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MENTAL HEALTH POLICY SUPPORT, NEEDS & RESOURCES IN THE UNITED ARAB EMIRATES

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Even the best health systems are confronted by the significant human and financial consequences of child mental health concerns. Despite recent improvements, the health care system is still unprepared to tackle this issue. The study's purpose was to give policy recommendations for dealing with childhood mental disorder in the UAE.
We conducted a desk review to uncover the root causes of the issue and offer appropriate policy solutions. To address governance, budgetary, and service delivery concerns, three policy options were recommended: ICT, integrated service systems with targeted capacity training, and school-based health clinics. Different barriers and solutions have been identified at various levels. Promoting children's mental health requires continuous progress review, identifying policy gaps, and implementing evidence-based therapies.

"The secondary association between mental problems and unhealthy behavior leading to communicable and non-communicable diseases, further adding to treatment expenses, is predicted to cost the world economy roughly US$1 trillion each year."

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Abstract

As a result of the enormous human and financial costs of child mental health issues, even the strongest health systems are challenged. Despite recent advancements, the health care system is still ill-equipped to handle this problem efficiently. The study's goal was to provide policy suggestions for dealing with mental illness in children in the United Arab Emirates.

In order to determine the scope of the problem, we did a desk review to identify the underlying causes, and recommend relevant policy choices to solve this issue. Information and communication technologies, integrated service systems with targeted capacity training, and the construction of school-based health clinics were the three policy solutions that were recommended to address governance, financial, and service delivery issues. At various levels, a variety of obstacles and potential solutions have been discovered. Continuous progress evaluation, the identification of policy gaps, and the implementation of evidence-based treatments are all critical to ensuring that children's mental health is promoted.

Background & Policy Issues

If left untreated, children with mental health illnesses suffer significantly in growth, educational achievement, and the ability to live happy and productive lives. They have more excellent rates of suicide, drug addiction, smoking, and educational impairments. These problems persist into adulthood, resulting in higher medical expenditures and employment impairment, and negative consequences for the family and community [1]. Depressed adolescents negatively assess their overall health and utilize medical services excessively [2]. Furthermore, children who already have a chronic condition are more likely to develop sadness and anxiety, all of which contribute to the already heavy strain on health care systems.

Mental health issues affect up to 20% of children and adolescents worldwide, with half developing by 14 and three-quarters by their mid-20s. In adolescents aged 10 to 24, neuropsychiatric problems account for 45 percent of YLD. According to research, depression affects between 17% and 22% of UAE adolescents [3, 4]. Up to a third of children with chronic conditions have sadness or anxiety symptoms. With 2.8 suicides per 100,000

inhabitants, the UAE ranks 170th globally in terms of suicides [5, 6], with expatriates having a rate seven times that of natives [7].

Mental disorders are estimated to cost the global economy around US$1 trillion per year due to lower labor productivity and participation rates [8], as well as the secondary relationship between mental disorders and unhealthy behavior, which contributes to communicable and non-communicable diseases and increases treatment costs. To estimate this burden, there is little information from the UAE.

Poor socioeconomic position, a big family, stressful life events, bullying, low self-esteem and lack of social support, being a woman, and having a chronic disease were all identified as risk factors [3, 4, 9].

According to data from the UAE Federal Competitiveness and Statistics Centre, almost 35% of the population in the UAE is under the age of 24. Despite this high percentage and a growing body of knowledge about the frequency and consequences of mental health issues in children, no child mental health policy or set of treatment recommendations exists.

Methodology

We did a desk study of existing local and international policy papers and publications, with an emphasis on systematic reviews, in order to quantify the issue in the UAE, analyze current practice and policy, identify gaps, and provide policy choices to close those gaps. Possible hurdles for each policy choice were identified and mitigation strategies were specified, following the directions for policy brief formulation provided by the Knowledge2Policy centre at the American University of Beirut.

Underlying factors

Child mental health policy was reviewed in the areas of governance, funding, and service delivery based on the guiding document, with the following gaps identified:

Governance

The UAE government has launched several projects to enhance access to mental health treatments and support for Emiratis and expatriates and as decreasing the stigma associated with mental illness. The National Mental Health Policy for 2019 lists five goals:

1. Improving the efficacy of mental health promotion 2. Developing, enhancing, and extending comprehensive, integrated, and responsive mental health care for patients of all ages
3. Improving cross-sector cooperation in the implementation of mental health promotion policies
4. Promoting mental health prevention for persons of all ages
5. Developing their services through strengthening capabilities, developing information systems, and performing mental health research.

While this policy gives general governance recommendations and refers to children as "people of all ages" who should be addressed, there is no distinct part in the policy or an independent policy that addresses the mental health of children and adolescents.
In 2015, the Supreme Council for Motherhood and Childhood and UNICEF developed the Anti-Bullying Program in Schools, which was implemented in 36 public and private schools around the country.

Federal Laws 28 and 29 were approved in 1981 and updated in 2008 to cover malpractice, a portion of a proposed federal law addressing minors, and the Child's Rights Law - also known as Wadeema's Law - which was prepared in 2012 and debuted in 2016. While the new regulations provide families more control over treatment decisions, they also extend the role of social workers, allowing them to take on additional obligations and lessen the load on the family [10]. These regulations cannot operate in isolation from the current workforce size, and eligible persons must be trained and hired in tandem with the legislation requiring them to serve.PHC system in Iran is being structured through the Ministry of Health and Medical Education (MOHME) and the Universities of Medical Sciences (UMS). That being said, the system is almost entirely limited to the government, and no significant partnership exists from the private and other public sectors. Therefore, the governance of the PHC system belongs to the MOHME, and any activity addressing the PHC-related problems should be implemented by the government.

In this respect, upstream governance documents about health are as follows:
1) 5-year development plans that reflect the government's general policies. For example, article 32 of the 5th development plan focuses on providing equitable and affordable access to health services through PHC and prioritizes the benefits for rural and sub-urban areas.

2) Health Transformation Plan, launched in 2014, focuses on PHC to improve access to care and reduce financial hardship. The plans and projects that are prioritized to be implemented through HTP include but are not limited to the following areas:

- Providing health services to rural, suburban, and urban areas
- Providing emergency services and
- Developing service packages
- Empowering the PHC networks in the whole country
- Enhancing the information system
- Capacity building for managers
- Improving health literacy
- Having a partnership with the education centers

Financing

The great majority of UAE residents – about 80% – are expatriates who depend on health insurance to seek healthcare and have substantially higher rates of mental illness. Evidence suggests that excessive patient cost-sharing is a substantial barrier to receiving therapy and that insurance companies do not adequately pay for mental health services [11]. Copayments by insurance providers vary depending on the kind of insurance plan selected, ranging from 0% in basic procedures to 6–12% for full or partial coverage in enhanced policies. Expatriates also have no access to nonprofit or community-based neuropsychiatric care; instead, they must rely on private facilities. As a result, Thiqa program participants mostly use psychiatric treatments that are entirely covered by their insurance. According to the National Mental Health Policy, all health insurance plans must provide access to mental health treatments and required mental health drugs. However, how this will play out remains to be seen.

Delivery

According to the WHO's Mental Health Atlas 2017, there are only 664 mental health practitioners servicing the country's population of nearly 9 million people [5]. There are 7.25 mental health professionals for every 100,000 people, divided into 1.65 psychiatrists, 4.37 nurses, 0.76 psychologists, and 0.36 social workers. There is no data on the number of child psychiatrists or other mental health professionals who work with children.

The lack of a licensing board, standards of practice, and professional associations to regulate the provision of mental health services and stigma, which contributes to malpractice and negative attitudes toward seeking professional psychological help [12], are all factors that influence demand for mental health services. Mental health literacy among various health practitioners in the UAE was shown to be inadequate in studies. There was a lack of diagnosis and awareness of evidence-based interventions and a high degree of stress among health staff [13]. There are also worries that the bulk of health professionals' training, based on a Western paradigm, may not be consistent with the UAE's culture and beliefs [14].

Policy Options & Recommendations

In general, there is a frightful paucity of literature on the exact magnitude and economic burden of child mental health in the UAE – in itself a problem. Between 1992 and 2019, around 153 studies were published on mental health in the UAE, the majority of which was on substance abuse and depression [15] and only a tiny fraction of which reported on child and adolescent mental health. Furthermore, studies on the prevalence of child mental health disorders conducted in schools and primary care centers may not accurately reflect the reality of psychiatric disorders in the community. The former would miss children who do not attend school. The latter would have a higher prevalence as these children participate in primary care clinics more than others [3]. Based on the above analysis, the following three policy options were developed [11-15]:

Policy Option 1- Information and Communication Technology

ICT in the form of mobile apps, telemedicine, internet-based screening and treatment and programs, and others support children and youth by providing assessment, diagnosis, treatment, and counseling in a comfortable and anonymous environment. Availability helps overcome structural barriers to seeking healthcare and saves time. For example, in the case of telemedicine, studies show that diagnoses and recommendations made by psychiatrists are mostly similar to face-to-face consults. There is generally higher compliance from more minor children and their families. Online treatment programs - specifically cognitive-behavioral therapy (CBT) - have significantly higher reductions in rates of anxiety and depression.

Mobile phone applications, in particular, allow real-time monitoring of symptoms and functions, enabling personalized early intervention and relapse prevention being an immediate, portable, accessible, and non-threatening self-monitoring tool. Two systematic reviews concluded that mobile apps for mental health showed a significant reduction in levels of stress, depression, and anxiety, as well as usability and feasibility of the apps [20].

There may be multiple barriers to implementing this option at the patient, professional and organizational levels. It may be difficult to engage young people and guarantee their adherence to follow-up, and they may have concerns about their privacy. The adequate design of the program is integral to mitigate these concerns by creating an attractive and easy-to-use interface with high built-in security to protect against hacking and voyeurism. Health professionals may also be concerned about substituting face-to-face sessions with virtual consults, either directly or through mobile apps. They will need proper education and training in using the different programs, updating notes, and communicating with patients and peers. Of equal importance is the regulation and monitoring of available programs to ensure their adherence to MOH regulations and evidence-based recommendations.

Policy Option 2- Integrated Service Systems and Targeted Capacity Building:

Integration of mental health into primary and community healthcare settings has been widely recommended and is referred to in the National Mental Health Policy. Adding to this, improved communication between different levels of care with the definition of clear referral pathways to minimize loss to follow-up and long waiting times is essential, establishing a collaborative approach to the identification, prevention, and management of mental health issues.

Furthermore, building capacity in child mental health it is vital, specifically by increasing training opportunities for health workers working with children and improving mental health literacy among all staff working with children. A mental public health approach should be adopted rather than targeting children already showing signs of mental health disturbance. Increasing awareness of the higher risk of mental disorders in children with chronic illnesses should also be promoted, as well as other risk factors, to prompt screening at all points of contact. Public mental health takes a population-wide approach to improve the mental health of the entire population, rather than focusing solely on children with

existing mental health problems. Training should also expand to the undergraduate and postgraduate levels.

Integrating mental health services into PHC would require raising patient awareness about the availability and importance of this service at this level. Educational material should be displayed in waiting areas, and the staff should engage with patients and their families to alleviate any concerns they may have. The perceived added burden to primary level health workers, however, may thwart attempts to integrate this service into the existing workload, and organizations may be equally reluctant to increase their budgets to provide training or allow days off. It would be pertinent to consider allocating funds specifically for these training purposes and providing incentives for the concerned staff.

Policy Option 3- School-based Health Centers:

School-based health centers (SBHCs) are considered to be one of the most effective strategies for delivering comprehensive primary and preventive services to young people, being available on-site for students. They can prevent school drop-out and risky behaviors, and include a range of services including mental health services, by offering screening and counseling, school-wide programs to promote positive development and peer-to-peer support, as well as collaborating with parents and healthcare providers. They are accessible to families, non-stigmatizing for students, and give access to disadvantaged youth.

SBHCs have the potential to reach adolescents considered high risk and provide early intervention. Students can discuss issues affecting them that contribute to mental health issues such as body image, psychological well-being, etc., as well as addressing bullying and violence through targeted action and prevention programs.

Barriers to implementing this option at the individual level include the reluctance of students to make use of this service to confidentiality concerns or embarrassment, so it is important to engage peer support and develop counselor training programs. Also, the already existing shortage of dedicated health professionals means that the allocation of trained staff to schools would be an added burden on the system. Therefore, SBHC could be opened in schools that are not close to a PHC center, reducing the required number of centers and staff, alongside the training of different health provider levels, task shifting, and clear and uncomplicated referral systems to specialized providers.

An ever-existing problem is funding and payment methods, especially for ex-pats. Cost-benefit analyses should be presented to policymakers with coordination with insurance companies to discuss options of integrating the service into existing packages. It is also important to engage both the school and the community/parents in the planning process of setting up the center by setting up a representational board to reflect the needs and concerns of the community and coordinate with authorities.

Conclusion

Regular review of progress in promoting child mental health in the UAE – and elsewhere in the world – is necessary to identify gaps in policy and service delivery that may be addressed with integrated, evidence-based interventions. The variable and multifaceted nature of factors influencing child mental health well-being requires that policy options be equally responsive and multileveled, with a critical approach to perceived barriers to adequately plan mitigation strategies, followed by further monitoring and evaluation, and so on. After all, its attainment is a process rather than a final destination.

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