

Implementing Mental Health Policy(2015-2025) in Maldives: Challenges and Way forward

Ms. Aminath Shahuza
Public Health Coordinator
National Mental Health Department



Outline

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- Objectives
- Mental Health Policy (2015-2025) overview and update
- Challenges
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Background

It has been six years since the endorsement of MH policy and in the past six years

In June 2005, the Ministry of Health initiated the process in the aftermath of the 2004 Asian tsunami. However, the policy was completed in 2015, and was endorsed during 2017.

While the Maldives has marked a significant milestone with the formulation of National Mental Health Policy in 2015, its effective implementation has been hindered by several challenges within healthcare sector.

Country context

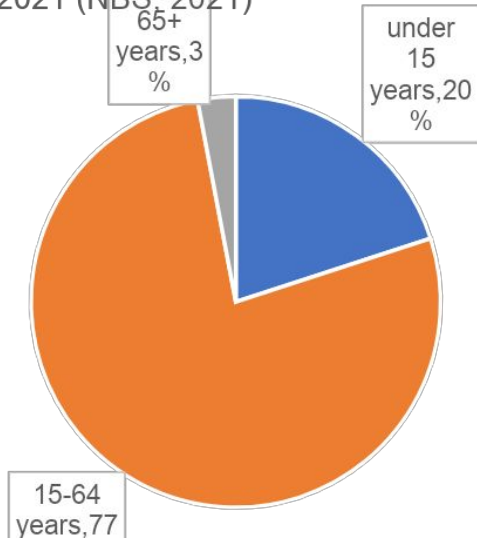
182 (out of nearly 1192 islands) inhabited islands.

Consists of 20 Atolls
6 regions as major administrative divisions

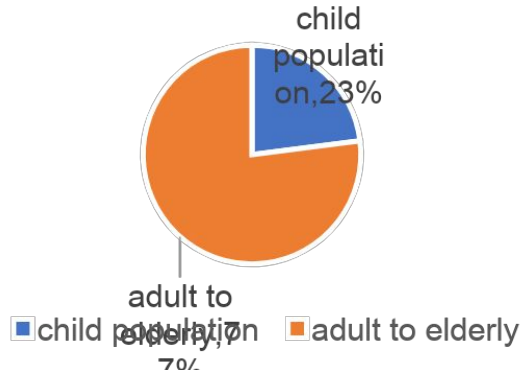
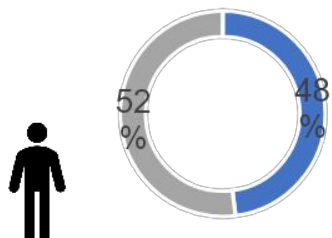
Total Population: 540,542
(2020) (World bank)

41.3 % of the population concentrated in the capital city
(NBS 2021)

Population share by broad age groups, 2021 (NBS, 2021)



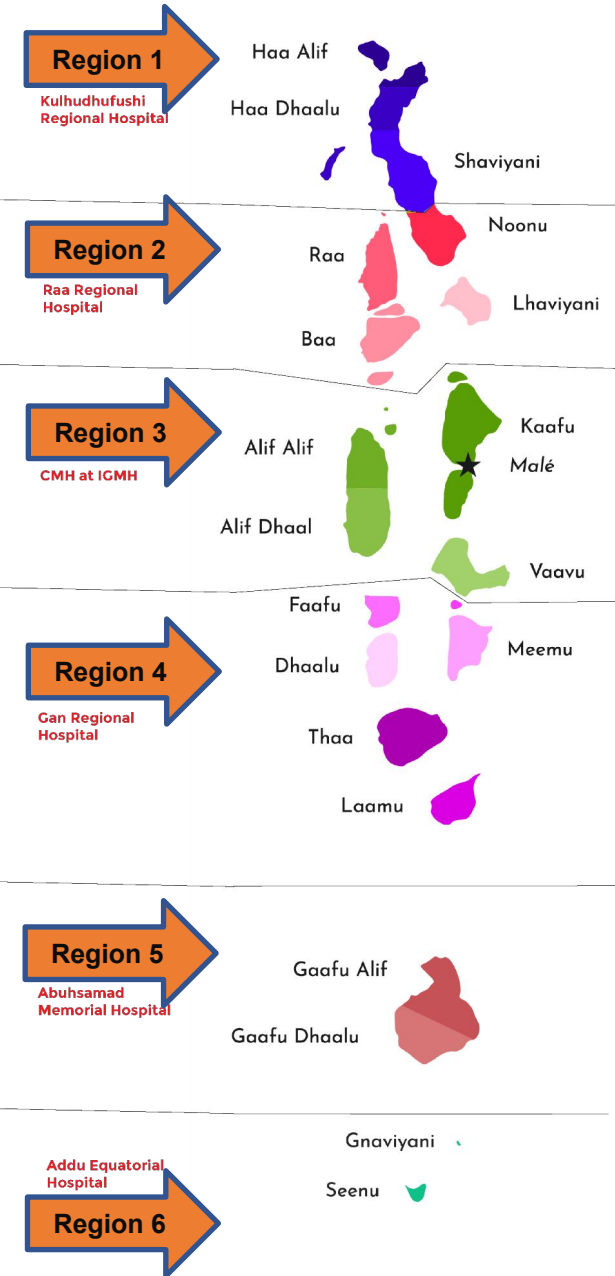
Gender stats (NBS, 2021)



Child population (under 18 years) account for 23 % of the resident population in 2021. (NBS, 2021)

Table 1-1: Number of health facilities by category, 2019¹

Category of health facility	Private	Public	Total
a. Health Centre		164	163
b. Atoll Hospital		13	13
c. Hospital	2	3	5
d. Regional Hospital		6	6
e. Tertiary Hospital ²	2	1	3
Total	4	187	191



Prevalence of Mental Health Issues in Maldives

Data regarding Mental Health issues are very limited.

Previous surveys / studies in 2003 – limitations and is outdated

Prevalence of Depression (Maldives Step Survey 2021)



About 1 in 5 people have feeling of depression (17.7%)

Prevalence of substance abuse (Maldives Step Survey 2021)



26.5%

Prevalence of self harm/suicide (Maldives Step Survey 2021)



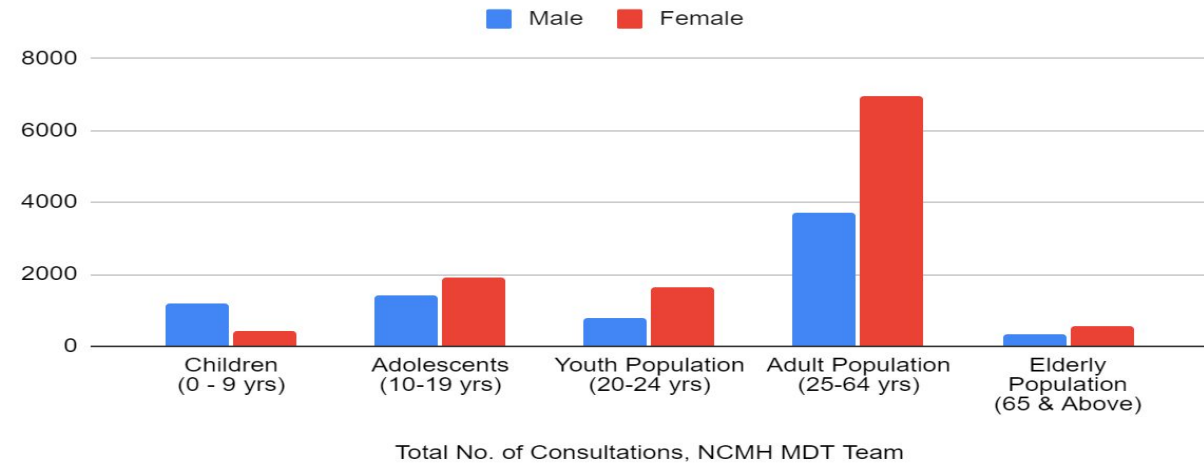
1 in 20 people between 16-69 (approximately 25,000 people) have considered self harm

Drug Situation Analysis, 2021

The onset of drug use has begun as early as 9 years

NCMH Service Statistics

(Jan - Dec 2022)



Suicide data											
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Completed	9	5	18	13	14	14	16	15	18	14	19
Attempted suicides											
Hanging	6	7	18	12	10	14	9	8	11	12	10
Poisoning	3	3	3	1	10	6	10	7	13	12	6
Drowning	2	1	1	1	3		2	2			
Burns	1	1									
Fall from Heights	1		1	7		3		1	1	3	1
Others	7	19	33	23	40	39	50	19	31	36	25
Total	20	31	56	44	63	63	71	37	56	63	42

Source: Maldives National Police

Objective

- To provide an overview and update of the Mental Health Policy (2015-2025)
- To identify the challenges
- To identify and discuss the way forward

Overview of the MH policy (2015-2025)

1- Leadership and coordination

2- Financing mental health

3- Mental health promotion and prevention of mental health

4- Developing comprehensive mental health services.

5- Addressing drug addiction

6- Advocacy, human rights and legislation

7- Human resources and training

8- Quality improvement, research and monitoring

Overview of the MH Policy (2015-2025) and Update

[Redacted]

- National Mental Health Programme
- The National Mental Health Advisory Board- currently no working group or advisory board

[Redacted]

- Government funds and alternative funding sources to facilitate implementation while ensuring optimal use of resources.
- Full coverage of treatment and welfare assistance.

[Redacted]

- Mental health awareness campaigns 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).
- Suicide prevention, promoting spirituality, and enhancing social cohesion.

Overview of the MH Policy (2015-2025) and Update

- Comprehensive community based mental health services
- Treatment and care of mental disorders and services -recovery oriented and holistic.
- Availability of psychiatric medications and psychological treatments
- Formal mental health services -integrated with general health services and supported by specialist mental health services at Tertiary and secondary levels.
- Specialist mental health units will be developed in Indira Gandhi Memorial Hospital and at other tertiary level hospitals with multidisciplinary staff and inpatient services.

- National Drug Policy -overall strategic direction to address this major national public health and social issue.
- Treatment for people with co morbidity -specially targeted services

Overview of the MH Policy (2015-2025) and Update

[Redacted]

- Mental health advocacy Mental health legislation

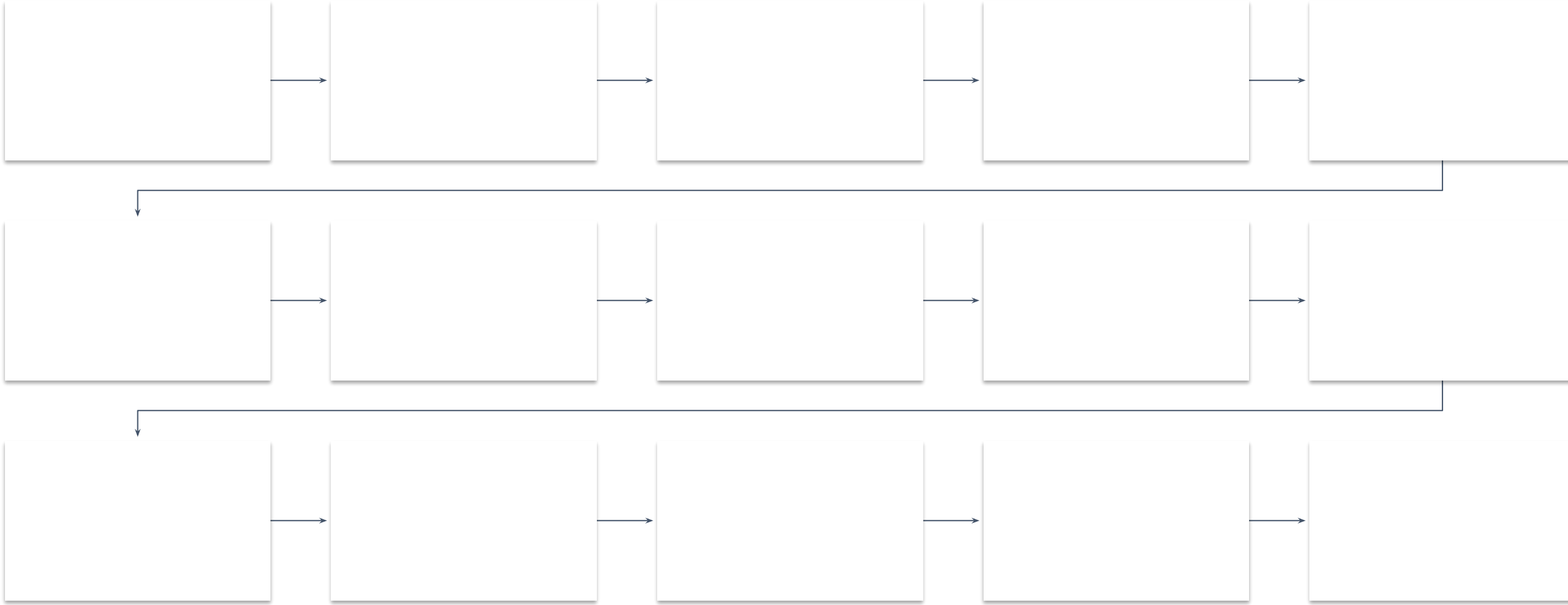
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- Develop human resource.
- The training of primary care services and informal mental health services
- Human resource training opportunities in local training institutions and overseas.

[Redacted]

- Guidelines and SOPs
- The development of a mental health information system and research
- Monitoring and evaluation will be essential to ensure successful implementation.

Some Achievements at MH program level and within MH system level



Challenges

- High levels of stigma for mental illness –at individual level, system level and community level (Poor mental health literacy)
- Lack of governance and leadership
- Lack of Mental Health Act
- Limitation in integration and provision of mental health services at primary and secondary levels
- Acute shortage of mental health workforce to deliver services at all levels
- Lack of guidelines, procedures and protocols to be followed in health care facilities
- Weak referral pathways and networks
- Greater reliance and dependence on foreign workers
- Absence of community and institution based rehabilitation services
- Non-integration of mental health within health and with other sector programmes
- Inadequate promotion and prevention activities
- Inadequate community engagement
- limited emphasis on a life course perspective within health care systems
- Lack of MH data and MH information system
- Self –referrals, facility referrals, internal referrals,, cross referrals ; neglect of persons with mental health issue and consequently a huge burden on urban apex hospitals with longer waiting time and high costs of mental health care.

Way forward

Create Governance and Leadership:

- An independent department that should be able to formulate, coordinate, develop, implement, guide, facilitate, fund, monitor and evaluate all on-going and proposed mental health activities in a timely manner.
- Establish a National Mental Health Steering Committee of experts to provide technical support for mental health matters
- Establish an Inter-Ministerial coordination committee to strengthen coordination mechanisms across Ministries and departments
- Establish a national mental health knowledge hub for mental health and resources pooling
- Develop and implement - monitoring and evaluation framework for mental health at national and regional levels.
- Develop a Regional Mental Health coordination body for regional implementation of activities
- Ensure to financing/budgeting of MH and monitor expenditure
- Finalize and Implement MH act

Way forward

Ensure Mental Health Services

- Complete training of doctors, nurses, public health teams in mental health
- Establish national guidelines to deliver a minimum package of interventions at different levels
- Strengthen in-patient , referral and outreach activities at regional and atoll levels
- Establish screening - treatment and management guidelines for primary care physicians and nurses at island and atoll levels
- Develop and implement a scientific and consensus driven referral protocol with onward and backward movement of patients and families
- Telemedicine should be strengthened and scaled up using national telemedicine guidelines
- Simple records for mental health services to be standardised at different levels and included in reporting systems
- Develop specialised manpower in select areas by 2030

Way forward

Continuity of care including rehabilitation services

- Establish small rehabilitation measures to inform facilities at regional levels with required human and technical support
- Establish short stay or Day care facilities for persons with mental illness at atoll levels
- Develop a monitoring system at the regional / atoll levels to record progress in recovery of persons with chronic MNS conditions.

MH human resource

- Develop a framework and plan on resource mapping to train all doctors, nurses, public health teams, social workers, psychologists at all levels.
- Develop a standard set of training resources or adapt the existing resources available from WHO (like mhGAP) and others.
- Undertake orientation/sensitization programmes for specialists and workers from other health specialities at national and regional / atoll levels , aiming for integration of mental health
- Monitor and evaluate the training programmes on a regular and continuous basis

Way forward

Strengthening of MH promotion and prevention of MH illness

Integration of MH into primary health care system and establish community based MH system

Technology enabled mental health care

Establishing a mental health information system

Establishing National MH research agenda

References

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2. Republic of Maldives. National Mental Health Strategic Plan 2016-2021.
3. World Health Organization, Maldives. Key findings of STEP survey, 2020 – 21.
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oevaru

mental health conference

15 - 16 october 2023

changing currents ~

~ forming connections

Thank you