UNDERSTANDING MENTAL HEALTH IN THE ARAB REGION: CHALLENGES AND BARRIERS TO ACCESSING THE RIGHT TO MENTAL HEALTH

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INTRODUCTION

Over the past decade there has been a global growth in the recognition of the importance of mental health and well-being, and a demand for better mental healthcare. Mental health is an integral component of the right to health, a human right recognized in international law, declaring that everyone has the right to the highest attainable standard of physical and mental health. Despite these developments, mental health education and resources are neglected even in the wealthiest countries, in turn, impacting the right to mental health (Arab Center Washington 2022). As a result, advocates call for parity with general health funding, so that people with mental health problems have access to the same level of care as people with physical health problems. They are also calling for a reduction in the treatment gap, so that more people who need mental healthcare can get it, particularly in low- and middle-income countries (Puras et al. 2019).

Mental health is an important part of overall health. It refers to a state of well-being in which individuals can realize their own potential, cope with the stresses of life, work productively, and contribute to their communities. Mental health problems

can have a significant impact on a person's ability to function, leading to impaired social functioning, decreased productivity, and increased risk of suicide.

The right to health includes the right to access mental health care. This refers to equitable access to affordable, quality mental health services, regardless of a person's financial capacities and life circumstances, delivered with dignity and respect to the individual accessing it. However, between the provision of mental health care services and access to such services, several barriers impact the consideration of mental health and the right to access mental healthcare. While some barriers are universal such as restrictions in legislation and resource availability, other barriers are contextual and vary across communities and their unique experiences.

The Arab region is diverse, comprised of 22 countries, with a population of 400 million Arabs across the Middle East and North African region, and another 34 million immigrants (The World Bank 2022), as well as large populations of refugees and internally displaced persons (UNHCR 2022). To our knowledge there are no projections on the burden of mental illness in the Arab region. Through public surveys, the Arab Center Washington (2022) estimates that 30% of people in the region reported suffering from depression and warns against an imbalance between the increasing need for mental health services and their availability over the years to come. There is also extensive research on the prevalence of stigma around mental health, alongside a prevalence of increasing psychological distress (Khatib et al. 2023), leading individuals with mental illness to encounter the added challenges of poverty and further marginalizing them due to their condition (Dardas et al. 2015).

A review of access and barriers to healthcare delivery in the Arab region found that the developments in access to health were not uniform across diverse populations, more specifically across different socio-economic levels. The article also highlighted that in the region's work on health services and their delivery, mental health is often excluded (Kronfol 2012). These factors, among others, impact access to health services and the right to mental health for individuals in the Arab region. Understanding the challenges and barriers to attaining this right in the Arab region increases the understanding of mental health in the region, improves the development of more effective interventions and treatment programs, and can reduce related stigma, ultimately increasing access to mental healthcare as a health right.

LOCAL ACTORS

Public-sector organizations in the Arab region often become ineffective due to a number of factors, including limited political accountability, inefficient allocation of resources, over-politicization of bureaucracy, lack of proper skills, massive corruption and more (Jianxiu 2006). Often, this has led to the emergence of local actors, such as civil society, Community Service Organizations (CSOs), and Non-Governmental Organizations (NGOs) working on filling the gap between governments and the population. Local actors have comparative advantages such as the capacity to reach rural poor and outreach to remote areas, promotion of local participation, and cost effectiveness. Their advantages are numerous and have resulted in their current success and expanded roles. Without government bureaucracy, local actors can act more quickly, with less restrictions, giving them the capacity to pilot larger government projects, and develop a technical assistance and training capacity to assist governments (Jianxiu 2006). Over the past decade of expansion of the role of local actors, they have increased inclusion by facilitating communication upward from people to the government and downward from the government to the people and transferring knowledge and power to relevant sectors aiming to improve people's quality of life and access to rights.

LEGISLATION

Almost all countries in the region have a mental health policy, substance use policy, mental health program and legislation in place. A lot of this work was completed between the years of 2014- 2020 marking a significant period in the Arab region's development in terms of accepting, understanding, and responding to mental health as a right. The only countries without a policy are Mauritania and Comoros as mental health remains a challenging topic to address in government, while Lebanon and Somalia do not have mental health legislation (Mental Health Atlas 2020). Policies and legislation are

important in the field of mental health because they can help to protect the rights of people with mental illness and ensure that they have access to the care they need. The presence of these documents officially at a national level also helps to promote awareness on the topic and facilitates the normalization of addressing the topic, ultimately reducing the stigma around mental illness.

A recent review on the stigma of mental illness in the Arab region found that the lack of effective monitoring of mental health legislation and policies in the healthcare setting increased the stigma surrounding mental health. Healthcare professionals were not aware of the rights of people with mental illness and this lack of awareness was due in part to the poor enforcement of mental health policies (Merhej et al. 2019). The development of mental health policies and legislations needs to be complemented with relevant training, surveillance tools, and strategy alignment to ensure the policies and legislations are effectively playing their role in protecting the right to mental health (Merhej et al. 2019). This complementary responsibility is often difficult to accomplish in countries where social and economic instability take precedence on political agendas. Due to the national scale of these activities and the need for authority to implement policy related activities such as training of trainers, implementation of surveillance programs, and the development of national strategies, local actors, such as CSOs, are often not able to fill in the gap between governments and the population in the right to health and mental health (Merhej et al. 2019). Despite this limitation, CSOs can invest in advocacy against the violation of the right to mental health by presenting the importance of legislation and its surveillance using the consequences of its absence.

RESOURCE INVESTMENT

Only three Arab countries have provided estimates of their mental health expenditure as a percentage of total health expenditure: Qatar (1%), Egypt (less than 1%), and Palestine (2.5%). For the remaining Arab countries, the WHO estimates that the mental health expenditure is less than 1% of total health expenditure (Mental Health Atlas, 2020). Without formal tracking of mental health expenditure, it becomes difficult

to accurately estimate the burden of mental illness, allocate adequate resources, and monitor effective mental health interventions.

Within the countries of the Arab region, health services, including mental health, are covered mostly via a hybrid model of public, private and out-of-pocket payments. In Sudan, Egypt, Yemen, Morocco, Syria, and Lebanon, out-of-pocket payments are at a rate of 55% and above (Okasha et al. 2012). In some countries, private insurance (either paid personally or through an employer) covers health services, but these companies rarely cover mental health. This is confined to companies in wealthier countries of the region such as the United Arab Emirates. This profiling of healthcare systems in the Arab region limits the right to health, as financing schemes are described to be limited to contributions and formal employment and are often complex and difficult to navigate, and they may not be available in rural areas or in the informal sector (Alami 2017). As a result, many people who need mental health services are either unable to get these services, or pay out of pocket resulting in financial hardship and even impoverishment. This can be particularly detrimental in chronic conditions of mental illness where treatment is expensive and long term. Under these circumstances, governments and local organizations, should prioritize universal health coverage to reduce inequities in accessing the right to mental health services through the provision of funded or low fee services geographically as needed.

ACCESS

Overall, the region struggles from inadequate resources in the field of mental health due to the limited number of mental health professionals and an unclear and insufficient amount of funding invested in the field. Over the past two decades, there have been major changes in the field of mental health in Arab countries. Countries like Morocco, Saudi Arabia, United Arab Emirates, and Lebanon have started working on the de-institutionalization of mental health: a cost-effective model for resource limited settings that moves mental health services away from central institutions and into community-based

settings. While deinstitutionalization and prioritizing community care have been found effective in mental health reformation in resource limited settings, their effectiveness is found to be significantly impacted by financial abilities, available healthcare workers and infrastructure supporting access to community services (Cohen et al. 2020).

A study on stigma as a barrier to mental health services found that healthcare professionals in the Arab world often hold negative attitudes towards people with mental illness. These attitudes were often based on cultural beliefs and stereotypes, where some healthcare professionals believed that people with mental illness are dangerous and not capable of living independently (Merhej et al. 2019). While the integration of mental health services into primary healthcare is a step towards destigmatizing mental illness, more needs to be done to change the stigmatizing attitudes of healthcare professionals such as capacity building education and training programs.

A systematic review on mental health seeking experiences among Arabs, representing seventeen studies from countries including but not limited to Lebanon, Saudi Arabia, Jordan, Egypt, Oman, and Sudan, identified logistical barriers to accessing mental health services. The barriers included long waiting time for mental health appointments, availability of the service and/or staff, transportation costs, financial constraints to cover the cost of the service and medication. These barriers restrict individuals' perceptions of their capacity to continue with care and either hinder or halt access to services (Khatib, et al. 2023). Working on accountability and inclusion when implementing mental health interventions can improve access to mental health as a basic right in several ways. First, it can help to identify and address the barriers that prevent people from accessing mental health care. Second, it can ensure that interventions are delivered in a way that is respectful of human rights. Third, it can make interventions more accessible to all people, regardless of their background or circumstances.

CONFLICT AND INSTABILITY

Most of the countries within the region are currently experiencing ongoing wars and social upheavals or their spillover effects. The consequences of conflict result in instability in most sectors resulting in economic strains, which often translate into recession and unemployment, and social disruption, and in turn, into isolation and decreased safety. Both the direct impact of conflict and the indirect impact it has on the economy and society increase the chances for the onset of mental health symptoms. For individuals with diagnosed mental illnesses, conflict and instability can result in deterioration of mental health progress, interruption of mental health treatment and/or the presentation of new diagnoses (Elshahat et al. 2022; Li et al. 2016; Maalouf et al. 2019; Sweileh et al. 2018).

While the need for mental health services in settings of conflict and instability increases, the capacity to provide such services decreases exponentially. Infrastructural damages, resource limitations, and a shift in priority towards immediate health sectors such as food, hygiene and shelter all limit public and private sector capacities to develop, invest and implement mental health services. Governments and local actors working in settings of conflict and instability should advocate for the inclusion of mental health in emergency response plans alongside the right to shelter, food, water, etc. This is because mental health problems are common in conflict and post-conflict settings, and they can have a significant impact on people's ability to cope with stress, rebuild their lives, and participate in society.

CULTURE

Mental health is still a taboo topic in many Arab countries and this stigma can prevent people from seeking help, while also making it difficult to provide effective mental health services. While the source of mental illness has been studied as a

combination of genetics and environmental risk factors (Hosak et al. 2023; Uher et al. 2017), some communities in the Arab region have culturally developed beliefs that mental illness is a punishment from God or a supernatural force, as presented in a study on Palestinian women (McKell et al. 2017) and another on Somalis (Said et al. 2021). Noteworthy, these beliefs can have negative repercussions on individuals, and can increase stigma around mental health (Ahmad et al. 2016). Further exploration of stigma links it to gender, decreasing the right to access mental health services among males in the Arab region. Males were found to be more socially cautious about discussing mental health and disclosing their mental health challenges with friends and family, and less likely to access formal mental health services (Wendt et al. 2016), this was apparent in a study on students in Saudi Arabia (Alajlan et al. 2016).

Similar to the global research on gender difference in attitude and access to mental health, studies on the Arab region report that females have more positive attitudes towards mental health and higher help seeking intentions (Khatib et al. 2023), as presented in a study on students in Tunis (Fekih-Romdhane et al. 2021). With a deeper understanding of the cultural barriers, mental health interventions can be contextually adapted to increase mental health literacy in efforts to increase individual access to their right to mental health. In their efforts to increase access to care, some countries have considered integrating religious and traditional healers' roles into formal medical care, such as in Jordan, where an informal relationship is created between healers and mental health professionals of patients, and in Saudi Arabia, where religious texts and recitations are used during the provision of mental healthcare (Okasha et al. 2012). Such integration of religious and cultural beliefs into healthcare provision and the adaptation of mental health interventions to target hard to reach groups such as men on their mental health are a few approaches local actors can use to support their efforts in increasing the access to the right to mental health.

CONCLUSION

Understanding the challenges and barriers to mental healthcare in the Arab region is essential to improving access to the right to mental health for the population. By addressing these challenges, we can create a more supportive environment for people with mental health problems and ensure that they have access to the care they need. With most countries in the region struggling with conflict and instability, the main actors in the field of mental health are local actors, including CSOs and NGOs. The impact of projects implemented by these local actors has given them credibility with diverse populations and international funding bodies, making them participants in discussions of national strategies and investment plans. Accordingly, this article presents diverse recommendations for local actors in response to challenges and barriers to the right to mental health.

Under the umbrella of advocacy, local actors should be advocating for legislation and its surveillance, formal tracking of mental health expenditure and the inclusion of mental health in emergency response plans to help ensure that everyone has the right to mental health. Throughout service provision, local actors are recommended to work on prioritizing universal health coverage for mental health, as a cost-effective way to improve the mental health of the population and reduce inequities in access to care. Furthermore, working on accountability and inclusion when implementing mental health interventions improves access to mental health as a basic right by providing more experiential evidence on the barriers to accessing this right and from diverse perspectives with an emphasis on vulnerable populations such as women, children, LGBT individuals and refugees. Information from the study of these barriers should be used by local actors to drive future investments to support the access to the right to mental health for people in the Arab region.

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