Qatar National Mental Health Strategy

Changing Minds, Changing Lives
2013-2018
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Foreword

by Her Highness Sheikha Moza bint Nasser

The National Mental Health Strategy sets out Qatar’s vision to provide the best possible mental health services for our citizens, while changing attitudes towards mental illness.

Mental health issues are often misunderstood and frequently surrounded by negative attitudes. This stigma can cause individuals and their families to suffer in silence, preventing them from seeking the necessary help. The impact on family relationships and community life can be devastating.

Encouraging positive, open dialogue about mental health issues in Qatar is crucial to drive forward a major transformation in attitudes. It is time that we recognise mental illness as any other condition that requires treatment and support.

Public education and information are critical to our mission to prevent mental illnesses and reduce their impact. Starting with our young people, we must encourage a culture of dialogue and openness about mental health. Awareness-raising campaigns will help our citizens learn how to identify mental illness, access services, support each other and – most importantly – to maintain good mental health and wellbeing.

We also aspire to deliver the best possible care for those affected by mental illness – care that is high-quality, culturally appropriate and accessible. This strategy outlines a new model of care for Qatar that will change the way our mental health services are delivered. Only a small proportion of people require hospital-based care and good primary health care services will ensure those affected can access treatment and support close to their homes and families.

Changes to mental health service delivery and increasing awareness about mental illness, can improve the lives of many in Qatar.

Her Highness Sheikha Moza bint Nasser
Vice Chairperson, Supreme Council of Health
Chairperson, Executive Committee
Foreword

by His Excellency the Minister of Health

I am delighted to welcome Qatar’s first National Mental Health Strategy. It is a critical part of the National Health Strategy (2011-16) as it will shine a light on and respond effectively to the mental health needs of individuals, families and the broader community in Qatar.

I am grateful to Assistant Secretary General, Dr. Salih Ali Al Marri, Dr. Hanan Al Kuwari and Dr. Mariam Abdul Al Malik and to the Joint National Mental Health Committee (JNMHC) for their efforts in guiding the strategy’s development. Under their excellent leadership there have been great efforts by many people. I would also like to acknowledge the National Mental Health Implementation Team who produced the strategy.

Many people have given their commitment and time to make valuable recommendations in their areas of expertise. The public and private sector organizations of Qatar have also been involved with their representatives attending a number of deliberative events. The result is a well-informed strategy that has widespread support.

Over the next 5 years and beyond we will steadily increase funding and resources for mental health care to build capacity and support the implementation of this strategy. Greater integration and balance in the health system and increased resources will be essential components.

Together we strive to enhance everyone’s wellbeing by promoting good mental health, reducing stigma and preventing mental illness. When illness does occur, this strategy means that people in Qatar will have a range of choices for how to access mental health assessment, treatment, rehabilitation and recovery. Whether it is in a primary care, outpatient, community or a hospital setting, people with mental health issues will be able to access professional care at the right time and in the right place.

I believe the people of Qatar, both those working in mental health care and those accessing services, share the strong ambition of the strategy. Our challenge now is to make this strategy a reality. In doing so, we will create a comprehensive, high quality mental health system that will deliver excellent outcomes for individuals and families now and into the future.

HE Abdullah Khalid Al Wahtani
Minister of Health
Secretary General,
Supreme Council of Health
Executive Summary

This strategy is for the people of Qatar - it is about improving the lives of individuals and families and building a strong, successful nation.

We want to ensure that everyone can reach and maintain the highest level of wellbeing. This strategy contributes to the human development pillar of the Qatar National Vision 2030, which recognizes that a healthy mind is as important as a healthy body.

Good mental health is a state of wellbeing where individuals make the most of their abilities. It means that people can cope with the normal stresses of life and can work productively to make a contribution in their community.

The strategy’s vision is to promote good mental health and wellbeing, to prevent mental illnesses and to develop tailored, quality services that can be accessed when mental health issues occur.
Our Vision for Mental Health in Qatar

Good Mental Health and Wellbeing for the People of Qatar, supported by Integrated Mental Health Services with Access to:

- The Right Care
- At the Right Time
- In the Right Place
This strategy has been developed utilizing the best available research from around the world and has been tailored specifically to the needs of Qatar through engagement with key stakeholders.

Research conducted (but not yet published) in Qatar suggests mental health issues are common and that 1 in 5 people will be affected by mental illness at any given point in time. Additionally, three of the top five causes of disability in Qatar are mental health issues. Mental health is influenced by many factors and anyone can be affected, at any time. However, it is clear that with the right care and a supportive community, recovery is possible and people can go on to live full lives.

Across the world, mental health has not had the same public profile as physical health. This has contributed to the stigma associated with mental illness and a lack of accessible services.

Whilst the evidence shows that many people experience mental health issues in Qatar, their stories have not been told publically. We know from the research that shame and fear of stigmatization deters people and their families from speaking openly about mental illness, and from seeking treatment and support. This has caused a great deal of personal suffering and has widespread social and economic impacts on health and productivity.

We thank the small group of Qatari people who stepped forward to share their personal experiences within our strategy. Through their stories, we want to show how this strategy strives to change minds about mental health and change the way mental health services are delivered. It is their courage and their belief that there will be a better future for mental health in Qatar that is the true driver and catalyst for change.
People’s Experience of Mental Health in Qatar

“I wanted to seek help, so I started telling my husband and parents... they thought that I am just being sensitive and I should think positively”

“It was a long journey and took me time to recover”

“I think it is sad that a lot of people are not aware of mental health issues. Like my family, for example they were not really sure what is going on with me”

“I don’t like to be treated in a hospital environment... I think mental health is more about being relaxed and open for a patient to be able to express his/her feelings”

“Deep inside me I knew that there is something going wrong but I was not sure what is it was exactly”

“I am much better now... I feel good about myself and can get along with my life as normal”

“I don’t like people to know about my story to avoid any stigma”

“It is important that people do not treat me as a sick person”

“All my appointments were in an office not a clinic. This really made a huge difference... It was like visiting a friend not a Psychiatrist”

“...there might be people out there who are suffering... not aware that there are professionals who could help”
Improving Mental Health Care for the People of Qatar

The diagram below visually represents where we are now and where we see mental health in the future.

System Wide Change Is Needed

The Current
Mental Health System in Qatar

- Negative perceptions of mental health
- Lack of information and help available
- High level of unmet need
- Small committed workforce
- Service provision in limited settings
- Limited policy and clinical guidelines

The Future
Mental Health System in Qatar

- People seek help without fear of stigma
- Range of information resources and supports available
- Increased service utilization
- High quality, well resourced workforce
- Services in a range of locations
- Comprehensive standards and guidelines

2013  ➤  2018
Our Pledges to deliver an Improved Mental Health System in Qatar

We will:
1. Raise public awareness about mental health and reduce the stigma associated with mental illness
2. Make mental health information resources widely available
3. Ensure most people can access their treatment in primary care and community settings
4. Develop specialist services that meet the differing needs of individuals and groups
5. Ensure care is individually tailored and based on treatments that work
6. Develop a sustainable, high-quality mental health workforce for Qatar
7. Provide a coordinated multi-sectoral approach to mental health policy development and planning
8. Enact Mental Health Law in Qatar
9. Report improvements in patient care using a range of performance measures
10. Ensure mental health research evidence translates into improvements in clinical practice and patient outcomes

Implementing the Strategy

To deliver our pledges for the people of Qatar, a detailed Strategy Implementation Framework has been developed. Key program milestones and performance indicators have been identified to measure the successful implementation of the strategy and will be monitored by the National Mental Health Strategy Implementation Committee (NMHSIC).

Implementing the strategy will rely on continued close linkages to existing National Health Strategy (NHS) projects including the National Health Workforce Development Project and the National Primary Health Care Strategy.
Introduction

The primary purpose of this strategy is to articulate the vision for the mental health system in Qatar and how the vision will be realized.

Vision

“Good mental health and wellbeing for the people of Qatar supported by integrated mental health services with access to the right care, at the right time and in the right place”

Strategic Objectives

Objective 1: To implement effective strategies for mental health promotion, including actions to reduce the prevalence of mental disorders

Objective 2: To provide comprehensive, integrated and responsive mental health services

Objective 3: To strengthen leadership and governance for mental health

Objective 4: To strengthen information systems, research and evidence based practice


Outcomes

• Increased awareness of mental health and reduced prevalence of mental illness
• Access to tailored services, with a focus on early intervention and recovery
• A high quality service system which is regulated and monitored
• Improved patient outcomes through evidence based policy and service provision
Introduction

Qatar National Mental Health Strategy
Changing Minds, Changing Lives

To explain the strategy and to show the direction of mental health reform within Qatar, this document is divided into four key chapters.

Chapter 1
Defines the importance of mental health and the impact of mental illness on individuals and their families.

Chapter 2
Outlines the mental health needs currently identified in Qatar and the current service provision in the country. This lays the foundations for the importance of the evolving mental health system in Qatar.

Chapter 3
Describes what mental health will look like in Qatar in the future. This chapter outlines how we plan to build the mental health system and what will be achieved under each of the four strategic objectives.

Chapter 4
Describes the plan for implementation and the performance indicators and program milestones that will be used to monitor implementation of the strategy over the next five years.
Chapter 1: The Importance of Mental Health

Mental health affects everyone: all countries, all societies, the rich and the poor, the urban and the rural, and individuals of all cultures, races, genders and ages. Good mental health is central to quality of life for individuals and their families, and to the social and economic success of societies and nations.
The World Health Organization (WHO) recognizes mental health is an integral and essential component of health and wellbeing:

**Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.**

Mental Health is as important as physical health to the overall wellbeing of individuals, families, communities and societies.

**Mental Health is a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.**

Good mental health is a sense of wellbeing, confidence and self-esteem. Often referred to as mental or emotional wellbeing, it is a positive state arising from a sense of connection with people, communities and the wider environment.

**People who are emotionally and mentally healthy have the tools for coping with difficult situations and maintaining a positive outlook. They remain focused, flexible, and creative in bad times as well as good.**
A mental illness is a health problem that significantly interferes with an individual’s cognitive, emotional or social abilities and can often result in a diminished capacity for coping with the ordinary demands of life. Major mental illnesses include depression, anxiety, schizophrenia and bipolar disorder.

Mental disorder is also a term that is used in the strategy to describe mental illnesses and a range of other diagnosable disorders including learning disability and autism spectrum disorders. Mental disorders are diagnosed according to standardized criteria.

Mental disorders are common, may be acute or longer lasting and vary in severity. They manifest themselves in different ways at different ages and may (for example in children and young people) present as behavioural problems. It is therefore important to understand what influences our state of wellbeing.

Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time. Mental illness, like physical illness, is caused by a complex interaction between these factors.

Protective factors can help reduce the likelihood that an individual or group of people will develop a mental illness. For example, having supportive communities and healthy lifestyles are protective factors. Further research is required to determine the specific risk and protective factors that have relevance in Qatar across different population groups.
The table below details risk and protective factors for mental health issues and practical ways individuals and communities can influence their own state of mental health and wellbeing.

### Risk And Protective Factors For Mental Disorders

<table>
<thead>
<tr>
<th>Biological and Lifestyle Factors</th>
<th>Psychological Factors</th>
<th>Social Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor nutritional intake</td>
<td>Isolation</td>
<td>Poverty</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>Poor social networks</td>
<td>Discrimination (age, sex, race, disability)</td>
</tr>
<tr>
<td>Substance abuse and smoking</td>
<td>Abuse</td>
<td>Low social status</td>
</tr>
<tr>
<td>Being overweight</td>
<td>Low self-esteem</td>
<td>Dangerous work</td>
</tr>
<tr>
<td>Genetic factors</td>
<td>Low perceived power</td>
<td>Polluted environment</td>
</tr>
<tr>
<td>High blood pressure and cholesterol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Release of stress hormone</td>
<td>Loss of meaning or purpose in life</td>
<td></td>
</tr>
<tr>
<td>Altered levels of biochemical markers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive mental health</td>
<td>Participation in civic activities and social engagement</td>
</tr>
<tr>
<td>Regular physical activity</td>
<td>Strong social networks</td>
</tr>
<tr>
<td>Decreased use of tobacco and drugs</td>
<td>Supportive family structure</td>
</tr>
<tr>
<td>Balanced nutritional intake</td>
<td>Positive self-esteem</td>
</tr>
<tr>
<td></td>
<td>Feeling of trust</td>
</tr>
<tr>
<td></td>
<td>Feeling of control over life decisions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Biological and Lifestyle Factors</th>
<th>Psychological Factors</th>
<th>Social Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe physical environments</td>
<td>Supportive economic and social conditions</td>
<td></td>
</tr>
<tr>
<td>Supportive economic and social conditions</td>
<td>Regular supply of nutritious food</td>
<td></td>
</tr>
<tr>
<td>Restricted access to tobacco and drugs</td>
<td>Healthy public policy and practice</td>
<td></td>
</tr>
<tr>
<td>Provision for meaningful employment</td>
<td>Provision of affordable housing</td>
<td></td>
</tr>
</tbody>
</table>
Poor mental health can have multiple effects on an individual’s physical health and quality of life, which also have an impact on their family.

Mental illness can increase the risk of a person developing physical illnesses such as cancer, diabetes, arthritis, heart and neurological disease. Further, the co-existence of physical illness and a mental disorder can exacerbate both conditions and hinder recovery. Poor mental health can be both a cause and consequence of physical injury.

People with mental health issues can also face difficulties in taking part in everyday activities such as participating in education, employment, leisure activities and maintaining relationships.

The families of people who are experiencing a mental illness may face difficulties associated with managing the emotional demands of caring, which can increase the risk of family members and carers developing mental health issues themselves. Other impacts on families may include disruption to household routine, managing their relative’s behavior, restrictions to social activities and economic difficulties associated with disruption to employment.
Poor mental health can affect many aspects of life:

- Physical health
- Employment
- Education
- Participation in leisure activities
- Maintaining relationships
Chapter 2: Mental Health in Qatar – The Current Context

This chapter includes details of the prevalence of mental disorders in Qatar and the impact of mental health issues upon society. Additionally, this chapter describes mental health service provision in Qatar, including facilities and workforce composition. It concludes with an estimate of the extent of the treatment gap which currently exists in Qatar.
The WHO global estimates suggest mental disorders affect more than 1 in 4 people in the course of their lives, and about 1 in 10 adults at any one time.10

The limited number of studies that have been undertaken suggest that prevalence of mental disorders in Qatar broadly reflect the WHO’s global estimates of prevalence.

A recent (not yet published) study of 1,063 Qatari nationals attending Primary Health Care Centres11, for physical health treatment, identified:

- An overall point prevalence rate for mental disorders of 20%
- Indicative point prevalence rates for sub-categories of mental disorders
- An indication as to the clinical severity of those disorders

<table>
<thead>
<tr>
<th>Population Prevalence (%)</th>
<th>Clinical Severity (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mild</td>
</tr>
<tr>
<td>Generalised Anxiety Disorder</td>
<td>20.4</td>
</tr>
<tr>
<td>Major Depressive Disorder</td>
<td>19.1</td>
</tr>
<tr>
<td>Other Psychiatric Disorders</td>
<td>13.36</td>
</tr>
</tbody>
</table>

The data from this study indicates that 1 in 5 Qatari Nationals are currently living with a mental disorder. The initial findings from this study also suggest that mental disorders are particularly common amongst women and young adults.

Further research is required to provide a more detailed understanding of need and potential factors contributing to mental disorders for different communities in Qatar. Continued research will be necessary to enable monitoring of change in prevalence and these factors over time.
In 2010 the Global Burden of Disease Study (GBD 2010) released worldwide and country specific trends of health loss due to diseases, injuries and risk factors. It was the first systematic and comprehensive assessment of data since the World Bank commissioned a similar exercise in 1990.\textsuperscript{12}

The study measured the burden of disease in disability adjusted life years (DALYs). This is a composite measure, combining years of life lost due to premature mortality (YLLs) and years of life living with disability (YLDs).\textsuperscript{13}

Worldwide, mental disorders have been quantified as being amongst the most burdensome of all classes of disorders because of their high prevalence, early age of onset, chronicity and associated functional impairment.\textsuperscript{14} The 2010 study found that:

- Mental disorders account for 15\% of the global disease burden (GBD)
- Depression is now the leading cause of disability globally
- Mental illnesses represent four of the top ten causes of disability globally
- There are nearly 1 million suicides every year worldwide and people with severe mental illnesses die on average 20 years earlier than the general population

Based upon an analysis of Qatar’s submission for this study, mental health is indicated as being one of the three priority areas for health services in Qatar.\textsuperscript{14}

The social and economic costs of mental illnesses are significant and include the direct costs of caring for people with mental health issues and also the costs of lost productivity in the wider economy. For Qatar, the total economic cost of mental disorders is estimated at QR1.7 billion per annum (Annex A: Indicative Costs).
Current Provision

Services

There are a range of public and non-governmental organizations currently involved in the delivery of care to people with mental illnesses in Qatar. The services offered by these organizations (primarily in hospital settings), and the professionals working within them, are described in Qatar’s submission to the Mental Health Atlas 2011.16

The two tables below detail information across a number of domains, under the broad headings of availability of facilities, workforce and training courses in Qatar. For comparative purposes, the availability of the same resource domains in other high income countries (measured as a median) are also listed.

### Mental Health Facilities

<table>
<thead>
<tr>
<th></th>
<th>Total number of facilities / beds</th>
<th>Rate per 100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Qatar</td>
<td>Qatar</td>
</tr>
<tr>
<td>Mental Health Outpatient Facilities</td>
<td>16</td>
<td>1.06</td>
</tr>
<tr>
<td>Day Treatment Facilities</td>
<td>2</td>
<td>0.13</td>
</tr>
<tr>
<td>Psychiatric Beds in General Hospitals</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Community Residential Facilities</td>
<td>1</td>
<td>0.07</td>
</tr>
<tr>
<td>Beds in Community Residential Facilities</td>
<td>15</td>
<td>0.99</td>
</tr>
<tr>
<td>Psychiatric Hospitals</td>
<td>1</td>
<td>0.07</td>
</tr>
<tr>
<td>Beds in Psychiatric Hospitals</td>
<td>60</td>
<td>3.98</td>
</tr>
</tbody>
</table>
Workforce and Training

<table>
<thead>
<tr>
<th>Health professionals working in the mental health sector Rate per 100,000</th>
<th>Training of health professionals in educational institutions Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qatar</td>
<td>High income Countries</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>1.66</td>
</tr>
<tr>
<td>Medical doctors, not specialized in psychiatry</td>
<td>0.20</td>
</tr>
<tr>
<td>Nurses</td>
<td>10.94</td>
</tr>
<tr>
<td>Psychologists</td>
<td>1.26</td>
</tr>
<tr>
<td>Social Workers</td>
<td>0.46</td>
</tr>
<tr>
<td>Occupational Therapists</td>
<td>0.40</td>
</tr>
</tbody>
</table>

It is commonly acknowledged that it is impossible to recommend a minimum level of care, or global standard for facility and staff provision. The level of resource required for each nation is specific to the level of need identified, and the service model adopted. The data in the tables above highlights a disparity in terms of Qatar’s current resource levels and those of other high income WHO member states.
Service Utilization
Service utilization data has not routinely been collected from public and non-governmental provider organizations in Qatar to date. This represents a significant weakness in the current system and has been identified as a key action for the implementation phase of this strategy. The routine collection and analysis of this data will be central to future policy and service planning.

Financing
The proportion of total health expenditure directed towards mental health care can be seen as an indication of the priority given to mental health care within the health sector. The global median percentage of government health budget expenditure dedicated to mental health is 2.8%. This level of allocation is significantly greater in high-income countries and as a median stands at 5.1%.

Current mental health expenditure in Qatar is yet to be quantified, although the 2011 Mental Health Atlas submission does describe Hamad Medical Corporation Psychiatric Services (the major public health provider) as representing 1.95% of the total health budget.
The Treatment Gap

A key outcome of the implementation of this strategy will be the reduction of the mental health treatment gap. The treatment gap is defined as being the difference between the numbers of people that currently access services (service utilization), and the number of people who currently require mental health services (prevalence). The process of quantifying the treatment gap is an essential part of planning, as it informs the amount and nature of resources that are required to serve Qatar’s population.

In the absence of precise service utilization data, it is not possible to make a definitive calculation as to the extent of the mental health ‘treatment gap’ that currently exists in Qatar. However, a broad indication of the extent of the treatment gap can be drawn from data that does exist.

Hamad Medical Corporation is the largest provider of psychiatric services in Qatar. 2011 service utilization data indicated that approximately 4.6% of Qatari nationals accessed mental health services, and approximately 1% of non-nationals. Based upon available prevalence rates, this means that current service utilization may represent as little as 25% of the needs of Qatari nationals, and as little as 5% of the needs of non-nationals.

*Qatari Nationals
In the context of this current unmet need, mental health planning must also be informed by the projected growth and changes in the nature of the population of Qatar. The demographic profile of Qatar will be a critical consideration in mental health service design, capacity and demand planning.

Unmet need is a global challenge. Many people with mental illnesses around the world are still not receiving the treatment they need. The main reasons for this are:

- Continuing stigma and lack of understanding
- Treatment being offered in the wrong places (for instance exclusively in hospitals rather than in community settings)
- A lack of mental health trained staff
- Inadequate physical facilities
- A lack of financial investment

Qatar’s Mental Health Strategy acknowledges these challenges and directly addresses these with the implementation of a plan for system wide change, including targeted health promotion campaigns, prevention activities and an approved model of care for mental health service delivery.

The ongoing development of the mental health system will be an iterative process. Further analysis will seek to better understand high-risk groups in Qatar, prevalence of individual mental disorders, unmet need and preferred pathways into care.
Chapter 3: Building the Future Mental Health System

This section of the strategy outlines the plans for building the future Mental Health System in Qatar. The development of the system is underpinned by four key strategic objectives.
Each strategic objective and our plans for the future are described below.

**Education and Prevention**

**Objective 1: To implement effective strategies for mental health promotion, including actions to reduce the prevalence of mental disorders**

**Our Pledges**

We will:
1. Raise public awareness about mental health and reduce the stigma associated with mental illness
2. Make mental health information resources widely available

Qatar aspires to be a leader in the promotion of the mental health and wellbeing of its people. It is important to build a responsive community that understands mental health, actively seeks to prevent mental illness and where people can seek help and support without fear of stigma or discrimination.

**The Impact of Stigma**

Arising from negative attitudes and misunderstanding, the stigma often attached to mental illness is a barrier to health care and quality of life around the world.

In Qatar, a study of public perceptions of mental health issues conducted in Primary Health Care Centers\textsuperscript{19} has shown that stigma exists in Qatar and that shame and fear of stigmatization often deters individuals and their families from acknowledging mental health issues, and seeking treatment and support. This leads to unnecessary hospitalization and prolonged illness.
This study also revealed that the level of mental health knowledge in Qatar was low and that misconceptions exist around the causes of mental health issues and also the capabilities of people with mental health issues. For example, only a third of the 2,514 respondents in the study thought that people with mental health issues could do ordinary jobs and almost 40% equated mental illness to being a spiritual affliction.

Stigma can deny individuals with a mental illness access to learning, employment, and fulfilling relationships. In Qatar, some people have experienced negative impacts associated with mental illness, including reduced marriage prospects and employment opportunities, as well as social isolation.

At a stakeholder engagement event in June 2012, 60 participants from key organizations in Qatar (Annex D) provided their views on the current level of mental health awareness:

- More than two thirds of participants believed that the people of Qatar had a negative view of mental illness
- 93% of participants felt that people were not happy to talk about mental illness
- Nearly all participants agreed the public needed more education about mental health

Mental Health Promotion and anti-stigma strategies will be developed to dispel misconceptions and encourage positive attitudes about mental health in Qatar.

The media will be a key vehicle for combating negative views of mental illness and services to raise the profile of mental health in Qatar. Through education, the media will be encouraged to report sensitively and accurately on mental health issues, reinforce key health messages and provide appropriate information on available services and resources.

Mental health champions who are well-known and respected will be engaged to speak publically about mental health and wellbeing. Stories of people who have a personal experience with mental illness, either as a patient, family member or friend, will be shared to raise awareness about mental health issues and help reduce stigma.

![MYTH]
Mental illness is caused by sin

![TRUTH]
Most mental illnesses are caused by a combination of multiple biological, psychological and social factors

Developing Positive Attitudes to Mental Health in Qatar
Public Awareness and Education

Public education is central to our strategic approach to reduce the prevalence and impact of mental health issues in Qatar.

National, multi-sectoral mental health promotion and prevention initiatives will focus on:
• Improving the health and wellbeing of the whole population across the lifespan
• A tailored, culturally appropriate approach for targeted groups
• Working in collaboration in a broad range of settings

Tailored to specific population groups in Qatar, health promotion and prevention initiatives will:
• Educate the community about the signs and symptoms of mental illness
• Promote good mental health and actions everyone can take to reduce the risk factors that contribute to the onset of mental health issues
• Provide information about effective treatment options and how to access help
• Support people living with mental illness and their families with information to enable them to maximise recovery and help reduce the impact on their lives

To guide the development of these initiatives, further research needs to be conducted to better understand attitudes towards mental health in Qatar, the specific barriers to seeking help and how positive attitudes and behaviours can be enabled and encouraged. Research into the specific experience of different population groups will be essential to building effective, targeted interventions, including suicide prevention.

Awareness campaigns and information resources will be developed to improve the mental health literacy of the population and promote good mental health and wellbeing. Mental health information (including self-help resources) will be made widely available to encourage people to look after their own health (self-care) and to look out for those around them – their family, friends, work colleagues and members of their community.

Mental health promotion activities will be carefully planned to align with the development and availability of mental health services. This will ensure that people responding to health promotion campaign messaging will receive timely, high-quality care and support.
Building Responsive, Supportive Communities

Raising mental health awareness is important for the whole community but particularly important for those that are most likely to come into first contact with people experiencing mental health issues. We want to build a community where everyone knows how to identify the symptoms of mental illness, refer individuals to services where appropriate and support the recovery of people experiencing mental illness.

Work will be done to increase mental health awareness and build cooperative relationships between mental health services and key groups within the community, including:

- Families and Carers
- Religious Leaders and Spiritual Guides
- Employers
- Teachers
- Health Care Professionals
- Emergency Services Staff
Working in partnership with existing social networks and the Supreme Council of Health (SCH) Public Health Department, effective mental health programs will be developed in a range of priority settings:

**Schools and Universities**
A significant proportion of mental illnesses develop in adolescence. Wellbeing campaigns and educational modules on mental health (including life skills and building resilience) will be developed to increase the capacity of young people to manage social and emotional challenges and to help prevent mental illnesses from developing. Awareness programs will also assist educational institutions to foster student mental health and wellbeing and provide teachers and school nurses with education about the signs and symptoms of mental illness and onward referral procedures. Programs will also work in collaboration with parents and families to support them to play a key role in early intervention for young people experiencing mental health issues.

**Workplaces**
Working in collaboration with Occupational Health and Safety (OHS) initiatives in Qatar and the business community, we will deliver education programs in workplaces to build the capacity and skills of employers and employees to promote good mental health and help create healthy, safe working environments. Workplace awareness programs will address workplace risk factors such as stress as a prevention strategy, to reduce the likelihood of mental illness developing.

**Health Institutions**
We know that people experiencing physical illness have an increased risk of developing a mental illness, especially depression and anxiety. As an early intervention initiative working with Qatar’s health care providers, we will ensure that information resources about mental health are widely available in health care centres and appropriate screening programs are developed. Health care professionals will be provided with education on the signs and symptoms of mental illness and how to respond appropriately to people presenting with mental health issues.
Mobile and Online Environments
The majority of people in Qatar are users of online and communication technologies (Qatar’s Internet penetration rate was 86% in 2011). This represents an opportunity to develop effective health interventions and self-help resources about mental health using new technologies.

Opportunities also exist to build online communities and social networks where people can discuss personal and health issues and seek more informal supports, especially for young people. Sometimes this more informal, peer-based and anonymous environment (for example, via mobile phone Apps, interactive websites, online forums, or e-learning) is a more comfortable first step for seeking help for a mental health issue. These resources will need to be supported by trained mental health professionals to manage risk and referral to services.

Mental health promotion is an enabling process, done by, with and for the people.

Working in collaboration across Qatar’s National Health Strategies and the Supreme Council of Health (SCH), good mental health will be promoted within public health campaigns, including Primary Care’s health promotion activities.

The SCH will be a key communications partner to develop an action plan for Mental Health Promotion and Prevention and to ensure risk and protective factors associated with mental illness are addressed. We will seek to engage with a range of sectors including education, social affairs, employment and religious organizations, as well as the wider community, to ensure a broad approach to factors that influence the mental health and wellbeing of people in Qatar.
Developing Qatar’s Service Provision

Objective 2: To provide comprehensive, integrated and responsive mental health services

Our Pledges

We will:
3. Ensure most people can access their treatment in primary care and community settings
4. Develop specialist services that meet the differing needs of individuals and groups
5. Ensure care is individually tailored and based on treatments that work
6. Develop a sustainable, high-quality mental health workforce for Qatar

Of equal importance to the goals of prevention and mental health promotion, is the need to ensure the availability of high quality services for people who do experience mental illness. The development of comprehensive, integrated, accessible and responsive mental health services is essential for the wellbeing of the people of Qatar.

The complexity of need associated with mental disorders requires a sophisticated and flexible service design, based upon clear principles and defined priorities. Acknowledging this, Qatar has endorsed a new model of care for mental health service delivery. It is built upon the best available international and local evidence in relation to effective service delivery, and is specifically tailored to Qatar’s unique needs. The implementation of this model of care will require the adoption of its principles, a commitment to developing the capacity of the workforce, and the provision of modern, non-stigmatizing facilities to support care delivery.
The Model of Care

<table>
<thead>
<tr>
<th>Primary Care</th>
<th>Tailored Services For Specific Groups</th>
<th>Age Specific Service Provision</th>
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</thead>
<tbody>
<tr>
<td>Community Mental Health</td>
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<tr>
<td>Inpatient Mental Health Services</td>
<td>• Adults (18-65)</td>
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<td>• Older Adults (65+)</td>
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<td>Other Specialist Service Provision</td>
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<td>• Forensic Services</td>
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<td>• Substance Misuse</td>
<td></td>
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<tr>
<td></td>
<td>• Learning Disability</td>
<td></td>
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</tbody>
</table>

Underpinning Principles
• Early Intervention with a Recovery Focus
• Inter-Disciplinary and Coordinated
• Person Centered, Evidence-based and Integrated
• Development of a High Quality Workforce
• Provision of High Quality Facilities

The Setting for Care Delivery

Qatar’s approved model of care is also endorsed as the preferred model of mental health service delivery by the WHO. The model of care has a significant focus upon the setting in which care is delivered. Broadly, those settings are:
• Primary Care
• Community Mental Health Services
• Inpatient Care

The setting in which services are delivered to an individual is based upon the severity of their disorder and their individual need.

The data drawn from research conducted in Qatar indicates that the vast majority of mental disorders fall within the categories mild to moderate, with approximately 10% of mental disorders categorized as severe in nature. This data underpins the refocusing of service delivery from a hospital, to specialist community mental health and primary care settings.
As described in the recent National Primary Health Care Strategy, primary health care in Qatar will play a stronger role in tackling mental disorders, and will form the foundation of the mental health service delivery system. In most cases, primary care will provide the first point of contact for service users and their families. This approach is supported by the WHO, which advocates that mental health care should be integrated into mainstream primary health care for reasons of reducing stigma, cost effectiveness and to deliver better outcomes. Primary health care will facilitate the early identification of mental disorders and the treatment of mild common mental illnesses such as depression and anxiety. Additionally, care for people with long-term conditions could be improved by better integrating mental health support with primary care chronic disease management programmes, enabling closer working between mental health specialists and other professionals.

Community mental health services can be broadly divided into two categories, formal and informal. The model of care recognizes the role and importance of both forms of service in society. Formal community mental health services are provided by trained mental health professionals, often assisted by support staff and include a broad range of residential, centre-based and home-based services. Informal community mental health services tend to be provided by people without formal training in mental health, and include a variety of people across a range of locations. The support of informal services will be central in efforts to tackle the stigma associated with, and in facilitating access to, formal mental health services.

For a small minority of people with mental illnesses, inpatient assessment and treatment is necessary. These facilities should not be equated with the institutional psychiatric hospitals that dominated mental health care in other parts of the world throughout the 20th century. Qatar’s inpatient services will, wherever possible, be co-located with physical healthcare provision.
The Need for Tailored Services - Age Specific and Other Specialist Services

The model of care implemented for Qatar will adopt a ‘life-course’ approach. This means that services will be developed to reflect the particular circumstances and needs that people have at the various stages of their life.

Children and Adolescents

Mental health difficulties in childhood and adolescence are surprisingly common, with up to 20% of this age group world-wide experiencing a disabling mental disorder.\textsuperscript{25} There are a broad range of difficulties and mental disorders encountered during childhood and teenage years, and lack of attention to this age group may lead to lifelong consequences.\textsuperscript{25} The needs of children and adolescents in Qatar will be met through specialized service provision, which will provide high quality services ensuring effective assessment, treatment and support, for them and their families.

- **MYTH**
  Mental illness only affects adults

- **TRUTH**
  One in five children has a mental disorder

Adults

This age group forms the largest proportion of the general population and correspondingly, the largest proportion of mental health service users. The cost of untreated mental illness can be high in adulthood, being linked to unemployment and the break-up of families. Adult mental health services will employ cross-sectoral approaches to meet the diversity of need that is associated with this life stage.
Chapter 3 Qatar National Mental Health Strategy
Changing Minds, Changing Lives

The needs of older adults are complicated by the increasing likelihood of the presence of physical frailty, illness or disability, which may have complex interactions with mental illnesses. Older adults can develop disorders such as dementia, as well as the mental illnesses that are common in earlier life stages. This requires the development of tailored provision which is capable of working in partnership with a range of other services.

The vast majority of people with mental health issues pose no risk to themselves or anyone else. In a limited number of cases, a person’s mental illness does increase the risk of them harming someone else. Forensic mental health services, linking the mental health and criminal justice systems, will provide services that respond to this vulnerable client group and play an important role in promoting community safety and social cohesion.

Developing specialist services for people with addiction problems is essential for a comprehensive system of health care. The leadership of Qatar has recognized the importance of providing recovery focused treatment for this group and has already invested heavily in the development of new substance misuse services. These services will have strong links with the mainstream mental health system.

The model of care for Qatar includes Learning Disability (incorporating intellectual disability) as a specialist program within the new mental health system. The national program will develop a coordinated cross-sector service system for people with learning disabilities that will encompass physical and mental health, education, employment, leisure and accommodation.
The Underpinning Principles

Changing the setting for the delivery of care and developing specialist services is not enough - to truly deliver the highest quality of care to the people of Qatar it is essential that the principles underpinning the new mental health system are embraced by all.

Early identification is vital in promoting recovery and restoring quality of life. The mantra, ‘intervention early in life, early in illness and early in episode’ will characterize the system. The concept of recovery will form a cornerstone of the service model.

Inter-Disciplinary and Coordinated

Early identification is vital in promoting recovery and restoring quality of life. The mantra, ‘intervention early in life, early in illness and early in episode’ will characterize the system. The concept of recovery will form a cornerstone of the service model.

Qatar’s agreed model of care strengthens the role of case management and inter-disciplinary teams as essential components of service delivery. Case management facilitates coordination and continuity of care, essential in achieving positive outcomes for service users and their families, especially where severe mental disorders exist. The research evidence is strong in its support for inter-disciplinary team work as the most effective way of delivering a comprehensive mental health service.
Integrated care pathways will support high quality care. No single pathway can encompass all aspects of treatment and support for the broad range of illnesses and age groups.

A number of evidence based pathways will be developed which are understandable to service users, families and professionals. The treatments available will be expanded to provide access to psychological and social interventions, as well as medications. The patient and their family will be at the centre of the service system and decisions will be made with their involvement. The choice of treatments with expected outcomes will be evidenced in individual care plans.

Service providers will also be encouraged to develop new ways of delivering services. This will include exploration of the use of internet based programs to support delivery of psychological therapies and the potential of tele-psychiatry to improve access to specialist expertise for service users, families and healthcare professionals.

The quality of mental health care depends, above all, on the workforce: the doctors, nurses, and other staff providing the care. As stated in the National Health Strategy: “Without appropriately skilled human resources the goal of a world class health care system is not achievable.”

The development of an appropriately skilled workforce may be the largest challenge faced in the implementation of this strategy.

Across all services, we need to recruit significant numbers of additional specialist clinical staff with appropriate qualifications and experience. This strategy requires a shift of care into primary and community settings and developing the workforce in those settings is a key priority.

We need to ensure a workforce is developed with sufficient numbers of Qatari nationals and Arabic-speakers. This is important in order to build sustainability into the system. In addition, language is the key tool for psychiatric interventions and is therefore an essential factor in providing patient-centred services.

Efforts will be made to identify potential Qatari mental health clinicians and to facilitate access to specialist training in Qatar, as well as in other countries with well-developed community-based systems of care. In addition, recruitment of Arabic speaking clinicians with experience of community mental health will facilitate the development of best practice. Employment of non-Arabic speakers from countries with well-developed community-based services will also be necessary to lead change and enhance the capacity of the Arabic speaking workforce.
It will not be possible to deliver this strategy without the skill and dedication of existing healthcare professionals. Existing healthcare professionals - specialist mental health staff and staff working in primary and general health care - are committed to providing expert treatment and care. They will receive improved education and training to enhance their capacity to provide high quality, patient-centred care.

We will continue to work with universities to increase the coverage of mental health within the undergraduate healthcare professional curricula to ensure graduating professionals are appropriately skilled in screening for, diagnosing and treating mental illnesses.

Whilst this is a huge challenge, it is equally an opportunity. Qatar has the potential to attract and develop the best mental healthcare workforce in the world. With focused and determined attention to workforce planning, this can be achieved.

The new model of care has significant implications for facilities and infrastructure. The shift of focus from hospital to community settings will require the development of community facilities for specialized community mental health services, and the remodeling of some primary care facilities. Inpatient services will also undergo significant changes. Mental health inpatient facilities will be located with physical health services. These facilities will be informed by best practice in design, to ensure the therapeutic needs of service users are addressed. All mental health facility design and planning will be aligned to Qatar’s National Infrastructure Master Plan.

In summary, Qatar’s model of care creates a ‘balanced system of care’. The model acknowledges that there are no persuasive arguments or data to support a hospital-only approach to the delivery of mental health services, nor is there any robust evidence that community services alone can provide satisfactory, comprehensive care.28

The new model requires significant changes in the way services are delivered in Qatar. It requires a transition from the almost exclusive delivery of services in institutional settings to a balanced system across inpatient, specialist community and non-specialist community settings.
Chapter 3 Qatar National Mental Health Strategy
Changing Minds, Changing Lives

Current State

2013: Qatar’s Mental Health Model of Care is ‘Unbalanced’

- Majority of services are inpatient based (Psychiatry Department)
- Specialist community services have limited capacity
- Primary Care provides no formal services for mild to moderate disorders
- Services are not locally accessible

Essential State

By 2018: Qatar’s Mental Health Model of Care is ‘Rebalanced’

- Specialist inpatient facilities are provided (co-located with general hospital services wherever possible)
- Specialist community services are enhanced
- Age related need is identified and routinely met
- Primary Care provides assessment and treatment for people with mild to moderate mental illnesses
- Specialist training and consultation is available
- Services are locally accessible

Desirable State

Beyond 2018: Qatar’s Mental Health Model of Care is ‘Balanced’

- Patients receive specialist inpatient and specialist community services that provide a range of evidence based treatment options
- Inpatient services are further developed
- Specialist community services are enhanced to provide specialist programs
- Primary Care services are enhanced to provide evidence based psychological treatments for people
- Clinical practice evolves with new research
Objective 3: To strengthen leadership and governance for mental health

Our Pledges

We will:
7. Provide a coordinated multi-sectoral approach to mental health policy development and planning.
8. Enact Mental Health Law in Qatar

Leadership and Governance

Strong leadership and commitment by government are key factors for developing effective mental health policies and plans.

Established in 2011, the Joint National Mental Health Committee (Annex C) has been the key leadership driver which has been fundamental to the strategy’s development. The committee is supported by a dedicated National Mental Health Implementation Team (NMHIT) with overall day-to-day responsibility for implementation of the strategy. The NMHIT will continue to work with and support clinical and administrative leaders to ensure the successful implementation of the mental health strategy over the coming years.

Leading change and establishing new services running alongside existing clinical services is challenging and time-consuming. It often requires new skills and the capacity to delegate current responsibilities in order to take on new ones. To support effective leadership effort and resources, we are dedicated to building the capacity of Qatar’s clinical and administrative leadership to manage change and build the new system.
In order to provide continuous, integrated care to individuals within the system, a comprehensive governance structure is essential - making it clear where responsibility and accountability lie and how the various parts of the system relate to each other. These elements are described in more detail below:

**Policy and Law**
The Mental Health Law for Qatar is being developed and will provide for the first time modern health legislation that safeguards and protects the human rights of people with mental illnesses in Qatar. It represents an opportunity to educate the population and the healthcare workforce about mental illness and the rights of the individuals and their families who are accessing treatment.

The new Mental Health Law will provide a benchmark and a standard for mental health practice and will bring Qatar into line with other nations who have mental health laws.

The law will codify the key principles, values and objectives of the policy for mental health, will promote human rights and the development of accessible health and social services in the community.

**Quality Assurance**
A new Mental Health Quality Framework will be established to ensure standards are delivered according to the model of care. The Framework will include:

- Referral pathways that clearly communicate how to access the new services
- Protocols for interactions between mental health services, primary and general care
- Standards of care
- Quality indicators
- Quality improvement plans

The Framework will be developed across services and sites, and, as partners in their care, patients and their families will be engaged in this development wherever possible.
Regulation
As the mental health system in Qatar develops, regulatory elements will be strengthened and incorporated into the system accordingly.

The regulatory system will introduce standards for mental health care providers, health practitioners and specialist equipment used in the delivery of mental health care. This will include aligning the work of the SCH, who have established the Qatar Council for Health Practitioners (QCHP). The QCHP are responsible for:

- Registration and licensing of mental health professionals
- Developing a standard for appraisal to demonstrate continued fitness to practice:
  - A clear set of conditions for revoking or suspending licenses to ensure fairness and openness in the handling of cases
  - A standard centralized accreditation system for education and professional development using internationally recognized standards

Cross-sectoral collaboration
Broader multi-sectoral collaboration is required so mental health is mainstreamed into all health and social sector policies. A priority is to motivate and engage stakeholders from all relevant sectors, including service users and families, in the development and implementation of policies, laws and services relating to mental health, through formalized structures and mechanisms.

Private Sector and Non Government Organization Involvement
The Qatar National Vision 2030 states a need for the integration of services across public and private organizations. There is high-level agreement that not only the public sector but also the private and not for profit sectors must be encouraged to assume more responsibility in the future, on all levels of mental health service provisioning. It is believed that healthy competition is likely to have a beneficial impact on the quality and efficiency of healthcare. This will in turn also provide the opportunity for individuals to have a choice about how and where they access mental health services in the future.
Social Health Insurance
Qatar is currently working to implement a national health insurance scheme. The launch of health insurance will affect all elements of the healthcare system including mental health. The health insurance design will be aligned with the mental health model of care and will provide appropriate incentives for behaviours and measures that will lead to improved health outcomes for all.

Service User and Family Participation
Participation mechanisms will be developed so that the needs and perspectives of service users, families and the broader community guide the development of the mental health system, including mental health policy, planning and promotion activities. The participation of people who have personally experienced a mental illness and accessed services in Qatar is important to the development of better quality, tailored services and also effective public awareness campaign messaging and health resources.
Objective 4: To strengthen information systems, research and evidence base practice

Our Pledges

We will:
9. Report improvements in patient care using a range of performance measures
10. Ensure mental health research evidence translates into improvements in clinical practice and patient outcomes

In order to support the information requirements for mental health, we will implement an efficient and sophisticated information system. The system will capture all data elements that are relevant to the care and management of people with mental illness; provide suitable safeguards for confidentiality and privacy; and allow configurable outputs suitable for multiple purposes. This data will guide service planning, research and evaluation and enable performance management.

The data to be collected will be governed by a Minimum Data Set (MDS), which will be agreed at a national level. This will ensure consistency between agencies and will comprise socio-demographic, diagnostic, and service use information. With the required information systems in place, mental health services, researchers and evaluators will benefit from the rapid access to high quality, secure and shared information.
As well as effective information systems, a high-quality mental health system also requires ongoing research to improve understanding of mental illness and effective interventions to reduce the impact of mental disorders.

We will develop a national mental health research agenda and governance framework, aligned to the National Health Strategy, to ensure that Qatar commissions priority research programs and is responsive to new research.

Qatar’s Academic Health System will be the vehicle to ensure that new understanding from research studies is translated to enhance services and patient outcomes. The mission of the Academic Health System is to link the latest local and international research to treatment and practice.

Ongoing research will inform the development and enhancement of tailored mental health services and health promotion initiatives.
Chapter 4: Plan for Implementing the Strategy

To support delivery of the National Mental Health Strategy and realize the vision for mental health in Qatar, a Strategy Implementation Framework has been developed.
The Framework provides a detailed description of how the strategy will be implemented and covers the following elements:

**Implementation Plan Schedules**
Implementation Plan Schedules provide a high level overview of the actions, lead organizations and partners who will support the delivery of the strategy. Key program milestones and performance indicators have been identified and will measure the successful implementation of the strategy (See Key Program Indicators of Success).

**Resourcing the Implementation Plan**
Indicative costs associated with implementing a strategy of this complexity have been disaggregated from an initial investment analysis (Annex A). Further refinements of costs will be undertaken as implementation and business planning progresses.

**Working in Partnership**
It is recognized that support from a range of internal and external partners is needed to deliver the strategy for Qatar. A stakeholder analysis has been undertaken as well as a review of potential partnerships. This process has enabled the identification of a number of key organizations who could potentially provide different expertise across every part of the strategy as implementation progresses. Detail on partners involved the delivery of the strategy are also outlined in the Implementation Plan Schedules.

**Key Risks**
A detailed Program Risk Register has been developed as part of the monitoring and reporting mechanisms of the strategy’s implementation. Identified risks have been articulated with a comprehensive plan of mitigating actions and these will be monitored and reviewed on a regular basis to reflect the current status of implementation.
As key partners in the delivery of the strategy, both Hamad Medical Corporation and Primary Health Care Corporation have recently reviewed their governance structures to support the implementation of the strategy.
Measuring Strategy Implementation Progress
To monitor progress against the national implementation plan for mental health there will be a number of monitoring and reporting mechanisms established via the governance structure described above. At a national level the implementation of the strategy will be monitored by the National Mental Health Implementation Team (NMHIT) on behalf of the National Mental Health Strategy Implementation Committee (NMHSIC).

Impact Evaluation
Impact evaluations will provide a systematic means of appraisal to assess the effectiveness of the whole National Mental Health Strategy. The evaluations will be conducted on a yearly basis and will complement the monitoring and reporting mechanisms, which track progress against key actions in the implementation plan.
Key Program Indicators of Success

2013/2014
- Qatar National Mental Health Strategy in place by December 2013
  (Aligned to WHO Mental Health Global Action Plan Target 1.1)

2014/2015
- Action plan for mental health promotion and prevention developed by April 2014
- Developed baseline indicators to measure improvements in attitudes and awareness of mental health by September 2014
- Mental health minimum data set developed by April 2014
- Mental health service level performance measures developed by December 2014
- Priority mental health research programs identified by December 2014
- Access to assessment and treatment for mild mental illness by a trained Primary Care health professional by March 2015
- First specialist community mental health service hub operational by March 2015

2015/2016
- Mental Health Law enacted and implemented by December 2015
  (Aligned to WHO Mental Health Global Action Plan Target 1.2)
- Four Primary Care Mental Health Teams in place by March 2016
- Second specialist community mental health service hub operational by March 2016
- Mechanisms in place to facilitate service user and family participation in mental health policy, planning and promotion by March 2016
- Integrated care pathways implemented and audited for priority conditions by March 2016
• Regulatory and Quality Standards for mental health implemented by December 2016
• Third specialist community mental health service hub operational by March 2017
• At least two functioning national, multi-sectoral promotion and prevention programs in mental health by March 2017  
  (Aligned to WHO Mental Health Global Action Plan Target 3.1)
• Inter-disciplinary teams established across all mental health services by March 2017
• Mental health training available to all health professionals by March 2017

• 20% of people with mental illness will receive their treatment in primary care settings by April 2018
• Fourth specialist community mental health service hub operational by April 2018
• Service coverage for people with severe mental disorders will increase by 20% by April 2018  
  (Aligned to WHO Mental Health Global Action Plan Target 2)
• Minimum of 12.5 psychiatric beds per 100,000 population by April 2018  
  (NHS / General Secretariat of Development Planning)
• 50% of Psychiatric Inpatient Beds co-located with general hospital settings by April 2018
• Increase in investment in mental health as a proportion of the total health budget by April 2018
Conclusion

Now is the time to be optimistic and ambitious about mental health.

This strategy sets out a plan of action to make Qatar’s vision for a comprehensive, high quality mental health system a reality. It also aspires to increase the capacity of the community to achieve good mental health and wellbeing and respond to mental health issues effectively, with understanding and openness.

Implementing this strategy will require leadership, coordination and resources and the system will take time to evolve. Mental health is a complex area, both in terms of the diversity of individual need and the dependencies across sectors. Many of the challenges - the stigma, the need for workforce development, the unmet need, the shift in the service model - are all challenges which are faced worldwide. These challenges need to be tackled within Qatar’s unique context and culture and with broad public engagement and collaboration.

This is a call to every person in Qatar to place their energies behind this strategy so that we can create high quality, culturally appropriate interventions for mental health and achieve positive health outcomes for individuals, families and communities.
Annexes

- Annex A: Indicative Costs
- Annex B: Linkages to the National Health Strategy
- Annex C: Joint National Mental Health Committee
- Annex D: Acknowledgements and Contributions
- Annex E: Glossary
- Annex F: References
Annex A: Indicative Costs

The table below outlines the indicative investment costs associated with implementing the strategy over the next 5 years. Costs for 2013-2014 include the investment approved as part of the 2013-2014 Business Case process.

Indicative costs for 2014-2018 have been disaggregated from an Investment Analysis (conducted by Integre Consulting). Further refinement of costs will be undertaken as implementation and business planning progresses.

In terms of mental health prevention and promotion, costs have been excluded at this stage as alternative funding sources and collaboration opportunities are scoped.

Other exclusions include all costs associated with the development of mental health services for single male laborers. These developments and costs are part of a wider program of reform for this section of the population.

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*Full year costs

Indicative Total over 5 years QR 1.5B
### Annex B: Linkages to the National Health Strategy

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<th>Mental Health Strategy</th>
<th>Links to National Health Strategy</th>
<th>Interdependencies with other National Projects</th>
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</table>
| **Strategic Objective 1:** To implement effective strategies for mental health promotion, including actions to reduce the prevalence of mental disorders | The key deliverables in this area are strategically aligned to the NHS Strategy components:  
1.4.7 Public awareness campaigns  
1.4.9 Mental health screening | 3.1 Preventative health governance  
3.2 Nutrition and physical activity  
3.6 National screening program  
3.7 Occupational health  
3.9 Additional public health services |
| **Strategic Objective 2:** To provide comprehensive, integrated and responsive Mental Health Services | The key deliverables in this area are strategically aligned to the NHS Strategy components:  
1.4.1 National model of care, interfaces and processes  
1.4.3 Needs assessment for infrastructure, staff and equipment  
1.4.5 Community-based service support | 1.1 Primary care as a foundation  
1.2 Configuration of hospital services  
1.3 Continuing care design  
1.4 Emergency care services  
1.5 Community pharmacies  
2.5 Private sector involvement  
3.8 Women and child health  
4.1 Workforce planning  
4.2 Recruitment and retention  
4.3 Profession education  
4.4 Optimizing skills mixes |
| **Strategic Objective 3:** To strengthen effective leadership and governance for mental health | The key deliverables in this area are strategically aligned to the NHS strategy components:  
1.4.2 Mental health  
1.4.4 Sufficient and effective funding for mental health  
1.4.8 Mental health standards | 3.1 Preventative health governance  
5.1 SCH capacity building  
5.2 Healthcare professional regulation  
5.3 Healthcare facilities regulation  
5.4 Healthcare products  
5.5 Patient advocacy body  
6.1 Budgeting process  
6.3 Health insurance establishment  
6.4 Healthcare infrastructure master plan |
| **Strategic Objective 4:** To strengthen effective information systems, research and evidence based practice | The key deliverables in this area are strategically aligned to the NHS strategy components:  
1.4.6 Mental health surveillance and dedicated research | 2.1 Quality improvement  
2.3 Health data program  
2.4 E-Health establishment  
7.1 Health research governance |
## Annex C: Joint National Mental Health Committee

The Joint National Mental Health Committee was established on 30th May 2011 by Ministerial Decree. Chaired by Assistant Secretary General, Dr. Salih Al Marri, the Committee provided cross-sectoral leadership for the creation of a comprehensive and integrated mental health system in Qatar.

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<th>Member</th>
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<tr>
<td>Dr. Salih Al Marri</td>
<td>Supreme Council of Health</td>
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<td>Asst. Secretary General for Medical Affairs</td>
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<tr>
<td>Dr. Talal Al Emadi</td>
<td>Qatar University</td>
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<tr>
<td>Assistant Professor</td>
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<tr>
<td>Dr. Abdulla Al Kaabi</td>
<td>Hamad Medical Corporation</td>
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<td>Project Director - Sick Kids Hospital</td>
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<td>Mr. Gary James Needle</td>
<td>Hamad Medical Corporation</td>
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<td>Chief of Planning and Performance</td>
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<tr>
<td>Dr. Suhaila Ghoulem</td>
<td>Hamad Medical Corporation</td>
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<tr>
<td>Senior Consultant, Psychiatry Department</td>
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<tr>
<td>Dr. Hazem Hashem</td>
<td>Hamad Medical Corporation</td>
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<tr>
<td>Acting Chairman, Psychiatry Department</td>
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<td>Mr. Maqsood Adam, A/Chief Exec. Officer</td>
<td>Hamad Medical Corporation</td>
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<td>Rumailah Hospital</td>
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<td>Dr. Kholood Al Muttawa,</td>
<td>Supreme Council of Health</td>
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<tr>
<td>Head of Non Communicable Disease, Public Health</td>
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<td>Dr Fatema Musa</td>
<td>Primary Health Care Corporation</td>
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<tr>
<td>Head of Mental Health</td>
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<tr>
<td>Prof. Fadhel Muhsen Al-Rubaie</td>
<td>Research and Studies Department, SCFA</td>
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<td>Statistic Expert</td>
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<td>Dr. El Mamoun Mohd. Obaid Abdulla</td>
<td>Ministry of Interior</td>
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<tr>
<td>Head of Quality Assurance Section</td>
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<td>Dr. Bakhita Mohd AlDosari</td>
<td>Ministry of Social Affairs</td>
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<tr>
<td>Ms. Samira Hassan Ashkanani</td>
<td>Supreme Education Council</td>
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<td>Consultant Psychiatrist</td>
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<tr>
<td>Mr. Hassan Amin</td>
<td>Weill Cornell Medical College - Qatar</td>
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<td>Consultant Psychiatrist</td>
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<tr>
<td>Mr. Terry Sharkey</td>
<td>National Mental Health Implementation Team</td>
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<td>Acting Executive Director</td>
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<td>Prof. Mohammed. Abou saleh</td>
<td>Naufar, Aspetar</td>
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<tr>
<td>(Previously) Chief Executive Officer</td>
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Annex D: Acknowledgements and Contributions

This strategy has been produced with the kind advice and assistance of the following individuals, groups and organizations:

Joint National Mental Health Committee members (Annex C)

Mental Health Strategy Drafting Sub-Committee members:
- Dr. Suhaila Ghoulum, Hamad Medical Corporation
- Dr. Talal Al Emadi, Qatar University
- Dr. Abdulla Al Kaabi, Sick Kids Hospital
- Dr Juliet Ibrahim, Primary Health Care Corporation

National Mental Health Implementation Team:
- Mr. Terence Sharkey
- Mrs. Susan Clelland
- Mr. Dominic Gardner
- Ms. Bonnie Vincent
- Mr. Magdi el Hag

Asia Australia Mental Health

Supreme Council of Health Programme Management Office:
- Mr. Robert Moorhead

During 2012 four engagement events were held in order to ensure the strategy reflected the contributions, ideas and feedback from a broad cross-section of stakeholders. These organizations (outlined below) have made extremely valuable contributions that have informed the strategy. The events held included two Child and Adolescent Mental Health workshops, the strategy stakeholder engagement event in June 2012 and the concluding strategy workshop in December 2012:

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<td>Permanent Committee for Drug &amp; Alcohol Affairs</td>
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<td>Qatar Shell</td>
<td>Asia Australia Mental Health, Melbourne, Australia</td>
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<tr>
<td>Ministry of Interior</td>
<td>Sick Kids International, Toronto, Canada</td>
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<td>College of North Atlantic - Qatar</td>
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Annex E: Glossary

**Anxiety disorder:** A common mental illness characterized by feelings of unease, tension and distress often associated with significant disruption to a person’s life. Examples of such disorders may include phobias, panic attacks and obsessive compulsive disorder.

**Acute episode:** An acute episode is characterized by significant and distressing symptoms of a mental illness requiring immediate treatment. This may be the person’s first experience of mental illness, a repeat episode or the worsening of symptoms of a continuing mental illness. An acute episode may also be described as a psychiatric crisis.

**Bipolar disorder:** A severe mental illness with a long course usually characterized by episodes of depressed mood alternating with episodes of elated mood and increased activity.

**Continuity of care:** Provision of mental health services in a way that ensures care is continued when there is a change of service or setting. An example is when a person leaves a psychiatric inpatient service and their care is transferred to a community mental health team.

**Dementia:** A group of brain disorders that most commonly occur in old age, although sometimes develop earlier.

**Depression:** A lowering of mood which includes feelings of sadness, despair and discouragement, which range from mild to severe and is sustained over a period of time.

**Interdisciplinary team:** Professionals drawn from different disciplines - such as psychiatry, psychology, nursing and social work - who work together to provide integrated treatment and care for people with mental illness.

**Learning disability:** A learning disability affects the way a person learns new things. It affects the way they are able to understand information and how they communicate.

**Mental disorder:** Mental disorder is a term that is used in the strategy to describe mental illnesses and a range of other diagnosable disorders including learning disability and autism spectrum disorders. Mental disorders are diagnosed according to standardized criteria.

**Mental health:** The term ‘mental health’ is used in this strategy to mean a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

**Mental health promotion:** This describes any action taken to maximize good mental health and wellbeing among populations and individuals.

**Mental illness:** Mental Illness is used in the strategy as a subcategory of mental disorder. A mental illness is a health problem that significantly interferes with an individual’s cognitive, emotional or social abilities and can often result in a diminished capacity for coping with the ordinary demands of life. Major mental illnesses include depression, anxiety, schizophrenia and bipolar affective disorder.
Outreach services: The delivery of support to individuals outside of formal service settings, for example in people’s homes.

Personality disorder: Any disorder in which an individual’s personal characteristics cause regular and long-term problems in the way they cope with life and interact with other people.

Primary health services: A term used to describe services that are usually the first point or level of contact with the health system for individuals, families and the community.

Protective factors: Protective factors reduce the likelihood that a particular individual or identifiable group of people will develop an illness or problem.

Psychiatric crisis: Psychiatric crisis describes the situation where a person requires immediate psychiatric treatment to assess and manage risk and alleviate distress.

Psychiatric disability: The effects of a mental disorder, which to varying degrees impair functioning in different aspects of a person’s life.

Psychosis: A person who experiences psychosis may be unable to distinguish between reality and their imagination, impacting upon their thoughts and behaviour. Psychosis is not a condition in itself; it is a symptom of other conditions such as schizophrenia.

Psychosocial support: This includes housing support, day programmes, pre-vocational training, residential services and respite care. Its objective is to support community participation.

Recovery: A way of living a satisfying, hopeful and contributing life, even with the limitations caused by a disorder. Recovery involves the development of new meaning and purpose in one’s life.

Resilience: The ability to cope with adverse circumstances.

Risk factors: Risk factors increase the likelihood that a particular individual or identifiable group of people will develop an illness or problem.

Schizophrenia: A major mental disorder, or cluster of disorders, characterized by psychosis. Each person with the disorder will have a unique combination of symptoms and experiences.

Screening: the process of early identification of treatable mental illnesses. Screening can be delivered in a variety of ways e.g. face to face, online etc., and promotes access to services for those in need.

Wellbeing (or mental wellbeing, or emotional wellbeing): A positive state of mind and body, feeling safe and able to cope with a sense of connection with people, communities, and the wider environment.
Annex F: References


6 Adapted from Labonte, R, 1998, A community development approach to health promotion: a background paper on practice, tensions, strategic models and accountability requirements for health authority work on the broad determinants of health, Health Education Board of Scotland, Research Unit on Health and Behaviour Change, University of Edinburgh, Edinburgh.


11 Gholoum, Unpublished


