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Together for mental health

**Towards a sustainable and
scalable model of mental health
care in the United Arab Emirates**

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About this report

Together for mental health: towards a sustainable and scalable model of mental health care in the United Arab Emirates is an Economist Impact report, supported by Janssen, Pharmaceutical Companies of Johnson & Johnson, that explores the current status of mental health in the UAE, changing perceptions towards mental health, and how improved access to mental health care can be facilitated through the integration of care and the strengthening of multisector and intersectoral action and collaboration on mental health. The research was supported by a pragmatic literature review of evidence-based mental health interventions, comparative policy analysis, case study selection and expert interviews. The insights and policy priorities identified in this report may also serve as a helpful guide for other countries in the Middle East region.

This report would not be possible without the expert insights of those on the front lines of mental health care and research. Our thanks are due to the following for their time and insights (listed alphabetically):

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The research for this report was led by Clare Roche, with guidance provided by Rob Cook and Alan Lovell at Economist Impact. The findings and views expressed in this report are those of Economist Impact and do not necessarily reflect the views of the sponsor.

Executive summary

Mental illness covers a diverse range of mental, neurological and substance use conditions caused or triggered by biological, psychological, social and environmental factors. Mental health conditions account for 15% of the global burden of disease. Globally it is estimated that one out of every four people will be impacted by poor mental health or mental illness at some point in their lives.¹

Good mental health is integral to the functioning, wellbeing and performance of individuals, communities, society, and the economy. Yet, mental health remains one of the most neglected areas of public health.¹ On average, mental health accounts for just 2% of overall health budgets.² Access to quality mental health services remains a challenge, with barriers including awareness, availability, affordability, and stigma.

The covid-19 pandemic has triggered a greater focus on mental health globally. Bereavement, isolation, economic uncertainty, and fear are triggering mental health conditions and exacerbating existing ones. There is also increasing evidence that exposure to covid-19 can lead to neurological and mental health complications.³ The pandemic has further exposed vulnerabilities and gaps in the provision of mental health prevention and treatment, highlighting an urgent need for action.





Mental health has emerged as a national priority in the UAE. Mental wellbeing is one of the key performance indicators and priority areas outlined in the UAE National Agenda.⁴ Mental health is already a key feature of national and local health strategies in the UAE. Plans that were in progress are being accelerated to enhance capacity building, infrastructure, and provision of mental health care. Through our analysis we explore the current prevalence of mental illness and identify priorities that can support successful policy implementation and long-term action on mental health in the UAE.

The burden of mental illness in the UAE is exacerbated by risk factors associated with a young population and increasing burden of non-communicable diseases (NCDs)⁵

Neuropsychiatric disorders contribute an estimated 19.9% of the burden of disease in the UAE. Seventy-five percent of these psychological conditions are associated with depression and anxiety.⁶ Population growth and demographic shifts will impact the prevalence of mental health conditions and demand for mental health services in the UAE. While mental illness affects people at all stages of their lives, adolescents and young adults are particularly vulnerable. Thirty-four percent of the UAE population are under the age of 25.⁷ The World Health Organization (WHO) reports that 50% of mental health problems start by age 14 and 75% by age

24.⁸ The risk of mental ill-health in the UAE is also heightened by the country's NCD burden.⁵ Mental health conditions can be a precursor or a consequence of chronic conditions such as cardiovascular disease, diabetes, or cancer.

Involving and supporting relevant agencies in mental health promotion and prevention is essential to improving awareness and breaking down prevailing stigma

Stigma remains a barrier to mental health awareness and help-seeking behaviour, with one local study revealing high levels of shame associated with seeking support for mental health.⁹ Promotion and prevention interventions for mental health are most impactful when adapted to the local and cultural context—leveraging the voices of those with experience of mental illness—and targeting groups in the population that may be vulnerable.

Much of what can be done to improve mental health and wellbeing happens outside of the health system. Relevant agencies, including government entities, employers, schools, and community organisations, are becoming more aware of the significance of mental health and their own influence in promoting and enabling positive mental health and wellbeing. Mental health promotion initiatives have been introduced at community levels through the Ministry of Community Development as part

of the UAE's happiness and wellbeing agenda.¹⁰ Coordination of activities and availability of resources and information are essential to ensure that mental health promotion initiatives reach all levels of the population.

Insurance coverage and access to quality mental health services for those with mild to moderate mental health conditions remain a challenge in the UAE

While recent insurance reforms in Dubai to incorporate access to psychiatry in the basic coverage plan are a welcome development, there is also a need to expand access to psychological therapies for people living with or experiencing mild to moderate mental health conditions who do not meet the requirements for specialist services or pharmacological interventions. Timely access to psychological therapies, whether in combination with other services or on their own, is cost-effective and significantly improves mental health outcomes.

Embracing digital technologies for mental health has been recognised as a cost-effective solution for overcoming capacity and access constraints while scaling up promotion and prevention efforts. Digital mental health

solutions and tools can be implemented to help people before their mental health needs escalate, as well as improving reach and accessibility of mental health support services, and alleviating pressures on workforce capacity.

Integrating mental health services into primary and community care is the most viable way to close the treatment gap, mitigate workforce shortages and expand access

Mental health is gradually being integrated into primary care services in Dubai and Abu Dhabi and is a key feature of future capacity planning.^{11, 12} The provision of mental health services through primary and community care can provide the foundation for a more collaborative and coordinated model of care that offers cost-effective treatment closer to home and minimises stigma.

Mental health professionals are a scarce resource. Training and capacity building of general healthcare workers to recognise and provide support for common mental disorders is critical to reducing pressure on highly specialised mental health professionals where supply is low. A multi-disciplinary service model supporting



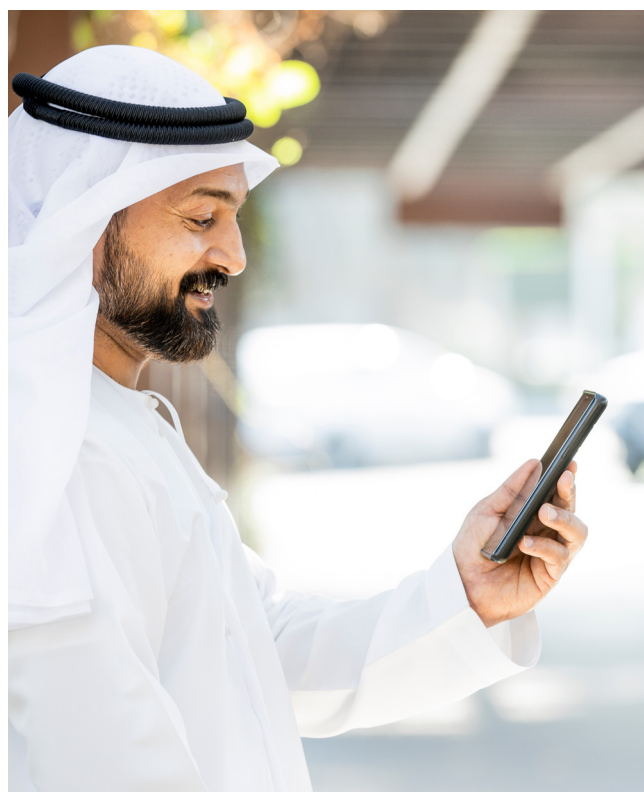
primary and community-based care is currently being explored in Dubai and Abu Dhabi to provide early access and reduce pressure on inpatient mental health facilities and highly specialised mental health professionals.

Technology plays an essential role within the health system in terms of improving the collection and use of data, generating knowledge, and building a solid evidence base for policy development and implementation

The need for collection of surveillance data has been identified and is expected to improve with the introduction of unified health information systems at national and local levels. Accelerating surveillance, research and monitoring of mental health will result in policies and actions that are based on evidence and best practice and relevant to the cultural context. The availability of timely and relevant information on the current prevalence and trends of mental health disorders can also support appropriate services and funding allocation.

The demographics, culture and socioeconomic influences of the UAE and the wider Middle East region are unique. The Arab region accounts for over 5% of the global population; however, research output makes up only 1% of the global publications in mental health.¹³ With several local universities already leading on regional research on mental health and wellbeing, the UAE is well-positioned to scale up this research and generate new knowledge that will benefit the Arab region and lead to actions and interventions that are culturally relevant and based on evidence of the local context.

While the pandemic presents unprecedented challenges to mental health care provision, it also provides opportunities for advancement. The pandemic has highlighted the importance of support measures to preserve and promote good mental health during times of uncertainty and crisis, along with the need to identify and increase support to those at increased risk. Short-term measures introduced during the pandemic must be met with a long-term commitment and investment to scale and strengthen mental health systems. Political, business and civil society leaders must make mental health and wellness a priority.



Chapter 1: The case for investment in mental health

Defined by the World Health Organization (WHO) as "a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community", mental health is more than just the absence of mental disorders or disabilities.¹⁴ Good mental health is integral to the functioning, wellbeing and performance of individuals, communities, society and the economy.

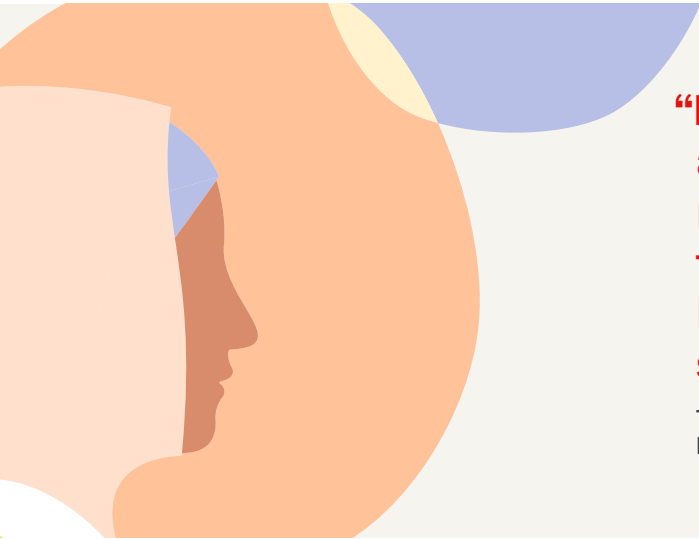
Mental illness covers a diverse range of mental, neurological and substance use conditions caused or triggered by biological, psychological, social, and environmental factors. Mental, neurological and substance use conditions are one of the leading causes of years lived with disability worldwide and account for 10% of the global burden of disease.¹ Close to 1bn people are living with a mental health condition and globally it is estimated that one out of every four people will be impacted by poor mental health or mental illness at some point in their lives.¹ Yet, mental health remains one of the most neglected areas of public health.

On average, mental health accounts for just 2% of overall health budgets.² This investment falls short of the Lancet Commission's recommendation that low- and middle-income countries (LMICs) should spend at least 5%

of their health budgets on mental health and high-income countries at least 10%.¹⁵ Access to quality mental health services is limited, with barriers ranging from awareness, availability, affordability, and stigma. In LMICs, including many in the Middle East region, more than 75% of people with mental, neurological and substance use disorders receive no treatment for their condition.¹

World Mental Health Day 2020 was marked with a global call to action for a massive scale-up of investment in mental health.² The case for scaling up investment is clear. For every US\$1 invested in treatment for common mental disorders such as depression and anxiety, there is a return of US\$5 in improved health and productivity. Feasible, affordable and cost-effective measures to prevent and treat mental health conditions exist. The WHO estimates that an integrated package of cost-effective care and prevention could be delivered in community settings in LMICs for US\$3.4 per capita.¹

The Covid-19 pandemic has triggered a greater focus on mental health globally. The pandemic has had direct and indirect consequences on mental health, leading to increased demand for services. Increased stress, uncertainty and anxiety associated with social isolation and movement restrictions present risk factors for the development,



“Mental health needs must be treated as a core element of our response to and recovery from the covid-19 pandemic. A failure to take people’s emotional well-being seriously will lead to long-term social and economic costs to society.”

Tedros Adhanom Ghebreyesus, the director general of the World Health Organization (WHO)

exacerbation and relapse of a range of mental health conditions.¹⁶ The pandemic has further exposed vulnerabilities and gaps in the provision of mental health prevention and treatment, highlighting an urgent need for action.

The pandemic has built solidarity around the urgency of mental health. The importance of integrating mental health into preparedness and response plans for public health emergencies was a key discussion point at the World Health Assembly in May 2021.¹⁷ 90% of WHO member states reported that mental health and psychosocial support were included in their pandemic response plans. “Mental health needs must be treated as a core element of our response to and recovery from the covid-19 pandemic,” said Tedros Adhanom Ghebreyesus, the director general of the WHO, a year earlier. “A failure to take people’s emotional well-being seriously will lead to long-term social and economic costs to society.”¹⁸

Delegates at the assembly also endorsed the Comprehensive Mental Health Action Plan 2013-2030. The updated plan urges member states to develop and strengthen comprehensive

mental health services and psychosocial support as part of universal health coverage, with a particular focus on improving understanding and acceptance of mental health conditions, vulnerable populations, and the use of innovative technologies. The plan supports alignment with the 2030 Sustainable Development Goal 3, Target 3.4: “Reduce by one-third premature deaths from non-communicable diseases through prevention and treatment, and promote mental health and wellbeing”.¹⁷

The responsibility for investment and action on mental health is not limited to the health sector. A well-coordinated and appropriately funded multisector approach, supported by strong governance and leadership, is key to providing an integrated and comprehensive model of mental health care delivery that comprises promotion, protection, prevention and treatment. The need for quality, timely, accessible and culturally appropriate mental health care cannot be overstated. Several promising programmes have been launched in the UAE. However, there is a need for sustainable implementation and national coordination to drive meaningful and lasting change.

Chapter 2: The status of mental health in the UAE

The burden of mental illness in the UAE is exacerbated by the risk factors associated with a young population and increasing burden of non-communicable diseases (NCDs)⁵

Neuropsychiatric disorders contribute an estimated 19.9% of the burden of disease in the UAE, and 75% of these psychological conditions are associated with depression and anxiety.⁹ Data on prevalence rates vary, with depression estimated between 2.8% (IHME, 2017)¹⁹ and 5.1% (WHO, 2015)²⁰, and anxiety disorders estimated between 4.2% (IHME, 2017)¹⁹ and 4.1% (WHO, 2015).²⁰ In 2017 depressive disorders ranked as the fifth leading cause of disability and anxiety disorders as the eighth.¹⁹ Research conducted in the UAE indicate that the prevalence of anxiety disorders may be much higher, with one study of adolescents citing an overall prevalence rate of 28%.²¹ Mental health conditions remain widely underreported and untreated, which makes accurate prevalence rates difficult to determine.

Substance use and self-harm are also causes of concern. According to 2019 data, substance use was the eighth leading cause of death, with a 57.8% increase in deaths attributed to substance use between 2009 and 2019, and self-harm is the tenth leading cause of death with a 28.7% increase in deaths attributed to self-harm between 2009 and 2019.²²

Population growth and demographic shifts will impact the prevalence of mental health conditions and demand for mental health services in the UAE. The World Bank projects that the UAE's population will grow from 9.8m people in 2020 to 10.6m by 2030. The country's demographic profile will also change, with the proportion of residents aged over 65 growing from 1.3% in 2020 to 5.1% by 2030.²³ While mental illness affects people at all stages of their lives, young people are particularly vulnerable: 50% of mental health problems start by age 14 and 75% by age 24.⁸ The consequences of not addressing adolescent mental health conditions extend to adulthood, impairing physical and mental health and quality of life. Given that 34% of the UAE population are under the age of 25, mental health promotion, prevention and treatment are high on the agenda of government authorities.⁷ While mental health promotion and services targeted at the UAE's youth population are an immediate priority, we can also expect to see an increase in geriatric mental health services in the next ten years.

The risk of mental ill-health is heightened by the UAE's increasing burden of non-communicable diseases (NCDs). Four of the major NCDs - cardiovascular disease (CVD), cancer, diabetes, and chronic respiratory disease - are responsible for 77% of all deaths in the UAE with the probability of premature death (before the age of 70) from one of

these diseases estimated at 17%.⁵ The link between mental health and major NCDs is well established and bidirectional. Mental health conditions can be a precursor or a consequence of chronic conditions such as cardiovascular disease, diabetes and cancer.

According to the WHO, depression is two to three times more common in those with diabetes than those without.²⁴ The prevalence rate of diabetes in the UAE is 15.4%, affecting approximately one in six adults.²⁵ The 2003 National Comorbidity Survey Replication (NCS-R) in the United States estimated that 68% of adults with a mental disorder had at least one medical condition, and 29% of those with a medical disorder had a comorbid mental health condition.²⁶ In clinical practice, however, mental health disorders in patients with NCDs are often overlooked, as are NCDs in patients with mental health disorders.²⁴

Mental health conditions can affect women and men differently. Globally, levels of depression and anxiety are higher among women.²⁷ There are also certain types of mental health conditions that are unique to women. Mental health during pregnancy and the postpartum period requires special attention, as untreated maternal depression results in serious ill effects in both the mother and the child. During the perinatal period (from the start of pregnancy until one year postpartum), women are at increased risk of experiencing mental ill-health. According to the WHO, approximately 10% of women worldwide experience negative mental health conditions during pregnancy. New mothers are at higher risk of poor mental health outcomes in general, with 10-15% experiencing postpartum depressive symptoms.²⁷ Research on the prevalence of perinatal mental ill-health, specifically in the Middle East region, is scarce. However, women's mental health during the perinatal period is an area of priority among medical and public health professionals.

The burden of mental health disorders is higher for almost all Arab countries than the global level, and anxiety disorders and depression are highly












prevalent across the region. Of the Middle East and North Africa (MENA) region's 679m people, 60% are under the age of 30.²⁸ According to the Arab Youth Survey 2020, 38% of Arab youths know someone suffering from mental health issues such as anxiety or depression, up from 31% in 2019.²⁹ There is a regional need to scale up investment in education and awareness interventions and provision of quality and affordable mental health care targeted at the youth population.



Data from the WHO and the Institute of Health Metrics and Evaluation indicate that global prevalence rates of mental illness have been consistent throughout the past two decades. However, mental health provision is not meeting demand, and there has been a slow and steady rise in mental health disorders in young adults. As a share of the total disease burden, mental health and substance use disorders are increasing.¹⁹

Furthermore, the true prevalence of mental health disorders globally remains poorly understood. Accurate diagnosis statistics are difficult to determine, as mental health is underreported and under-diagnosed owing to stigma and low levels of awareness, and the broad spectrum of mental health disorders. Given the underreporting and inadequate data coverage of mental health globally, current prevalence rates may be considered a minimum estimate.¹⁹

Table 1: Burden of mental health disorders across selected countries regionally and globally

	Overall Prevalence	% of total burden of disease	Anxiety Disorders	Depression
Global	~15%	~5%	3.8%	3.4%
 UAE	12.29%	8.05%	4.26%	2.88%
 Canada	15.51%	7.44%	5.18%	3.99%
 Egypt	14.57%	5.63%	4.36%	3.24%
 Germany	15.18%	6.54%	6.54%	3.96%
 Jordan	14.34%	8.63%	4.89%	3.56%
 Kuwait	14.14%	11.53%	4.97%	3.67%
 New Zealand	18.71%	8.45%	8.54%	3.97%
 Saudi Arabia	13.63%	9.34%	4.75%	3.54%
 Singapore	12.44%	10.21%	3.73%	3.44%
 Sweden	15.56%	8.1%	5.29%	4.49%
 United Kingdom	14.65%	7.04%	4.65%	4.12%

Source: Institute of Health Metrics and Evaluation, Global Burden of Disease (2017) (Sourced from OurWorldinData.org)¹⁹

Mental health has emerged as a national priority in the UAE, with increased recognition that good mental health is central to the quality of life for people, their families, the economy, and society.

Overview of key strategies, policies and plans implemented in the UAE that have targeted mental health and wellbeing

- Mental wellbeing is one of the key performance indicators and priority areas outlined in the national agenda of the UAE Vision 2021.⁴
- Mental health and wellbeing is a key component of the UAE National Happiness Agenda.¹⁰
- The National Strategy for Wellbeing 2031 aims to make the UAE a world leader in quality of life through the integration of wellbeing in all areas of government and society, and enhancing overall wellbeing by “promoting healthy and active lifestyles, good mental health and adopting positive thinking”.¹⁰
- The National Programme for Happiness and Wellbeing, which sits under the Ministry of Community Development, sets government policies, programmes and services to promote positive lifestyle in the community.¹⁰
- The National Policy for the Promotion of Mental Health, introduced by the Ministry of Health and Prevention in 2017, is currently in implementation. The plan has five main strategic objectives, which are in line with the WHO Mental Health Action Plan 2013-2030; they include enhancing promotion of awareness and prevention, strengthening and expanding comprehensive and integrated mental health services, strengthening multi-sectoral collaboration, and strengthening information and research capacities.³⁰
- Mental Health is one of the 15 strategic programmes under the Dubai Health Strategy 2016-2021. The Mental Health Programme aims to stimulate the development of an ecosystem that ensures the population of Dubai has access to high quality mental health care and addresses the social stigma associated with mental health.³¹
- Mental Health is a component of the Abu Dhabi Health Sector Plan, which includes strategic initiatives to assess and optimise mental health care.¹¹ Completed initiatives include developing the Abu Dhabi Model of Care for Mental Health, establishing appropriate care settings and protocols for patients, and conducting research to baseline mental health services, national standards and operating protocols that will help to define the upcoming mental health strategy. The activities of the mental health strategy in Abu Dhabi are divided into three broad categories: staying healthy (activities aimed to increase awareness and prevention), getting better (initiatives to address access to quality treatment and workforce shortages) and sustaining health (actions geared towards social reintegration and rehabilitation).
- A new Mental Health Act will include updates to the criteria for voluntary and involuntary admission and regulations to protect the rights of people suffering from mental health disorders. The law stipulates jail terms and penalties of up to Dh200,000 (US\$54,450) for individuals and families violating the rights of patients with mental illnesses. The introduction of the law is also expected to help combat the social stigma associated with mental health disorders and support the integration of patients back into society.³²

Impact of the covid-19 pandemic on mental health and interventions introduced in response

Mental health has been identified as an integral component of the covid-19 response. Bereavement, isolation, economic uncertainty and fear are triggering mental health conditions and exacerbating existing ones. In addition, people are facing increased levels of insomnia and anxiety, while exposure to the virus itself can lead to neurological and mental complications.³³

In many countries, higher levels of psychological stress have been reported during periods of lockdown or tighter restrictions, a factor also evident in an increase in calls to mental health crisis helplines during those periods.^{34,35} People with pre-existing mental health conditions have been most affected by covid-19 related disruptions and access to treatment. According to the WHO, the covid-19 pandemic has disrupted mental health services in 93% of countries worldwide, and the demand for mental health is increasing.³⁶

A number of surveys on the impact of covid-19 on mental health in the UAE show increased levels of anxiety, particularly among females and younger people, with heightened anxiety linked to financial insecurity, inability to travel to family, social isolation, travel bans and fear of contracting the virus.^{37,38} On the other hand, survey participants have also reported feeling more connected to family during the pandemic.³⁹

In a regional study on the impact of covid-19 on mental health and quality of life, 40% of participants reported increased stress from work during the outbreak, 45% felt increased stress from financial matters and 60% of participants experienced increased home-related stress. However, the pandemic also seemed to elevate the importance of mental health, with 41% of participants paying more attention to their mental health after the onset of the pandemic.⁴⁰ Although the pandemic has had clear mental health impacts, Dr Saliha Afridi, a clinical psychologist and managing director of The Lighthouse Arabia, a mental health clinic in Dubai, emphasises that the high prevalence rates and rising demand for mental health services were already a concern pre-pandemic. "Depression was already the leading cause of disability worldwide before covid-19 struck, and loneliness was also a major source of concern globally. Yes, the pandemic did exacerbate the difficulties that people were already struggling with and it was no longer something that could be dealt with individuals. As it highlighted already existing concerns and as a result, companies and governments had to take action."

Healthcare workers have been under unprecedented pressure during the pandemic putting them at increased risk of developing psychological problems. According to a survey by Mental Health America, 93% of health care



workers in the United States were experiencing stress, and 86% reported experiencing anxiety. 39% of healthcare workers surveyed also reported not receiving adequate emotional support.⁴¹ A study conducted in China reported that 46% and 44% of healthcare workers experienced symptoms of anxiety and depression during the pandemic.⁴² A WHO Eastern Mediterranean region study reported that almost half of emergency healthcare workers responding to covid-19 experienced depression, anxiety, and stress.⁴³ A survey on the psychological impact of covid-19 on healthcare employees conducted in Abu Dhabi showed a lower impact with symptoms of depression, anxiety, and stress prevalent in 22.5% of healthcare workers. The lower impact in Abu Dhabi may reflect more manageable patient volumes and adequate staffing levels at frontline facilities.⁴⁴ Demand for services targeting healthcare workers and frontline staff suffering from PTSD is expected to rise. As a result, a call for increased protection of health and care workers' mental health and well-being was one of the focal points of the WHO's International Year of Health and Care Workers in 2021.⁴⁵

There is increasing evidence that exposure to covid-19 can lead to neurological and mental health complications. Post-covid-19 syndrome,

or "long covid", describes symptoms that last weeks or months after the infection has gone. Our understanding of long covid is still limited. In a study of covid-19 patients from Wuhan, China, conducted six months after acute infection and hospitalisation, 26% reported sleep difficulties and 23% reported anxiety or depression. Another study, from May 2021, found that a third of covid-19 patients had been diagnosed with neurological or psychological symptoms, including anxiety, depression, post-traumatic stress disorder (PTSD) and psychosis, in the six months after they contracted covid-19.⁴⁶

A May 2021 study of a small, randomised population from the Middle East, conducted by Arise UAE, an initiative of the UN Office for Disaster Risk Reduction, in association with RAK Hospital, reported that 47.5% of covid-19 patients were suffering from chronic fatigue and other debilitating symptoms associated with long covid; 37.5% of patients in the study reported experiencing insomnia, while 32.5% complained of depression.⁴⁷

Investment to support ongoing research into long covid and its impact on mental health is a priority. The US National Institutes of Health (NIH) has allocated US\$1.15bn of funding over four years to study how covid-19 and its long-term symptoms interact with neurological and mental health conditions.⁴⁸ The UK government has also allocated £18.5m (US\$25.6m) of funding to support multiple research studies to understand the long-term effects of covid-19 on physical and mental health.⁴⁸ Patients experiencing or at risk of experiencing long covid should be supported with appropriate physical and psychological after care and follow-up.

There is increasing evidence that exposure to the covid-19 virus can lead to neurological and mental health complications.

Overview of mental health support services introduced in the UAE during covid-19

- The National Programme for Happiness and Wellbeing launched a national campaign for mental health support to help residents overcome the psychological impacts resulting from covid-19. The campaign included virtual sessions and support groups and a hotline service for initial counselling support. The mental health support helpline, one of the first introduced in the region, will remain in operation under the Ministry of Community Development.⁴⁹ The Ministry also introduced targeted initiatives to support families and the elderly. We are Your Family, a volunteer-led hotline, made over 12,000 calls to elderly citizens.⁵⁰
- The Employee Assistance Programme, or Hayat (the Arabic word for life), a psychological and support programme, was introduced by the Federal Authority for Government Human Resources to assist federal government employees dealing with mental health challenges associated with the pandemic.⁴⁹
- The Department of Community Development - Abu Dhabi launched 'You Matter', a campaign and dedicated hotline to provide mental health advice and offer psychological solutions and interventions to workers.⁵¹
- Abu Dhabi Health Services Company (SEHA) set up an Employees Psychological support taskforce and telephone helpline, 'Ma'akum' or 'With you', to provide counselling support for all SEHA employees. A digital platform, Takalam, was also introduced to provide teleconsultation to employees.⁴⁴
- ReacHer was introduced by Al Manal Humanitarian Initiative to provide Emirati women with mental health support and consultation services via WhatsApp.⁴⁹

While the pandemic presents unprecedented challenges to the mental health system, it also provides opportunities for advancement. The covid-19 pandemic has triggered a greater focus on mental health globally, including the importance of support measures to preserve and promote good mental health during times of uncertainty, and the need to identify and increase support to those at increased risk. Local authorities in the UAE, both health

and non-health, recognise mental health support as a basic need. The pandemic is raising awareness and revealing gaps in the provision of and access to current support services. Mental health was at the heart of the government response in the UAE and featured heavily as part of the covid-19 briefings. The pandemic has provided an opportunity to gain momentum and normalise mental health issues.

“As the world grappled with the horrors of the covid-19 pandemic, there emerged a silver lining for mental health awareness. People started talking about their mental health struggles more openly and policymakers have started to prioritise mental health at a scale never seen before.”

Dr. Nahida Ahmed, Consultant Psychiatrist and Chair of Mental Health at Abu Dhabi Health Services Company (SEHA) and Department of Health Abu Dhabi

“As the world grappled with the horrors of the covid-19 pandemic, there emerged a silver lining for mental health awareness. People started talking about their mental health struggles more openly and policymakers have started to prioritise mental health at a scale never seen before”. Dr. Nahida Ahmed, Consultant Psychiatrist and Chair of Mental Health at Abu Dhabi Health Services Company (SEHA) and Department of Health Abu Dhabi

Lessons from past epidemics, public health crises and natural disasters are important in anticipating the impact of the pandemic on

“If we don't tackle mental health now we will have huge issues in the future. Mental health is linked to everything, including the impact of recovery rate on any disease.”

Dr Sara Al Dallal, president of Emirates Health Economics Society at Emirates Medical Association

mental health. Previous emergencies have been associated with increased rates of substance use, post-traumatic stress and depression.²⁸ The pandemic's long-term and delayed psychological and societal impacts remain to be seen as people adjust to life and the economic fallout in the post-pandemic world. Measures introduced during the pandemic must be met with a long-term commitment and investment to scale up and strengthen mental health systems. Political, business and civil society leaders must make mental health and wellness a priority.

While awareness and provision of mental health services have significantly improved in the UAE over the past decade, barriers in the form of prevailing stigma, accessibility and affordability persist. “If we don't tackle mental health now we will have huge issues in the future,” says Dr Sara Al Dallal, president of Emirates Health Economics Society at Emirates Medical Association. “Mental health is linked to everything, including the impact of recovery rate on any disease.”

Global investment in mental health










Many countries have responded to the covid-19 pandemic with increased funding for mental health support services and improved access through virtual solutions.

- **Canada:** Allocated C\$11.5m (US\$9.2m) in funding to promote mental health and wellbeing and support community-based programmes.⁵²
- **United Kingdom:** Public Health England (PHE) launched the Staying Mentally Well This Winter campaign, providing £10m (US\$13.8m) in funding support for mental health charities and resources. In terms of digital support and self-care tools, PHE introduced a personalised “Mind Plan”, with targeted advice to improve mood and wellbeing. As of March 2021 over 3.2m Mind Plans had been created.⁴⁸
- **New Zealand:** Over 85,000 individuals signed up for Mentemia, an app that provides practical tips and techniques to help people manage and enhance their mental wellbeing.⁵³

Prior to the pandemic, many countries had announced notable investment commitments in mental health.

- **Canada:** The 2017/18 Canadian federal budget allocated C\$5bn (US\$4m) over ten years to improve access to mental health services.⁵⁴
- **United Kingdom:** The NHS Mental Health Implementation Plan 2023/2024 is supported by a local-level investment fund of £2.3bn/year (US\$3.2bn) with the aim of providing high-quality, evidence-based mental health services to an additional 2m people.⁵⁵
- **New Zealand:** The 2019 Wellbeing Budget features a NZ\$1.9bn (US\$1.4bn) mental health package. The budget will be rolled out over the next four years and will focus on improving universal frontline services for mental health, and mental health workforce training and development.⁵⁶

Mental health accounts for just 2% of overall health budgets.² This investment falls short of the Lancet Commission’s recommendation that LMICs should spend at least 5% of their health budgets on mental health and that high-income countries should spend at least 10%.¹⁵

Global	2%
 Bahrain	4%
 Canada	7%
 Egypt	0.5%
 Germany	12%
 Lebanon	5%
 New Zealand	9%
 Saudi Arabia	4%
 Singapore	3%
 United Kingdom	14**

Source: WHO, Mental Health Atlas, 2017⁵⁷ (UAE data not available). ** UK data from NHS Mental Health Dashboard 2017/2018.⁵⁸

Chapter 3: Breaking down stigma and raising awareness through prevention and promotion

Stigma is a well-documented barrier to help-seeking behaviour and is a global issue that reaches all geographies and cultures. According to American sociologist, Erwin Goffman, “There is no country, society or culture where people with mental illness have the same societal value as people without mental illness.”⁵⁹ This statement remains true today as eighty to ninety percent of people with mental health disorders report experiencing negative stigma and discrimination.⁶⁰ People with mental illness are marginalised and discriminated against in various ways, but understanding what stigma looks like, as well as its consequences and how to address it, can help.

In the context of mental health, stigma refers to the level of shame, prejudice or discrimination toward people with mental health conditions. There are three types of stigma: *self-stigma*, referring to negative attitudes and internalised shame that people with mental illness have about their condition; *public stigma* or *social stigma*, involving negative or discriminatory attitudes that society have towards people with mental illness; and *institutional* or *structural stigma*, which refers to system-level discrimination, such as cultural norms

and policies and institutional practices in government and private organisations—examples include lower funding for mental health services relative to other healthcare provision, and workplace discrimination.⁶¹

The impact of stigma can be profound. People with mental health conditions or challenges are often concerned about how they will be perceived if knowledge of their condition becomes public. The adverse effects of stigma can lead to reduced hope, lower self-esteem, and difficulties with social relationships and work. Stigma and discrimination also contribute to worsening symptoms and reduced likelihood of seeking treatment.⁶¹

While stigma still prevails, awareness and acceptance of mental health is improving in the UAE

Stigma and low levels of awareness contribute to the substantial underreporting of mental health symptoms and conditions. Although awareness of mental health has significantly improved in the UAE, stigma remains an issue. A local survey on mental health related stigma and its contributing factors reveals high levels of shame associated with seeking support for mental health (58.9%

of respondents). Other common barriers to seeking help include those affected thinking that “the disease will go by itself” (60.1%) or believing that they do not have a problem (54.5%). However, the majority of survey participants who sought help reported improved confidence (78.9%) and improved relationships (73%).⁶²

Although stigma surrounding mental illness in the MENA region is highly prevalent, attitudes vary by country. According to the Arab Youth Survey, conducted in 2019, young people in Gulf Cooperation Council (GCC) countries are more likely to be accepting of mental health issues, with 62% saying that mental health issues are “a normal thing”, compared with just 33% in North Africa.²⁹

According to recent Google Trends data, Arabic online searches for “how to improve my mental health” have grown by 1,100% in the past five years, and searches for the Arabic word for therapist reached a ten-year high in August 2020, indicating increased awareness and acceptance of mental health challenges.⁶³

According to UAE advocacy organisation, With Hope, there has been a considerable improvement in mental health awareness in recent years, with one representative stating that “Mental health can now be discussed over the lunch or dinner table”. However, the social stigma surrounding mental health remains a challenge: “People are reluctant to admit they have a problem due to the potential negative impact on career and educational opportunity, and family and social life.”

Mental health exists on a spectrum. Therefore, promotion and prevention interventions include both promoting good mental health and wellbeing and preventing mental ill-health. These interventions can consist of campaigns and initiatives to reduce stigma, improve mental health literacy, and promote mental health-friendly schools and workplaces, to teach individuals how to recognise and respond to mental health challenges, and to teach people to recognise when and how to seek help.



Breaking down stigma: finding an approach that works

National anti-stigma campaigns and programmes have been introduced in many countries. A study published in the *International Journal of Social Psychiatry* proposes the following approaches towards raising awareness and reducing stigma around mental illness in the Middle East: informing families about mental illness to provide improved support for patients, engaging traditional religious leaders and educating young people in school.⁶⁴ Although there is evidence that these campaigns can be effective, initiatives adapted to the local and cultural context that leverage the voices of those with experience of mental illness and target groups in the population that may be vulnerable have proven to be particularly impactful.

1. Adapt to the local and cultural context

Understanding cultural nuances and perceptions of mental health—including how they can be both a barrier and an enabler to help-seeking—is important. “Most of the research and work around wellness and wellbeing has been in western culture,” says Noof Al Jenebi, director of the Emirates Center for Happiness Research at UAE University. “The outcomes may not be as applicable to this region due to culture, tradition and religion. However, many aspects of mental wellbeing are already part of UAE culture, such as giving to charity and praying.”

Integrating mental health awareness with religion has had local success in the UAE—“Mindfulness can be part of praying ritual,” points out Ms Al Jenebi. The Dubai Health Authority (DHA) has been working with official governmental departments to highlight aspects of mental health during Friday prayers. Dr Al Dallal says that this has helped to reduce misconceptions associated with religion and mental illness. “Religious figures are being educated on mental

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Noof Al Jenebi, director of the Emirates Center for Happiness Research, UAE University

health conditions and can now direct and guide people on where to go for support,” she says.

2. Leverage the voices of those with lived experience

There is strong evidence for anti-stigma efforts involving contact with individuals with lived experience with mental illness. In a 2020 study on social media use and mental wellbeing among adolescents and young adults in the US, approximately 75% of those seeking information online about depression reported looking for personal anecdotes from people who had suffered in the past.⁶¹ A social media campaign led by With Hope UAE, “My Mind Matters”, seeks to highlight the stories of people with lived experience of mental illness in the UAE. “Through the campaign, the general public see individuals that they know and learn about their mental health challenges,” says a representative from With Hope.

3. Target interventions, content, and messaging to vulnerable groups

Certain population groups have an elevated risk of developing mental health conditions owing to societal or environmental factors. These vulnerable groups may also be difficult to reach with mass public health campaigns or promotion activities. Proactively identifying and providing support to groups who may be more vulnerable to mental health conditions and have difficulty accessing services is a key pillar of the UAE's National Mental Health Policy. A targeted awareness campaign aimed at taxi drivers led by the Ministry of Health and Prevention in collaboration with Sharjah Roads and Transport Authority involved lectures in English and Urdu to raise awareness and distribute information on mental health conditions and treatment options.⁶⁵ The DHA also works with organisations that support vulnerable groups, such as Dubai Women's Shelter.

4. Improve mental health literacy and get the language right

Improved knowledge, beliefs and understanding about mental health conditions and treatment can help to decrease stigma and aid recognition,

management, and prevention efforts.⁶⁶ Building mental health literacy is a critical component of combatting the misuse of language around mental health and empowering people to make informed decisions. The terminology used to describe mental illness and mental health conditions is a major contributing factor to stigma. "Breaking down stigma means we need to change our language around mental health and speak about mental health in a way which normalises it. Mental health is essentially brain health, heart health, and emotional health," says Dr Afridi. "The reaction we receive from people when we use the word "mental" versus "emotional" or "brain" as we speak about anxiety or depression is obvious".

Dr Mansoor Anwar Habib, assistant professor of family medicine at Mohammed Bin Rashid University, emphasises the importance of normalising and encouraging conversations around mental health: "The more we start nudging people to talk about mental health, the more people will feel comfortable talking about it."

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Dr Saliha Afridi, Clinical Psychologist and Managing Director, Lighthouse Arabia UAE



5. Reach people where they are through a whole-of-society approach

Much of what can be done to improve mental health and wellbeing happens outside of the health system. Relevant agencies, including government entities, employers, schools and community organisations, are becoming more aware of the significance of mental health and their own influence in promoting and enabling positive mental health and wellbeing. Coordination of activities and the provision of resources and information is essential to ensure that mental health promotion activities reach all levels of the population. Mental health promotion initiatives have been introduced at community levels through the Ministry of Community Development as part of the UAE's National Programme for Happiness and Wellbeing.¹⁰ Dr Ahmed also highlights recent work by Abu Dhabi Public Health Centre (ADPHC) to promote mental health awareness and education with webinars directed at different segments of the population "for example targeting burn out in teachers and native language sessions addressing stress management and red flags for mental health conditions among the blue collar workforce."

Interventions to promote good mental health and prevent ill-health can have a lifetime benefit and are highly cost-effective when introduced in childhood and adolescence. Positive psychology is currently being integrated into the UAE school curriculum, with concepts such as mindfulness, compassion, kindness and character strength. The Abu Dhabi Early Childhood Authority (ECA) has developed a curriculum to promote positive mental health among children and young people and is actively encouraging parents and caregivers to support their children through access to tools aimed at enhancing the mental and behavioural development and teaching young people positive mental health habits.⁶⁷ In the wider MENA region, school-based programmes to build social and emotional competencies,

such as the School Health Implementation Network (SHINE, an initiative involving Pakistan, Egypt, Jordan and Iran), have shown success in low-resource settings across the region.⁶⁸

Dr Hamid Alhaj, associate professor and consultant psychiatrist at the University of Sharjah, also highlights the value of building evidence-based positive habits to support mental health and wellbeing early in life. "We need to integrate positive mental health habits into the minds of younger people in early childhood; in the same way we teach children to brush teeth before bed, we can teach exercise, sleep hygiene, meditation etcetera," says Dr Alhaj.

Stigma can be a significant challenge in the workplace. For example, says Dr Sherif Mahmoud, chief commercial officer at TruDoc 24x7 Healthcare LLC, "people who are open to discussing mental health may be concerned about negative consequences from employers. There is a need for workplaces to communicate that mental health matters and being open about mental health challenges will lead to support, not discrimination."

Data demonstrates that employees' mental health can significantly impact their ability to work productively, as well as affecting workplace satisfaction and the overall economic activity of the employer.⁶⁹ "The majority of us are no longer in physical jobs; in a knowledge-based economy, the health and safety hazards are linked to the psychological aspect of our work," says Dr Habib. "Employers need to make sure resources are in place and employees are aware of them."

Mental Health First Aid (MHFA), an evidence-based form of training, is one tool that provides employees with the skills and confidence to have supportive conversations with their co-workers and help guide them to professional help and support if required. MHFA programmes in the workplace have been proven to increase mental health literacy and help seeking behaviours and reduce stigma.⁶¹

Digital tools are gaining increasing recognition as valuable self-help resources for individuals. Online support groups in the form of web-based forums, discussion boards and chat rooms are fast emerging as popular and accessible means to provide individuals with the opportunity to reach out to peers, share personal health experiences and access emotional support for mental health issues.

People who feel stigmatised about their mental health issues and are reluctant to seek professional help may be more likely to be drawn by the privacy and anonymity of online communities.⁷⁰ The increased availability of teleconsultations during the pandemic has also helped to reduce stigma. While technology cannot replace a doctor, it can help to alleviate stigma and scale access to services.

Bringing stigma out of the shadows: international examples of mental health promotion and prevention campaigns

- **Canada:** Opening Minds, a ten-year anti-stigma initiative, was launched in 2009 to support organisations across Canada to create programmes that counter stigma and discrimination around mental health. Opening Minds targets health providers, young people, the workforce and the media, with a focus on grassroots efforts rather than mass media. It emphasises “contact-based” education programmes where individuals with experience of mental illness share their personal stories. Although some goals of the programme have been met, no comprehensive evaluation of Opening Minds is currently available.⁷¹
- **Singapore:** Beyond the Label, an anti-stigma campaign in Singapore that shares personal experiences of those with mental illness, has helped to break down deep-rooted cultural perceptions. Stigma related to mental illness is rooted in Asian culture characterised by high pressure to conform to societal expectations and an importance placed on resilience to stressors; the result is that mental health disorders are widely perceived as a weakness, rather than a form of illness that affects many people. A number of national promotional and awareness campaigns over the last decade have worked to break down some of these barriers.⁷²
- **Sweden:** Hjärnkoll is an ongoing national anti-stigma campaign designed to increase awareness, improve public attitudes and end discrimination faced by people with mental health problems. The campaign is run by over 300 trained “ambassadors” who share their personal experience of mental health in workplaces, schools, healthcare facilities and government organisations. A study conducted between 2010 and 2014 indicated positive changes in attitudes, mental health literacy and intended future behaviour among survey participants who lived in regions where the programme was in operation.⁷³
- **United Kingdom:** A national multi-organisation-led anti-stigma campaign, Time to Change, uses various media, including blogs, social media and events to raise awareness of mental health stigma and its effects. The campaign provides resources for employers, schools and community members. Employers have also been encouraged to sign a pledge to provide workplace support for workers with mental health problems.⁷⁴ A 2019 study on the impact of the campaign showed signs of improvement in public attitudes to mental health; however, less-positive changes in attitudes were noted in men and members of low socio-economic groups, indicating that targeted media or content may be beneficial.⁷⁵



As a result of the COVID-19 pandemic, the conversation surrounding mental health in the UAE and the wider region is becoming more mainstream. Increased mental health coverage and promotion through national campaigns, community and advocacy groups, and social media has helped to normalise conversations around mental health. Long-held stigma around mental health is finally starting to dissolve. It is vital as the region emerges from the pandemic to maintain this momentum and produce sustained outcomes. Promotion and prevention activities should be supported by ongoing research and evaluation to ensure investment in practices and interventions that will deliver the greatest impact.

Action plans are also needed to tackle several remaining taboo topics, including suicide, self-harm and substance use. The 2020 amendment to the UAE Penal Code to decriminalise suicide and self-harm is expected to positively impact stigma reduction and promote help-seeking.⁷⁶ The WHO reports that suicide is the third leading cause globally of death in 15–19 year-olds.⁸ Policymakers need to begin implementing strategies, policies and plans targeted at suicide prevention and awareness.

“While much can be done to promote and improve mental wellbeing, a certain proportion of people will develop mental health disorders,” says Dr Khalid Saeed, a regional advisor on mental health and substance abuse at the WHO. “Mental illness can be chronic and debilitating; structures need to be in place to access treatment and for rehabilitation and promoting recovery.”

Chapter 4: Moving towards comprehensive and integrated models of care

Integrating mental health services into primary and community care is the most viable means of closing the treatment gap and expanding access. Primary and community care can provide the foundation for a more collaborative and coordinated model of care that offers cost-effective treatment closer to home and minimises stigma. Updated goals to the WHO Mental Health Action Plan call for a doubling of community mental health services and integration of mental health into primary care in 80% of member states by 2030.¹⁷

A key pillar of the UAE National Mental Health Policy is “developing, strengthening and expanding comprehensive, integrated and socially responsive mental health services for UAE society”, which includes a focus on the transfer of mental health services from standalone facilities to primary and community care, capacity development through increasing mental health knowledge and skills in all health professionals, and the inclusion of mental health and basic medicines in health insurance schemes.³⁰

Although integration of care is at the centre of mental health plans in Dubai and Abu Dhabi, there is a growing need for investment in mental health services. According to capacity plans for both emirates, existing shortages in acute patient beds and mental health professionals, notably psychiatrists, are projected to increase in the next ten years. In Abu Dhabi there was a reported supply gap of 20 psychiatrists in 2020, which is project to increase to 175 in 2030. DoH Abu Dhabi anticipate that this can be reduced to a shortage of 28 psychiatrists based on the implementation of the new Mental Health Model of Care.¹¹ In Dubai there was a reported undersupply of 20 psychiatrists in 2020, expected to rise to 163 in 2030.¹²



There are efforts underway to counteract these trends via primary and community-based care. Dubai, through the DHA Clinical Services Capacity Plan 2018-2030, is exploring a multi-disciplinary service model of primary and community-based care to reduce pressure on inpatient mental health facilities while also integrating mental health services into cancer and maternity care and increasing availability of remote telehealth services.¹² Abu Dhabi, through the Abu Dhabi Healthcare Capacity Master Plan, aims to meet the majority of demand for mental health care at primary and community levels. The implementation of the Mental Health Model of Care is expected to reduce future requirements for both overnight beds and psychiatrists by enabling early access and treatment through primary care. The Department of Health Standard for Primary Care also aims for a fully integrated, comprehensive, patient-centred model of care that includes mental health and wellness at the centre.¹¹

The Mental Health Gap Action Programme, an ongoing WHO programme recognises the urgent need to scale up mental health services in the Middle East region.⁷⁷ The programme's framework identifies high-impact, cost-effective, affordable, and feasible strategic actions to support the expansion of services for mental health in low resource settings. Common priorities have been identified to strengthen mental health services and psychosocial support as an integral part of the wider health system and society. Psychiatric services are gradually shifting from centralised hospitals and standalone mental health institutions to the psychiatric units of general and district hospitals. In the GCC, this shift has happened at a much quicker pace, with many health authorities now working to integrate mental health services into primary and community care settings.

In some countries, emergencies have been a catalyst for accelerating access to mental health

services. Before the conflict in Syria, mental health care outside of standalone psychiatric hospitals in Aleppo and the capital, Damascus, was scarce. Mental health and psychosocial support have since been introduced in primary and secondary health facilities, community and women's centres, and school-based programmes. In Lebanon and Jordan, efforts have been made to strengthen mental health services to respond to an ongoing influx of refugees and benefit the local population. The efforts of these countries can serve as lessons in implementing cost-effective approaches to scale up and strengthen community-based mental health resources.²⁸

Insurance coverage and cost of mental health services are among the main barriers to high quality care

The establishment of a high-performing mental health system means that people experiencing mental health challenges can access and receive the support that they need. Mental health conditions need to be integrated into the basic health delivery package of government and social or private insurance reimbursement schemes and expanded to cover mild and moderate conditions where capacity allows.

In 2019 the WHO launched the Special Initiative for Mental Health (2019-2023): Universal Health Coverage for Mental Health. "Mental health must be an integral part of Universal Health Coverage," stated Dr Ghebreyesus, the WHO director-general, at the time. "Nobody should be denied access to mental health care because they are poor or live in a remote place."⁷⁸

Inadequate access to affordable mental health care is a global issue. While some higher-income countries include mental health disorders in their national health insurance or reimbursement schemes, coverage is generally limited to major disorders such as psychosis, bipolar disorder

and depression. Individuals seeking treatment in LMICs are typically required to pay out of pocket. According to the WHO Mental Health Atlas 2017, which provides information on country-level mental health services globally, care and treatment for severe mental disorders is not included in national health insurance or reimbursement schemes in 27% of the 169 responding countries.⁵⁷ The treatment gap—that is, the proportion of people who need care but do not receive treatment—is estimated to be more than 90% in some countries in the MENA region, compared with 50% worldwide.¹

Access and availability of quality mental health services remain a challenge in the UAE, with insurance coverage and mental health care costs widely recognised as a barrier. In July 2021, the DHA announced that mental health and psychiatry services will be covered under the essential benefits plan issued in Dubai. Under the plan, psychiatry and mental health inpatient, outpatient and emergency care will be covered up to Dh10,000 (US\$2,700) per annum, with a 20% co-insurance payable for outpatient visits.⁷⁹ Elsewhere in the GCC region, Saudi Arabia has also recently revised basic insurance coverage for mental health to

include costs of acute and non-acute psychological cases up to a maximum of SR15,000 (US\$4,000).⁸⁰


While insurance reforms are a welcome development, there is still a need to include access to psychological therapies for individuals with mild to moderate mental health conditions who do not meet the requirements for specialist services or pharmacological interventions. Timely access to psychological therapies, whether in combination with other services or on their own, is cost-effective and significantly improves mental health outcomes.

Closing the treatment gap through the provision of mental health services and integration into primary and community care

Many countries have sought to expand access by offering mental health services through primary care. Advocates have long called for integrated care, recognising that many people with mental health conditions also have physical health conditions, and the two can affect each other. Primary care physicians often serve as the gateway to care for all healthcare needs in the community. Early-intervention community approaches and accessible services such as talk therapies can help health services to meet the unmet need for mild-to-moderate mental health conditions through low-intensity and low-threshold services.

According to data from England's National Health Service (NHS), nine out of ten adults with mental health problems are supported in primary care, and around 40% of GP appointments involve mental health.⁸¹ Similarly, in Canada, almost 80% of people with common mental health problems use the services of a family physician.⁸² Mental health care should be a core component of primary care and can be facilitated when primary care practitioners are knowledgeable and confident in providing high-quality care to people with mental health problems and illnesses.





“If mental health disorders go untreated, they will progress to physical or psychosomatic symptoms, which will be more costly in terms of diagnosis. Non-mental health professionals need to be able to screen and identify signs of common mental health disorders”

Dr Talaat Matar Tadross, professor of psychiatry at RAK Medical & Health Sciences University in the UAE

The integration of other specialised areas of care with primary care and community services is also crucial to improving access across all care settings and reducing the stigma associated with mental illness. Integrating mental health into specialist services for women, children and the elderly is also a priority in many countries. Many severe mental illnesses begin in the late teens and early twenties, making timely support for young people particularly critical.

Dr Talaat Matar Tadross, professor of psychiatry at RAK Medical & Health Sciences University in the UAE, stresses the importance of early intervention and diagnosis. “If mental health disorders go untreated, they will progress to physical or psychosomatic symptoms, which will be more costly in terms of diagnosis,” says Dr Tadross. “Non-mental health professionals need to be able to screen and identify signs of common mental health disorders.”

Dr Alhaj agrees, adding that “primary healthcare providers need to be able to detect mental health problems and ask questions to patients, manage mild to moderate cases and be aware of the pathway for referral for more severe cases.”

Mental health is gradually being integrated into primary care services in Dubai and Abu Dhabi,

and is a key feature of future capacity planning. “Screenings for mental health have recently been introduced in prenatal and post-delivery care and will gradually be added into primary health care with questionnaires to support data collection,” says Dr Al Dallal of the DHA.

Dr Mahmoud suggests “nominating select primary care facilities owned by the government with appropriate skills and resources to operate as centres of excellence for mental health”, noting that this would help with costs and reduce pressure on psychiatrists.

In Abu Dhabi, mental health training has recently been integrated into primary care to expand screening and intervention for mental health challenges and also help to reduce the stigma surrounding mental health. According to Dr Ahmed, Abu Dhabi DoH is “addressing primary care integration by establishing high calibre upskilling training programs with international agencies. DOH is also revising standards with an emphasis on screening for mental illnesses in at risk population groups at a primary care level. The new standards call for proactive screening of depression, anxiety, substance use disorder, dementia, perinatal depression and eating disorders from a young age. Referral pathways to speciality care are in

place for patients who score moderately severe to severe on the screening, while mild to moderate cases will be treated at a primary care level.”

Integration of mental health care includes integration at all levels of care, including acute and specialised psychiatric care and crisis care services. Adequate after-care services must be in place to facilitate the transition from inpatient to community-based care, support integration and foster recovery.

Capacity building to mitigate workforce shortages and incorporate mental health care into the skillset of all healthcare professionals

Covid-19 has accelerated mental health innovation, but workforce shortages are a limiting factor in improving mental health system performance. Training and capacity building of general health workers to recognise and provide support for common mental disorders is critical to reducing pressure on highly specialised mental health professionals where supply is low.

The global shortage of mental health workers is a significant barrier to scaling up access to mental health services. Globally just 1% of the healthcare workforce is working in mental health.⁶³ In the MENA region, mental health professionals are a scarce resource, and the

psychiatrist to population ratio is low across the region. Many countries in the region have just over one psychiatrist per 100,000 people (the number is 1.67 in the UAE)⁵⁷, compared with an average of 9.2 in high-income countries.

The rate of psychiatrists alone is not necessarily a good indicator of the mental health workforce, as there is a diversity of workforce categories involved in delivering mental health care. Consistent with plans to integrate mental health into primary and community care settings, many health systems are training primary care physicians and GPs to identify, diagnose and care for patients with mental health conditions. Pharmacy workers in Abu Dhabi are also upskilling to provide medication counselling sessions to patients within primary care. According to Dr Ahmed this will also “help to address the reluctance in compliance to medication, due to taboo surrounding use of psychiatric medications”.

In the UAE, residency and other educational programmes are being introduced, specialising in psychiatry and mental health. Mental health education is now a high priority of undergraduate medical training. “The upcoming generation of healthcare professionals is expected to be more aware and prepared to recognise and care for mental health conditions,” says Dr Tadross.



The shortage of mental health service providers in the UAE is attributed to different causes.^{11,12} One challenge raised by private-sector healthcare providers is the fragmented regulatory and licensing process. Obtaining a license for mental health professionals can be

a lengthy task, particularly for positions such as mental health counsellors “There is a need for a streamlined process to license and on-board mental health professionals, allowing private-sector providers to fill existing vacancies and respond to demand,” says Dr Afridi.

Filling the gap: international examples of capacity building and upskilling strategies

- **Introduction of new frontline mental health workers in New Zealand:** Part of the Wellbeing Budget 2019 includes the development of a new frontline of mental health workers, including health coaches and health-improvement practitioners (HIPs) for integrated primary mental health services. Health coaches are an unregistered workforce from a variety of backgrounds who use their own experiences and health coach training to support people to build their own skills, knowledge and confidence to manage their health and wellbeing. HIPs are health professionals who work as members of the general practice team and have training in evidence-based talking therapies.⁸⁴
- **Mobilising multidisciplinary teams in Singapore:** Community Mental Health Teams are multidisciplinary teams consisting of psychiatrists, psychologists, occupational therapists, medical social workers, community nurses and counsellors. Team members make house visits to provide psycho-social rehabilitation, assess the condition of patients and ensure treatment adherence. Mental health teams are also being piloted as an integral part of hospital multidisciplinary teams. Examples include women's emotional-health services, psychosocial trauma teams and “mood management after stroke” teams.⁸⁵
- **Addressing workforce gaps in England:** Stepping Forward to 2020/21, the mental health workforce plan for England, aims to add an additional 27,460 mental health professionals to the National Health Service (NHS) workforce by 2024, the majority of which will be for community care for children and young people, and adult mental health and severe mental illnesses. The NHS is also experimenting with different ways of integrating physical health, mental health and social services. In some regions, primary care practices have been grouped together and made responsible for 30,000-50,000 residents, with support from multidisciplinary teams including nurses, mental health professionals, social workers and community health service workers.⁸⁶
- **Supporting GPs in the Netherlands:** The Netherlands has increased funding for GPs working alongside other health professionals to provide mental healthcare to patients with mild-to-moderate symptoms. Currently, 90% of practices have at least one team member trained to identify mental health issues and can support patients in managing stress, anxiety and other common problems, or refer them to a specialist for more complex conditions.⁸⁷

Harnessing technology to increase capacity and improve access and utilising data to provide informed decisions

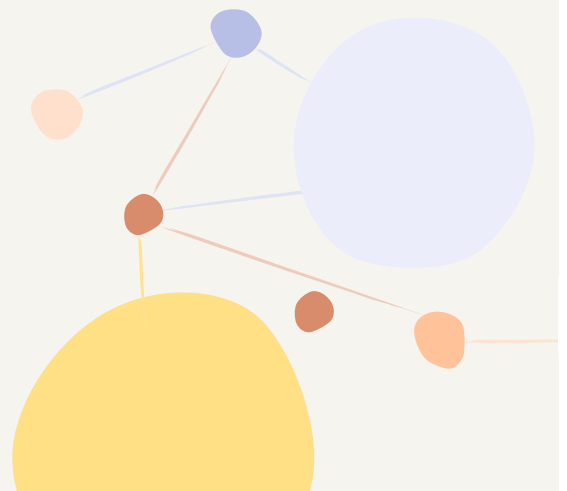
Embracing digital technologies for mental health has been recognised as a cost-effective solution for overcoming capacity and access constraints while also scaling up promotion and prevention efforts. Telemedicine and teletherapy solutions can be mobilised rapidly, provide flexibility and choice in terms of treatment time and location, and can operate in parallel with existing face-to-face and traditional treatment methods.

Telehealth is now a key part of the digital transformation roadmap of many regional health systems. New regulations in the UAE encourage the use of telehealth by being more flexible and promoting both local and foreign investment in the sector. Attitudes to telehealth vary depending on age, income level and access to technology. One study examining user acceptance and attitudes towards telemedicine in the UAE reported that behavioural intention and perceived usefulness are important elements in the adoption of telemedicine services.⁸⁸ The MENA region has the largest youth population in the world, with more than half of residents under the age of 25. Smartphone penetration is also among the highest globally. This young, digitally savvy population can adopt new technologies quickly and are open to receiving care virtually.⁷

There are initiatives in Dubai and Abu Dhabi to promote the development of digital health solutions targeted at the local population. Abu Dhabi's Ma'an, a state-run social-impact organisation, selected six social enterprises from around the world to participate in an accelerator programme focused on increasing access to mental wellbeing services in the emirate. MindTales, an Abu Dhabi based start-up, is currently conducting clinical trials with SEHA and Mubadala Investment Company, looking at the feasibility of digital platforms to deliver psychotherapy as an adjunct to medication treatment provided by primary care providers and a study in collaboration with local universities, including Zayed University, Abu Dhabi University, UAEU, Khalifa University and New York University (NYU) Abu Dhabi to understand the potential of digital platforms to provide cognitive behavioural therapy (CBT) for students with mild to moderate anxiety and depression.⁸⁹ Another Abu Dhabi based start-up, Takalam, launched in 2020, offers affordable online counselling in both Arabic and English.⁹⁰ The Dubai Future Accelerators 2020 fall cohort invited local and international healthcare start-ups to participate in a challenge by the DHA to "enable access to mental health services and improve citizens' mental wellbeing at scale."⁹¹

“There are elements that are underutilised and innovations that are new or exciting, such as artificial intelligence in mental health, and the application of big data in preventative measures and identifying who may be more likely to develop certain illnesses or at risk groups.”

Dr Hamid Alhaj, Associate Professor and Consultant Psychiatrist, University of Sharjah



Dr Alhaj highlights the ability of virtual care to accelerate and ease access, “bridging a gap for patients who may have difficulty leaving the house”. He adds: “There are elements that are underutilised and innovations that are new or exciting, such as artificial intelligence in mental health, and the application of big data in preventative measures and identifying who may be more likely to develop certain illnesses or at risk groups.”

If effectively delivered, digital mental health solutions and tools can help people before their mental health needs escalate, as well as improving the reach and accessibility of mental health support services, particularly in rural areas, while alleviating pressures on workforce capacity.

Although digital solutions offer great benefits, there is a risk of information overload. According to the American Psychological Association, mental health-related self-help apps now number between 10,000 and 20,000, leaving many overwhelmed with information.⁹² Some countries have introduced certification systems for mental

health-oriented mobile apps and digital solutions, which may help to build trust. For example, in the UK the NHS Apps Library allows patients and the public to find trusted health and wellbeing apps. Evaluation is conducted using the Digital Technology Assessment Criteria, intended to set a baseline for what is expected for all types of digital health technologies on the basis of clinical safety, data protection, security, interoperability, usability and accessibility.⁹³ In Germany, under the Digital Health Act, digital health applications with proof of benefit for particular diagnoses can be prescribed by doctors and reimbursed through the statutory health insurance.⁹⁴

While the majority of mental health professionals agree that technology can enable access to more people, there is a preference for face-to-face or blended models of care. “Technology cannot replace a doctor, but [it] can be used to break the stigma and scale access to services,” says Dr Mahmoud. “There are already many innovations in this field that are helping people, such as meditation and sleep applications. However, the clinical community needs to be engaged and have input into making platforms more reliable.”

Technology and data are also essential factors within health systems in terms of strengthening capacity, improving information systems and conducting mental health research to develop services. Health information systems have recently been introduced in Dubai (Nabidh) and Abu Dhabi (Malaffi), and the National Unified Medical Record platform is due to be launched by the Ministry of Health and Prevention in 2021.⁹⁵ These platforms provide an opportunity to collect and monitor data and information on the prevalence of mental health disorders at all levels of care.

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Dr Sherif Mahmoud, chief commercial officer,
TruDoc 24x7 Healthcare LLC



Research funding and programmes have also been accelerated at local universities to promote research linked to mental health and wellbeing, marking a much-needed shift. Although the Arab region accounts for over 5% of the global population, research output makes up only 1% of global published mental health output.¹³

Generating new knowledge through the acceleration of local research funding and programmes will enable policies and actions to be based on evidence and best practices reflective of the local context. The National Center for Health Research was established in January 2020 to build national research capacity; neuroscience and mental health is identified as a research priority.⁹⁶ The research centre, which sits under the Ministry of Health and Prevention, is also expected to accelerate timely data collection and sharing among health authorities, academia and other key healthcare stakeholders. The availability of timely and relevant information on the current prevalence and trends of mental health disorders in the UAE and the Middle East will also support the allocation of appropriate services and funding.

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Accelerating access to psychological therapies: international examples of efforts to scale up access to talking therapy services for those with mild-to-moderate mental health conditions

- **Improving Access to Psychological Therapies (IAPT): ten years of scaling-up access to talk therapies in the UK:** The IAPT programme was introduced in 2008 to expand mental health services to those with mild-to-moderate symptoms. As part of IAPT, the NHS trained over 10,500 therapists and deployed them in new psychological therapy services. People can be referred to IAPT by their GP, or they can self-refer.⁹⁷ In 2019 over 1m people used IAPT services, with an average wait time of 29 days; 67% who have a course of treatment (two or more sessions) showed reductions in their anxiety or depression, and 50% were classified as recovered. IAPT obtains symptom scores before and after treatment for 98% of patients, meaning that efficacy can be tracked in real time. Similar programmes have been adopted in Norway and Australia. Challenges remain in keeping up with demand owing to increasing GP referrals and self-referrals, as well as high cancellation and “did not attend” rates. Average wait times also vary across the country, ranging from 4 to 61 days.⁹⁸
- **Prompt Mental Health Care in Norway:** Prompt Mental Health Care was introduced in 2012 with the goal of expediting time to treatment, with responses to requests for services mandated within 48 hours. Due to the shortage of mental health professionals offering treatment for people with mild mental illnesses, waiting times for such treatment under the usual system can be months long. Under Prompt Mental Health Care, people with symptoms of depression or anxiety can refer themselves. After initial screening, they are offered low-intensity treatments by therapists with one year of cognitive behavioural therapy or face-to-face therapy by clinical psychologists. In a randomised controlled trial, Norwegians who received treatment under Prompt Mental Health Care were more likely to report reduced symptoms of anxiety or depression at six months follow-up than those who received usual care, which mostly included referrals to GPs for therapy and books or other self-help resources (58.5% versus 31.9%).⁹⁹
- **The Friendship Bench in Zimbabwe:** The Friendship Bench started in 2006 to enhance mental wellbeing and improve quality of life for people suffering from common mental disorders, such as anxiety and depression, through problem-solving therapy delivered by trained lay health workers (LHWs).¹⁰⁰ Zimbabwe has a large treatment gap for common mental health disorders, with 13 registered psychiatrists for a population of 15 million people (2020). Common mental health disorders are estimated to affect over 25% of the population.¹⁰¹ The programme initiated with training community grandmothers, or *Ambuya utano*, to provide basic Cognitive Behavioural Therapy (CBT) with an emphasis on problem-solving therapy. The LHWs counsel patients, usually through 6 structured 45-minute sessions on wooden benches within the grounds of clinics or other designated areas. The programme has helped bridge the mental health treatment gap at a primary care level and delivers an effective, affordable, scalable and sustainable solution. A 2016 randomised control trial (RCT) showed that the Friendship Bench effectively decreased depressive symptoms in patients.¹⁰² During the COVID-19 pandemic, *FB Open Line* was introduced to offer one-on-one problem-solving therapy over WhatsApp and standard telecommunication services. As of 2021, The Friendship Bench programme is active in 5 countries, with over 1000 trained community health workers delivering approx. 132,000 sessions to over 87,000 people.¹⁰⁰

Chapter 5: Strengthening multisector and intersectoral action and collaboration

There are strong correlations between mental health and the economic performance of a country. The economic impact of mental health problems, mainly in the form of lost productivity, is estimated at approximately 4.2% of GDP across OECD countries.¹⁰³ As mental health conditions often start in adolescence or young adulthood, the health, economic and social costs can be encumbering and long-lasting. As such, awareness and collaboration must stretch beyond the health sector.

“There is a need for mental health to be integrated and weaved into the structure of all health system levels and social care services such as education and employment,” says Dr Saeed. “Mental health should be conceived as an asset and an investment. Mental health should

be part and parcel of the overall developmental agenda of the government. All policies, whether education, employment, housing or security, should have a mental health dimension.”

Multisector and intersectoral action are crucial for the provision of comprehensive people-centred mental health care. Mental health issues are often rooted in or exacerbated by societal and economic problems such as workplace stress, unemployment and financial insecurity. A whole-of-government approach to policy formulation and implementation should be adopted, with actions assigned to key stakeholders. All sectors have a role to play, including education, social welfare, labour, transport and housing. Multisector engagement and collaboration are fundamental

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Dr Khalid Saeed, Regional Advisor, Mental Health and Substance Abuse, Department of Non-Communicable Diseases and Mental Health, Regional Office for the Eastern Mediterranean, World Health Organisation

components of national health strategies, policies and plans. The influence of workplaces, schools and communities on mental health and wellbeing is gaining growing importance in mental health promotion and prevention.

Initiatives to promote and support mental health and wellbeing are being integrated into all sectors of society as part of the UAE's wider happiness and wellbeing agenda. Inclusion of mental health in all policies of the health, education and community sectors is vital to a whole-of-government approach to mental health and wellbeing. It includes resource planning for the cost-effectiveness of mental health services, and budget allocation for resources and implementation in all sectors. Health promotion initiatives have been introduced at community levels through the Ministry of Community Development, and mental health and wellness initiatives are being integrated into UAE schools.¹⁰ The Abu Dhabi Mental Health Plan also takes a multisector approach. According to Dr Ahmed the plan is "addresses challenges from a social and educational perspective and is aligned with a number of government entities with 24 activities over 4 themes; early detection and prevention, resource and care delivery, social re-integration and governance and policies."

“The Mental Health Plan in Abu Dhabi addresses challenges from a social and educational perspective and is aligned with a number of government entities with 24 activities over 4 themes; early detection and prevention, resource and care delivery, social re-integration and governance and policies.”

Dr Nahida Ahmed, Consultant Psychiatrist and Chair of Mental Health at Abu Dhabi Health Services Company (SEHA) and Department of Health Abu Dhabi

Understanding what works in workplace mental health

The WHO estimates that globally 12bn working days are lost due to mental illness every year.¹⁰³ In 2019 the WHO labelled employee burnout a medical condition, attributing its cause to "chronic workplace stress that has not been successfully managed."¹⁰³ Mental health is high on the agenda of many employers; however, it is essential to understand what works and where investment can have the most significant impact. There is substantial evidence to support the link between positive mental wellbeing and flexible working, higher job autonomy, workplace mindfulness interventions, and social and peer support interventions.¹⁰⁴ Workplace wellbeing interventions should be rigorously evaluated to measure impact. Employee assistance programmes have been implemented by many organisations to help employees deal with a variety of concerns, such as work-life stressors, issues affecting mental and emotional wellbeing, family issues, financial concerns, relationship problems, and legal concerns. However, data show that these services often go unused, with utilisation rates averaging between 3-5%.⁶¹

Organisational context has a considerable influence on how effective interventions are in practice. Important factors include managerial support, employee participation, and the level of integration of such initiatives as part of a broader organisational commitment to health and wellbeing. National and workplace-level policies and practices must be in place to support the integration of mental health in employment and education, particularly policies to support those living with a mental health condition. According to the OECD, employment rates of people with a mental health condition are 20% less than those without a mental health condition.¹⁰³

National standards for workplace mental wellbeing can serve as a catalyst for commitment. Physical health standards have been in place in the workplace for decades, in the form of workplace safety rights and occupational health. National workplace mental health standards are beginning to emerge, centred on the idea that the workplace should not be harmful to employee mental wellbeing and employers should take action to protect employee wellbeing.

Several countries have introduced national-level workplace mental wellbeing policies and standards as a mechanism to establish mental health as a recognised and permanent value in the workplace. For example, Canada introduced a National Standard for Psychological Health and Safety in 2013 to provide guidelines for employers. In Singapore, the Tripartite Oversight Committee on Workplace Health incorporates mental health in its workplace health-promotion strategies, including a national employment stress assessment tool called iWorkHealth.¹⁰³

Leveraging cultural ties to support the integration of mental health in society and family life

Although the cultural context in the Middle East raises some challenges to mental health care, there are positive cultural influences. “The UAE is a collectivist culture,” says Ms Al Jenebi. “We are happy when our family and community are well.”

“One of the important cushions for a mental health issue is the social support, the family, strong family and social connections make up the fabric of UAE society,” says Dr Habib. “It is therefore important to go beyond individualising mental health. The multidisciplinary team approach also applies outside the health sector, to home and family life.”

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Dr Mansoor Anwar Habib, Family Medicine and Occupational Health Physician Consultant, and Head of Sustainability and Wellbeing, Du; Assistant Professor of Family Medicine, Mohammed Bin Rashid University

Frontline actors go beyond primary healthcare staff, and include teachers, the police, counsellors, families and the wider community. It is important that individuals can recognise signs of mental distress and know how to respond. Leveraging the strong family and community values of UAE society can help to elevate community-based support and education surrounding mental health. There are examples from elsewhere of such approaches. In the UK, the NHS Volunteer Responders programme was created during the pandemic to provide support to those in isolation. One initiative, Check-in and Chat, connects people in isolation to volunteers. In addition, Public Health England’s online Psychological First Aid

training, aimed at supporting people to cope with the emotional impact of the pandemic, has been taken by over 118,000 people.⁴⁸ The programme's training modules help people to develop their skills and confidence in providing key psychological support on issues such as job worries, bereavement, and isolation.

Applying co-design methods to involve patients and service users in creating culturally responsive and locally adapted mental health policy and services

Many people with current and former experience of mental health challenges want to give back and be involved in shaping the future of mental health services. Experience-based co-design is a service improvement and development method that puts the voices of service users at the heart of improving health services. The involvement of patients and staff in the design and delivery of healthcare can result in culturally responsive health systems that target the needs of the local population.¹⁰⁵

Employing co-design methods in the UAE and involving service users in the design and delivery of the mental health system will enable future policies and actions based on evidence and best practice that are relevant to the cultural context. The role of carers and family members must also be recognised as a significant source of emotional, social and practical support within the community context. Encouraging and supporting the establishment of local and national patient representative organisations is also important, as these groups play an important role in raising awareness, reducing stigma and supporting people suffering from mental illness.

Leveraging the voice of the service user: international examples of co-design methods in practice in health systems

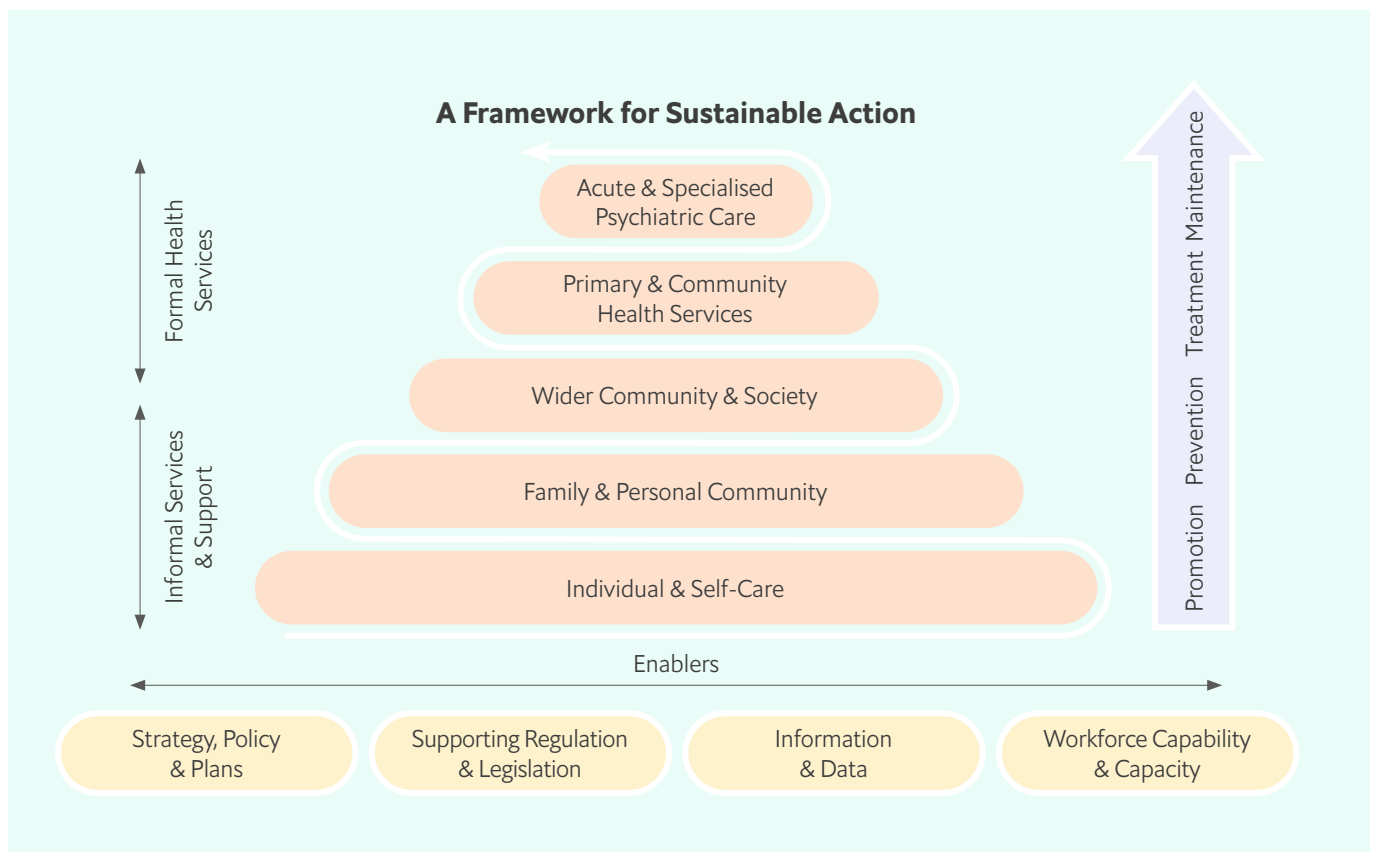
- **New Zealand:** The recommendations in New Zealand's long-term pathway for the transformation of mental health services were informed by 5,200 submissions and 400 meetings with stakeholders, including individuals with lived experience of mental illness and their friends and family.¹⁰⁶
- **Canada:** Canada's strategic plan for mental health calls for the incorporation of experiences and insights of patients into care protocols and models with an emphasis on "nothing about us, without us."¹⁰⁷
- **United Kingdom:** In the development of its Mental Health Implementation Plan, England's National Health Service (NHS) received input from over 145 organisations, capturing the views of over 27,000 people; public feedback saw people requesting more choice and control over their care. Co design is consistently supported at a local level through initiatives such as the NHS Steps2Change service, which allows patients and service users to suggest new ways of working, support staff recruitment and raise issues. The service has also helped to improve how talking therapies are delivered and adapted to local areas.⁵⁵

Supporting person-centred care through empowering and elevating the voice of the user

As per the WHO's definition of mental health, a health system should “empower the individual to realise his or her own potential and contribute to society”. Person-centred care delivers holistic or integrative care that responds to people's needs and values, treats people with dignity and respect, and empowers and involves people in decision-making, yielding a partnership approach. In the context of mental health, person-centred care can take place across various contexts, including mandated treatment, psychotherapy, medication management, supported employment, family

education and peer support. Involvement in one's treatment plan can enhance self-determination and self-management, support collaborative goal-setting and treatment adherence, and promote long-term recovery.

Some health systems are actively seeking the views of individuals with lived experience of mental illness by collecting patient-reported information on experiences of care and through large-scale surveys. For example, New Zealand has a target of collecting data from 95% of services users through patient-reported outcome measures.¹⁰⁶ Patient-reported outcomes enable health systems to track clinical symptoms over time and improve the quality of care.



Conclusion: moving from evidence to action

Mental health is already a key feature of national and local health strategies in the UAE. Plans that were in progress are being accelerated to enhance capacity building, infrastructure and provision of mental health care. While widely recognised issues such as insurance coverage, access to medication, and continued integration of mental health in primary and community settings are already high on the agenda of national and local policymakers, a number of shared priorities can support successful policy implementation and long-term action on mental health in the UAE.

1. Aligning mental health strategy policy and plans with an integrated national approach among healthcare authorities and key stakeholders

Mental health is governed and administered by a number of entities, with the Ministry of Health and Prevention responsible for overall healthcare regulation at a federal level, and the DHA and Abu Dhabi Department of Health responsible for local legislation and policy, health system delivery and capacity planning in their respective emirates. The private sector is also playing an increasingly important role in filling critical gaps and scaling up access to care, particularly psychology and talk therapy services. Coordination of all stakeholders across the public and private sector delivery model is essential

to ensure comprehensive care that reaches all of the population. Policymakers should seek commitment to sharing best practices and lessons learned on areas covering awareness, prevention, early detection and service delivery.

2. Involving and supporting relevant agencies in mental health promotion and prevention

Much of what can be done to improve mental health and wellbeing happens outside of the health system. Relevant bodies, including government entities, employers, schools and community organisations, are becoming more aware of the significance of mental health and their own influence in promoting and enabling positive mental health and wellbeing. Coordination of activities, availability of resources and provision of information are essential to ensure that mental health promotion initiatives reach all levels of the population. Relevant stakeholders should seek to build on existing health promotion programmes by incorporating mental health into initiatives already being implemented in schools, workplaces and the wider community. Promotion and prevention activities should be supported by ongoing research and policies to sustain long-term maintenance and evaluation.

3. Expanding insurance coverage in combination with supporting access to low-threshold services to support those with mild-to-moderate mental health conditions

Recent insurance reforms in Dubai to incorporate access to psychiatry in the basic coverage plan are a welcome development. However, they have yet to be implemented nationally. There is still a need to include access to psychological therapies for individuals with mild-to-moderate mental health conditions who do not meet the criteria for specialist services or pharmacological interventions. Timely access to psychological therapies, whether in combination with other services or on their own, is cost-effective and significantly improves mental health outcomes. Digital mental health solutions and tools can be implemented to help people before their mental health needs escalate, as well as improving the reach and accessibility of mental health support services, and alleviating pressures on workforce capacity.

4. Incorporating mental health care into the skillset of all healthcare professionals to mitigate workforce shortages

Mental health professionals are a scarce resource. Training and capacity building of general health workers to recognise and provide support for

common mental disorders is critical to reducing pressure on highly specialised mental health professionals where supply is low. Frontline actors go beyond primary healthcare staff to include teachers, the police, counsellors, family and the wider community. Leveraging the strong family and community values of UAE society and integrating evidence-based programmes such as Mental Health First Aid will help to elevate community-based support and education surrounding mental health.

5. Generating knowledge and building a solid evidence base for policy development and implementation

The need for collection of surveillance data has been identified and is expected to improve with the introduction of unified health information systems at national and local levels. The demographics, culture and socioeconomic influences of the UAE and the wider Middle East region are unique. With several local universities already leading on regional research on mental health and wellbeing, the UAE is well-positioned to scale up this research and generate new knowledge that will benefit the Arab region and lead to actions and interventions that are culturally relevant and based on evidence accumulated in the local context.

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