Mental healthcare in the gulf cooperation council: A 1.5-decade review comparative analysis of policies, practices, and challenges

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Abstract

Background & objectives: This report provides a detailed analysis of mental healthcare systems in the six Gulf Cooperation Council (GCC) governments, comparing them to five developed countries.

Methods: The study investigates the definitions, laws, regulations, measures, and insurance provisions related to mental health in order to identify deficiencies and obstacles in the mental healthcare system of the GCC.

Results: The findings indicate substantial discrepancies between GCC countries and industrialized nations regarding mental health laws, data reporting, and service provision. The GCC states have significant obstacles in addressing mental health issues, such as a lack of accessible data, cultural taboos, a scarcity of mental health experts, insufficient community-based programs, and limited insurance coverage.

Discussion & conclusion: The report emphasizes the necessity for GCC nations to establish comprehensive mental health laws, enhance data gathering, extend community-based treatment, augment the mental health workforce, and broaden insurance coverage. Although there has been development in healthcare as a whole, mental health is still an undeveloped field in GCC nations, necessitating increased focus and allocation of resources. This report offers significant insights to policymakers and healthcare professionals, providing recommendations to enhance mental healthcare systems in the GCC area. The aim is to align these systems with worldwide standards and ultimately improve mental health outcomes for the population.

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Background

Mental health is an increasingly important global health issue. The World Health Organization (WHO) defines mental health as "a state of well-being in which every individual realizes his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to her or his community" [1]. It is estimated that mental diseases impact more than 300 million individuals globally and contribute significantly to the overall burden of disease worldwide [2].

The Gulf Cooperation Council (GCC) governments, which include Saudi Arabia, United Arab Emirates, Qatar, Bahrain, Oman, and Kuwait, have achieved substantial advancements in healthcare in recent decades. Nevertheless, mental healthcare in many nations lags behind physical health services in terms of development [3]. Challenges in delivering mental healthcare in the GCC area arise from cultural constraints, stigma, limited understanding, and inadequate infrastructure and human resources [4].

Objectives

The objective of this study was to compare the terminology, laws, and policies related to mental health in the GCC nations and selected industrialized countries. Secondly, examine mental health indicators, assess the availability of data, and evaluate insurance coverage in the GCC. And thirdly, identify crucial obstacles and offer suggestions for the advancement of mental healthcare in GCC nations.

Methods

This exploratory comparative study was based on reviewing and analyzing existing literature, policies, and data. Mental health definitions, legislation, policies, indicators, and insurance coverage were compared across the six GCC states and five developed countries (United States, United Kingdom, Canada, Singapore, and Australia).

Data sources included

WHO Mental Health Atlas reports.

Government health policies and legislation.

Published academic literature on mental health in GCC countries.

Reports from health ministries and international organizations.

A comparative analysis was performed to ascertain the similarities, differences, discrepancies, and difficulties among nations. Recommendations were formulated based on the findings to enhance mental healthcare systems in GCC states.

Results

Definitions and legislation

Most GCC countries lack localized definitions of mental health and follow the WHO definition.

Only % out of 6 GCC states (Saudi Arabia, Kuwait, UAE, Bahrain & Qatar) have standalone mental health legislation, compared to all five developed countries analyzed (Table 1).

GCC mental health laws are less comprehensive than those in developed countries, particularly regarding patient rights, involuntary treatment, and anti-discrimination measures.

Mental health indicators and data

Significant gaps and initatives exist in mental health data reporting across GCC countries (Table 2).

GCC states lag behind developed countries on key indicators like psychiatric beds and mental health professionals per capita

Data on outpatient visits, hospital admissions, and community-based services is mainly unavailable for GCC countries.

Insurance coverage

Mental health services are provided free for citizens in GCC countries but often excluded from private insurance plans.

Coverage for expatriates/migrant workers is limited or nonexistent in most GCC states.

All 5 developed countries mandate some level of mental health insurance coverage.

Key challenges identified

Limited data availability and lack of research.

Cultural beliefs and stigma restricting help-seeking.

Shortage of mental health professionals and training programs.

Centralized psychiatric hospital-based care model.

Inadequate community-based and primary care mental health services.

Limited insurance coverage, especially for non-citizens.

Gaps in mental health policy and legislation.

Discussion & conclusion

This report emphasizes notable deficiencies in mental healthcare systems, regulations, and statistics among GCC countries in comparison to more advanced nations. Although GCC governments have achieved advancements in healthcare as a whole, the mental health field still lacks sufficient development and needs more attention and resources. The absence of comprehensive mental health law in the majority of GCC nations is worrisome, since it fails to appropriately address crucial matters pertaining to patient rights, involuntary treatment, and discrimination [5]. It is critical to prioritize the development of strong mental health legislation to safeguard patients' rights and provide clear guidance for the delivery of services. Significant data gaps pose challenges in correctly evaluating mental health requirements and the consumption of services in GCC nations. Enhancing the systematic gathering of data on important mental health indicators is vital for policymaking and allocating resources based on evidence. Cultural constraints and stigma impede seeking help and utilizing services in the cultures of the Gulf Cooperation Council (GCC) [7]. Enhancing public awareness campaigns and integrating mental health services into primary care settings might contribute to the normalization of mental healthcare. The scarcity of mental health experts is a pressing concern throughout the GCC. In order to enhance the ability of the workforce, it is necessary to establish local training programs, enhance working conditions, and offer incentives for specialization in mental health [8]. The prevailing hospital-centric approach of mental care in GCC nations is antiquated and insufficient. It is crucial to urgently establish mental health services centered on the community and incorporate mental

Table 1: Comparison of mental health legislation elements across GCC and developed countries.

Legislation element	Saudi Arabia	UAE	Qatar	Oman	Bahrain	Kuwait	USA	UK	Canada	Singapore	Australia
Separate laws for mental health	Y (2014)	Y (1981; 2021)	Y (2016)	N	Y (2011)	Y (2019)	Y	Y	Y	Y (1965, 2008)	Y
Clear explanation of what mental health means	Y	N*	N	N	N**	Y	Y	Y	Unclear	N	N
Protections against discrimination	N	Y	N	N	N	N	Y	Y	Y	N	Y
Legal rights while getting treatment	Y	Y	Y	N	N	N	Unclear	Y	Y	Y	Y
Each person's permission for treatment	Y	Y	Y	N	N	N	Y	Y	Y	Y	Y
Health insurance that covers mental health	N	Y	N	N	N	N	Y	Y	Y	N	Y
Facilities for education and recovery	Y	Y	N	N	N	N	Unclear	Unclear	Unclear	N	Unclear
Conditions for care or arrest without a choice	Y	Y	Y	N	N	N	Y	Y	Y	Y	Y
Conditions in mental hospitals should be regulated	Y	N	Y	N	N	N	Unclear	Unclear	Y	N	Unclear
Punishments for bad medical care	N	Y	Y	N	N	N	Y	Y	Y	N	Y

Notes: UAE Federal Law 28 defines 'mental disability' **Bahrain follows WHO definition Y: Yes, legislation includes this element N: No, legislation does not include this element or information not available Unclear: Information is ambiguous or varies by state/province.

Table 2: Summarises the key points from the translated Gulf executive plan for Mental Health Development (2011-16) (WHO, 2024) [10].

Strategy	Objectives	Responsible entity
1. Organizing mental health care services	- Provide comprehensive care at all levels - Integrate services into health system - Promote community-based care	Sultanate of Oman
2. Promoting mental health in primary health care	- Establish comprehensive services in primary care - Enhance capabilities of primary care workers	Not specified
3. Identifying people at risk	- Identify at-risk individuals - Ensure appropriate services - Cooperate with other sectors	Not specified
4. Developing mental health information systems	- Ensure accurate information availability - Enable information exchange between GCC countries	State of Qatar
5. Developing regulations and legislation	- Organize care and protect patients' rights - Adhere to international standards - Establish monitoring mechanisms	United Arab Emirates
6. Developing human resources	- Secure qualified and trained personnel - Create training programs - Raise performance levels	United Arab Emirates
7. Developing planning and budgeting programs	- Ensure adequate budget allocation - Enhance and optimize financial resources	Kingdom of Bahrain
8. Improving quality programs	- Ensure quality of services - Continuously improve services - Achieve high safety levels	Kingdom of Saudi Arabia
9. Enhancing health education programs	- Raise mental health awareness - Promote positive mental health - Reduce stigma	Not specified
10. Promoting scientific research	- Determine the prevalence of mental illnesses - Identify risk factors - Keep pace with global developments	State of Kuwait

healthcare into primary health systems, as advised by the World Health Organization [9]. The availability of mental health care is limited due to inadequate insurance coverage, particularly for expatriate workers who constitute significant proportions of GCC populations. Prioritizing the expansion of insurance coverage for mental health problems is crucial for enhancing access and use [10].

Some important suggestions for GCC nations are

- Establish and implement comprehensive legislation and policies pertaining to mental health.

- Enhance the methodical gathering of data on indicators related to mental health.

- Enhance public consciousness and implement actions to combat social stigma.

- Enhance and broaden the availability of mental health services that are provided within the community and at the primary care level.

- Establish local training initiatives to cultivate a mental health workforce.

- Enforce the inclusion of mental health coverage in health insurance plans.

- Enhance the financial support and give additional resources to mental healthcare.

This study was limited by its dependence on pre-existing literature and data that included substantial gaps. Utilizing surveys or interviews for primary data gathering in future studies might yield more up-to-date and thorough information. To summarize, although GCC nations have achieved advancements in healthcare as a whole, there is still a considerable amount of work to be done to enhance mental health systems and align them with global benchmarks. Prioritizing the resolution of the highlighted issues and gaps should be of utmost importance for health officials in the GCC region in order to enhance the mental health outcomes of the population.

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