

# NATIONAL MENTAL HEALTH POLICY 2015-2025

Draft 2014- Version 3



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## EXECUTIVE SUMMARY

### **INTRODUCTION**

The National Mental Health Policy marks a major milestone in improving the mental health of Maldivians. Mental health is an increasingly relevant issue with mental disorders contributing a significant disease burden in the Maldives. There are few mental health services in the country with fragmentation between available services as well as minimal preventive and health promotion efforts in mental health. The increasing need for a coordinated and planned approach to improve the mental health of Maldivians is clear.

### **VISION, PRINCIPLES AND OBJECTIVES**

The vision of the policy is

*“In Maldives, the mental wellbeing of people will be fostered with emphasis on prevention of mental disorders. People with mental disorders and their families will be treated with dignity and have access to quality care to promote recovery and flourish in the community, free from stigma and discrimination.”*

The guiding principles include: intersectoral collaboration, indivisibility of mental health and general health, community based care, use of life course approach, evidence based care, emphasis on religion and culture, protecting vulnerable populations, accessibility and equity, professionalism, and empowering people with mental disorders and their families.

The objectives of this policy include:

- i. Creating a robust governance structure for mental health with adequate financing for implementation of strategies.
- ii. Developing a comprehensive, responsive, quality network of community-based mental health services which are integrated to the general health services.
- iii. Preventing mental disorders and promoting mental health across the life course in collaboration with other stakeholder sectors.
- iv. Advocacy for better mental health and human rights of people with mental disorders at all levels of society and enshrine this in legislation, policies and plans.

### **PRIORITIES OF ACTION**

The following areas were identified as key priority areas for action.

#### **1) Leadership and coordination**

The National Mental Health Programme will be established and responsible for the guardianship and implementation of the policy. The National Mental Health Council will be formed with representation from stakeholders with technical and policy expertise to advise and guide the implementation of this policy.

#### **2) Financing mental health**

Funding is the key to successful implementation and government funds will be complemented by alternative funding sources to facilitate this. Full coverage of treatment and welfare assistance will be crucial to relieve the financial burden for people with mental disorders and their families.

### **3) Mental health prevention and promotion**

Mental health promotion and prevention of mental disorders is a cost-effective strategy from a population perspective. Mental health awareness campaigns are vital to educate public and other target groups. Developing mental health promoting strategies across life course (including early family life, in schools, during adolescence, in working life and old age) is essential. Other important strategies also include promoting spirituality, enhancing social cohesion and suicide prevention.

### **4) Developing comprehensive mental health services**

Development of comprehensive and accessible community based mental health services is the cornerstone of this policy. Treatment and care of mental disorders in services will be recovery oriented and holistic and systems for consistent availability of psychiatric medications and psychological treatments need to be established. Formal mental health services will be integrated with existing general health services and supported by specialist mental health services at Atoll and Regional levels. A specialist mental health unit will be developed in IGMH with multidisciplinary staff and inpatient services.

### **5) Addressing drug addiction**

Mental disorders and drug addiction are closely interlinked and co-morbidity is common. It is paramount that a National Drug Policy be developed to provide overall strategic direction to address this major national public health and social issue. Treatment for people with comorbidity will need to be specially targeted and services need to work together.

### **6) Advocacy, human rights and legislation**

Mental health advocacy will be crucial to bring the mental health agenda to the forefront for successful implementation. Mental health legislation will be drafted to protect the human rights of people affected by mental disorders.

### **7) Human resource and training**

Human resource is the most valuable asset in mental health services and needs to be developed. The training of primary care services and informal mental health services will be an important strategy to manage the human resources gap. Human resource training opportunities should be explored in local training institutions and overseas.

### **8) Quality improvement and monitoring**

Striving for quality in mental health will be incorporated into the policy. The development of a mental health information system will be an important and necessary. Monitoring and evaluation will be essential to ensure successful implementation.

## **THE WAY FORWARD**

It is crucial that a National Mental Health Strategic Plan be formulated to implement the National Mental Health Policy. Dissemination and advocacy for the policy is paramount and necessary to generate political and public support as well as funding. It will also be important to delineate the roles and responsibilities of different stakeholders, while working together. The implementation of the National Mental Health Policy will be the key to improving the mental wellbeing of the people, preventing mental disorders and establishing a quality, accessible, sustainable and humane mental health care in the Maldives.

## **GLOSSARY OF TERMS**

<b>Mental health</b>	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.
<b>Mental disorder</b>	Mental disorders comprise a broad range of health conditions that are characterized by alterations in thinking, mood, behaviour or some combination thereof associated with distress and/or impaired functioning.
<b>Mental health policy</b>	An organized set of values, principles, objectives and areas for action to improve the mental health of a population.
<b>Mental health plan</b>	A detailed pre-formulated scheme for implementing strategic actions that favour the promotion of mental health, the prevention of mental disorders, and treatment and rehabilitation.
<b>Recovery model</b>	An approach to mental health care and rehabilitation which holds that hope and restoration of a meaningful life are possible, despite serious mental illness. Instead of focusing primarily on symptom relief, as the medical model dictates, recovery casts a much wider spotlight on restoration of self-esteem and identity and on attaining meaningful roles in society.
<b>Stigma</b>	Stigma is an attribute about a person that causes her or him to have a deeply compromised social standing, a mark of shame or discredit

## **GLOSSARY OF ABBREVIATIONS**

<b>DRC</b>	Drug Rehabilitation Centre
<b>FHS</b>	Faculty of Health Sciences
<b>HPA</b>	Health Protection Agency
<b>HPSN</b>	Home for People with Special Needs
<b>HRCM</b>	Human Rights Commission of Maldives
<b>IGMH</b>	Indira Gandhi Memorial Hospital
<b>MHC</b>	Mental Health Coordinator
<b>MNU</b>	Maldives National University
<b>NGO</b>	Non-Governmental Organization
<b>NDA</b>	National Drug Agency
<b>UNDP</b>	United Nations Development Program
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children’s Fund
<b>WHO</b>	World Health Organization

## **CHAPTER 1: INTRODUCTION**

The National Mental Health Policy marks an important milestone in establishing the foundations for addressing mental health in the Maldives. This policy defines important strategic directions for improving the mental health of Maldivians.

### **1.1 DEFINING MENTAL HEALTH**

Mental health is one of the main dimensions of health and is defined by World Health Organisation (WHO) 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”<sup>1</sup>.*

Mental health can also be conceptualised as a spectrum with optimum mental wellbeing on one end and severe mental disorders at the other end. In this policy, mental health is interpreted broadly as per above definition. It includes mental health promotion strategies to optimise mental wellbeing and prevent mental disorders. There is also a major focus on developing comprehensive treatment services for people with mental disorders.



Figure 1: Spectrum of Mental Health

### **1.2 NEED FOR A MENTAL HEALTH POLICY**

There has been increasing global recognition of the importance of mental health and the significant global burden of mental disorders in both developing and developed countries. WHO has increasingly encouraged member states to develop national mental health policies and plans which is reflected in WHO Mental Health Action Plan 2013-2020<sup>2</sup>.

Mental disorders contribute to significant morbidity and disability in the Maldives with mortality relating to suicide an increasingly relevant public health. Mental disorders affect individuals and their families and impacts significantly on productivity, leading to poverty and hardship. Conversely, mental wellbeing has a significant positive impact on productivity which is of important economic relevance in terms of development.

Mental disorders include an important human rights dimension and people with mental disorders are a vulnerable population group. There is significant stigma and discrimination around mental disorders, which can lead to denial of basic human rights such as health, education, employment, housing, welfare services and other civil rights.

Mental health and wellbeing is linked to broader social issues such as domestic violence, child abuse, family disruption, educational failure, substance use, unemployment and poverty. These issues have important implications for the prevention of mental disorders and conversely, addressing mental health is important to tackling these broad social issues.

There is increasing evidence for cost-effective interventions and strategies for mental health promotion as well as prevention and treatment of mental disorders. There is significant scope for change for mental health in the Maldives and developing a national mental health policy is essential to provide the necessary direction and strategy.

The National Mental Health Policy brings this important issue to the forefront, allowing collaborative efforts between different sectors. This policy brings together an organized set of values, principles, objectives and areas for action to improve the mental health of the Maldivian population. It has been formulated for a period of 10 years and will be followed by the development of a 5 year strategic plan detailing the implementation.

### **1.3 DEVELOPMENT OF THE POLICY**

The development of the National Mental Health Policy in the Maldives has significant history behind it. In June 2005, the Ministry of Health initiated the process in the aftermath of the 2004 Asian tsunami. In November 2006, a stakeholder workshop was held and the process of drafting the policy was started. The work on the policy remained dormant for many years until 2011, when it was revised. Unfortunately, the policy failed to be fully endorsed due to subsequent political changes.

In 2014, there was renewed interest in the policy led by Health Protection Agency (HPA) of Ministry of Health. The project was revived with the assistance of WHO and multiple stakeholder meetings were undertaken to revise the existing draft. The participants in the meetings included government organisations, non-governmental organisations, private health providers, Maldives National University, Maldives Red Crescent, health professional associations and United Nations agencies. There were also consultations with people with mental disorders and their families as well as traditional healers and religious scholars.

### **1.4 ALIGNMENT WITH OTHER POLICIES**

The National Mental Health Policy is far reaching and it is extremely important that it aligns itself with other important policy documents across all sectors, especially those related to general health, disability as well as broader development and social policies. The National Mental Health Policy reflects the international best practice and human rights policy guidelines and conforms to the articles of international conventions such as the Convention on the Rights of Child and Convention on the Rights of Persons with Disabilities. It conforms to the Health Master Plan which is currently in the process of development. It also aligns itself with other related policies including School Health Policy, Domestic Violence Policy, Child Protection Policy, and Disability Policy. Furthermore, the National Mental Health Policy is in line with existing related Maldivian legislations such as Human Rights Acts, Child Protection Act, Domestic Violence Act, Disability Act, Social Protection Act and Drug Act.

#### **INTRODUCTION- Summary of key points**

- Mental health is defined broadly
- There is a significant need for a mental health policy in the Maldives.
- This policy is formulated for a period of 10 years and will be followed by a 5 year Strategic Plan detailing implementation.
- Mental health policy involves diverse stakeholders and aligns itself with key international conventions, local policies and legislations across sectors.



## CHAPTER 2: THE MALDIVIAN CONTEXT

### 2.1 COUNTRY PROFILE

The Maldives is a chain of Indian Ocean Islands comprised of 1,192 coral islands, of which 188 are currently inhabited<sup>3</sup>. Maldives is spread over a distance of 90,000 square kilometres with the land area comprising less than 0.5%. The country extends 820km across the equator and the width of the country at its widest point is 130 km.

The local population of the country is 341,256 out of which 133,019 live in the capital city, Malé<sup>4</sup>. Malé is an island with an area of about two square kilometres, making it one of the most densely populated places in the world. Maldivians are a homogenous population speaking one language (Dhivehi) and all are Sunni Muslims. However, this is changing with the increasing expatriate population and mixing of ethnicities. Maldives has maintained a high rate of literacy and currently stands to be about 98% among both men and women.

There is increasing strain on health, social and public services caused by continuing internal migration from other islands to Malé. In addition to the internal migration, there are more than 50,000 migrant workers in the Maldives<sup>4</sup>. Despite the high number of migrant workers, unemployment among the Maldivian population is high, especially among the youth.

Maldivian economy had shown a steady growth averaging 7% over the past decade with a real GDP growth of 3.7%<sup>5</sup>. The economy is highly dependent on tourism which accounts for almost 75% when counting direct and indirect income. Fishing, which is the second main industry, forms the only economic gain from exports. The country lacks land based natural and mineral resources which makes all economic production highly dependent on imports. The consistent growth led to the graduation of Maldives from a least developing country to a middle income country with implications for external development assistance to Maldives. Despite the economic growth, poverty gap remains an increasingly significant issue in the Maldives<sup>6</sup>. There have also been increasing concerns around the high levels of fiscal deficit which is threatening macroeconomic stability<sup>5</sup>. Many of the aspects in the country's economy present a challenging situation with vulnerability to external shocks.

In the past decade, the country has seen major transformations in governance with a new constitution ratified in the year 2008. The key changes in the Constitution include a presidential system with the separation of powers of the executive, judiciary and legislature, multi-party elections, decentralized governance and a bill of rights and freedoms for citizens. However, the democratic institutions are still in its infancy and the transition in governance has been erratic with political polarisation, corruption and instability. This has had significant implications in terms of the broader policy environment.

### 2.2 ORGANISATION OF HEALTH SERVICES

The public sector provides the largest share of the health system in Maldives and this is supported by a number of private health care providers, mainly providing curative, diagnostic and pharmaceutical services. The voluntary sector or Non-governmental organisations (NGOs) also makes significant contributions on specific health issues. While the public system extends to all inhabited islands, private and voluntary sector services are concentrated in Malé.

The health care delivery system of Maldives is organized as a tiered referral. At the basic level are the Primary Healthcare Centres (Health Posts and Health Centres) established in all islands without a hospital which are staffed by at least one doctor and primary health workers. At the secondary level, Atoll hospitals exist at atoll level, which are capable of handling obstetric and surgical emergencies. The Regional Hospitals (serving groups of 2-4 atolls), generally provide secondary level curative services with major specialties supported by laboratory and radiological investigations. The Atoll and Regional Hospitals have separate primary health care units in addition to curative services. The Central level or tertiary care comprises of the tertiary referral Hospital, Indira Gandhi Memorial Hospital (IGMH) based in Malé. Primary health care in the Malé region is less prominent and is delivered by a separate primary health care centre. In 2014, there were 20 hospitals (IGMH, the tertiary hospital, 5 Regional hospitals and 14 Atoll hospitals) and 169 Primary Healthcare Centres. In 2014, the current government has started piloting a general practice led primary care system as gatekeepers to the public health system.

Ministry of Health is responsible for formulating overall health policy and plans as well as regulating, monitoring and evaluating the health situation. The Health Protection Agency (HPA) is responsible for monitoring the population health services at all levels. The government is committed to improving the health services in the country and improving accessibility. However, the dispersed islands pose challenges to logistic management, particularly in providing necessary supplies and equipment, assuring quality services and regular maintenance. Furthermore, as there are no public pharmacies and due to diseconomies of scale it is difficult to sustain private pharmacy services in smaller islands. In 2014, the current government has entered into a partnership with the State Trading Organisation to outsource the supply of medications and medical supplies and it is hoped that this will improve the availability of medications in the outer islands.

During 2009, associated with transition in governance and political context, major changes were brought to the health system with corporatisation of the public healthcare delivery from single coordinated system to six separate bodies. The system was reorganised again in 2012 into a single system, but has not yet recovered from the losses and instabilities associated with the changes. These changes have led to a decline of quality in health care delivery and increased loss of public trust in the health system.

Spending on health is high in Maldives when compared to other countries in similar developmental situations. In 2009, a universal social health insurance scheme was established which has undergone a number of policy changes. There have been increased concerns about the sustainability of this scheme due to over-utilisation, absence of gatekeepers, inefficient use of resources and poor public awareness.

The Maldives has seen a rapid increase in health care professionals in the last 20 years due to expansion of health services. There are local training programmes for nurses and primary healthcare workers, but not doctors. There continues to be a significant expatriate workforce amongst health professionals, especially among doctors and nurses, which raises difficulties in workforce retention, especially in rural areas.

## **2.3 PREVALENCE OF MENTAL HEALTH PROBLEMS**

There is general paucity of research on mental health in Maldives with no recent studies addressing the mental wellbeing or the prevalence of mental disorders in the Maldives.

In 2003, Ministry of Health conducted a nation-wide survey to assess the magnitude of mental and neurological disorders<sup>7</sup>. This survey reported that more than 29.1% of the respondents reported that they had a mental health condition (with 22.3% reporting neurotic disorders, 1% reporting psychotic disorders and 6.1% reporting epilepsy). The study also reported that nearly 5% suffer from anxiety and depression and nearly 4% reported somatic symptoms. More than twice as many women suffer from anxiety, depression and somatic disorders. There has also been a trend of increasing suicides, particularly in the youth. However, no formal research figures are available.

Some research is available regarding gender based violence and mental health. The results of a survey done in 2006 on Women's Health and Life Experiences showed that more than 1 in 3 women (34.6%) aged 15-49 reported experiencing physical or sexual violence during their lifetime<sup>8</sup>. This research also showed that psychological distress for women who have experienced physical or sexual partner violence is significantly higher than for those not experiencing violence.

The National Drug Use Survey 2011/2012 revealed that the estimated number of drug users in the Atolls was 3,154 and the estimated number of drug users in Malé was 4,342; while the estimated prevalence for Malé and Atolls were 6.64% and 2.02% respectively<sup>9</sup>. However, it may be that the actual prevalence rates are higher. Most drug users appear to be concentrated in Malé, and the most common drugs used were opioids, cannabis and alcohol. The survey also showed that mental health problems were common in this population. Data on mental health problems among the drug users implied that about 15% in Malé and 9% in the atolls had been diagnosed with a psychological disorder<sup>9</sup>. More than a third of current drug users in Malé stated that they were affected by a mental problem.

## **2.4 MENTAL HEALTH SERVICES IN THE MALDIVES**

The mental health system in the Maldives is currently limited with poor organisation and coordination. In 2006, an assessment of the mental health system in the Maldives was made using the WHO Assessment Instrument for Mental Health Systems (WHO-AIMS) to collect information and develop mental health plans<sup>10</sup>. Unfortunately, not much has changed since then. There is still no central authority to oversee mental health in the Ministry of Health and no mental health policy, plan or legislation exists. There is a dearth of trained mental health workforce in the country and this was reported as 4.48 mental health professionals per 100,000 population in 2006<sup>10</sup>. While there is some mental health training at local institutions for nurses and primary healthcare workers, this is limited with little practical emphasis. In terms of financing, there is no separate financing for mental health care, but psychiatric treatment and medications are covered by the social health insurance scheme. Some financial assistance for chronic mental health problems in childhood and intellectual disability is funded by the State. However, there is little financial assistance for disability associated with chronic psychiatric disorders currently.

Most of the mental health services are concentrated in the capital Malé, with minimal services in the outer islands. There are psychiatric and psychological services in the private sector. IGMH provides public mental health services, mainly in the form of outpatient psychiatric clinics. There are 4 psychiatrists in IGMH with one local psychiatrist. There are no specialist psychiatric nurses, psychologists, psychiatric social workers or occupational therapists in IGMH. The inpatient service for psychiatric patients at IGMH is very limited as there are very few beds allocated for psychiatric admissions (currently 6) with no psychiatric ward. Over the past year, there have been psychiatrists posted at the Regional Hospitals which is a major improvement for mental health services in the outer islands. However, there is little integration of mental health with the primary care level in the islands.

In terms of treatment availability, while most classes of psychiatric medications are available, their supply is often inconsistent and mainly available in Malé. While a system of availability psychiatric medications to registered psychiatric patients existed previously, this has largely disintegrated with the recent changes in the health system. There is no provision for psychological treatments in the public health system, even in Malé.

The current mental health services in the Maldives are not able to meet the clinical demands placed upon them, especially people living in the islands. The majority of people have to travel long distances to obtain basic services and the cost of travel is substantial. There is also an absence of a follow-up system for patients discharged to the community, which often results in hardship for patients and family members as well as unnecessary re-admissions due to preventable relapses. The social stigma associated with psychiatric disorders with the financial costs of unemployment and repeated hospital admissions, imposes a major burden on people with mental disorders and their families.

The Ministry of Law and Gender provides Child and Family Protection Centres in all the atolls to provide assistance in dealing with gender based violence and child protection. They also manage the Home for People with Special Needs (HPSN) which provides institutional care by the State for people with a range of physical and intellectual disabilities, mental disorders as well as also older people who cannot be cared for by their families. The current capacity of the centre is 169 persons and is staffed by a medical officer and two staff nurses with some outreach visits by psychiatrists from IGMH. There are significant difficulties with the functioning of the centre in terms of quality of care, rehabilitation and discharging residents back to the community. A case study conducted in 2013 found a number of areas in which the service at HPSN could improve in, including; human resources, training, clinical supervision, psychosocial intervention, information system, follow-up and community facilities to support discharged patients<sup>11</sup>.

Services for drug use are relatively better developed compared to general mental health services. The National Drug Authority (NDA) is the authority tasked with addressing drug abuse in the Maldives. The main Drug Rehabilitation Centre (DRC) provides residential care using the therapeutic community model. Clients discharged from the DRC are transferred to Malé for the community component of their rehabilitation, designed to help clients to re-integrate into their families and the community. With the introduction of the new Drug Act, sentencing for drug use offences are converted into mandatory treatment programmes. There continues to be significant challenges in addressing substance, in terms of managing supply reduction, prevention efforts as well meeting the demand for effective quality treatment opportunities for rehabilitation.

There are little formal efforts in terms of mental health promotion and prevention of mental disorders. The Health Protection Agency (HPA) does conduct mental health awareness programmes sporadically. However, the level of awareness around mental wellbeing and mental disorders is generally poor with significant stigma and discrimination of people with mental disorders. It is a positive step that mental health is gradually being incorporated into the school health programme. There are also important policy directives by the Ministry of Education in terms of child protection and inclusive education.

The voluntary sector and NGOs has continued to provide an important contribution to mental health services delivery as well as mental health promotion. There are many NGOs working on different aspects of mental health. Some of the NGOs that are active in this regard include: Society for Health Education (SHE), CARE Society, Maldives Autism Association, Beautiful Eyes Down Syndrome Association, Journey, Open Hand, Aged Care Maldives and Hand in Hand. Maldivian Red Crescent and its predecessors have also been very active in the training and provision of psychosocial support. It is of note that there are no NGOs in Maldives representing people with mental disorders or their families currently. However, recently, a new NGO Mental Health Awareness Foundation (MHAF) has been established.

The traditional healers and religious leader form an important part of the informal mental health services. At the community service level, people with mental distress will often seek help initially from traditional healers or religious leaders. This is especially the case in the outer islands where formal mental health services are limited. This is closely linked to the belief that mental distress may be related to supernatural causes such as possession. The traditional healers are a loosely defined non-homogenous group of people who use different modalities of treatment which include homeopathic remedies, rituals and practices which are likely to be derived from earlier traditions as well as Islamic healing methods such as recitations from The Holy Book, *Quran*. There are no formal qualifications or standards for the traditional healers.

#### **THE MALDIVIAN CONTEXT- Summary of key points**

- While the Maldives has made significant progress in terms of development, there are significant challenges in terms of political stability, wealth disparity, economic and fiscal challenges.
- The health service delivery in Maldives is a tiered system, with major challenges faced due to the geographical dispersion of the islands, consequences of recent systemic changes and unsustainable costs of health care related to the universal social health insurance scheme.
- There is little recent research on the prevalence of mental disorders, but the available evidence suggests that mental disorders are very common.
- Mental health services in the Maldives are poorly developed with little leadership, coordination and integration with general health services.

## CHAPTER 3: VISION, PRINCIPLES AND OBJECTIVES

### 3.1 VISION

*“In Maldives, the mental wellbeing of people will be fostered with emphasis on prevention of mental disorders. People with mental disorders and their families will be treated with dignity and have access to quality care to promote recovery and flourish in the community, free from stigma and discrimination.”*

### 3.2 GUIDING VALUES AND PRINCIPLES

The following values and principles outlined below form the basis of objectives of the policy, priorities of action and the strategic plan that will follow.

#### **i) Inter-sectoral collaboration**

The links between mental wellness and wider social determinants of health such as poverty, housing, employment, lack of social protection and education is increasingly clear<sup>12</sup>. A comprehensive and coordinated response for mental health requires partnership with multiple public sectors such as health, education, employment, justice, housing and welfare as well as the private and NGO sectors.

#### **ii) Indivisibility of mental health and general health**

There is increasing evidence for the close inter-relationship between mental and physical health<sup>13</sup>. Mental health services needs to be integrated into general health and primary care services at all levels and maintain parity with other health services.

#### **iii) Community based care**

Community based care involves the concept of treating people with mental disorders in the community in the least restrictive environment, closer to their homes and avoiding institutional care.

#### **iv) Life course approach**

Policies, plans and services for mental health need a life course approach and take account of health and social needs at all stages of the life course, including infancy, childhood, adolescence, adulthood and older age.

#### **v) Evidence based care**

Mental health promotion, prevention and treatment strategies should be based on sound evidence. These strategies should also be cost effective care to optimise the benefit to the larger population.

#### **vi) Emphasis on religion and culture**

Religion and culture form an important part of mental health in our communities and should be incorporated into the strategies of mental health prevention, promotion and treatment services.

### **vii) Protecting vulnerable populations**

People with mental disorders are a vulnerable population in the community<sup>14</sup>. They are often exposed to a wider range of human rights violations within health services and the community. The protection and promotion of human rights therefore needs to be a priority in all strategies and services provided

### **viii) Accessibility and Equity**

Mental health services should be accessible and available to all, regardless of their geographical location, economic status, race or social condition.

### **ix) Professionalism**

Health professionals should be competent with high levels of commitment to ethical and moral obligations. The need to protect confidentiality and respect privacy cannot be overemphasised.

### **x) Empowering people with mental disorders and their families**

People with mental disorders and their families should be encouraged to become actively involved in their own care and treatment. Furthermore, they should be encouraged to become involved in advocacy, planning, service provision and policymaking.

## **3.3 OBJECTIVES**

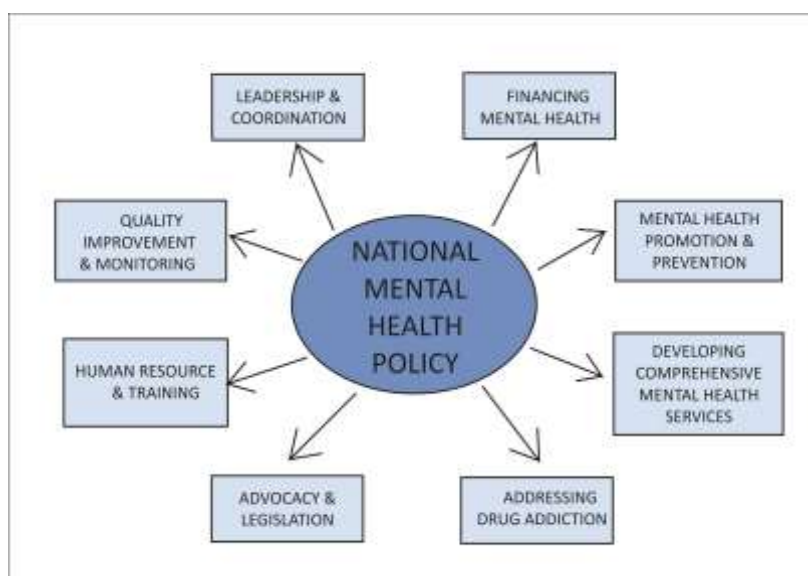
The major objectives of this policy include:

- i. Creating a robust governance structure for mental health with adequate financing for implementation of strategies.
- ii. Developing a comprehensive, responsive, quality network of community based mental health services which are integrated to the general health services.
- iii. Preventing mental disorders and promoting mental health across the life course in collaboration with other stakeholder sectors.
- iv. Advocacy for better mental health and human rights of people with mental disorders at all levels of society and enshrine this in legislation, policies and plans.

## **CHAPTER 4: PRIORITIES OF ACTION**

The following areas were identified as key priority areas for action of the National Mental Health Policy following the stakeholder discussions.

1. Leadership and coordination
2. Financing mental health
3. Mental health promotion and prevention
4. Developing comprehensive mental health services
5. Addressing drug addiction
6. Advocacy and legislation
7. Human resource and training
8. Quality improvement and monitoring



**Figure 2: National Mental Health Policy- Priorities of Action**

### **4.1 LEADERSHIP AND COORDINATION**

Leadership and coordination is crucial for the successful implementation of the National Mental Health Policy. The key actions in this regard will be the formation of the National Mental Health Programme and National Mental Health Council, while establishing mechanisms to ensure all sectors work together.

#### **4.1.1 National Mental Health Programme**

The National Mental Health Programme will be formed and tasked with providing leadership and co-ordination for implementation of the National Mental Health Policy. The National Mental Health Programme will also monitor the implementation of the policy. This will be an independent programme based in the HPA at the Ministry of Health, led by the Director of Mental Health with support from the Programme Manager and adequate ancillary staff.



#### 4.1.2 National Mental Health Council

A National Mental Health Council will be established to provide an advisory role to the National Mental Health Programme and facilitate implementation of the policy. The National Mental Health Council will include representation from the Ministry of Health, IGMH, NDA, Ministry of Gender and Law, Ministry of Education, Ministry of Youth and Sports, Ministry of Islamic Affairs, Maldives Police Services, local NGO representative and representation from people with mental disorders as well as their families. Apart from stakeholder representation, it is important that the National Mental Health Council have members with technical expertise in the field of mental health. The council should have multidisciplinary input with at least one member from the disciplines of psychiatry, clinical psychology, psychiatric nursing and social work. Ideally, this technical expertise should be selected from the members representing different stakeholders, but they can be nominated additionally if necessary. The National Mental Health Council members will be nominated by the President's Office for a term of 5 years and the Director of Mental Health will act as member secretary of this Council. The Council will meet at regular intervals with remuneration provided for attendance.

#### 4.1.3 Coordination and Working together

Coordination and genuine collaboration of different stakeholders from various sectors is essential for implementation of the policy. There should be a whole of government approach in mental health with collaboration between the various government ministries. Partnerships with government and NGOs as well as religious scholars, traditional healers, media, community organizations and volunteers will be crucial in treatment, promotion and prevention activities. It is also important to develop and sustain relationships with the private sector, business organisations and donor agencies to maximise services and funding opportunities. The National Mental Health Council will provide an important impetus to facilitate intersectoral collaboration at the advisory level and committees with intersectoral representation will be formed to work collaboratively with certain specific tasks in the implementation of the policy. Mental health focal points will be nominated in various stakeholder organisations for communication and continuity purposes.

#### **LEADERSHIP & COORDINATION - Summary box**

- Effective leadership and coordination is crucial for successful implementation of this policy
- The National Mental Health Programme, led by the Director of Mental Health will be responsible for the implementation of the policy
- The National Mental Health Council will play an important advisory role with technical expertise and representation from stakeholder groups.
- Mental health is 'everyone's business' and all sectors need to work together to achieve optimum results.

## 4.2 FINANCING MENTAL HEALTH

Financing is the key to successful implementation of the policy and this will be funded through government and other alternative sources.

### 4.2.1 Government Funding and other sources

The government is committed to the implementation of the National Mental Health Policy by ensuring that funds are released by the Ministry of Finance. It is envisaged that financing for mental health from different sectors such as health, education and welfare will be provided through their respective budgets. Similarly, within the different levels of the health sector, funds for mental health services will need to be planned and budgeted separately.

It will be important to seek funding from international donors such as WHO, UNICEF, UNFPA and UNODC to supplement government financing. Mental health has also been a global priority area for WHO. Funding and technical cooperation can also be explored as part of bilateral foreign assistance. Investing in mental health services by the private health sector will be encouraged. Private parties should also be encouraged to support mental health as part of their employee assistance programmes and community service responsibility. It will also be important to approach individual philanthropists and philanthropic organisations.

### 4.2.2 Cost minimisation

Implementation of the policy should also take into account ways of minimising costs. During planning and implementation, the use of existing staff and infrastructure will be considered. Mental health services will collaborate with other services and sharing of resources including technical expertise should be considered. Consideration should also be given to use of efficient technology such as telemedicine, electronic communication and records.

### 4.2.3 Costs for people with mental disorders and their families

At the patient level, costs for mental health related care will be covered under the national health insurance scheme to relieve the financial burden for people with mental disorders and their families. The cost of medications and psychological treatments such as counselling will be funded through the national health insurance scheme. The cost of treatment for specialist mental health services not available in Maldives will also be funded.

The government will also ensure welfare assistance is available for children and adults with significant disability related to mental disorders, which limits employment opportunities contributing to financial burden and poverty. This welfare assistance is vital for supporting community care and is more cost-effective in the long term. Systems of eligibility and monitoring for disability related to mental disorders need to be developed with clear criteria and guidelines to ensure that this is robust and sustainable.

#### **FINANCING MENTAL HEALTH - Summary of key points**

- Adequate financing through government funds and alternative sources while minimising costs will be the key to successful implementation of the policy
- Welfare assistance due to disability related to mental disorders and full coverage of comprehensive treatment for mental disorders is essential.

## 4.3 MENTAL HEALTH PROMOTION AND PREVENTION

One of the main priorities of the National Mental Health Policy is prevention of mental disorders and mental health promotion. Social inequalities such as poverty, unemployment, educational differences, housing issues and social exclusion are associated with increased risk of mental disorders and physical health disorders<sup>12</sup>. It has been shown that taking action to improve the conditions of daily life over the life course provide opportunities both to improve population mental health and to reduce the risk of mental disorders. Policy strategies in mental health promotion and prevention require close collaboration with other sectors and are often outside the direct domain of the health sector. The following policy strategies outline the key actions in this regard.

### 4.3.1 Increasing awareness about mental health

Increasing awareness about mental health will be one of the most important strategies in promoting mental wellbeing, preventing mental disorders and early intervention of mental disorders. There is poor general awareness about mental health in the Maldivian community with significant myths and misconceptions about mental disorders which fuel stigma and discrimination. The importance of healthy lifestyle for mental wellbeing should also be promoted. This includes good nutrition, physical activity, avoiding harmful substances, strengthening spirituality, stress management and robust support networks. Campaigns to increase awareness about mental health will be strategised in collaboration with all stakeholders and targeted to different populations using different media and age appropriate strategies.

### 4.3.2 Strengthening Families

#### **i) Pregnancy and infancy- Delivering the best possible start**

There is considerable scientific consensus that giving every child the best possible start will generate the greatest societal and mental health benefits<sup>2</sup>. Ensuring the best possible start for children begins before pregnancy. Mental health promotion and screening for mental disorders should be incorporated into care provided by existing antenatal and postnatal services. Optimum nutrition for pregnant mothers is important to reduce birth defects and intellectual disability. Breastfeeding should continue to be actively encouraged to optimise infant-mother bonding and attachment.

#### **ii) Strengthening Parenting Skills**

One of the other important areas that need to be strengthened is empowering parents with evidence based parenting skill programs to suit the sociocultural context. Such evidence based programmes have been shown to improve behavioural disturbances in children and promote learning and development in children.

#### **iii) Ensuring Protection of Children**

Child protection is paramount and child abuse (consisting of emotional, neglect, physical and sexual abuse) has devastating consequences on the mental health and development of children. Child protection policies need to be strengthened and backed by supporting legislation. Mental health services will work closely with child protection services and other stakeholders in prevention as well as care of victims affected by child abuse.

Children in institutional care are an especially vulnerable group in terms of their mental wellbeing and risks of developing mental and behavioural disorders. Prevention of long term institutional care is important and alternative systems of foster care need to be established. Robust processes should be in place in these institutions to optimise care, prevent mental health problems and ensure adequate staff training and supervision.

#### **iv) Minimising divorce and family disruption**

Divorce and family disruption is common and adversely affects the mental health of children as well as parents. Strengthening pre-marital counselling and the availability of relationship counselling will be important in the prevention of divorce. It is also important to minimise harm to children and separated parents during and after divorce. Relationship counselling will be made available as part of a Family Court process during divorce proceedings.

#### **v) Tackling Domestic Violence**

Domestic violence is an important issue that has adverse consequences on the mental health of families, especially women and children. Mental health services will work closely with the Family Protection Agency and other stakeholders in prevention efforts, provision of anger management courses and care of victims affected by domestic violence.

### **4.3.3 Mental wellbeing in schools**

#### **i) Dealing with mental health issues in the School**

Schools form a significant part of the lives of children and mental health issues are commonly encountered in the school setting. Teachers and school health workers should be sensitised to mental health issues in school aged children. The role of school counsellor is vital to promoting mental health in schools. The Ministry of Education will facilitate the provision of school health counsellors to promote mental wellbeing in schools.

#### **ii) School health screening**

Early childhood and adolescence are developmental periods when the first signs and symptoms of mental disorders often present. Hence, there is potential for school health screening programmes to allow for early identification and treatment which provides the best outcomes with least morbidity and disability. Effective screening programmes should be planned and conducted in collaboration between school health programmes and mental health services during primary and secondary years schooling.

#### **iii) Mental health in school curriculum**

Promoting physical and mental wellbeing is an important aspect of the school curriculum. Life skills relating to mental health will be incorporated into the school health programme at appropriate levels and these modules will need to be included in teacher training as well.

#### **iv) Tackling bullying in schools**

Bullying at schools is an increasingly important issue identified in schools with significant negative impacts on mental health and wellbeing. The focus needs to be on implementing robust policies, prevention efforts, early identification and supporting affected students.

#### **v) Special Needs Education and Inclusivity**

An important issue related to mental health is the provision of education for children with special needs. Inclusive education and the role of separate special needs classes need to be considered. Special needs education should be more widely available and accessible and capacity building for special needs education among teacher should be strengthened further. The provision of less intensive educational streams, skill based learning and work based programs is also an increasingly relevant issue.

#### **4.3.4 Promoting Adolescent Mental Health**

Adolescence is a time of significant changes in life, both physically and emotionally while negotiating stressful life events and relationships. Acquisition of life skills such as healthy lifestyle, assertive communication and stress management is important for the mental wellbeing of adolescents. The development of adolescent friendly clinics in health services as well as health services in youth centres is necessary for adolescent mental and general wellbeing. Such services will provide an important role in providing opportunities for adolescents to express their health concerns in a private and professional context, in a youth friendly environment.

#### **4.3.5 Promoting Mental Health at Workplace**

Mental health at workplace has been largely a neglected area in the Maldives with relatively little emphasis. Mental health issues are common and have a direct impact on workplaces through increased absenteeism, reduced productivity, and increased costs. The government is committed to maximising employment opportunities for everyone, especially to vulnerable populations such as those with mental disorders and disabilities while ensuring workplace discrimination. Individual employers and businesses will be encouraged to develop their own mental health promoting strategies such as increasing employee awareness of mental wellbeing, supporting employees at risk and assist in reintegrating employees with a mental health problem into the workplace.

#### **4.3.6 Promoting healthy ageing**

The elderly population face multiple physical, social, environmental and financial challenges which affect their mental health. The introduction of state funded pension for elderly has been a significant positive step in their independence and empowerment, contributing to their physical and mental wellbeing. However, neglect and institutional care is an increasing issue which has significant detrimental effects on mental wellbeing of the elderly. The government is committed to providing increased support for elderly and their families in the provision of health care to facilitate living in their homes.

#### **4.3.7 Promoting religion and spirituality**

Religion forms an important part of Maldivian life. Religion and spirituality has a positive impact on mental wellbeing of individuals, maintaining family relationships, promoting social cohesion and community spirit. Religious divisions and polarisation within the community should be minimised and tolerance should be encouraged. Religious scholars should be sensitised about mental health and mental disorders and can play an important role in creating awareness as well as supporting people with mental disorders.

#### 4.3.8 Enhancing community cohesion

Social support networks are an important factor for mental wellbeing and these include extended family, neighbours, and other community networks. Community spaces are essential for bringing people together and this will be considered in urban planning. Community spaces such as gardens, parks and recreational facilities are important for overall physical and mental wellbeing of the community. Volunteerism, community participation and inclusion should be actively encouraged to enhance community cohesion.

#### 4.3.9 Prevention of suicide

Suicide is largely preventable and there are significant evidence based strategies to prevent suicide. Suicide is an increasing problem in Maldives, especially in the adolescent and youth age group. However, more research needs to be done to analyse the magnitude and the nature of the current suicidal behaviours and at risk populations. A national suicide prevention strategy will be developed with the involvement of all stakeholders.

#### 4.3.10 Mental health and Disaster Preparedness

Maldives is a very vulnerable country with threats to its existence from climate change. Provision of psychosocial support is very important in disaster management and planning. Training and mobilising a voluntary workforce for psychosocial support is a key strategy in this regard. This voluntary workforce can be used to provide support to people with mental disorders at island level as well as for mental health prevention, promotion and advocacy purposes. Maldivian Red Crescent as an auxiliary body can play a lead role in planning for psychosocial support as well as training and mobilisation of volunteers.

#### **MENTAL HEALTH PREVENTION AND PROMOTION- Summary of key points**

- Mental health promotion and prevention of mental disorders is cost-effective long-term and requires collaboration with a range of stakeholders.
- Well planned mental health awareness campaigns are essential to increase public knowledge about mental health.
- Strengthening families is one of the most important strategies and includes delivering the best possible start to life, ensuring child protection, strengthening relationships and parenting skills
- Promoting mental health in schools is crucial with the provision of safe and inclusive learning environments while equipping children with mental health related life skills and developing necessary supportive structures to address mental health issues.
- Other important strategies include promoting adolescent mental health and healthy ageing, addressing workplace mental health, promoting spirituality, enhancing social cohesion, preventing suicide and addressing mental health aspects in disaster preparedness.

## 4.4 DEVELOPING COMPREHENSIVE MENTAL HEALTH SERVICES

The government is committed to providing comprehensive, community-centred, mental health services for people with mental disorders and their families and this is the major focus of the National Mental Health Policy. The provision of mental health services will be comprehensive with regard to population groups, accessibility and availability of treatment options in different settings.

### 4.4.1 Organisation of services

Organisation of mental health services can be conceptually divided into informal mental health services and formal mental health services. Informal mental health services include various services and individuals in the community who are not part of the health sector but come into contact with people with mental health problems. They include religious scholars, traditional healers, teachers, police officers, correctional officers, community organisations and volunteers. It will be important to sensitise them about mental health, so that they are able to provide support and refer people to formal mental health services as necessary.

Formal mental health services are services within the health sector that deal with mental health and include primary care services and specialist mental health services. The bulk of mental health services will be delivered by the primary care services at the island level with support from specialist mental health services. Specialist mental health services will be based at secondary and tertiary levels and are geared towards supporting primary care.

### 4.4.2 Treatment of mental disorders

Mental health services are committed to ensuring that a range of comprehensive evidence-based treatments are available for optimum care of people with mental disorders. Treatment of mental disorders will be holistic and consider biological, psychological, social and spiritual dimensions with active involvement of people with mental disorders and their families. Furthermore, mental health services will adopt the recovery approach to mental health care, which holds that hope and restoration of a meaningful life are possible, despite mental disorders. Instead of focusing primarily on symptom relief, this approach casts a wider spotlight on restoration of self-esteem and identity and on attaining meaningful roles in society.

#### **i) Psychiatric Medications and ECT**

The government will ensure that a range of quality psychiatric medications is consistently available at pharmacies at different levels under the universal health insurance scheme. A mechanism to ensure this will be formulated in consultation with the relevant stakeholders. In terms of other non-medication biological treatments, the provision of electro-convulsive therapy or ECT will be made available through the Mental Health Unit at IGMH.

#### **ii) Physical health in people with mental disorders**

The physical health of people with mental disorders is often overlooked. However, mortality and morbidity related to physical disorders such as communicable and non-communicable diseases is much higher in people with mental disorders. Treatment should necessarily focus on physical and mental health while maintaining close liaison with other medical specialists including routine follow-up and investigations.

### **iii) Psychological treatments**

Psychological treatments are just as important as biological treatments in the management of mental disorders and there is a strong evidence base for psychological treatments. Psychological treatments will be made more widely available through counsellors, psychologists and clinical psychologists deployed at different levels of the service. Primary care services will also be trained to conduct basic psychological treatments.

### **iv) Spiritual aspects**

Psychological treatments should also incorporate the cultural and religious aspects as this can have added benefit. In addition to mainstream psychologists and counsellors, there is a potential to develop and train faith-based counsellors or Islamic psychologists. Collaboration with traditional healers and religious scholars will also be crucial.

### **v) Social aspects and rehabilitation**

It will also be important to focus on social dimensions of treatment which include consideration of family and social support, relationships, employment, housing and finances. These issues will be especially relevant in more severe mental disorders where rehabilitative approaches to treatment with recovery principles are paramount.

## **4.4.3 Community Mental Health Services**

Community mental health services will serve as the cornerstone for the delivery of mental health services and this will be integrated with primary care services and general health services at all levels. Community mental health services will provide care and treatment for people with mental disorders in the community as well as provide community based rehabilitation in collaboration with patients and their families.

### **i) Mental Health in primary care**

The primary healthcare services (Health Centres and Health Posts) at the island level will be responsible for coordinating the provision of community mental health care. Similarly, in Atoll and Regional Hospitals, the primary care services (or public health units) will be responsible for delivering community mental health care. In Malé region, the evolving primary care landscape is more challenging and it is anticipated Dhamanaveshi type primary care centres will be the focus of community mental health care delivery in Malé. A mental health focal point will be established at each island from the primary care services. Staff in primary care services will need additional training and regular supervision will be provided by the specialist mental health services.

### **ii) Specialist Mental Health Services**

Specialist Mental Health Services will support primary care in the provision of community mental health care services, at the secondary and tertiary level. At the atoll level this includes a Mental Health Coordinator (MHC) and psychologist/counsellor based in every Atoll. The MHC is a new staffing role, responsible for coordinating the delivery of community mental health care at the atoll level, rather than a direct clinical role.

In the higher centres at secondary level, Specialist Mental Health Teams based in the Regional Hospitals will be developed gradually to include MHC, psychiatrist, psychiatric nurses, psychologist/ counsellors, speech therapist and an occupational therapist. This team



will support primary care services in atolls as well as liaise with the central level. Outreach clinics and telemedicine will be important to facilitate liaison and referrals.

At the central level, The Mental Health Unit established at IGMH consist of multidisciplinary mental health staff which includes psychiatrists, clinical psychologists, psychiatric nurses, psychiatric social workers, counsellors, occupational therapists and speech therapists. The Mental Health Unit will be the main referral centre in the country for mental health. This unit will support primary care services in Malé and until primary care in Malé is fully established, it can assist with the provision of community mental health care. This Mental Health Unit in IGMH will also provide support to the secondary level through outreach clinics and telemedicine.

#### **4.4.4 Acute Inpatient Services**

Despite best efforts to treat people in the community, there will be some who require treatment in an inpatient setting for brief periods. An inpatient psychiatric ward will be established in IGMH. This ward should be a secure unit which is able to manage involuntary admissions and planned accordingly. The specialist multidisciplinary staff at Mental Health Unit in IGMH will be involved in inpatient care and community care. However, psychiatric nurses will be a necessary extra human resource. Standard protocols and guidelines should be adopted for treatment and clinical processes in the ward.

Apart from IGMH, it will be important for psychiatric inpatient treatment to be available at regional levels and can be facilitated though designated special beds or in the general wards, depending on the acuity. It is also worth noting that there may be some scope of inpatient treatment in atoll hospitals, especially if a resident psychiatrist is available.

#### **4.4.5 Residential Mental Health Services**

Long term mental health services in residential settings will be avoided and the focus of care and treatment will be in the community. However, admittedly this ideal may not always be reached due to various clinical and pragmatic reasons, especially in the early years. Some patients with more severe disorders, poor functioning and less support networks may require relatively longer term care in residential settings. However, the focus of such longer term residential care should be rehabilitation with focus on reintegration back into community with support systems.

The Home for People with Special Needs (HPSN) at K. Guraidhoo is the most practical setting to deliver longer periods of residential rehabilitation services. However, significant changes are necessary at HPSN and the broader mental health system. Effective community care and acute inpatient treatment services are prerequisite to minimising long term residential care. Some of the systemic changes at HPSN that are necessary include human resource training, robust admission/discharge processes, improved liaison between services, systems of welfare assistance, family and community involvement. However, these changes need to happen systematically and gradually with careful planning.

#### **4.4.6 Emergencies, Referrals and Liaison**

It is important that a system be developed for managing referrals, discharges and emergencies between the different levels of the mental health services. Effective communication and coordination between primary care services and specialist mental

health services as well as other services will be crucial. MHC will form an important role in the communication, coordination and liaison role. Referrals for non-urgent clinical input will be through regular outreach visits and telemedicine from higher centres. Emergencies will be need to dealt more urgently and may require urgent transfer to a higher centre. Transferring acutely unwell patients may often require local council and police assistance. Liaison with these services and robust processes including transfer protocols and clinical guidelines will be developed to facilitate and standardise this.

#### **4.4.7 Special Target Populations**

It is important that delivery of people with mental illness is comprehensive in its coverage of the range of age groups, from childhood to old age. Furthermore, it is also important to target specific vulnerable populations to deliver maximum health impact and benefits.

##### **i) Mental Health in Childhood and Adolescence**

Childhood mental health problems have profound implications as there is high degree of continuity between childhood and adolescent disorders. Early intervention and effective treatments can prevent long term impairment, reduce the burden of mental illness on the individual and families as well as reduce costs to the health system and families.

##### **ii) Severe mental disorders**

Severe mental disorders often comprise a minority of the patients with mental disorders, and include schizophrenia, bipolar disorder, severe depression and anxiety disorders. Specific focus on this target population is necessary for treatment and rehabilitation to decrease morbidity and disability to reduce the burden of mental illness on the individual and families and reduce costs to the health system and families.

##### **iii) Common mental disorders**

Common mental disorders account for more than two thirds of mental disorders and include anxiety and depression of mild to moderate severity. Focussing on this target population involves increasing community awareness and treatment in primary care.

##### **iv) Mental disorders and co-morbid substance use**

People with mental disorders and co-morbid substance use often pose significant challenges in terms of treatment and rehabilitation and fall through the cracks in treatment services in both sectors.

##### **v) Mental health in intellectual disability**

Mental health in children and adults with intellectual disability needs to be targeted separately as they are a vulnerable population group with special needs.

##### **vi) Mental Health in Motherhood**

Motherhood is a vulnerable period in terms of mental health and mental disorders often surface or are exacerbated during this time. Mental disorders during this important period can adversely affect the mother/infant relationship which may have profound future implications. As such targeting this group for early intervention and treatment is an important policy focus.

### **vii) Mental Health of Elderly**

Mental health in the elderly deserves special focus due to special mental disorders such as dementia, delirium and depression which results in significant morbidity and disability. Carer burnout is also a significant issue when caring for elderly affected by such disorders.

### **viii) Mental health in migrant workers**

Migrant workers are another group of vulnerable population who face significant challenges. Their mental health needs are often complicated by precarious living situations, difficult employment conditions compounded by financial and immigration issues.

### **4.4.7 Working with other services**

Mental health services will need to work closely with multiple other services and good liaison with communication is essential to foster these working relationships. Mental health services should work closely with school health programmes in promoting mental wellbeing, screening and early intervention. Mental health in the prisons is also a significant issue and the relationship with correctional health services need to be strengthened. The child and family protection services across the country and mental health services share a lot of common ground and collaboration is essential. The public mental health services should also establish and maintain close links with mental health services in the private sector. It is also vital that mental health services work closely with NGOs and empower the NGOs to take on various roles including mental health advocacy and promotion as well as treatment provision and community reintegration. Other services that need to work closely with mental health services include local government authorities and police services.

#### **DEVELOPING COMPREHENSIVE SERVICES- Summary of key points**

- Development of community based comprehensive mental health services is one of the major priority areas of this policy.
- Organisation of mental health services will include development of formal mental health services backed by informal services and self-care.
- Treatment of mental disorders should be holistic, based on the recovery model and availability of psychiatric medication and psychological treatments is essential
- Formal mental health services will be integrated with existing general health services and developing primary care services.
- Community mental health services will form the cornerstone of services which are available at island level, atoll level, regional levels and centrally.
- IGMH will form the referral centre for coordinating community care with its acute inpatient facilities.
- Longer term residential care for people with mental disorders will be minimised and significant reform needs to happen at HPSN.
- Special target populations should be prioritised and targeted in treatment delivery.

## 4.5 ADDRESSING DRUG ADDICTION

Drug addiction is one the most significant issues in the country with significant costs to the country in terms of health costs, loss of productivity, and crime. Mental health and substance use share a close relationship and mutually affect each other. Co-morbidity or dual diagnosis is common and both mental disorders and substance use disorders are present in this population. The government is committed to developing a National Drug Policy separately which is closely aligned with National Mental Health Policy to address the issue comprehensively.

### 4.5.1 Formulating a National Drug Policy

It is paramount that a National Drug Policy be developed by National Drug Agency (NDA) to address drug addiction with a clear mutual strategy and plan by all the stakeholders. Substance use is a complex multifaceted issue and the national drug policy should aim to reduce the harmful effects of substance use through a balance of policy measures that: control or limit the availability of drugs (supply control), limit the use of drugs by individuals (demand reduction) and reduce harm from existing drug use (problem limitation).

The importance of intersectoral collaboration and working together is essential in tackling this multifaceted issue. There are multiple models of understanding substance use in the community and strong negative moral views about substance use are prevalent. Pluralistic models of understanding substance use should be encouraged to facilitate different stakeholders to work together. Stigma surrounding substance use is a significant and complex issue and remains a significant barrier.

### 4.5.2 Interface between mental health and addiction services

Comorbidity is common and people with mental disorders have higher rates of mental illness and often use substances to self- medicate to alleviate their symptoms. On the other hand, people with enduring substance use are more likely to develop other mental disorders. High rates of co-morbidity necessitates that the mental health services and substance use services need to work closely together. This is important at the policy level and clinical level. Systems of communication, liaison and support will need to be developed between the sectors. Mental health services and treatment services for addiction should also have closer co-operation in terms of sharing infrastructure, facilities and technical expertise. Furthermore, strategies for prevention of mental health and substance use are similar and close cooperation and resource sharing will be important.

#### **ADDRESSING SUBSTANCE USE- Summary of key points**

- Mental disorders and substance use are closely interlinked and related problems.
- It is paramount that a National Drug Policy be developed to provide direction and should include a balance of policy levers of supply reduction, demand reduction and problem limitation
- People with mental disorders and substance use disorders need to be specially targeted and close collaboration and liaison between services is essential at all levels.

## 4.6 ADVOCACY, HUMAN RIGHTS & LEGISLATION

Advocacy for mental health is one of the key areas of action for the successful implementation of this policy. Mental health advocacy is important to promote human rights of people with mental disorders and prevent stigma and discrimination. Advocacy needs to be backed by legislation to protect the human rights of people with mental disorders and promote mental health.

### 4.6.1 Promoting Mental Health Advocacy

The government is committed to advocate for optimum treatment services for people with mental disorders as well as protecting their human rights. There is little advocacy for mental health in the Maldives and formation of advocacy groups will be essential to the successful implementation of policy. Currently, there are no advocacy groups representing people with mental disorders or their families in Maldives and the development of such advocacy groups will be encouraged. These groups should be empowered to support each other and become actively involved in awareness campaigns and influence policies. NGOs should also be supported to advocate for mental health. Specific NGOs for mental health advocacy can also be developed, but there is significant scope for existing NGOs to take up mental health advocacy roles. Mass media can play an important role in promoting advocacy for mental health and it is essential to implement continuous media strategies.

### 4.6.2 Developing Mental Health Legislation

Mental health legislation forms an important part of the National Mental Health Policy. This is essential for protecting the rights of people with mental disorders, prevention and promotion of mental health and implementation of the policy. There is currently no mental health legislation in the Maldives. A mental health legislation suited to the Maldivian context will be drafted in consultation with all the stakeholders. This mental health legislation will enshrine important concepts related to the provision of accessible, quality care and treatment. The legislation will embrace the concept of least restrictive care and address circumstances for involuntary admission with independent review mechanisms. Mental health legislation will also address the protection of civil rights and promotion of rights in other critical areas such as housing, education, employment and recreation. Other legal considerations such as provisions for criminal offences in people with mental disorders need to be addressed. It may also be important to develop some interim regulations to facilitate the implementation of the policy while the mental health legislation is compiled and drafted.

#### **ADVOCACY, HUMAN RIGHTS AND LEGISLATION- Summary of key points**

- Mental health advocacy will be crucial to bring mental health agenda to the forefront for successful implementation of this policy.
- Mental health legislation is essential to complement and provides a legal framework for implementing the mental health policy.
- Mental health legislation addresses provision of quality care and treatment while protecting and promoting the rights of people with mental disorders.

## **4.7 HUMAN RESOURCES & TRAINING**

Human resources are the most valuable asset of mental health services. A mental health service relies on the competence and motivation of its personnel to promote mental health and provide care for people with mental disorders. Unfortunately for the Maldives, there is significant lack of adequately trained mental health staff and human resource planning and training is an important policy focus.

### **4.7.1 Human Resource Planning**

Human Resource planning for mental health should be systematic and human resource needs at different levels of services should be assessed with targets set and competencies identified. While a large portion of the mental health services is planned to be delivered by existing staff in primary care, significant added human resources are necessary for specialist mental health services. There is increasing evidence for training general health workers and lay public in mental health to improve the human resource gap in developing countries<sup>16</sup>. The training of primary care services and informal mental health services will be an important strategy in this regard. In terms of human resource management, other important issues include prevention of staff burnout and strategies to maximise staff retention, especially in rural areas.

### **4.7.2 Training for formal mental services**

Training of human resources for mental health involves training various different disciplines across different settings. Some of the existing staff such as those in primary care services and HPSN will need additional training in mental health. Such training programmes will be developed with NGO input and training institutions.

The Faculty of Health Sciences (FHS) at Maldives National University (MNU) is the main institution with training courses for nurses, primary health workers and counsellors. Other relevant faculties include Faculty of Arts with basic psychology courses as well as Faculties of Education and Sharia and Law responsible for teacher training. Mental health training needs to be strengthened with a review of the curriculum in these courses. Further postgraduate courses specialised in mental health are also in the process of being introduced and new courses such as Islamic psychology can also be considered.

Overseas training of certain disciplines will be necessary as this is currently not available in Maldives. This will include the training of psychiatrists, clinical psychologists, psychiatric nurses, psychiatric social workers, occupational therapists, speech therapists and special needs educators. It can be also an important strategy to partner with a leading mental health institution in neighbouring countries to facilitate training of mental health staff abroad and improve the quality of local training.

### **4.7.3 Continuing education and supervision**

Continuing education and training of mental health staff is essential and is in the interests of both the mental health service and the staff. Lifelong learning is a cornerstone of continued fitness to practice and is closely tied with the quality of care and patient safety. Continuing education programs should be organised by the central level and regional levels. Supervision is also an important part of mental health service delivery and should occur at all levels within the mental health service. Supervision includes qualities of management, leadership

and the transfer of technical information such as discussion and guidance around difficult clinical cases. The purpose of supervision is to promote continuous improvement in the care delivered by mental health workers. Maintenance of professional and ethical standards should also be a focus of supervision.

#### **4.7.4 Training informal mental health services**

Informal mental health services include members of the community who come into contact with people who have mental health problems. These include volunteers, community workers, traditional health workers, religious scholars and other professionals such as teachers, lawyers, police officers and prison officers. It is important that this group of people be sensitised to mental health services, receive adequate training and be supported in their roles which complement mental health services. Some of the important functions that can be performed by informal services may include supportive care including general counselling and self-help, help with activities of daily living and reintegration into the community, advocacy, practical support, crisis support, preventive and promotion services as well as identification of mental health problems and referral to health services.

#### **HUMAN RESOURCE AND TRAINING- Summary of key points**

- Human resource is the most important asset in mental health services.
- A clear human resource plan needs to be developed in a systematic fashion with human resource needs identified at different levels.
- The training of primary care services and informal mental health services will be an important strategy to manage the human resources gap.
- Human resource training involve further mental health training of existing staff, strengthening mental health teaching in training institutions, developing new mental health related courses and overseas training.
- Continuing education and training as well as supervision forms an important avenue for staff motivation, enhancing quality and avoiding burnout.
- Sensitising and training of informal mental health services is essential for them function in their respective roles and complement formal mental health services.

## 4.8 QUALITY IMPROVEMENT, RESEARCH AND MONITORING

Quality improvement is important to ensure that scarce resources are used in an efficient and effective manner. A mental health information system is necessary and important for quality improvement and research as well as monitoring and evaluation purposes.

### 4.8.1 Striving for quality

Quality will be placed firmly on the agenda and the National Mental Health Policy will be aligned for quality improvement. It is important to develop a set of standards against which services can be measured. The quality of services delivered should also be ensured through standard protocols and evidence based treatment guidelines. Accreditation and standards for mental health professionals and should be addressed with the relevant regulatory bodies, training institutions and professional groups. Maintenance of professional and ethical standards such as confidentiality and boundary setting will also be crucial.

### 4.8.2. Developing mental health information systems

There are currently no uniform information systems within mental health or even general health services. The development of mental health information system is essential. Mental health information systems should be aligned with general health information systems and the level of integration needs consideration. Information should be collected at different levels, include episode level, case level, mental health services level and system level. It will also be crucial to ensure that privacy and confidentiality is maintained.

### 4.8.3 Researching mental health

There is minimal local research in the field of mental health in the Maldives and the need for research on mental health is a priority. There have been relatively few recent epidemiological studies conducted on mental disorders and this should be a matter of priority. Research is also important for mental health issues such as suicide and substance use related issues to develop better strategies to address these issues. A culture of research should be fostered within mental health services and health services. It is also worthy to consider collaboration with an international centres in combination with training.

### 4.8.4 Monitoring and Evaluation of National Mental Health Policy

Monitoring and evaluation is one of the most important aspects of any policy to ensure that the desired goals and objectives are achieved. Monitoring strategies will developed and incorporated in the implementation plans. It is proposed that a mid-term review of the policy be conducted to assess the implementation and evaluate necessary changes.

#### **QUALITY AND MONITORING- Summary of key points**

- Striving for quality in mental health will be placed firmly on the agenda for mental health policy.
- The development of a mental health information system will be an important tool in planning, research and quality improvement.
- Monitoring and evaluation of the policy will be crucial to ensure that the objectives of the policy are fulfilled.



## CHAPTER 5: THE WAY FORWARD

There are significant steps crucial to the successful implementation of this policy. It should be followed by the development of a strategic plan to guide implementation. Advocacy is paramount and delineating the roles and responsibilities of different stakeholders is important.

### 5.1 Developing a National Mental Health Strategic Plan

The National Mental Health Strategic Plan will be developed to formulate a plan for implementing the identified objectives of this policy. Work on this plan will build on the process already established for the policy development. It is envisaged that the strategic plan will be for a period of 5 years which would allow incorporation of priorities of the incumbent government within the broader framework of the policy. This detailed strategic plan will include strategies, activities, time frames, indicators and targets and the resources required for the plan with monitoring mechanisms incorporated into the plan.

### 5.2 Dissemination and Advocacy

It is important that the National Mental Health Policy and Strategic plan is disseminated widely. The dissemination of the policy and strategic plan should cover all the relevant stakeholders as well as the general public and should be used as an advocacy opportunity. Advocacy and lobbying is crucial to bring the mental health agenda as a national priority to ensure successful implementation of the policy. Advocacy should occur by different groups including health professionals, NGOs, people with mental disorders and their families as well as Ministry of Health. Advocacy should target the public, the civil society about the burden of mental health and the need for necessary changes as well as politicians across the spectrum to ensure that political support and funding are provided for implementation.

### 5.3 Delineation of roles and responsibilities

Implementation of the National Mental Health Policy will be a major task and requires genuine collaboration of all stakeholders across different sectors. It is important to delineate and clarify the roles and responsibilities of different stakeholders while ensuring all the stakeholders work together collaboratively. Even though most of the policy strategies require different stakeholders to work together, it will be important to clarify who will take the lead role. This needs to be discussed and clarified in the Strategic Plan.

#### **WAY FORWARD- Summary of key points**

- The development of a National Strategic Mental Health Plan is crucial for implementation.
- Dissemination of the policy to all the stakeholder and public using different strategies will be important for awareness and advocacy.
- Advocacy at all levels is necessary to generate political and public support for the policy and generate funding.
- It will also be important to delineate the roles and responsibilities of different stakeholders with genuine collaboration for successful implementation of the policy.

## **CHAPTER 6: CONCLUSION**

Mental wellbeing is an important part of general health and mental disorders account for significant morbidity and disability affecting the quality of lives significantly. Furthermore, people with mental disorders and their families face significant stigma and discrimination, resulting in denial of their basic human rights. Mental health has been largely neglected over the years and the National Mental Health policy is a significant step in rectifying this and bringing this important national issue to the forefront. This policy provides strategic direction and identifies priorities of action that are necessary. It should be followed by the development of a National Strategic Mental Health Plan to ensure successful implementation. The implementation of the mental health policy and plan will be the key to improving the mental wellbeing of the people, preventing mental disorders and establishing a quality, accessible and sustainable mental health care system.

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