs with confidence, it is vital to have statistics. Sex disaggregated and age specific statistics are required to know the scope of the problem and to be able to understand the appropriate responses to take.

**Recommendation 4**

That the Ministry of Health, community services and agencies organize information sessions, awareness programs and outreach initiatives to educate families on Mental Health. There is a need to increase community awareness on mental health and mental ill health issues through media: TV; print and newspapers to generate public discussion.

Rationale: Family members are the first source of support for young people. They need to be aware of the difficulties young people face and recognize the signs of stress, tensions, and mental illness. Community awareness can provide support for those in need and help them recognise the high risks and the range of people at risk of mental ill health. People need to understand their health needs, learn coping strategies to reduce their stress and know where to go to help build resilience and seek appropriate support. (Refer: 7, 9, 12, 15, 17)

7.2 Service intervention

**Recommendation 5**

That the Ministry of Health increase the number of nurses trained in psychiatric care and set up more psychiatric services in hospitals and community based rural and urban clinics.

Rationale: Currently, there is only 1 psychiatric hospital in the country and 1 emergency care psychiatric ward (4 beds) in Honiara. This is clearly not enough.

**Recommendation 6**

That a youth non formal learning centre be centrally located in Honiara, where services targeting youth would be based: for example, community education/non formal skills learning and support centres, with counselling services and employment/brokerage services.

Rationale: Youth who have low self esteem and feel marginalized by adults and formal institutions will find it hard to look for help through formal channels. Non formal community education/non formal learning centres are essential to develop youth and young adult’s skills. The Youth Centre/s could facilitate youth to obtain skills for job interviews; learn how to write a Curriculum Vitae; the could provide business mentoring and professional orientation; youth could be introduced to job search; and provide youth specific health services (advice on contraception); awareness STI/HIV/AIDS and learn to discuss issues around respectful gender relations and reproductive and sexual health. Crisis Centre facilities could function as a first point of contact for survivors of sexual abuse.
**Recommendation 7**

That the Ministry of Education in consultation with Ministry of Health, community services and agencies, develop and introduce into the curriculum information sessions on psychosocial dimensions of mental health in schools and their communities on issues like depression, reducing substance abuse, prevention of suicide, reducing bullying and violence and sexual abuse.

*Rationale:* Young people need to be better informed about Mental Health so that they know where and when to seek help from counsellors and qualified people.

**Recommendation 8**

The Ministry of Education liaise with the Ministry of Health to develop and introduce youth counselling drop in centers in schools and in communities.

*Rationale:* It is important to reach young people where they live and congregate. These should be available in the urban and rural areas as outreach centres.

**Recommendation 9**

That an employment office or brokerage service, be designed with and managed by youth (both young men and women) to liaise with companies and corporations to facilitate training and employment and to provide mentoring for young men. That the service be complimented by a mobile unit which moves around the towns and communities.

*Rationale:* There is no centralisation of information on job availability and need. Create a service that will inspire youth to act and initiate and support life skills, training and employment seekers.

**Recommendation 10**

That the ‘employment office/brokerage centre’, produce information about what work is available and circulate it regularly via the media and in various venues around town centres and rural areas so youth can readily access it.

*Rationale:* Many young people who suffer from low self-esteem do not have the confidence necessary to knock on doors looking for work.

**Recommendation 11**

That this ‘employment office/brokerage centre’ information be available in the health clinics.

*Rationale:* (see above Recommendation 9, 10).

### 7.3 Advocacy

**Recommendation 12**

Liaise with communities and NGOs to organize/facilitate information, training and education sessions and learning campaigns about mental health with primary care workers, policy and nurses so it can be referred into communities on: parenting, gender relations, positive attitudes towards women, self defence classes, human rights, violence, and reducing substance abuse and suicide prevention.

*Rationale:* Nurses at the hospital, who are often the first contact in cases of physical or mental crises, are quite responsive empathetic, but overworked. The community needs to develop awareness about abuse and learn how to deal with crises within families or neighbourhoods. Refer MOH Plans to undertake training with primary care workers on suicide.

**Recommendation 13**

Work on the destigmatisation of the word ‘mental’ through education campaigns of the public. Replace it with a positive concept such ‘tinging helti’.

*Rationale:* Many people, young and old, believe that mental means ‘crazy’.

*Note:* All recommendations require advocacy with Government e.g. Mental Health Act Review, Legislation, Policy and specific MOH and Education and other sectors to increase activities for the prevention of mental ill health and promotion of awareness of mental health issues. Specifically advocacy is required for a youth engaged response within all sectors for planning and development of youth specific services for young men and women.
7.4 Enhancement of professional competence

**Recommendation 14**

The Ministry of Education to collaborate, coordinate and liaise with labour organizations and corporations to redesign vocational training centres and to deploy them. The development of creative and responsible strategies to address the education, training and employment needs of young people and reverse the high unemployment scourge is urgently needed.

*Rationale:* There is a shortage of such centres currently. Many young people, and the stakeholders agreed with them, recognized that their chances to get a job would increase with proper professional training in sync with the job market.

7.5 Collaboration and cooperation between stakeholders

**Recommendation 15**

Liaise with NGOs and international donor agencies to establish/develop recreational facilities for and with young people (men and women) and activities in their residential areas. These facilities should not be centering on sports only but should encourage the development of creative abilities and social skills for young men and young women.

*Rationale:* Young women have said that much of the recreational facilities often are aimed at boys and young men, in the form of sports fields. Young people and stakeholders, have repeatedly said that idleness and boredom is one of the causes of mental health, ill health, instability and violence.

**Recommendation 16**

NGOs and government multilateral agencies should collaborate to avoid duplication of research.

*Rationale:* There exist a vast corpus of research done on youth in the Solomon Islands (refer to the bibliography). Often, there is much overlap in the issues surveyed. There is now a need to translate all this research and knowledge into tangible realizations that will benefit the youth.

**Recommendation 17**

Establish a multisectorial national network stakeholder group of NGOs and government agency with the intention of maximising the number of positive initiatives for young people.

*Rationale:* The coordination of efforts actions will avoid duplication of research and interventions, and will aim at the establishment of concerted practical initiatives that will benefit young people.

7.6 Further Research

**Recommendation 18**

Gender based research on suicide together with study of appropriate response to youth suicide is urgently needed.

*Rationale:* Suicide is a tragedy and a disaster. There does not exist as yet reliable statistics on suicide, neither is there appropriate prevention efforts. Research on suicide will initiate such responses.

**Recommendation 19**

Gender based research on substance abuse among the young people of Solomon Islands is urgently needed, together with study of appropriate response to youth.

*Rationale:* Substance abuse is on the rise in Solomon Islands and starts as early as primary schools. Research on substance abuse will initiate responses and appropriate education and prevention efforts.
8. References


Youth and Mental Health in Solomon Islands: A Situational Analysis


Appendix 1: Research Methodology

1.1 Overview

The project took place under the aegis of Solomon Islands Development Trust (SIDT). It was initiated in April 2007 under the supervision of Ms Jennifer Wate, Acting Project Manager, at SIDT. Dr. Christine Jourdan devised the research plan in consultation with Jennifer Wate, Ambrose Maelefoasi, Lecturer at the USP Centre in Honiara, and Johanne Angeli, a graduate student in Anthropology at Concordia University in Montreal, Canada. In early June 2007, Jefter Tuhagenga was hired as Youth coordinator at SIDT, with the mandate of supervising the field research.

A three-day Training of Trainers YMH workshop was organized by SIDT for the stakeholders and the volunteer researchers. It was held at the office of SIDT on 16, 17 and 18 May 2007, which included the formal launch of the Youth Mental Health Project funded by NZAID and regionally coordinated by FSPI. The list of stakeholders is found in Appendix 4.

The first two days of the workshop were led by Ms. Archana Mani, Regional Youth Mental Health Coordinator for the Foundation for the Peoples of the South Pacific International in Suva. She used a Mental Health Resource Kit devised by psychology, psychiatry and public health specialists from the Fiji School of Medicine, St Giles Hospital and the University of the South Pacific and FSPI. Youth stakeholders, who were participants at the Mental Health workshop, were introduced to the concepts of mental health/mental ill health and mental illness, depression, stress, suicide. Discussions of these terms were led by Ms Mani and by MH experts from the Ministry of Health. The third day of the workshop was specially organised for the volunteer researchers and was led by Dr. Jourdan.

Dr Jourdan trained the researchers in the various research KAP techniques to be used for the research. Issues presented and discussed ranged from ethics and cultural sensitivity to techniques of interview, elicitation and recording of information. Knowledge Action Practice (KAP) is a participatory action research method which engages and empowers the subjects of the research to express their ideas and information (knowledge), their behaviours and experience (practice) and suggest recommendations for change (actions) and solutions on the issues being researched. It is an equitable means to develop evidence on the topic and subjects of research. The information gathered be used as a baseline tool for measuring progress (monitoring and evaluation).

Field research took place in three areas of Honiara that have been identified by stakeholders as sensitive areas with regards to high risk of mental ill health of youth. They are Koa Hill, Fulisango Zion Green Valley, and Burns Creek. Researchers were in the field during four weeks, between May 20 and June 22, 2007.

1.2 Ethics in research

The research ethics protocol was presented and explained to the volunteers during the Training of Trainers workshop that launched the YMH project. The following items are not rank ordered.

- The research should be carried out ethically and efficiently.
- The purpose of the research should be explained clearly to the participants.
- Confidentiality (name of participants, sensitive information) is a must.
- The participants should be free to withdraw from the research at any time during the process.
• The research should not cause any harm or be a source of burden to the young people who have participated in the project and provided information.

• The research should lead to useful results and implementation of said results.

• It should be relevant to the life of young people involved in the project.

• It should aim at mobilizing knowledge within the community with the goal stimulating positive outcomes for and well being of young people.

• Proper feedback about the research must be given to the participants and to the volunteers who carried out the research.

• Whenever possible, consent forms must be signed by participants.

1.3 Research tools

Given the complexity and importance of this project, a series of research methods were used in each of the suburbs of Honiara that were retained for the research

• One-on-one tape recorded in depth interviews with selected individuals (4 in each area of the city)

• Focus group discussions (between 6 groups of 6 to 8 people on each topic to be investigated), including participatory methods such as brainstorming, discussions of causal diagrams, itineraries etc. Each of these groups was gender balanced.

• Photographs and discussions of these with individuals and groups.

• KAP questionnaires on a) mental wellness; b) suicide; c) substance abuse; d) violence.

• Collection of statistics produced by government services and NGOs.

1.4 Pre-test

The KAP questionnaires and the interview guides were tested during the Training of Trainers workshop. Some difficulty arose with technical terms and particularly with the word ‘mental health’ because of its homophony with the Solomon’s Pijin word ‘mentol’ which means ‘mad, crazy’. It was decided to replace it by the expression ‘ting ting helti’. Dr. Jourdan suggested the possibility of translating the questionnaires into Pijin, but this was argued against by the volunteer researchers on the ground that people are not literate in Pijin in the Solomon Islands, but in English only. It was decided that the volunteers would translate the questions orally from English to Pijin to any interviewee who would not know how to read English.
### Appendix 2: Table 3: Some youth projects taking place in Honiara in early 2007

<table>
<thead>
<tr>
<th>Name of agency</th>
<th>Programs</th>
<th>Activities planned for the future</th>
<th>Partners</th>
<th>Details of activities</th>
<th>Key person/s</th>
<th>Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Governmental organizations</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Unit, Ministry of Health and Medical Services</td>
<td>Developed a 5 years strategic plan in 2006</td>
<td>1) Develop a National Mental Health Policy. Budget has been allocated by SIG. 2) Set up a psychiatric ward at NRH. 3) Establish clinical guidelines. 4) Establish a training program on suicide for primary care workers.</td>
<td>Social Welfare Services, Kilufi Hospital, SICHE school of nursing, NGOs</td>
<td>1) Have recruited a psychiatrist based at Kilufi. 2) Development of a 25 member psychosocial unit.</td>
<td>William Wame  Director of Nursing and Mental Health, MOH</td>
<td></td>
</tr>
<tr>
<td>Ministry of Home Affairs</td>
<td>Youth desk has just been established.</td>
<td>None so far. But will support initiatives taken by NGOs</td>
<td>Will liaise with other ministries and NGOs</td>
<td></td>
<td>Eddie Anisitolo  Ministry of Home Affairs Box G 11 Honiara</td>
<td>Tel: 28602</td>
</tr>
</tbody>
</table>
Youth Division of the Honiara Town Council
1) Establishment of HTC youth policy.
2) Augment participation of youth in planning and decision making.
3) Improve quality of life for young people
4) Increase income generating activities for youth.

Develop a sector for Women and Youth

SIDT, NYC, churches, International donors, NGOs, USP, DHA, SCA, other NGOs
1) Monthly visits with registered groups.
2) Annual youth forums
3) Annual youth arts festivals
4) Annual sports competitions
5) Beautification of Honiara

Community Police
Crime prevention and Outreach and awareness of law and punishment in schools and communities in the city.

Liaise with NGOs and government services
Workshop in schools
Workshops in settlements and communities

National NGOs

SIDT
Youth and mental health
Phase 1: Honiara
Phase 2: the provinces
FSPINZaid
Research, awareness raising, education
Audrey Baenisia
Head of Youth Division, HTC
Box 324, Honiara
Tel: 21133 #204

Jennifer Wate
Governance@sidt.org.sb
Jeff Tugahenga
ymh@sidt.org.sb
Tel: 23409

S/SGT Joe Ririmae
OIC community policing unit.
Honiara
SGT Paul Muia
Tel: 27971
### Regional NGOs

<table>
<thead>
<tr>
<th>Sisters of the Church, Church of Melanesia</th>
<th>Provide shelter for street children</th>
<th>Liaise with other NGOs and Government services</th>
<th>Provide assistance to needy children.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Save the Children Fund</strong></td>
<td>Outreach and awareness campaign about HIV/AIDS</td>
<td>Partnership with local NGOs</td>
<td>1) Outreach information campaign in towns and in the provinces</td>
</tr>
</tbody>
</table>

### International Organizations

| Commonwealth Youth Program | A. Training programs for the region:  
1) Youth, enterprises and sustainable development.  
2) Governance and networking.  
3) Youth, work and training. | Are interested to develop programs on gender issues. Review of the SIG National Youth Policy | Liaise with Government agencies and NGOs. |
|---------------------------|-------------------------------------------------|-------------------------------------------------|-----------------------------------------------|
| UNICEF                    | 1) Prevention of mother to child transmission of HIV  
2) Life skills | 1) Partnership with local NGOs  
2) SIG plus relevant stakeholders | 1) Establishment of a network of women leaders trained in HIV prevention |

**Tel:** 23842

<table>
<thead>
<tr>
<th>Rose Maebiru</th>
<th><a href="mailto:yop@aveethechildren.org.sb">yop@aveethechildren.org.sb</a></th>
<th><a href="mailto:rmaebiru@yahoo.com">rmaebiru@yahoo.com</a></th>
</tr>
</thead>
</table>

**Tel:** 38374

| Afu Billy | P.O. box 1681  
Honiara, S.I | regionaldirector@cy wsp.org.sb  
Grace Pitakoe |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Katherine Gilbert, project officer</td>
<td><a href="mailto:kgilbert@unicef.org.sb">kgilbert@unicef.org.sb</a></td>
<td>Tel: 28002</td>
</tr>
</tbody>
</table>
| World Vision | Have just started a situational analysis on youth in Honiara with regards to Peace issues | May launch a situational analysis on youth and literacy in the rural areas. | None | 2) Creation of Youth Radio magazine on SIBC. Inclusion of Life skills topic in primary and secondary education curricula. | Samantha Cooper, project officer scooper@unicef.org.sb | Tel: 23092
Siv Yoganathan youth_wvsi@solomon.com.sb
Moses Ramo | Tel: 23092

| 1) Consultant for the youth and peace program had just arrived in the country.  
2) Identification of the settlements in which research will be done |
### Appendix 3: List of stakeholders contacted for the Youth and Mental Health in the Solomon Islands: A Situation Analysis research.

<table>
<thead>
<tr>
<th>Name of agency</th>
<th>Name of contact</th>
<th>Telephone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anglican Church</td>
<td>Toni Maelasi: HIV /AIDS Lesley Hoatson, technical advisor on youth groups Christian Care: Sister Doreen Box 19. Honiara</td>
<td>21892</td>
</tr>
<tr>
<td>Catholic Church</td>
<td>Eric Miti, Youth desk Box 237. Honiara</td>
<td>20255</td>
</tr>
<tr>
<td>Commonwealth Youth Program</td>
<td>Afu Billy Box 1681. Honiara <a href="mailto:regionaldirector@cypsp.org.sb">regionaldirector@cypsp.org.sb</a></td>
<td>38374</td>
</tr>
<tr>
<td>Community police</td>
<td>Sargent Joe Ririmae Box G1723. Honiara</td>
<td>27971</td>
</tr>
<tr>
<td>Correction services</td>
<td>Prison services Headquarters, Rover P.O. Box G36, Honiara</td>
<td>23812</td>
</tr>
<tr>
<td>Family support centre</td>
<td>Lorio Sisiolo Box 1725. Honiara <a href="mailto:Fsc@solomon.com.sb">Fsc@solomon.com.sb</a></td>
<td>26999 20619</td>
</tr>
<tr>
<td>KG VI</td>
<td>Mary Hanadarama, Principal KG6 school Ranadi Box 246 Honiara</td>
<td>39936</td>
</tr>
<tr>
<td>Mental Health Unit</td>
<td>William Same Director Mental Health Unit <a href="mailto:wsame@moh.gov.sb">wsame@moh.gov.sb</a></td>
<td>20688</td>
</tr>
<tr>
<td>Ministry of Youth, Women and Children Affairs</td>
<td>Eddie Anisitolo Youth Division Box G11. Honiara</td>
<td>28602</td>
</tr>
<tr>
<td>National Council of Women</td>
<td>Hilda Kari or Ella Kahui Box 1830. Honiara <a href="mailto:sincw@solomon.com.sb">sincw@solomon.com.sb</a></td>
<td>27529</td>
</tr>
<tr>
<td>National Youth Congress</td>
<td>Charles Fox Ministry of Home affairs Box G11. Honiara</td>
<td>28602 #201</td>
</tr>
<tr>
<td>Red Cross</td>
<td>Niniu Oligao</td>
<td></td>
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<td>--------------</td>
<td></td>
</tr>
<tr>
<td>Dissemination officer</td>
<td>Box 187. Honiara</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:dissem_sirc@solomon.com.sb">dissem_sirc@solomon.com.sb</a></td>
<td>22682</td>
<td></td>
</tr>
<tr>
<td>Save the Children Fund</td>
<td>Rose Maebiru or Jack Martin</td>
<td></td>
</tr>
<tr>
<td>Box 1149. Honiara</td>
<td><a href="mailto:yop@savethechildren.org.sb">yop@savethechildren.org.sb</a></td>
<td></td>
</tr>
<tr>
<td><a href="mailto:rmaebiru@yahoo.com">rmaebiru@yahoo.com</a></td>
<td>23842</td>
<td></td>
</tr>
<tr>
<td>Solomon Island Development Trust (SIDT)</td>
<td>Jennifer Wate, Acting Director SIDT</td>
<td></td>
</tr>
<tr>
<td>Jefter Tugahenga, Youth Mental Health Coordinator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Welfare Services</td>
<td>Hellen Kotti</td>
<td></td>
</tr>
<tr>
<td>Social Welfare Division</td>
<td>Ministry of Health and Medical Services</td>
<td></td>
</tr>
<tr>
<td>Box. G 349. Honiara</td>
<td><a href="mailto:hkotti@moh.gov.sb">hkotti@moh.gov.sb</a> 20569</td>
<td></td>
</tr>
<tr>
<td>UNICEF</td>
<td>Katherine Gilbert or Samantha Cooper</td>
<td></td>
</tr>
<tr>
<td>UNICEF, Solomon Island Office</td>
<td><a href="mailto:kgilbert@unicef.org.sb">kgilbert@unicef.org.sb</a></td>
<td></td>
</tr>
<tr>
<td><a href="mailto:scooper@unicef.org.sb">scooper@unicef.org.sb</a></td>
<td>28002</td>
<td></td>
</tr>
<tr>
<td>USP Centre</td>
<td>Dr Glynn Galo, Director</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:galo_g@usp.ac.fj">galo_g@usp.ac.fj</a></td>
<td>21307</td>
<td></td>
</tr>
<tr>
<td>Women for Peace</td>
<td>Joeline Taairu</td>
<td></td>
</tr>
<tr>
<td></td>
<td>23961</td>
<td></td>
</tr>
<tr>
<td>Youth Division of Honiara Town Council</td>
<td>Audrey Baenisia</td>
<td></td>
</tr>
<tr>
<td>Head of Youth division</td>
<td>HTC</td>
<td></td>
</tr>
<tr>
<td>Box 324. Honiara</td>
<td>21133 #204</td>
<td></td>
</tr>
<tr>
<td>World Vision</td>
<td>Siv Yoganathan</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:youth_wvsi@solomon.com.sb">youth_wvsi@solomon.com.sb</a></td>
<td>23092</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of community</th>
<th>Name of contact</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth leaders, Burns Creek</td>
<td>Fred Maetia</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Noelyn Joana</td>
<td></td>
</tr>
<tr>
<td>Youth leaders, Zion</td>
<td>Davin Romee</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Joyce Bill</td>
<td>28314</td>
</tr>
<tr>
<td>Youth leaders, Koa Hill</td>
<td>Ella Mae</td>
<td></td>
</tr>
<tr>
<td></td>
<td>George Sangoau</td>
<td></td>
</tr>
</tbody>
</table>

The following objectives are derived from the strategic goals and outcomes:

1. To increase access to all levels of education after provision of
   1.1. An adequate number of schools, classrooms, desks, dormitories and other infrastructure
   1.2. (Financial) Support from government and other stakeholders

2. To improve equal access to all levels after education for
   2.1 Children, students and people with special needs
   2.2 Girls and boys, in particular in isolated locations

3. To improve quality for all levels of education by:
   3.1 Provision of an adequate number of qualified teachers and other workers, in the education sector
   3.2 Development and maintenance of a high quality process of teaching and learning
   3.3 Development, distribution and use of a relevant, high quality and modern national and local school curricula
   3.4 Provision of an adequate number of modern, relevant teaching and learning materials, facilities, equipment and materials
   3.5 Continuous Professional Development (CPD) for all education staff
   3.6 Monitoring and assessment of sound standards of student literacy and numeracy and students’ progress in other subjects
   3.7 Improvement of efficiency and effectiveness of sub sector education systems, in particular tertiary education by giving it a more (labour) demand oriented direction

4. To improve the management of Sector Wide Education Programme by implementing the 6 Strategies (see also page 12,13) which includes:

4.1 Strengthening planning, budgeting, management, co-ordination and monitoring
   • To produce a logical framework for the Sector Wide Approaches (SVAp) which creates interlinkages and increased cohesion between ESIRP II, NEAP (2007-2009) and ESF (2007-2015) as well as among the different sub sectors and stakeholders involved
   • To timely produce more outcome oriented and cohesive annual budgeting, planning and reporting based on SIEMIS and a Performance Assessment Framework (PAF)
   • Revitalise TWG’s on planning/budgeting and monitoring
   • To develop a 3-year, outcome oriented Mid Term Expenditure Framework (MTEF)
   • To develop a strong sector secretariat and sector co-ordination team
   • To develop a PAF and strengthen utilisation of SIEMIS.
• To strengthen the role of Provincial Government and Authorities in planning, implementing and monitoring NEAP

4.2 To develop, revise or finalise policies for the different sub sectors or cross cutting areas

• To revitalise the TWG’s for policy

• Make an inventory of all policies to be developed, revised and finalised

• Organise inputs and participation from all kinds of actors (Government, Development Partners, Civil Society, Private sector, NGO’s, international agencies

4.3 On the basis of a national demand, to ensure longer term interest, technical assistance (including the development of a national TA-pool) and funding from Development Partners for the SWAP, ESIRPII, NEAP (2007-2009), ESF (2007-2015)

• To finalise and to sign the Arrangement between Development Partners and SIG and to make amendments as necessary.

4.4 To develop and implement a programme of Human Resource Development and capacity building

• To start an Institutional and Organisational Analysis (IOA) including a HR needs analysis to support for the development of a programme for Human Resource Development and capacity building

4.5 To develop and implement an improved and harmonised grants system to support school operations in primary, secondary education and in TVET

• To assess the grants system to support school operations in primary, secondary education and in TVET to support for the development of a harmonised grant system.

4.6 To develop and implement an improved and harmonised school infrastructure programme for primary, secondary education and TVET.

• To assess the school infrastructure programme for primary, secondary education and TVET to support for the development of a harmonised infrastructure system.
Appendix 5. Recent research on youth in the Solomon Islands


Depression A feeling of deep and prolonged sadness and or irritability that is accompanied by symptoms such as despondency, the impossibility to act, to take care of oneself mentally and physically, the withdrawal from social interaction, low self-esteem, weight loss or weight gain.

Hom The place of origin.

Knowledge Action Practice (KAP) KAP is a participatory action research method which engages and empowers the subjects of the research to express their ideas and information (knowledge), their behaviours and experience (practice) and suggest recommendations for change (actions).

Iang boe Young boy, single boy

Iang gele Young girl, single girl

Kastom Local cultural rules and practices

Masta liu Pijin word from English ‘master’ and North Malaitan ‘liu’ (to walk aimlessly). The word refers typically to young unemployed men who hang around Honiara aimlessly. Their number increases each year.

Mentol Crazy; mad

Mental Health It is integral to overall health rather than the absence of mental illness. It is aptly captured by the expression ‘mental wellness’ and reflects a balanced functioning between the emotional, social, physical, cultural and spiritual aspects of life.

Mifala kaekae long selen We need money to eat.

Longlaen Gang rape.

Participants Young people who accept to participate and be for the situation analysis.

Research The collection and analysis of primary and secondary data for the purpose of writing a situational analysis of Youth and Mental Health in Honiara.

Rural push The socio-economic or political conditions that encourage urban dwellers to leave urban centers.

Tenson Pijin word that refers to the political and ethnic crisis that took place in Solomon Islands between 1999 and 2002.

Tingting helti Mental wellness; mental health

Tingting siki Mental illness

Toko To scold

Urban pull The socio-economic conditions prevalent in urban centers that attract rural dwellers to the towns.

Volunteers Young people trained in research who carried out the research for the situational analysis.

Wantok Pijin word derived from English: ‘one’ and ‘talk’. Literally, one who speaks the same language as self; one who is from the same ethno-linguistic group; from the same region. Its semantic field is expanding and refers also to one who is of the same nationality; a neighbour; a friend.

Youth Young people between the ages of 15-29 (Youth Policy, Ministry of Women, Youth and Sport, Honiara).
Youth and Mental Health in Solomon Islands:
A Situational Analysis

Tingting Helti, Tingting Siki!
Dr. Christine Jourdan