

The National Policy for the Promotion of Mental Health In the United Arab Emirates

Introduction:

Mental health is an integral part of human health and well-being, as “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” Mental health is defined as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.” Mental health can be affected by a set of social and economic factors that must be addressed through comprehensive policies to promote mental health, prevent mental disorders, and provide affected people with treatment and means of recovery within an integrated national approach.

The Ministry of Health and Prevention (MOHAP), with the participation of all concerned authorities, seeks to ensure the provision of high-quality, organized, integrated, fair, and sustainable health services that are accessible to all people. MOHAP assumes a major role in formulating health policies and following up their implementation as efficiently and effectively as possible in order to provide health care of approved standards, based on scientific evidence and proofs.

Within the framework of leading and expediting multilevel inter-sectoral response, the Ministry of Health and Prevention is currently developing a national policy to promote mental health as part of the Strategic Plan 2014-2016, as part of the initiative to update and develop health policies and legislation that falls under the strategic objective: “To enhance the healthcare legislations and policies in UAE and to enforce its implementation in collaboration with the public and private sectors”

Overview of the global situation

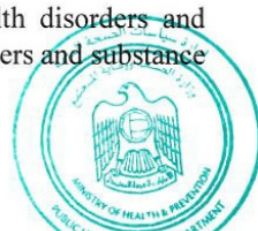
Mental disorders and illnesses along with substance abuse amount to 14.4% of the global burden of disease (GBD).

About 450 million people worldwide suffer from mental and behavioral disorders and it is estimated that a quarter of people will suffer from one or more of these disorders at some point in their lives.

Neuropsychiatric disorders cause a loss of about 12% of the disability-adjusted life years (DALY) due to all diseases and accidents, in various parts of the world, and it is estimated to increase by about 15% annually by 2020.

In the Eastern Mediterranean region, mental health disorders and substance dependence are common; the rates of mental disorders ranges from 15.6% to 35.5% and the most common types of disorders in the region are depression and anxiety. The loss of the equivalent of 12% of disability-adjusted life years in the region can be attributed to mental health disorders and substance dependence. The overall treatment gap related to mental health disorders and substance dependence is estimated to be large.

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Mental disorders are not only a psychological, social and economic burden, but are independent risk factors for injuries and communicable and non-communicable diseases.

Studying the current situation in the United Arab Emirates

Mental health services in the Country:

The United Arab Emirates seeks to develop and upgrade the mental health services to world-class levels in accordance with an effective system, in partnership with the concerned authorities to provide comprehensive (preventive, curative and rehabilitative) psychological services at all levels of health care and to be accessible to all people. The Country promotes mental health by providing comprehensive and distinct psychological services within a sustainable health environment in accordance with effective local and international policies, legislation, programs and partnerships.

The Mental Health Law is also being updated in order to provide for controls and standards to regulate the relationship between individuals with mental disabilities and the various parties dealing with them to ensure access to the highest levels of psychological care through the best international standards and to protect their rights, thus reducing the negative effects of mental disorders in the lives of individuals, families and society

Quantitative data:

Data on mental health services were collected in cooperation with the concerned health authorities in the Country, with the assistance of the World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS)

It is found that the total number of beds allocated to treat cases of mental illness in government health facilities for the second level of health care in the UAE is 436 beds: The number of beds in Abu Dhabi: 125 beds, Al Ain: 33 beds, Dubai (hospitals affiliated to the Ministry of Health and Prevention): 80 beds, Dubai (hospitals affiliated to Dubai Health Authority): 60 beds, Ras Al Khaimah: 32 beds, Ministry of Defense: 30 beds, and the National Rehabilitation Center: 76 beds, at an average of 4.6 beds per 100,000 individuals.

Disability-adjusted life years due to illness and mental disorders in the UAE amount to: 4,241 per 100,000 individuals.

Psychologically depressed individuals and people with phobias represent the largest percentage among persons with mental illness (15% for each), followed by senile dementia with 6%, after that comes tobacco use disorder at 4%.

The total number of psychiatrists working in the UAE is 142, including 89 in the government sector and 53 in the private sector at 1.9 psychiatrists per 100,000 individuals. The total number of psychotherapists working in the Country is 69, including 49 in the government sector and 20 in the private sector at 0.74 psychotherapists per 100,000 individuals. The number of nurses working in facilities specialized in providing mental health services in the Country is 402 at 4.23 nurses for every 100,000 individuals. The number of social workers is 33 at 3.22 for every 100,000 individuals.

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By reviewing the World Health Organization's Mental Health Atlas 2014, it is noted that these rates are lower than their parallels in other developed countries. They are also lower than the rates of the Gulf Cooperation Council States, where the rates of psychologists per 100,000 individuals are as follows: Saudi Arabia 2.14, Kuwait 3.33, Qatar 2.29, Kingdom of Bahrain 4.84, and Sultanate of Oman 2.32.

The rates were very high in western countries, as the rate in Switzerland is 41.42 psychologists per 100,000 individuals, in the United States of America 12.4 psychologists per 100,000 individuals, and the average in other western countries is 9 per 100,000 individuals.

For more details on the data of each health authority, see attachments.

Challenges

Through studying the current situation and analyzing mental health services and the resources available to provide these services using the World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS), it is found that there is a number of challenges related to formulating, developing and implementing policies: (A detailed version of the questionnaire will be attached after filling and sending it by the rest of the concerned authorities.)

1. The absence of a unified and effective national policy on mental health:

There is a number of different authorities for the administration of mental health in the Country under different entities, but there is no unified national policy to unify such efforts, and there is no mental health unit within the primary health care department in MOHAP, noting that there is a unit in hospitals administration.

2. Poor coordination between the various health authorities in the Country:

The contribution, alignment and coordination of all health authorities in the Country is necessary for the development of the national mental health policy: The Ministry of Health and Prevention, Dubai Health Authority, the Department of Health-Abu Dhabi, Sharjah Health Authority, Military Medical Services, the Private Sector, University Hospital Sharjah.

3. Lack of financial resources allocated to mental health:

The lack of a specific, clear and sufficient budget allocated to mental health services. Ensuring the provision of a budget allocated to mental health is essential to achieving an effective and sustainable health system.

4. Social stigma against mental illness and psychological service recipients and providers:

Social stigma against mental illness and lack of awareness of mental illness may prevent or delay treatment for psychiatric patients. The negative perception towards beneficiaries of psychological services leads to a lot of discrimination in various fields, including work and education, and may impede their integration into society. This perception of mental health service providers may also discourage the attraction of expertise in areas of work related to mental health.

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towards recovery, ensuring the continuity of care and recovery and including the rehabilitation of beneficiaries from the services in such areas at the personal, social and professional level. This facilitates their integration into society, reduces relapse, reduces long and permanent stay in mental hospitals, and enhances the role of families in the provision of care. Any recent approach based on a more comprehensive basis shall be applied to ensure well-being.

17. The absence of a database of mental disorders in the Country:

The absence of a clear database for the prevalence of mental disorders in the Country (in the governmental and private sectors) in order to provide the required data for officials and decision-makers for formulating policies, budgeting and the required manpower in this field.

18. The lack of scientific research in mental health in the Country

Supporting scientific research in mental health at the Country level is considered one of the basic factors for developing services in this field in proportion to the real needs of the UAE society, which necessitates supporting scientific research in this field.

19. Limited mental health promotion programs in penal institutions.

20. The limited availability of specialized psychological services for age groups and special needs, such as specialized psychological care services for children, the elderly, people with disabilities, oppressed women, and training groups in the armed forces.

21. There are no post-treatment services and daycare services.

22. The limited presence of NGOs to support families of mentally ill patients.

23. Poor empowerment of the role of mentally ill patients and their families. In general, lack of provision of social support and community services for mentally ill patients.

24. Addiction is one of the biggest challenges in the field of mental health, along with the existence of a sufficient number of addiction centers.

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Policy Implementation Procedures

Objective 1: Enhancing the effectiveness of the leadership aspects of mental health

Procedures and their implementation options:

Policies and Laws: Developing, promoting, updating and implementing national policies, strategies, programs and legislation related to mental health in all relevant sectors in a manner consistent with the available data, best practices and agreements on the rights of persons with mental disabilities, other international human rights laws ratified by the Country and relevant national laws.

The main work areas include: Formulating a policy to promote mental health, developing mental health legislation, and enhancing funding for mental health services in the Country.

- Establishing an organizational unit at the level of senior management or an efficient coordination mechanism concerned with mental health in the Ministry of Health and Prevention. The unit will be responsible for strategic planning, needs assessment, multi-sectoral cooperation, and service evaluation, along with emphasizing on the importance of establishing psychological units commensurate with the tasks required to develop the mental health services, to be managed by specialized and experienced staff in health authorities;
- Enhancing awareness at all national levels on mental health issues, strengthening the protection of psychiatric patients' rights, along with the possibility of preparing briefs to introduce policies in this field, and recommending the organization of courses for developing leadership skills in the field of mental health and other effective means;
- Inclusion of mental health in all policies and strategies of the health sector, education sector and community services sector;
- Reviewing the mental health legislation to ensure its response to the modern concept of mental health care and updating it, if necessary, to ensure keeping up with this concept.

Resource planning: Developing plans according to the systematically estimated need and allocating a budget in all concerned sectors, commensurate with the specific human resources and other resources necessary to implement plans and procedures for developing the agreed mental health services based on data and evidence, through:

- Establishing mechanisms to assess and calculate the cost-effectiveness of mental health in the health sector and other related sectors, such as education, employment and social services;
- Determining the necessary budget at the planning stage to conduct specific, appropriate and cost-effective activities in order to ensure implementation;
- Involving with other stakeholders to strongly call for a greater allocation of resources to mental health services, including the necessary human resources.

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Vision:

Developing and upgrading mental health services to world-class levels in accordance with an effective system, in partnership with the concerned authorities to provide comprehensive (preventive, curative and rehabilitative) psychological services at all levels of health care and to be accessible to all people.

Objective:

Developing a multi-sectoral national framework to promote mental health in the United Arab Emirates.

Values and Guidelines:

The National Policy for the Promotion of Mental Health must follow a human rights-based approach, in line with the National Health Strategy that relies on a set of values and guidelines emanating from the social, cultural, economic and civil rights of all people. Therefore, this Policy seeks to respect and promote the following values and principles that form its pillars:

➤ Independence

All services will ensure respecting and enhancing independence and self-sufficiency for people with mental disorders and their caregivers through openness and frankness in providing information, respect in interaction between individuals, and empowerment and partnership in planning services and ensuring their accessibility.

➤ Engagement

All concerned people, including persons with mental disorders and their families, will contribute as fully-competent partners in the formulation, legislation, development, provision and evaluation of mental health services.

➤ Empowerment, fairness and acceptance

All concerned individuals will be empowered through ensuring their right to obtain facilitated and accessible services independently, removing the stigma of mental disorders against them, and providing them with more comprehensive services, involving the user, the breadwinner or the caregiver. In particular, all beneficiaries of mental health services will have appropriate control over their life events. They will be provided with the chance to make health decisions, obtain appropriate resources and information, and be able to select from the available options that suit them so that they all get equal access to opportunities and services compatible with their various needs according to their health status.

➤ Integration

In addition to the specialized services in the field of mental health provided by specialized psychological care facilities, it is more effective to work to ensure that primary health care services include basic mental health services to ensure integration between the various levels of health care in the Country.

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➤ Quality

The entire mental health system will be revolving around quality, through providing high-quality mental health services that are consistent with national and international standards and evidence-based practices, adopting a responsive regulatory approach, developing the competencies of mental health professionals, and maintaining accessibility, comprehensiveness of services and continuity of care.

Objectives and work areas:

The objectives and work areas of the National Policy for the Promotion of Mental Health are in line with the World Health Organization's Global Comprehensive Mental Health Action Plan 2013-2020, the proposed framework for the promotion of mental health services in the Eastern Mediterranean region, and the objectives of the Arab Gulf plan, taking into account the recommendations adopted in the workshop held in cooperation with the World Health Organization, the various health and non-health concerned authorities in the Country, and the meetings that have been organized with various concerned authorities mentioned. These objectives include the following:

1. Enhancing the effectiveness of the leadership aspects of mental health;
2. Developing, strengthening and expanding comprehensive, integrated, and socially-responsive mental health services for UAE patients of all categories and ages;
3. Strengthening multi-sectoral collaboration to implement mental health promotion policy;
4. Promoting the prevention of mental disorders for people of all ages;
5. Strengthening capacities, improving information systems, collecting, using and activating data, and conducting mental health research to develop its services.

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Objective 2: Developing, strengthening and expanding comprehensive, integrated, and responsive mental health services for UAE society;

Procedures and their implementation options:

Reorganizing services and expanding coverage: Applying a systematic process for transferring health care centers, if needed, away from mental clinics where patients stay for extended periods of time, in cases that require so, to facilities that provide primary health care services with an expanded coverage. This process will include the use of gradual healthcare principles, as appropriate, to deal with priority cases and use a network of interconnected community mental health services, including the provision of healthcare for inpatient staying for short periods, outpatient in public hospitals, and primary health care, and providing comprehensive psychological health service centers, daycare centers, and support centers for people with mental disorders who live with their families, through:

- Providing outpatient mental health services and developing inpatient mental health units in mental health hospitals;
- Establishing community mental health services, including awareness services, home care and support services, emergency care, and community-based rehabilitation;
- Establishing psychological and social rehabilitation care houses, including post-treatment residential houses and daycare centers;
- Establishing mobile teams (medical caravans) for multi-disciplinary community mental health to support people with mental disorders, their families and their caregivers in the community;
- Establishing specialized medical teams for cases requiring admission to the emergency and internal departments (Crisis Intervention Team);
- Inclusion of mental health in programs of specific cases, such as maternal and reproductive health programs;
- Encouraging service users and their family members/ caregivers with practical experience to work in peer support;
- Supporting the establishment of community mental health services run by NGOs, social and religious organizations, and other community actors, including self-help and family support groups;
- Requiring the inclusion of mental health services and basic medicines needed to treat mental disorders in health insurance systems and providing them for needy categories;
- Reorienting services to advance community-based and integrated mental health services for the community, focusing on and adapting to its needs through a recovery-centered approach (such as WHO pyramid for optimal mix of services for mental health, Attachment 1);

Integrated and Responsive Care: Integrating and coordinating prevention, promotion, rehabilitation, care and support services aiming to meet the mental and organic health needs of people with mental disorders of all ages and to facilitate their recovery as a part of public health and social services through the developing treatment programs and recovery plans that depend on their needs, through:

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5. Lack of human resources and workforce in mental health, along with unavailability of psychiatry specializations:

The number of professionals and specialists in mental health, including psychiatrists, mental health nurses, psychotherapists, social workers, and occupational therapists in the United Arab Emirates is limited. Specializations in the field of psychiatry are also rare, such as psychologists, counselors, mental health nurses, child psychiatrists and occupational therapist.

6. The multiplicity of nationalities residing in the Country and unavailability of direct communication channels (unavailability of psychiatrists speaking the same languages or a translator) is one of the challenges. The presence of a large community working in the Country and residing without their families (as a category of workers) represents another challenge.
7. Lack of balanced distribution of mental health services:

The mental health services that are currently available are not geographically distributed in a balanced manner all over the UAE.

For example, inpatient care services at the Ministry of Health and Prevention are currently available at Al Amal Psychiatric Hospital in Dubai, the National Rehabilitation Center in Abu Dhabi, Department of Psychiatry at Ras Al Khaimah Hospital, Rashid Hospital (Dubai Health Authority) and a number of hospitals in Abu Dhabi and Al Ain.

On the contrary, inpatient care services for children and adolescents are only available in the Emirate of Abu Dhabi. No specialized services for the elderly and people with disabilities and educational difficulties are not available in several places. Moreover, community mental health services are only available in the Emirate of Abu Dhabi and to a limited extent in Rashid Hospital, Dubai.

8. Limited availability of educational and training opportunities:

Clinical training in the field of mental health for students from colleges of medicine, nursing, occupational therapy, psychology and social work is limited to psychiatric hospitals and psychology departments due to the limited number of community mental health services in primary care, which negatively affects the skills of the graduates of such colleges in the field of community psychological service and preventive psychological services.

It is also noted that the period of clinical training for mental health or psychiatry is short; (two weeks) for students, compared to other branches of medicine. Moreover, medical interns are not obligated to be trained in psychiatry during the internship period, which reduces the psychiatrists' skills and competence in diagnosing and dealing with mental disorders, noting that 30% - 50% of health centers' visitors suffer from psychological symptoms according to the results of recent studies.

Furthermore, there is also no psychiatry in the Arab Board (unspecified)

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- Encouraging health service providers to link people to services and resources provided by other sectors within the framework of other care services (for example, directing them to bodies that provide livelihood, education and employment opportunities);
- Providing the basic medicines needed to treat mental disorders at all levels of the health system, ensuring their rational use along with the safety of patients, and allowing non-psychiatric health service providers but having adequate and certified training in accordance with specific controls set by each concerned entity to prescribe such medicines;
- Providing people who have experienced troubled times and incidents, including incidents of domestic violence, with services and programs that help them overcome the mental trauma, promote recovery and resilience, and avoid exposure to other mental traumas;
- Implementing interventions aimed at managing family crises and providing care and support for families and caregivers at the level of primary health care services and all other services in cooperation with other concerned sectors;
- Applying quality standards to evaluate mental health and social care services provided to patients, whether inside or outside the health facility, and improve the quality of such services;
- Encouraging volunteer work for people who are willing to participate in providing assistance to patients suffering from mental disorders;
- Urging for the provision of basic mental health care services in large industrial and professional establishments that employ a large number of workers.

Human resources development: Increasing the knowledge and skills of health service providers, specialized and non-specialized in psychiatry, in order to be able to provide mental health and social care services through the inclusion of mental health in the undergraduate and postgraduate curricula and though providing training and directing health professionals working in this field, especially in non-specialized facilities, so that they can identify people with mental disorders and provide them with appropriate treatment and support, as well as referring patients to other levels of care, if needed, through:

- Developing and implementing a strategy to build and improve capacities of a group of human resources and maintain such strategy to provide mental health and social care services in non-specialized health facilities, such as primary health care centers and public hospitals;
- Cooperating with universities, colleges and other relevant educational institutions to introduce and compel the inclusion of mental health in the undergraduate and postgraduate curricula;
- Improving working conditions, salaries, and career progression opportunities for mental health professionals and workers to attract and retain workforce.

Objective 3: Strengthening multi-sectoral collaboration to implement mental health promotion policy

Collaboration among stakeholders: Involve the stakeholders from all concerned sectors, including people with mental disorders and their caregivers and family members, in developing and implementing policies, legislation and services related to mental health through applying a formal mechanism, through:

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- Involving and interacting with representatives of all relevant sectors and concerned stakeholders and obtaining consensus when planning or developing health-related policies, legislation and services, including exchanging information on effective mechanisms to improve policy coordination and care services across governmental and non-governmental sectors;
- Encouraging and supporting the establishment of independent local and national associations representing people with mental disorders and psychosocial disabilities, and encouraging and supporting their effective participation in developing and implementing mental health policies, legislation and services;
- Building local capacities and raising awareness on mental health and legislation related to patients' rights among the groups of concerned partners, including raising awareness on their responsibilities regarding the implementation of policies and legislation.

Objective 4: Promoting the prevention of mental disorders for people of all ages

Procedures and their implementation options:

Identifying vulnerable groups in society to promote the measures taken to protect them from mental disorders:

Proactively identifying and providing appropriate support to groups who are particularly vulnerable to mental illnesses and who at the same time suffer from difficult access to services, through:

- Identifying and evaluating the needs of different social and demographic groups in society;
- Assessing the obstacles facing “vulnerable groups” in obtaining treatment, care and support;
- Developing a strategy to target these groups and providing services that meet their needs.

Promotion and prevention in mental health: Developing a multi-sectoral strategy that combines comprehensive and targeted interventions aimed at promoting mental health and preventing mental disorders; reducing stigma, discrimination and human rights violations, and integrating such strategy into national legislation to promote public health, through:

- Increasing community knowledge and understanding of mental health, through awareness programs and media campaigns to reduce stigma and discrimination and to promote the rights of mental patients, as well as enabling families to early detect cases with psychological disorder and expedite their referral to a specialist psychiatrist;
- Including mental health in antenatal and postnatal care for new mothers in health facilities, including providing them with training in maternal skills;
- Providing early childhood development programs that focus on cognitive, sensory, kinetic, and psychosocial development for children, as well as the promotion of healthy relationships between children and their families;
- Establishing school promotion and prevention programs, including: Life skills development programs, and anti-bullying and anti-violence programs, and raising awareness on the benefits of following a healthy lifestyle, the dangers of substance abuse, and the importance of early detection and intervention for children and adolescents who show behavioral disorders;

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- Implementing programs to prevent and respond to domestic violence, including paying attention to substance abuse-related violence;
- Implementing programs to prevent and respond to sexual abuse, and take the necessary measures to prevent it;
- Promoting safe and supportive working conditions, along with carrying out organizational improvements at work, providing training programs for managers in mental health, holding stress management courses, and providing health maintenance programs in the workplace;
- Promoting work-participation and back to work programs for people with mental and social disorders;
- Promoting the use of social media in promotion and prevention strategies;
- Developing detailed policies under the National Policy for the Promotion of Mental Health for the most vulnerable groups in society.

Strengthening efforts in prevention, treatment, rehabilitation and provision of aftercare for cases of substance abuse and psychotropic substances

Strengthening efforts in the field of prevention, treatment, rehabilitation and provision of aftercare for cases of substance abuse and psychotropic substances, through:

- Developing and implementing a strategic plan aimed at raising awareness on the dangers of narcotic drugs and their negative effects on society, along with focusing on the most vulnerable groups such as students and adolescents;
- Developing and implementing a strategic plan aimed at educating parents, decision-makers and health service providers and enhancing their role in preventing substance abuse and psychotropic substances;
- Providing scientific treatment programs based on cases experienced spells of substance abuse and psychotropic substances;
- Establishing the necessary treatment centers all over the Country to cover needs, as appropriate, and enhance their accessibility;
- Providing a national database and a surveillance system that can monitor the status of narcotic drugs and psychotropic substances in the Country, such as patterns of abuse, demographic information of patients, crimes and deaths related to narcotic drugs;
- Reviewing and updating the laws on misuse of narcotic drugs and psychotropic substances in the Country in coordination with the concerned authorities;
- Coordinating with the concerned authorities in the Country for re-inclusion of narcotic drugs and psychotropic substance abusers into society and provide them with educational, training and work opportunities;
- Providing treatment and care services to narcotic drug and psychotropic substance abusers at penal and correctional institutions and juveniles houses and ensuring sustainability of drug control through models developed in cooperation with the judicial authority and criminal justice systems.

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9. Limited integration of mental health into primary health care services:

Mental health services in the Country heavily rely on specialized care in psychiatric hospitals and psychiatric departments in public hospitals rather than integrating them with cost-effective primary health care services and community care.

The current system allows non-psychiatrists to prescribe controlled psychiatric medicines, such as some antidepressants, for a period of 30 days only, and it is not allowed to re-prescribe the same medicines, which poses difficulty in providing psychological services in primary health care.

10. Lack of effective coordination within and between sectors.

Lack of communication and effective coordination between primary health care and specialized psychological departments, especially in community mental health services, and awareness and preventive services.

Moreover, there is no coordination between several providers of mental health services and other service sectors (especially the Ministry of Community Development, the Ministry of Human Resources and Emiratisation, the Emirates Association for Social Development, and Human Services and Associations). This poses a challenge to the provision of comprehensive care and continuous treatment for patients suffering from mental disorders. Moreover, lack of coordination does not facilitate filling gaps in mental health services, rather it causes duplication of services.

11. Updating mental health legislation:

There is an existing law on mental health in the Country, but its provisions need to be updated for better support of mental health. In the meantime, the Ministry of Health and Prevention, in coordination with relevant partners, is updating the law to be compatible with the modern developments.

12. Unavailability of some psychiatric medicines:

Most of psychiatric medicines are not available in primary health care services. Moreover, some essential medicines in specialized care are not consistently and continuously available.

13. The existence of some violations in the private sector regarding the prescription of controlled and semi-controlled medicines.

14. Weak health education programs related to mental health.

15. Health insurance services do not include mental illnesses in most cases.

16. Lack of consensus as to a mental health model among mental health professionals.

There is a difference between the models used among mental health professionals, as most of them still adopt the traditional biological approach and a few apply the modern bio-psychosocial approach, which is considered to be more comprehensive.

The traditional model of care does not facilitate the establishment of multidisciplinary teams in mental health services and focuses mainly on the role of psychiatrists in hospitals. The evidence-based bio-psychosocial approach follows up patients' treatment and rehabilitates them in their environment to treat both biological and psychological causes. It is a holistic model that is oriented

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Objective 5: Strengthening capacities, improving information systems, collecting, using and activating data, and conducting mental health research to develop its services

Procedures and their implementation options:

Information systems development: Including mental health in the routine health information system and identifying basic mental health data sorted by gender and age, routinely comparing and reporting it, and using it to improve mental health service delivery processes and mental health promotion policies and mental health disorder prevention, through:

- Establishing an effective surveillance system to monitor mental health, along with ensuring that records are sorted by demographic status and other relevant variables;
- Inclusion of mental health informational needs and indicators, including risk factor and disability, within the national population survey and health information systems;
- Inclusion of mental health indicators within the information systems of other sectors.

Enhancing data collection and research: Improving research capacity and academic cooperation with regard to national priorities for research in mental health, especially applied research directly related to the development and implementation of mental health services, through:

Establishing national priority research programs in mental health based on consultations with all stakeholders, through:

- Improving research capabilities that are needed to assess needs, services and programs;
- Promoting cooperation between universities, institutes and health service providers in mental health research;
- Promoting cooperation between national, regional and international research centers to facilitate multidisciplinary exchange of research and resources between countries and establishing international cooperative links within and outside the GCC States;
- Collecting and analyzing already existing (previous) research on mental health (such as services, epidemiological, biological and genetic features, policies, programs, economics, psychological and pharmacological interventions) in order to enrich the database that is needed for planning for services and identifying future priorities in research;
- Encouraging high ethical standards in conducting mental health research to ensure that research is not conducted without obtaining the free and informed consent of the concerned person, and that research is not conducted if it poses harm or potential danger. Moreover, an independent ethics committee that works in accordance with national rules and standards must approve all researches;
- Promoting and assisting dissemination of research on mental health internationally and nationally;
- Allocating a budget for research on mental health, especially research directly related to the development and implementation of mental health services.

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Attachment 1:**Figure No. 1: The WHO pyramid for optimal mix of services for mental health (61)**

Low	Formal Services	Long-term accommodations and specialized psychiatric services		Self-care	High
Frequency of Needs		Community mental health services	Psychiatric services in public hospitals		Costs
		Mental health services in primary healthcare			
	Informal Services	Informal community care			
		Self-care			
High	The volume of necessary services				Low

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Key Partners of Policy Development:**Department of Public Health Policies, Public Health Policy and Licensing Sector, the Ministry of Health and Prevention**

- Other concerned departments in the Ministry of Health and Prevention: Hospitals, Healthcare Centers and Clinics Sector
- Dubai Health Authority
- The Department of Health-Abu Dhabi
- Sharjah Health Authority
- The National Rehabilitation Center
- Ministry of Cabinet Affairs, Health Policy Department
- Ministry of Community Development
- Ministry of Interior

#Stamp of the Ministry of Health and Prevention, Department of Public Health Policies, UAE#

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