

**Report on the  
'Towards an integrated approach to mental health in Timor Leste'  
Forum  
Dili, 7 July 2015**



Dr Lisa Palmer, University of Melbourne

Dr Ritsuko Kakuma, University of Melbourne

Ms Susana Barnes, Monash University

# Report on the 'Towards an integrated approach to mental health in Timor Leste' Forum

Dili, 7 July 2015

## 1. Introduction

This Forum was convened to report on the findings of a scoping study carried out in early 2015 by researchers from The University of Melbourne and Monash University in Australia together with the Timorese Ministry of Health (MoH)<sup>1</sup>. The long-term aims of this research were, and continue to be, 1) to clarify the role of customary health and healing practices in mental health and mental health care seeking behaviours of the Timorese population as well as stakeholder perspectives on its potential role in the mental health care system in Timor Leste; and 2) to assist the Timorese Ministry of Health (MoH) to develop mental health services that effectively integrate customary practices with mainstream mental health care and improve the quality and coverage of services across the country.

Three key findings from the scoping study were that 1) traditional healers and customary practices were considered critical in the success of mainstream treatment for any health condition to open the pathway to healing; 2) there is an urgent need to fully understand customary practices, underlying principles and traditional healers' perspectives about health and mainstream health services, to build effective partnerships with the traditional healer community; and 3) collaboration with East Timorese researchers is a critical component of advancing knowledge in this field given the sensitivities and complexities about culture, belief systems and mental health.

This Forum, held in Dili under the auspices of MoH, brought together over 60 government, academic and community stakeholders from across the country, including three traditional healers from the Venilale sub-district (see Appendix 1). Along with reporting on the findings of the scoping study, a further aim of the Forum was to stimulate dialogue on mental health policy and practice in Timor Leste and to ask participants to consider how intersectoral partnerships might best be realized to build an integrated system of care.

After the opening remarks, three presentations were given:

- i. Dr Lisa Palmer and Ms Susana Barnes  
*Customary approaches to mental health in Timor Leste: findings from preliminary research and scoping study*
- ii. Dr Ritsuko Kakuma  
*Making mental health services accessible in Timor Leste: An overview of international trends*
- iii. Mental Health Workers and Traditional Healers from Baucau  
*Collaborative possibilities*

An enactment of current customary practices and of potential ways for collaboration with formal health care system was a particular highlight of this session.

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<sup>1</sup> Dr Lisa Palmer and Dr Ritsuko Kakuma (The University of Melbourne), Ms Susana Barnes (Monash University), and Dr Herculano Seixas Dos Santos (MoH).

## 2. Report on small group discussion

After the opening remarks and presentations, participants were asked to consider the following questions/issues in relation to mental health services in Timor Leste:

i. What are the human resource needs for mental health care delivery in Timor Leste?

Participants were encouraged to identify existing human resources in the mental health sector and across ministries and agencies. Among many of the groups this led to a discussion on human resource needs within the Department of Mental Health of the Ministry of Health in terms of expertise (e.g. the need for more trained psychiatrists and psychologists) and on-going training for mental health nurses and other medical staff to be aware of mental health issues.

Groups also identified the need for 1) better co-ordination between partners and across ministries and agencies; 2) more efficient and reliable purchasing/storage/ distribution of medication; and 3) advocacy and education on mental health issues and available services at local level (socialization), within the MoH itself and across ministries and other agencies.

ii. What are the benefits of health workers and traditional healers working together?

All groups agreed that the formal and informal sector should be working together. Groups recognized the importance of the informal sector in terms of ensuring compliance and in support to treatment/therapy sought through the formal sector. They felt that working together 1) would increase awareness within community about mental health; 2) could potentially increase the number of referrals to the formal sector; and 3) would provide patients and their families with support network/accompaniment. However, some groups cautioned that there should be guidelines regarding interaction between the formal and informal sector to ensure that patients/clients are able to access formal health services and to reduce the risk of abuse.

iii. How can communication / coordination across informal and formal sector be improved?

Regarding how to improve communication and coordination, participants suggested a number of innovative ideas including 1) creating spaces for dialogue between partners and with community - such as workshops at local level or regular working group meetings; 2) demonstrating diagnostic methods and recording outcomes (both formal and informal); 3) coordinating on specific cases through dialogue; 4) furthering research on local attitudes and understanding of mental health / traditional healers and healing practices (and disseminate results); and 5) developing procedures to recognize informal healers.

## 3. Plenary discussion and feedback

During the plenary session, participants were asked to report the most important issues or questions raised within their small group discussions. The main points are summarized below into three broad thematic areas for action:

i. Capacity building, education and advocacy

- *Prioritize education of health workers, customary healers and community members.*  
The Timorese people in remote (and not so remote) areas use whatever is available at the time to manage people with mental health conditions. They lack knowledge about mental health problems, their causes and how to treat them. Mental health services are

often not available or accessible to them so they are out of reach both physically and in terms of education/ resources.

- *Focus mental health education and advocacy activities for local leaders, churches, community members and customary healers.*  
Activate resources of educated youth to return to communities with an educative/ sharing of information role.
- *Strengthen human resources for mental health*  
Build capacity and provide ongoing training for doctors and nurses on mental health issues. Increase number of psychiatrists and psychologists.

## ii. Research needs

- *Increase research on mental health in Timor Leste.*  
There is a significant knowledge gap for mental health in the Timor Leste context. Research should particularly focus on issues such as the epidemiology of mental illnesses, cultural dimensions, etc.
- *Understand and respect informal health sector better.*  
Informal health practices vary widely across the country. This requires research into various aspects of healing practices such as diagnostic techniques, treatments (medicinal and non), therapies, costs, etc.. Different traditions and approaches (e.g. charismatics and traditional healers) must be respected.
- *Identify the strengths and weaknesses of the current formal mental health care system*  
To improve services, better understanding of current policies and practices relating to mental health as well as the broader health care system is necessary. A situational analysis of the mental health care system is needed.

## iii. Policy and co-ordination

- *Work together for the benefit of patients and their families.*  
This includes Ministries, NGOs, Police, Judiciary, Churches, teachers, nurses, doctors, local community leadership and broader community. There is a precedent of MoH supporting informal healing practices (e.g., bone-setter) which suggests that this is feasible.
- *Improve communication and coordination between formal and informal sector.*  
All groups appreciated the presentation given by traditional healers and mental health workers from Venilale. However, this level of communication between sectors is not necessarily replicated elsewhere. There is also a lack of co-ordination in relation to healers or carers working through Church or charismatic groups.
- *Increase visibility of mental health services.*
- *Organize customized municipal workshops to find paths and develop networks in each place (may also be needed at the aldeia level)*
- *Create a working group/network.*  
Create a working group/network to continue developing ideas into the future and improve mental health systems (*rede servisu*). This network should be co-ordinated by Ministry and include all stakeholders.
- *Develop good policy, build capacity in formal and informal sectors, and share information (such as what was shared at this Forum) with the community to 'loke dalan' (open the path).*

- *Develop Legal frameworks*  
Develop law to regulate traditional healers to eliminate inappropriate practices (e.g., false, exploitative, and/or ineffective practices). Alternatively, participants suggested that community members need to choose and regulate through education and advocacy.

#### **4. Recommendations – steps forward**

Taking into account the preliminary results of our scoping study and issues raised by participants during the Forum, the following action items are recommended to guide the next steps in developing an accessible and integrated mental health care system in Timor Leste:

- **Disseminate** the results of this preliminary research and workshop discussion to relevant stakeholders across the country and incorporate these community engagement aspects in the next national mental health strategic plan.
- **Build knowledge** and understanding of informal diagnostics, therapy & treatments.
- **Open pathways** for communication and engagement between the formal and informal sectors.
- **Educate** – raise awareness of mental illness and pathways to healing and engage and train educated youth to participate in this process.
- **Identify mechanisms and processes** for multi-stakeholder and inter-sectoral cooperation (inter-ministerial committees, health worker advisory groups, community and consumer advisory groups (including traditional healers), donor coordination groups, workshops at the Municipal level and below).
- **Consult with all stakeholders** in the development and implementation of the mental health strategy 2016-2020.

## **Appendix 1. List of Participants**



VI GOVERNO CONSTITUCIONAL  
MINISTÉRIO DA SAÚDE  
DIRECÇÃO NACIONAL DE SAÚDE PÚBLICA

LISTA PARTISIPANTE AKTIVIDADE WORKSHOP ORIENTASAUN KLINIKO BA MEDIKU ENFERMEIRO NO DPHO 13  
MUNICIPIO  
DATA, 30 JULHO 2015

| No | Naran                       | Cargo           | Instituisaun | No.Kontakto | Assinatura |
|----|-----------------------------|-----------------|--------------|-------------|------------|
| 1  | Dr. Kelgesh Pandev          | WATO dep        | WATO         | 72821864    |            |
| 2  | Herculano Seixas dos Santos | Chefe Dep.      | Mds          | 78888708    |            |
| 3  | Gaspar Quintao              | Psiquiatra      | KANBU        | 77890785    |            |
| 4  | Luís da Costa Reis          | Resp. S. Mental | SSM-Panau    | 77968976    |            |
| 5  | FERNANDO GASPAR             | —               | KARISMATIK   | 77506063    |            |
| 6  | Emilia da Costa             | Resp. S. Mental | SSM-Laufem   | 77236993    |            |
| 7  | Anacleto A. Coutinho        | Resp NCA        | SSM-Ali      |             |            |
| 8  | Justina Silomena Viegas     | —               | SSM Manatuto |             |            |
| 9  | Américo T. B. Pereira       | Resp. prog.     | SSM Aileu    |             |            |
| 10 | Mariano Deomício            | Professor       | EBC, Baucau  | 77754114    |            |
| 11 | Mateus da Costa             | Matau dole      |              |             |            |

|    |                          |                      |             |          |  |  |
|----|--------------------------|----------------------|-------------|----------|--|--|
| 12 | Mateus Magno             | Matan doole          |             |          |  |  |
| 13 | Edna Pasilda             | MT Mariana           | CS. Vitoria | 7808970  |  |  |
| 14 | FRANCISCO DE ALMEIDA     | DEC. J. RECITAL      | -           | 77370591 |  |  |
| 15 | Cesaltino da S. Freitas  | Graduado             | Principura  | 77177661 |  |  |
| 16 | Maria Angela C. Silva    | SSM Dili             | Case m.     |          |  |  |
| 17 | Tito Alves               | CAS Sao Joao D. Deus |             |          |  |  |
| 18 | Liana Oliveira           | CAS S. J. Deus       | S. J. Deus  |          |  |  |
| 19 | SILVERIO B. Da. d.       | DPHO UG              | SSM. UG     |          |  |  |
| 20 | Ben Louhe                | Koedorobodo          | MdEd        |          |  |  |
| 21 | Silvina Dalee dos Santos | Staff                | PRADET      | 77298648 |  |  |
| 22 | Benni Meky               | Staff                | PRADET      | 78248894 |  |  |
| 23 | Maria Lourdes Maia       | Staff -              | Karismatic  | 77635536 |  |  |
| 24 | Joaquim da F. Gonçalves  | -                    | - // -      | 7757257  |  |  |
| 30 | Abel Lemos               | causaram             | RTTL        | -        |  |  |
| 31 | Fortunato Martins        | Reporter             | RTTL        |          |  |  |
| 32 | Nelson da Silva          | Motorista            | RTTL        | 77449352 |  |  |
| 33 | Da Costa Tomaz           | motorista            | RTTL        |          |  |  |
| 34 | Dominos Atinar da Araujo | enf. mental          | SSM Airo    | 77601665 |  |  |
| 35 | Antonio de O. Farias     | Exp. Sudo Norte      | SSM Lomox   | 77875814 |  |  |
| 36 | Germano Pinto            | Exp. Sudo Sul        | SSM TAF     | 97995637 |  |  |
| 37 | Francisco Pires Aume     | Exp. Mental          | SSM Cavalim | 77852993 |  |  |

|    |                           |                   |                 |                |  |
|----|---------------------------|-------------------|-----------------|----------------|--|
| 38 | GIL Bernardo VICENTE      | DPHO NCDC-        | SSM voluntarios | 77253821       |  |
| 39 | Jose Neno Silva           | Staff             | NeDe            | <del>---</del> |  |
| 40 | Mami Arce                 | O.U. Talabo.O.    | Mds             | 77259669       |  |
| 41 | Lucilia P.M. dos Santos   | Estudante         | UNPAZ           | 77125283       |  |
| 42 | Ambrosio x.               | Estudante         | —  —            | 78708046       |  |
| 43 | Ana Bossa Soares          | Estudante         | —  —            | —              |  |
| 44 | Adelia Maria Magueta      | Estudante         | UNPAZ           | 77723333       |  |
| 45 | Cecilia da Costa Belo     | Estudante         | —  —            | 75206769       |  |
| 46 | Valentino Cardoso.        | —  —              | —  —            | 7787959        |  |
| 47 | Domingos Eduardo do Deus  | —  —              | —  —            | 76709192       |  |
| 48 | Cesaltino Maria Pires.    | Posente           | UNPAZ           | 78269176       |  |
| 49 | Leonardo Ximenes          | Posente           | UNPAZ           | 76384162       |  |
| 50 | Mira Fongela              |                   |                 | 78047432       |  |
|    | Mica B. Soares            |                   |                 | 77343613       |  |
| 51 | Sacinta dos S.G.          | APHO Formacao     | INS/Postura     | 77331942       |  |
| 52 | Delio F Belo              | Alan              | INS/Postura     | 78573926       |  |
| 53 | Fernando Frans            | NCAC              | Son URA         | 77387740       |  |
| 53 | Eleonora                  | NeDe              | —  —            | —              |  |
| 54 | Demetrio                  | Haburas           | Haburas         | 77232881       |  |
| 55 | Idalina Borges            | Psicologa clinica | ANOV            | 77840079       |  |
| 57 | Salvador Guterres.        | Staff             | Mds             | 78107439       |  |
| 58 | Anabela Clementina.       | O. U. S. Mental   | Mds             | 77262902       |  |
| 59 | Domingos P. de souza.     | Staff             | Mds             | 77439243       |  |
| 60 | Terezita batros de Araujo | Staff             | NCDC            | 77120620       |  |
| 61 | Prisca Baptista           | Staff             | NCDC            | 78573708       |  |

## Appendix 2. Forum Agenda and Presentation Slides

### 'Towards an integrated approach to mental health in Timor Leste' Forum

Dili, 7 July 2015

#### -- Agenda --

##### Session 1: Opening remarks

- i. Ms Susana Barnes, University of Melbourne/Monash University
- ii. Dr Rajesh Pandav, WHO Representative to Democratic Republic of Timor Leste
- iii. Mr Josh Trindade, Representative from the Office of the President of the Democratic Republic of Timor Leste
- iv. Dr Herculano Seixas, Director Mental Health, Ministry of Health of the Democratic Republic of Timor Leste

##### Session 2: Presentations

5. Dr Lisa Palmer and Ms Susana Barnes  
*Customary approaches to mental health in Timor Leste: findings from preliminary research and scoping study*
6. Dr Ritsuko Kakuma  
*Making mental health services accessible in Timor Leste: An overview of international trends*
7. Mental Health Workers and Traditional Healers from Baucau  
*Collaborative possibilities<sup>2</sup>*

##### Session 3: Small group discussions (all participants)

##### Session 4: Feedback

- i. Whole group discussion on the future research priorities for mental health
- ii. Closing remarks by Dr Herculano Seixas dos Santos, Ministry of Health

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<sup>2</sup> video excerpts available from [lrpalmer@unimelb.edu.au](mailto:lrpalmer@unimelb.edu.au)

**+** Towards and integrated Mental Health strategy in Timor Leste



**Preliminary findings**

Dra Lisa Palmer Melbourne University  
 Dra Ritziko Kakuma, Mental Health Institute, Melbourne University  
 Dr Herculano Seixas, Director CNCD, Ministry of Health  
 Susana Barnes, Monash University

**+** General observations

- Informal healers and healing practices are important for the success of mainstream treatment for any health condition
- We need to fully understand informal practices, underlying principles and healers perspectives about health and mainstream health services, to build effective partnerships with the traditional healer community and to carry out an ethnographic study of their practices
- Given the sensitivities and complexities about culture, belief systems and mental health, collaboration with East Timorese researchers is a critical component of advancing knowledge in this field.

**+** Mental Health in Timor Leste

- 3,243 cases in 2013 (including Epilepsy)
- Estimate 2-2.8% population mental health concerns
- Ministry of Health target to reach 1% of population
- Working together: NGOs (e.g. Pradet & Centro São João de Deus Laclubar), Churches, police, judiciary, other Government departments and Ministries such as Education and Social Services
- Family and community bear greatest responsibility
- At this level 'customary' or informal health and healing practices operate as complementary strategies

**+** International experience

- Consistent with findings from other countries, people seek out traditional and religious healers before going to doctor or mental health specialist
- Why? More accessible, familiar, lack of information about services available or lack of experience/understanding of mental illness
- Poor relations between traditional & religious healers and mental health professionals.
- Mutual lack of trust, consideration and understanding
- Formal health sector often has better outcomes but not enough resources to reach those in need
- Need to establish respectful dialogue putting patient's well-being first
- How? Better linkages and referral

**+** A socio-cultural approach to Mental Health in Timor Leste – basic principles

- Culture provides context through which mental health disorders are experienced/embodyed
- Shapes the way symptoms are interpreted
- Influences the success/failure of therapies and treatments



**+** Preliminary findings



- Identified a range of different types of informal healer and healing practices
- Customary approaches to healing are associated with the *uma lulik* & nature spirits
- Religious healing practices both Catholic and Protestant traditions
- Others Timorese/Chinese medicine and healing practices, Islamic healing practices
- Informed by different world-views, different diagnostic techniques and treatments
- Informal sector is 'first line' in pathways to healing
- No formal inter-action between these informal healers and the health service but aware of each other and indeed dialogue does exist in practice

### + Informal sector cont.

- Different diagnostic techniques linked to world-view/Belief system
  - Watch
  - Listen to life history
  - Divination & augury
- Complex vocabulary for describing mental illness, symptoms and causes
- Different therapies or treatment based on diagnosis
  - Prayer
  - Laying on of hands
  - Animal sacrifice
  - Candles
  - Herbal medication
  - Repair relations / repay debts (ancestors, family, house, wife-giver/takers)



### + Informal sector cont.

- Will refer patients to health sector or receive those who have not been cured through formal health services
- May charge a fee for services but not always
- There are male and female healers
- Recognise that there are charlatans
- Patients and family seek out all pathways to healing
- For patients informal healers and healing practices are also a means of 'opening the path', 'cleaning the house' before seeking treatment through formal sector

### + Positive and negative aspects of informal healers and healing practices

#### Positive

- Patients and families believe in the system
- Take responsibility for themselves and seek cure/treatment
- Address their relations within the family and others

#### Negative

- Short term fixes vs long-term treatment
- Cost
- Harmful practices (unregulated)
- Dissatisfaction with informal practices takes people to formal system often too late or with chronic conditions

### + Impressions from the formal sector

- Need to respect patient and family choices
- Cannot force only inform and educate
- Need to build trust with informal sector – share knowledge, regulate costs
- Need to understand the perspective of the informal sector on engagement with the formal sector
- Formal sector requires training and resources
- A need for a reliable supply of medication
- A desire to combine therapy & medication



### + The way forward

- Identify beneficial / harmful practices
- Build up knowledge and understanding of informal diagnostics, therapy & treatments
- Open up pathways for communication between formal and informal sectors
- Educate – raise awareness of mental illness and pathways to healing



### + Obrigado wa'in ba



**+ Rekomendasaun balun atu oinsa ita bele halao sistema saude mental ne'be asesivel no integradu iha Timor Leste**

**Dra Ritsuko Kakuma**  
Centre for Mental Health,  
University of Melbourne



**+ Servisu integradu, tamba saida?**

- Timor Leste hanesan nasaun uniku iha mundu ne'be buka hatene oinsa atu integra sistema saude formal ho sistema informal
- Lae iha nasaun ida ne'be iha rekursu humanu sufisiente ba area saude mental
- Oinsa atu utiliza profesional espesialista sira? Oinsa atu mobilisa komunidade atu apoio seitor saude mental?
- Ai-moruk deit laos sufisiente
  - Ai-moruk mak karun – Ba tempu naruk laos sustentavel
  - Presiza mos programa re-integrasaun sosial, apoio ba tempu naruk

**+ Sistema formal**

- Sistema formal bele fo kura no tratamentu maibe:
  - Falta de rekursu – orsamentu no humanu
  - Falta de treinamentu espesifiku
  - Ema seidak fiar kapasidade sistema formal
  - Fokus ba kura / tratamentu laos rekuperasaun
  - Iha Area Saude Mental
    - Problema ai-moruk, sistema provisau no distribusaun
    - Falta de espesialista iha area psikoterapia.
- Maibe....
  - Dala barak pasiente sira prezisa deit intervensaun simples ida ne'be bele trasforma sira nia kalidade moris loron loron nian

**+ Sistema informal**

- Seitor informal bele inklui matenek nain tradisional, kurador karismatiku sira, no membru komunidade seluk tan
- Dala ruma iha sistem informal la iha konhesimentu espesifiku ba saude mental
- Dala ruma haruka halo tratamentu ka kura ne'be laos efektivu no demora ka hapara ema atu konsulta sistema saude mental
- Dala ruma tratamentu ka kura halo kondisaun sai a'at liu tan
- Maibe...
  - Assesivel ba ema hotu hotu,
  - Ema fiar sira
  - Ema mos prontu atu tuir tratamentu/kura
  - Husi parte kultura TL nian involvimentu matenek nain tradisional sira dala barak importante tebes hodi 'loke dalan' ba hadiak saude mental

**+ Oinsa atu lori sistema saude integradu mental ba oin?**

- Evidensia husi estudu internasional hatudu katak importante liu maka:
  - Promosaun, Prevensaun, Identifikasaun, Diagnosis, Tratamentu no Rekuperasaun
- Tratamentu involve ai-moruk no intervensaun seluk hanesan psikoterapia (aktivasaun hahalok nian/behavioural activation, terapia ba hahalok kognitivu/cognitive behavioural therapy, terapia interpersonal/interpersonal therapy)
- Rekupersaun prezisa rehabilitasaun no apoio sosial

**+ Oinsa atu involve sistema informal no komunidade lokal?**

- Situasaun ka moras hotu hotu la prezisa espertu ka espesialista hanesan psikiatra, neurologo ka psikologo
- Ho treinamentu no supervisaun membru komunidade seluk hanesan infermeiru sira, mestre, madres sira matenek nain tradisional, kurador karismatiku ka ser-seluk bele:
  - Halo 'screening' preliminar ba moras mental
  - Fo kounseling
  - Halo 'follow up' - hare katak pasiente sira hemu sira nia ai-moruk ka tuir sira nia programa rekuperasaun

## + Saida mak ita presiza atu implenta programa integradu?

- Uluk nanain tenke determina:
  - Servisu/aktividades ne'be Ministeriu Saude atu ofrese ba publiku
  - Treinamentu ne'be presiza atu ofrese servisu/aktividade hirak ne'e
  - Servisu/aktividade saida presiza duni espesialista? E.g. Kasu kompleksu, fo treinamentu halo supervisaun ba ema seluk
  - Servisu/aktividade ne'be bele delega ba ema seluk. E.g. kasu ne'be fasil atu determina, halao programa promosaun/prevensaun
  - Identifika se mak bele involve iha servisu/aktividade hirak ne'e?
  - Saida mak efektivu liu halo treinamentu atu aumenta espesialista ka halo treinamentu no mos mobilisa aktor seluk iha komunidade nia le'et ho treinamentu basiku no supervisaun?

## + Saida mak ita presiza atu implenta programa integradu?

- Lideransa husi Ministeriu Saude
- Esemplu husi Vietnam
  - Hari'i komite ne'be involve: MS, lideransa iha area sosial, ekipa assistensia teknika ida (ne'be inklui akademiku nasional no internasional, NGOs, ONU etc)
  - Halo workshop/konsulta ho stakeholders bebeik atu elabora hamutuk: visuin, prinsipu basiku, modelu, rekursu humanu, M&E, koordinasaun no kolaboraun multi-seitorial
  - Stakeholder inklui: saude, edukasaun, justisia, finansia, akademiku, NGO, organisaun popular/komunidade, kliente sira ho familia, matenek nain tradisional / kurador informal
  - Stakeholder inklui mos representate sira husi seitor saude oin-oin hanesan prevensaun, pomosaun, servisu mediku, CNDC etc.
- Importante tebes identifika stakeholder hotu hotu se lai susar atu halo mobilisasaun efektivu!

## + Saude mental iha ita hotu hotu nia responsabilidade

- Mesak ita la bele halo hotu-hotu
- Tenke identifika psikiatra sira nia prioridade servisu
- Delega aktividade ne'be laos kompleksu ba ema seluk
- Servisu hamutuk ho familia no komunidade
- Hanoin oinsa atu halibur konhesimentu kona ba saude mental
- Fo prioridade ba psikiatra no espesialista iha area saude mental atu servisu duni iha area saude mental
- Se karik aumenta orsamentu MS tenke iha kapasidade atu aloka no utiliza didiak

## + Dalan ba oin

- Halo assessment ida ba sistema saude mental iha Ministeriu Saude (situational analysis)
- Halo planu estrategiku foun ba saude mental ba 2016-2020
- Halo 'mapping' atu identifika stakeholder sira hotu hotu
- Hari'i relasaun metin entre Ministeriu Saude no matenek nain/kurador informal iha komunidade nia le'et
- Servisu hamutuk hodi desenvolve projetu ida atu oinsa seitor formal no informal bele servisu hamutuk
- Buka orsamentu hodi desenvolve no halao projetu pilotu

## + Diskusaun

- Saida mak rekursu humanus ne'be iha ona iha area saude mental formal no informal no oinsa atu ita bele haforsa rekursus hirak ne'e liu tan?
- Iha benefisiu ida ba pasiente sira atu halo servisu hamutuk?
- Oinsa ita bele loke dalan atu halo ko-ordenesaun ka servisu hamutuk?