

Mental Health Services in Maldives: Need for integrated approaches and strategic investments

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Purpose - To provide a framework and roadmap for strengthening mental health services in Maldives

Outline

Health services – success

Mental health in the new millennium

Spectrum of mental disorders

Service delivery and access to care

Mental health promotion and prevention

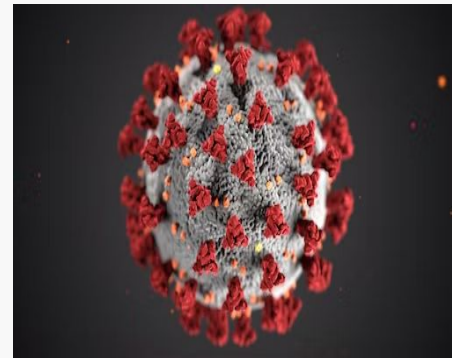
Stigma reduction

Public engagement and participation

Way forward

Known facts, world over, in Maldives as well

- Mental health is critical and central for everyone
- Mental health problems are very common
- Burden associated is significantly high
- Significant proportion of health-seeking contacts : linked to many physical conditions
- Majority start in early life and persist or progress
- Influence of social, economic, cultural and commercial determinants
- The new spectrum of mental distress is unrecognised and unaddressed
- Huge treatment gap
- Limited promotive and preventive services
- Worsened by lack of knowledge, stigma, discrimination and violations of rights.

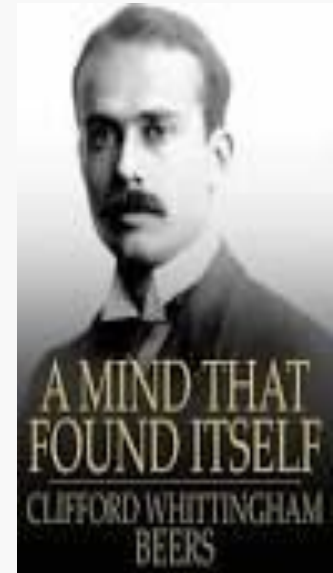


Mental disorders are treatable in primary care settings and mental health can be promoted with strong promotive and preventive services

Historically, the evolution of present day mental health services is nearly 60 – 70 yrs old with deinstitutionalization of

- mental health asylums (first half of 20th century),
- discovery of Chlorpromazine in 1950's, deinstitutionalization of PMIs in 1955,
- growth of community mental health movement from 1960s and
- exploring alternatives to hospitalization with the fall of asylums since 1920s.

The New Paradigm of Mental Health



But still.

“Although major advancements in our understanding of what causes mental health conditions and how to treat them have been made in the last 20 years, very few improvements in service coverage and quality have been made”.

Dévora Kestel
Director,
Department of Mental Health and Substance Abuse,
World Health Organization.

Progress in Health sector in Maldives

- Broader reforms have impacted health
- Strong policy frameworks and legislations
- Progress in standards of living
- Increased life expectancy
- Good progress in RCH, nutrition, CDs, SDG targets
- Greater availability of financial resources (nearly 10 % on health)
- Moving from Centralised to Decentralised care
- Wider use of tele health services (Covid related)
- Increased access to certain types of specialised care
- Progress in related sectors of education, welfare, and others outside health

Spectrum of mental health

- Mental health is a continuum from optimum to disturbed to deranged status.
- Conditions vary significantly in their presentation and recognition, and can be a symptom or syndrome, distress or disease, acute or chronic, lifetime or current, subclinical or covertly manifesting, morbid or comorbid (with many physical health conditions), episodic or non-episodic, remitting or non-remitting in nature with no clear boundary existing about the definition of each one and further influenced by cultural interpretations .
- Reference to ICD 11 or DSM 5 or other methods

Unlike many physical health conditions, mental health conditions include a range of mental, neurological and substance use disorders, suicide risk and associated psychosocial, cognitive and intellectual disabilities (MNSUDs) – Broadly .

- Severe mental disorders
- Common mental disorders
- Substance use disorders
- Suicide and suicidal risk
- Neurodevelopmental disabilities
- Emerging and related conditions

Burden / prevalence of MNSUDs

- In Maldives, the prevalence – pattern – variants - outcomes – characteristics–impact of mental health problems at national and regional levels is largely unknown due to lack of good quality data.
- 2003 mental health survey, STEPs survey, Demographic survey, Drug use survey, Women’s health survey, WHO –AIMs survey, World mental health atlas 2020, SDG related survey, etc.,
- Previous surveys / studies – limitations

**In Maldives,
Largely with WHO and other UN
agencies with limited country
capacity**

**DALYs - 1375 / 100,000
population**

**10 – 15 % in need of care at any
time**

**Universal Mental Health
Psychosocial support services
required for all**

Goal and mission is to deliver mental health care in terms of Availability – Accessibility – Affordability – Awareness building

implement *activities under a framework that will deliver*

- *high-quality mental health services,*
- *increase access,*
- *strengthen service delivery,*
- *facilitate utilisation,*
- *close the mental health treatment gap,*
- *ensure continuity of care (including rehabilitation)*
- *strengthen preventive and promotive measures at population level*
- *reduce stigma and engage public*
- *empower, enable and engage communities.*



Guiding principles

- Universal Health Coverage
- Community based and people centric services
- Primary care approaches
- Accessible and affordable Mental Health Care
- Equity in mental health care
- Gender Equality, Human Rights and Disability (GEHRD) approaches
- Evidence-based Care
- Life course approach
- Multisectoral approach
- Sustainable mechanisms

Goal: To promote mental health and wellbeing, reduce mental health burden through promotion, early identification and equitable quality care for optimum productive life and enhance recovery, promote rights based approach and reduce death and disability for individuals with mental health disorders.

Guidance documents

Policy frameworks

- Maldives Health Master Plan 2016-2025
- WHO MH action plan 2013-2021 (extended to 2030)
- National Mental Health Policy 2015-2025
- National Mental Health Strategic Plan 2016-2021
- Operationalization and Costing of the NMHS (2016-2021)
- National MH Strategic Plan 2022-2026 (in final stages)
- Cen. & Reg.MH Services Development Plan 2022-2025
- National policy on substance use prevention and rehabilitation

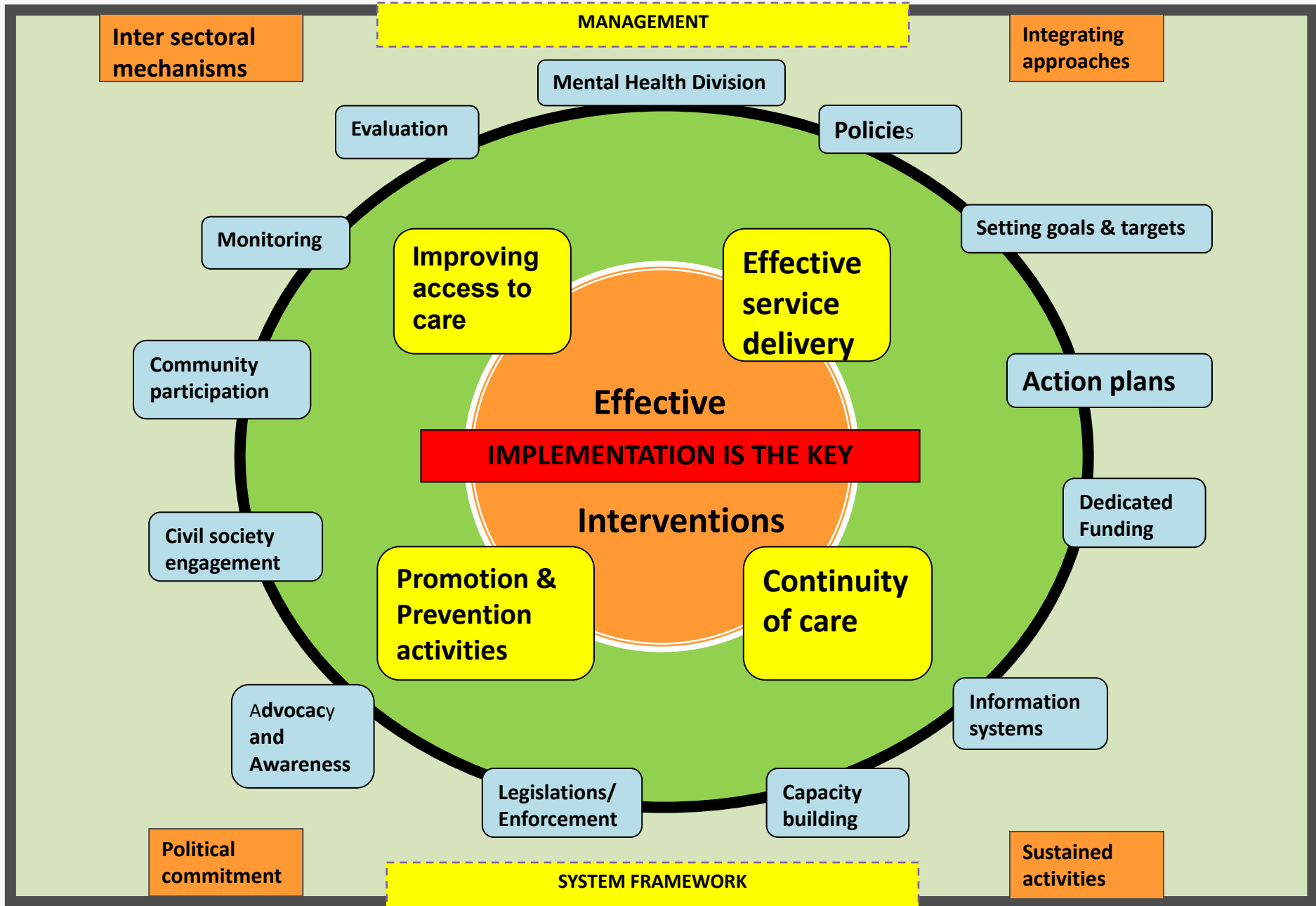
In progress

- ❖ National Suicide Prevention Strategy
- ❖ Mental Health Act
- ❖ National Drugs Act

Legislations / Regulations

- Disability act (includes protection of rights of persons with mental disabilities)
- Child health act
- Public health act
- Child rights act
- Tobacco control act
- Domestic violence act
- Health services act
- National Essential Medicines Act

Framework for Mental Health Systems



MANAGEMENT

Inter sectoral mechanisms

Integrating approaches

Mental Health Division

Evaluation

Policies

Monitoring

Improving access to care

Effective service delivery

Setting goals & targets

Community participation

Effective

Action plans

IMPLEMENTATION IS THE KEY

Dedicated Funding

Civil society engagement

Interventions

Promotion & Prevention activities

Continuity of care

Advocacy and Awareness

Information systems

Legislations/ Enforcement

Capacity building

Political commitment

SYSTEM FRAMEWORK

Sustained activities

Inter sectoral mechanisms

MANAGEMENT

Integrating approaches

Improving access to care

Interventions

Effective service delivery

Innovations

IMPLEMENTATION IS THE KEY

Integration

Promotion and prevention activities

Investment

Continuity of care

Political commitment

Sustained activities

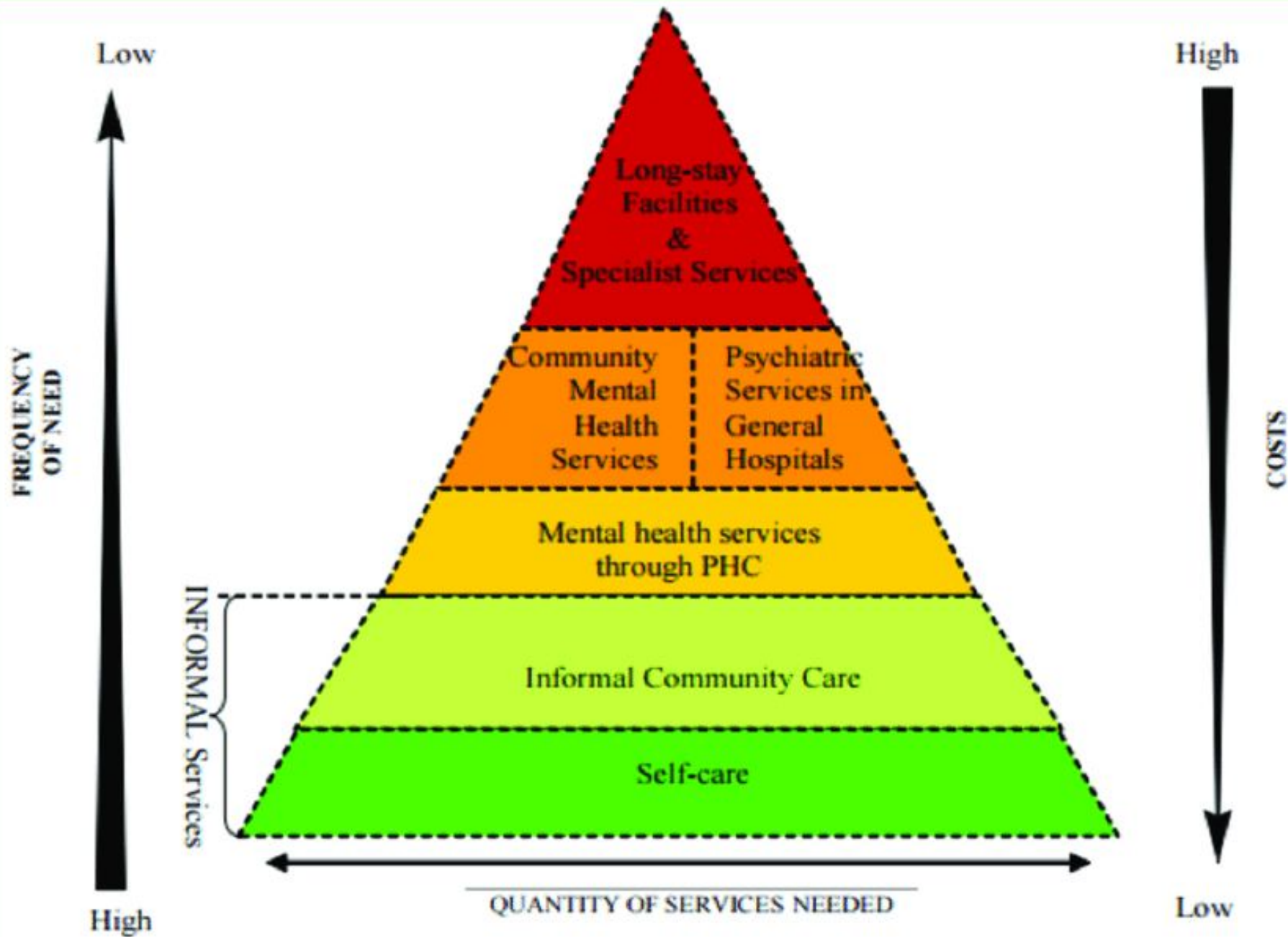
SYSTEM FRAMEWORK

Governance and leadership

- The newly established Mental Health Department should be able to formulate, coordinate, develop, implement, integrate, guide, facilitate, fund, monitor and evaluate all on-going and proposed mental health activities in a timely manner.
- Strengthen capacity of officials in the mental health department, health ministry, other ministry officials and at regional levels .
- Establish a National Mental Health Steering Committee of experts to provide technical support
- Establish an Inter-Ministerial coordination committee to strengthen coordination mechanisms across Ministries and departments
- Develop a programme implementation - monitoring and evaluation framework for mental health at national and regional levels.
- Develop a Regional Mental Health coordination body (wherever psychiatrist is available) for regional implementation of activities
- Establish a national mental health knowledge hub for mental health and resources pooling

Policy and Plans

- Develop a National Mental Health Programme for implementation and integration
- National and Regional Plans for **implementation and integration both** vertically (in MoH) and horizontally (with Ministries/ departments/ external partners outside health) to translate policies to programmes on a sustainable basis.
- Integrate mental health with other health programmes in child health, maternal health, adolescent and youth health, adult health programmes, elderly health, NCDs and others through joint intersectoral mechanisms.
- Bridge deficiency and knowledge gaps for mental health activities in core areas of service delivery, human resources and others through standards and guidelines.
- Framework for engaging with private sector



Service delivery

- Systematic and scientific gap assessment at regional and atoll levels
- 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 (onward and backward) through protocols
- Establish screening - treatment and management guidelines for primary care physicians, nurses and public health workforce at island & atoll levels
- Strengthen telemedicine using national telemedicine guidelines
- Simple records for mental health services to be standardised at different levels and included in reporting systems



Services at Primary care level (180)

- Outpatient services
- Emergency services
- Care continuity services
- Referral services based on guidelines
- Prevention and promotion activities
- Community outreach and engagement activities (for early signs, family and societal support, prevention, promotion, stigma reduction)

Specific activities

- Community education and engagement
- identification of mental health problems through simple checklists
- Management of mild to moderate conditions
- Referral to the next higher level as required
- Follow up and continuity of care
- Support individuals and families at home
- School or work based or community mental health activities as appropriate
- Maintain simple records

Services at Atoll level (20)

- **Identification and Screening for priority mental health conditions in health programmes**
- **Diagnosis and Case management(first line drugs + basic counselling)**
- **2 beds for emergency and short stay care**
- **Counselling / psychosocial support services**
- **Continuity of care through hospital, home based or community care**
- **Mental health camps or monthly clinics with Regional mental health team**
- **Tele mental health support services**
- **Public education for Prevention and promotion activities**
- **School or work based or community mental health activities**
- **Record keeping**

Services at Regional level (5)

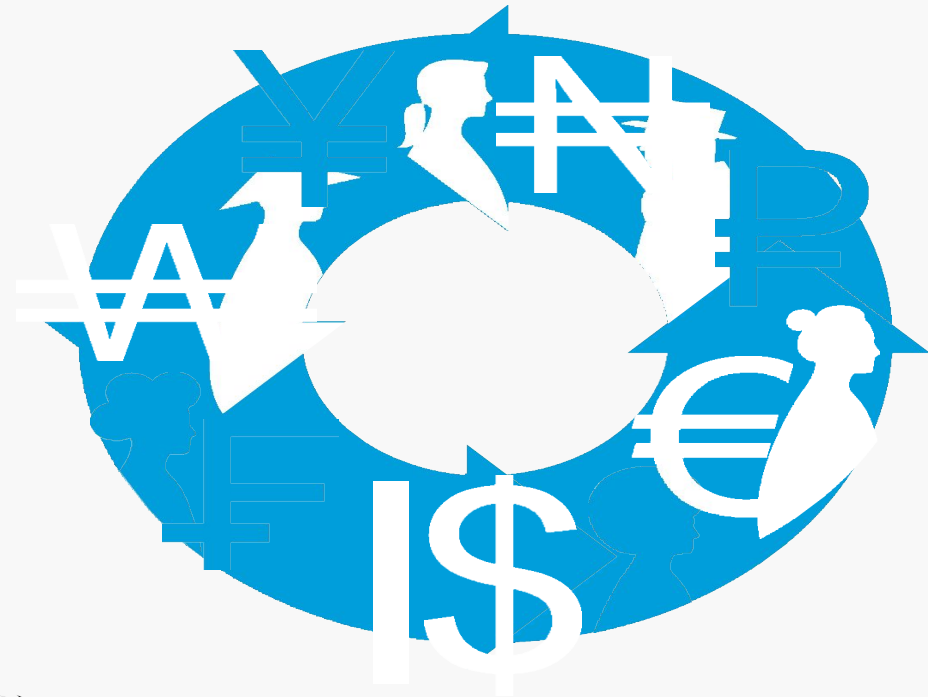
- Full range of mental health services including emergency – outpatient - short stay – admission – referral – follow-up services
- Designated 5 bedded inpatient unit
- Psychiatrist + counsellor + psychologist)
- Rehabilitation services through day care
- Tele mental health services to support atolls and primary care facilities
- Reverse referrals for community care
- Human resource development with training for atoll and primary levels
- Awareness and public education activities
- Building partnerships with other agencies
 - Data pooling for the region
 - Record keeping with data compiled for the region
 - Organise stepped care programmes (population size and levels)

Services at CMH @IGMH

- **Full multidisciplinary services**
- OPD, IPD, emergency services
- **10 bedded inpatient ward**
- **Primary care mental health promotion services through Dhamanveshi**
- **Rehabilitation and back referral services**
- **Family support services**
- **Tele-health support to lower levels**
- Screening
- Case management
- Inpatient care
- Human resource development at different levels for different types
- Training and teaching of students
- Research
- Developing models
- Policy inputs
- Advocacy

**Stepped up
care approach**

**WHO
MENU OF
COST-EFF
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INTERVEN
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FOR
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Continuity of care including rehabilitation services

- Reorganization of the national centre for chronic mentally ill in Guidahoo to separate persons with mentally illness from other categories.
- Establish small rehabilitation measures at regional levels with required human and technical support
- Establish short stay or Day care facilities for persons with mental illness at atoll levels
- Improve compliance to management , increasing education and employment opportunities and financial protection for chronic mentally ill at the community level

Mental health human resources numbers – quality – training – retention – accreditation - motivation

Table 4: New staff requirement for different levels for the next 2-5 years

#	Human Resources	New in islands	National Program		Tertiary/Central (CMH)		Tertiary Hospital		Dhamanaveshi at Male', Kulhudhufushi and Addu		Atoll	
			TIMELINE									
			2022	2025	2022	2025	2022	2025	2022	2025	2022	2025
1	Program Manager, Regional Mental Health Services	NA	1	1	NA	NA	NA	NA	NA	NA	NA	NA
2	Mental Health Liaison Officer (RLO, ALO, ILO) (Director level EX1)	Yes	NA	NA	1	1	1	1	1	1	1	1
3	Psychiatrists	NO	NA	NA	7	9	2	3	0	0	0	0
4	Clinical Psychologists	Yes	NA	NA	5	7	1	2	0	0	0	1
5	Assistant psychologist and/or therapy assistant (with first degree in psychology/counseling)	Yes	NA	NA	1	2	1	1	1	1	1	1
6	Medical Officers (dedicated to psychiatry)	Yes	NA	NA	5	7	1	2	0	0	0	0
7	Medical Officers (MH GAP trained)	No	NA	NA	0	0	0	0	0	0	1	2
8	Psychiatric nurses	Yes	NA	NA	8	8	2	3	0	0	0	0
9	Nurses (MH GAP trained)	No	NA	NA	0	0	0	0	0	0	1	2
10	Occupational therapists	Yes	NA	NA	1	2	1	2	0	0	0	0
11	Social Workers	Yes	NA	NA	2	3	1	2	1	2	1	2

Mental Health Human Resources



- Bridge human resource deficiencies in line with regional plan
- Develop a framework and plan in the Mental health division to train all doctors, nurses, public health teams, social workers, psychologists at all levels. All staff to be trained in 2 years time in all facilities through Regional approach
- Identify a pool of 2 – 3 institutions, master trainers and develop a training schema
- Develop a standard set of training resources or adapt the existing resources available from WHO (like mhGAP) and make adaptations as required
- Complete training of doctors, nurses, public health teams in mental health (mhGAP) and short term training programmes
- Include and integrate mental health in all on-going training programmes of other programmes
- Undertake orientation/sensitization programmes for specialists and workers from other health specialities at national and regional / atoll levels , aiming for integration of mental health
- Dedicated training programme for public health workers at island level with a focus on population level activities
- Monitor and evaluate the training programmes on a regular and continuous basis

Mental Health financing

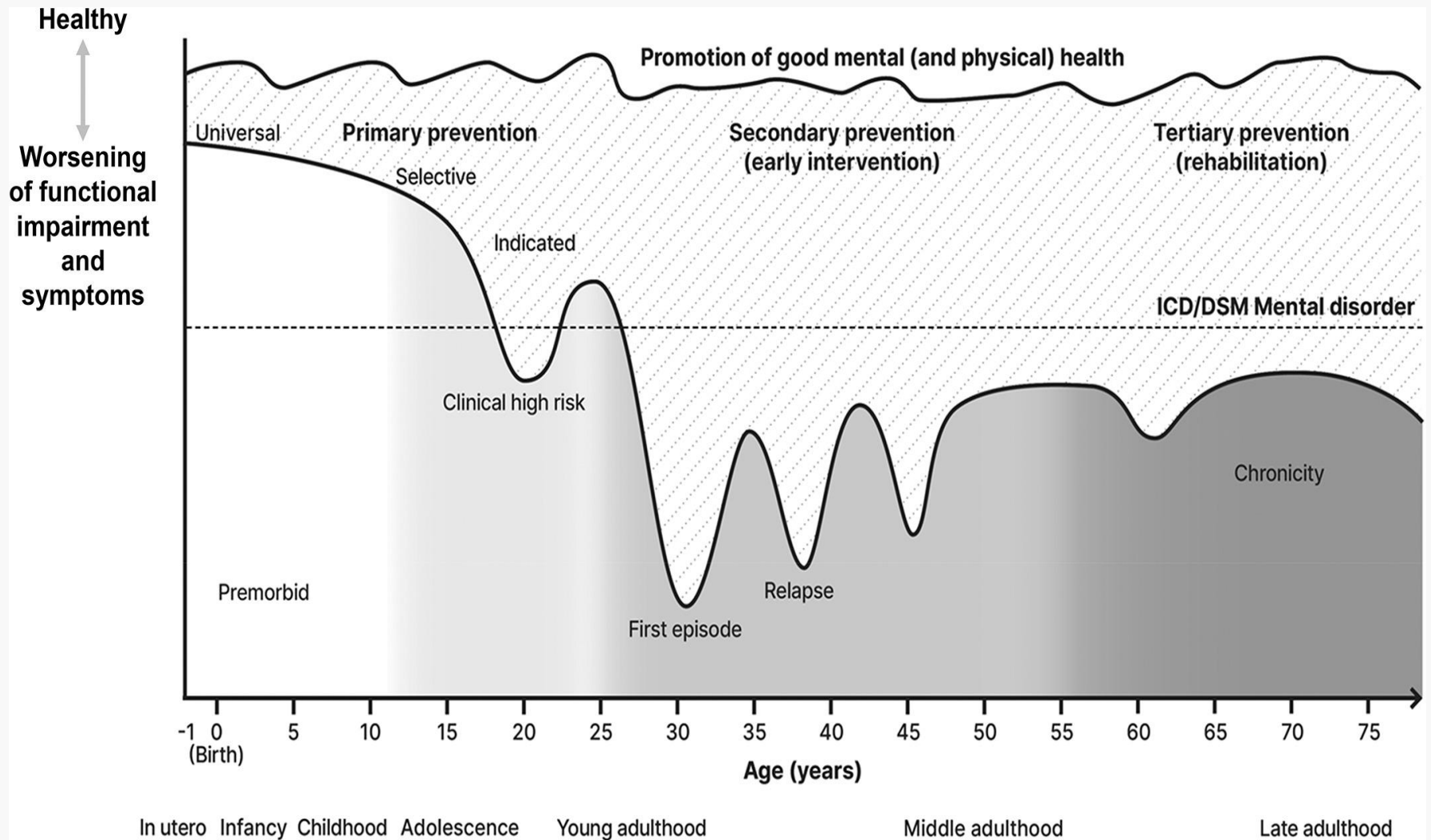


- Problems in Asanda scheme
- High costs of tertiary care
- Urban centric care
- Specialist care
- Low investments in prevention, promotion, rehabilitation, after care services
- Priority areas not delineated
- Calls for investment in right areas
- Increase and allocate ring fenced funding
- Develop a national budget for mental health and identify priority areas
- Regional comprehensive financial plan to cover all mental health activities
- Strengthen mechanisms to reduce OoPE for families
- Research to identify costs of tertiary care vs primary care

Advocacy - Awareness

- Occasional, sporadic, one time events with lack of resources
- Many people like (public health workers, teachers) not trained in mental health
- Beyond National days celebration
- Framework for engaging with NGOs, special interest groups, non formal groups and identify areas for focused and targeted activities.
- Large scale and continuous advocacy activities at national, regional and island d to raise the importance, profile, and need of mental health in the country
- Public awareness – participation – engagement of communities for **reducing stigma – positive mental health – building resilience** – warning signs of mental health problems - early recognition – continuity of care – protection of human rights - social integration for individuals and families - expanding education and employment opportunities.

Preventive psychiatry: a blueprint for improving the mental health of young people



Mental health promotion

- Develop a national integrated –strategic – sustainable plan for mental health promotion
- Engage other sectors through a defined plan
- Identify institutions and resources for developing mental health promotion activities
- Develop a national pool of resource persons for training multisectoral teams for health promotion
- Integrate mental health promotion in all programmes within and outside mental health sector
- ***Develop health promoting schools and colleges and integrate mental health in the programme***
- ***Develop work place mental health programmes that include screening and health promoting work places and integrate mental health in the programme***
- Develop technology platforms for mental health promotion for engaging with communities, youth clubs, work place managers and others including creating a dedicated website in Ministry of Health.



Integration of mental health with other programmes

- Explore opportunities for integration at different stages of implementation based on a life course perspective. Facilitate integration of mental health at different stages of planning – Training - Programme implementation – Monitoring and evaluation of activities.
 - The national steering committee to oversee implementation status and take steps for expanding reach, coverage, completeness, quality, impact of these legislations
 - An impact assessment study should be undertaken at national level on a periodical basis to examine status of implementation.
- NCD programme
 - Women and Child health
 - HIV / AIDS
 - Substance use
 - Elderly care

Mental health related legislations

- Mental Health Act (in final stages of approval)
- National drugs act (in final stages of approval)
- Disability act which also includes protection of rights of persons with mental disabilities
- Child health act
- Public health act
- Child rights act
- Tobacco control act
- Domestic violence act
- Human rights act
- Health services act
- National Essential Medicines Act

Mechanisms – Status _--
Impact not clear as there
has not been any research
or routine data
- public awareness levels ?
- Monitoring mechanisms
not known

Technology enabled mental health care

- National guidelines for tele health available
- Tele mental health in early stages though used extensively during Covid times
- Used mainly for seeking emergency help – consultation - referral
- **Develop an architecture for tele health services**
- **Has potentials for screening, diagnosis, referral, follow-up, counselling, education and continuity of care**
- **Effective for teaching – training – human resource development activities**
- System level usage for procurement of drugs and supplies
- Useful for programme monitoring

Mental Health information systems

- Good quality – Real time national data lacking
- No mechanisms for collection – compilation – analysis – dissemination – utilization
- Data not shown in national reports
- Lack of manpower to deal with data systems
- Minimum use of IT services
- Capacity strengthening and training for national and regional teams for collection, compilation, simple analysis, dissemination and utilisation of data
- Information on outpatients, in patients, discharges, average length of stay, diagnostic categories and few others should be known
- All public health workers should maintain a simple record of persons with a mental illness in their area
- Use data from dhis2 for programme strengthening – Fafu project
- Annual Mental health Bulletin

Monitoring and Evaluation

- Mental health activities not monitored regularly
- No established framework
- No national or regional indicators (those in Atlas, AIMS, international agency reports)
- Trained human resources not available at different levels
- Minimum use of IT
- Impact assessment studies ?
- Develop a national M&E framework with a set of 8 to 10 Key performance indicators
- Mental health programmes to be monitored at regional / atoll levels by the Regional mental health coordinator through periodical reviews
- Evaluation framework has to be developed with indication for components (policy and plans, service coverage and delivery, training, etc)
- Promote an evaluation system to be undertaken once in 5 years

Strengths

- Greater political will
- Strong Interest from Health Ministry and others
- National guidance frameworks
- Network of health facilities – Infrastructure
- Success of CD control programmes
- Greater financial spending on health
- Strong technology connectivity and support
- Small population

Limitations and challenges

- Deficient human resources(trained and skilled)
- Language and cultural barriers
- Limited engagement of stake holders
- Greater reliance on tertiary – specialist –curative services
- Low emphasis on primary and secondary care
- Vertical nature of programmes and activities
- Lack of defined programmatic framework
- Lack of managerial guidelines + protocols
- Limited integration efforts
- High reliance on specialist care
- Deficient data for planning and implementing programmes.
- Absence of monitoring and evaluation
- Topography of the country
- High levels of stigma
- Low motivation levels among staff

Major challenges to mental health care include

- minimum (reassurance) or absence of mental health services at primary and secondary levels,
- absence of a core package of services within primary healthcare system
- absence of guidelines, procedures and protocols to be followed in health care facilities,
- absence of screening mechanisms at primary, regional / atoll level health care facilities
- non-existent referral pathways (when, whom, why) and networks,
- lack of different categories of trained doctors, nurses, public health workers, counsellors and social workers for mental health activities along with language and cultural barriers.
- Greater reliance and dependence on foreign workers
- absence of community and /or institution based rehabilitation services,
- non-integration of mental health within health and with other sector programmes,
- minimum or low level of promotion and prevention activities,
- high levels of stigma for mental illness,
- absence of community engagement,
- limited emphasis on a life course perspective within health care systems, and
- no information systems to support programmes.

Mental Health Is A Universal Human Right



10 required actions

- Strong government and leadership role
- Universal coverage
- Financial, human and technical resources
- Multisectoral and integrated activities
- Equity in health care
- Life course approaches
- Shift from institutions to communities along with implementing a package of interventions at each level
- Empowering individuals and communities
- Enabling environments
- Investing in operational and translational research

Managing Depression in Primary Care

Basic psychosocial support for mild

cases
Basic psychosocial support and antidepressant medication for first episode moderate-severe

cases

Psychological treatment^k of first episode

moderate-severe cases

Psychological treatment and antidepressant medication of first episode moderate-severe cases

Basic psychosocial support and antidepressant medication for recurrent moderate-severe cases on an episodic basis

Psychological treatment of recurrent moderate-severe cases on an episodic basis

Psychological treatment and antidepressant medication for recurrent moderate-severe cases on an episodic basis

Basic psychosocial support and antidepressant medication for moderate-severe cases on a maintenance basis

Psychological treatment of recurrent moderate-severe cases on a maintenance basis

Health
Education
on
Welfare