

## **MENTAL HEALTH INTERVENTION POLICY REPORT**

### **ADVANCING MENTAL HEALTH in the UAE – the next 50 years.**

January 2022

#### **Summary**

Mental health awareness has grown significantly during this pandemic, and efforts to establish public health protocols to support this area have been present for a few years prior. However, given the higher burden of mental health-related conditions and systemic global issues, including limitations in policy and access to trained professionals, we identified the need to expand the approach towards mental health through supportive well-being interventions. The initial phase focused on designing a well-being intervention with the idea of assessing its impact to aid the development of more elaborate workplace enhancements that could improve community well-being and lessen the impact of stigma associated with mental health. This report discusses the findings and provides further recommendations.

#### **Mental Health Climate**

Mental Health is quite often considered in isolation, which proves to be the main challenge. Mental Health needs to be viewed as part of a diverse ecosystem designed to create a better and more sustainable future for all. The United Nations recognised this in 2015 and incorporated mental health into the Sustainable Development Goals. The FundaMentalSDG Global Initiative further supported this, emphasizing mental health as a prerequisite for attaining good physical health while acknowledging the broader system approach to managing these human issues.(1)

Interestingly, the WHO's Comprehensive Mental Health Action Plan comprising the Mental Health Atlas 2020 shows that participating World Health Organization (WHO) member countries are experiencing slow progress in ensuring prospective 2030 targets. While there is still a significant amount of work for Mental Health Systems, there have been notable changes in the policy and governance objectives. However, the effects at the health promotion and health prevention levels are still quite limited. These lead to many existing gaps that limit the potential for favorable outcomes pertaining to individuals and communities. These effects are also exaggerated in low-income countries where there are two mental health workers per 100,000 population compared to 13 per 100,000 in high-income countries. This indicates that in terms of Mental Health Interventions and Access to Care, both are currently far from achieving targeted goals.

The burden of mental health remains significant within the regional context. Depression rates reported in the Arab world are 17.7 percent; however, the prevalence rates are probably higher given the known stigma. Hence, there is a clear need to consider mental health in a broader context to negate the challenges around stigma while developing appropriate approaches to mental health. (2)

This outlines the pre-pandemic situation, which has only worsened since WHO declared a global pandemic on March 11, 2020. Given the gaps between the policy makers and outcomes, at the individual level, and developing an understanding of the regional perspective, allows one to appreciate how COVID-19 sparked a global wave of interest in mental health across communities. Being forced into self-isolation, led to a disruption of social norms, and triggered an awareness that can catalyze improving mental health services in societies. Czeisler (2020), in their research, observed higher rates of mental health challenges, substance abuse, and suicidal ideation in a US-based population in June 2020 compared to rates in the same period the year prior. Their report also highlights the need for more community-based initiatives to help tackle mental health challenges at the individual level.(3) Within the regional context, Kharaba et al reported that more than half of their study population met the criteria for depression during the

lockdown period in 2020 in the UAE with anxiety rates as high as 84% in this population.(4)

To bridge the gaps in mental health and well-being during the pandemic while addressing the social stigma, the developed intervention focused on helping individuals increase their awareness and kickstart their overall well-being. There is a clear need to address mental health in the broader context. Some of the baseline concepts used to develop this intervention include 1. Holistic Approach to Well-being, which provides for Mental Health 2. Health at work 3. Resilience Building and 4. Collaboration of Allied health professionals.

## **Intervention Concepts**

### **Concept 1 - Well-being - A holistic approach to Mental Health**

The holistic approach to healthcare systems is not new and has been promoted and recommended however, utilization usually lies with the healthcare provider. For several reasons, this has proven to be another gap in meeting the population's healthcare needs. One strategy to bridge this gap is to create a shift of responsibility promoting well-being from the healthcare system to the individual. In an internal report from MBRSG, Dr. Moonesar describes the future of healthcare as the departure of "sick care" to the arrival of well-being. This essentially drives the individual to take a proactive approach towards their health rather than seeking care only when they perceive themselves as sick. This opens the gateway to developing more consumer-focused interventions that provide additional support, knowledge, and training to enhance individual decision-making capacity around personal health and well-being.

For this intervention, well-being is considered across four broad aspects - Physical, Psychological, Social, and Financial. These are interrelated, and a problem in any one aspect can have an impact on the other well-being aspects. Within our context, physical well-being goes beyond medical conditions to include fitness levels, nutrition status, and the idea that illness is a feature of ill-health and can be distinct from the medical pathology. Here, it is important to consider the psychodynamics of illness as it affects

psychological and overall well-being. Psychological well-being encompasses mental health in the broad sense and includes spiritual and emotional well-being. Social Well-being on the other hand is an interesting dynamic as there are two intertwined perspectives that have an influence on health and well-being outcomes. From the public health perspective, social well-being can be associated with Social Medicine, and this is the bridge where clinical medicine meets public health.(5) Within this realm, the Social Determinants of Health play a significant role. However, when we enter the individual or smaller community perspective, social well-being explores a person's sense of belonging within their community and their ability to make meaningful contributions in this space. In designing this intervention, we thoughtfully considered this social context. The last aspect, financial well-being, is viewed as crucial in the current economic environment with financial skills and awareness lacking in most populations.(6) Financial well-being is less about the person's income but rather about their knowledge of how to manage their money in a world with frequent stressors and demands.

To give life to these aspects of well-being, this intervention utilizes the 5 Ways to Well-being: Connect, Be Active, Take Notice, Keep Learning and Give.(7) The New Economics Foundation developed this evidence--based strategy after publishing new research in 2008 - the Foresight Project on Mental Capital and Wellbeing commissioned under the UK government. With the idea of making well-being relatable to people, there was a key focus on ways to easily communicate the research findings. This health and well-being intervention takes these a step further. It takes novel and everyday items to create ready-to-use activities designed to increase awareness and trigger the formation of possible new brain pathways to improve all four aspects of well-being.

See Figure 1 for the Framework Concept

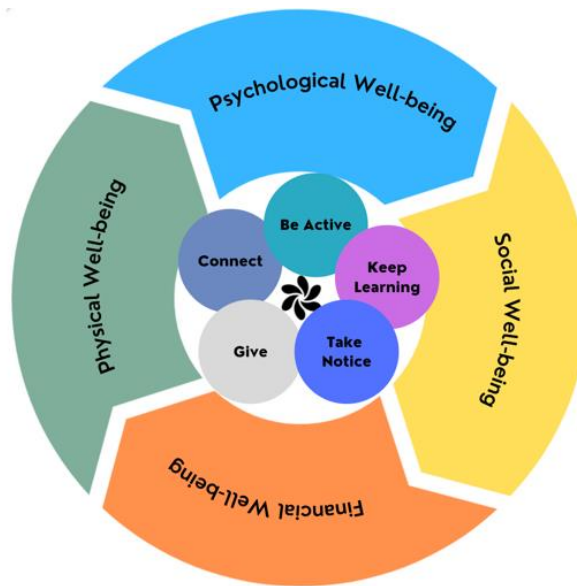


Figure 1: Conceptual Framework

## Concept 2 - Health at work - Occupational Health

As mentioned before, within the paradigm of well-being and resilience, the social context is crucial when developing interventions to improve mental health in a population. As nearly half of the world's population are workers with the statistics even higher in the UAE, where 76% of the population are working as of 2018, having expertise in the field of Occupational Health shows value.(8) WHO, defines occupational health as an area of work in public health that promotes and maintains the highest degree of physical, mental and social well-being of workers in all occupations. Occupational health experts, add value to current well-being interventions, as the workplace becomes a niche community setting to promote mental health and well-being. Occupational Health practitioners are qualified to examine and advise on health, safety, and well-being of people at work, with the strategic advantage of understanding the work environment, specifics of job design and employee needs and concerns. The rationale holds that, different job types, workplaces, and work cultures require various types of interventions, as there is no one size fits all approach. Hence it is imperative and beneficial to have occupational health expertise when designing specific interventions to improve well-being.

### **Concept 3 - Resilient Systems**

Another major driver for the intervention stemmed from the need to help communities and individuals 'survive' the mental health effects of the global pandemic. Hence, aspects of resiliency resonate with the objectives of this advancement. The International Labour Organization (ILO) brought the concept of 'Resilient Systems' to the forefront when this was carded as the theme for 'World Safety and Health at Work 2021'. The WHO, states that resilience exists on three different levels which need to work synergistically. The three levels are 1. Individual Resilience, 2. Community Resilience and 3. Resilient Systems. "Resilience is related to processes and skills that result in good individual and community health outcomes, in spite of negative events, serious threats, and hazards." It was therefore sensible to map out a model for change that could improve outcomes and build resilience from the individual and community levels to meet the ongoing work on policy, planning and laws that aid in creating Resilient Systems.(9)

### **Concept 4 - Collaboration**

Well-being is multifaceted and for this intervention, we thought it best to collaborate with experts who can give meaningful contributions in designing activities to increase awareness and kickstart personal well-being goals. An Occupational Health Team, which consisted of an Occupational Health Physician and an Occupational Health Psychologist, led the project. The health researchers at Mohammed Bin Rashid School of Government guided the process and provided support for all aspects of the development of this intervention and associated report. Expert reviews from Physiotherapists, Dieticians, and Financial Advisors validated the approaches and recommendations being promoted.

## **The Intervention**

A Pilot Project: a two-week self-care package was designed to raise awareness and kickstart well-being practices through the 5 Ways to Well-being in all four areas of Well-being. The initial target group was educators teaching from home during the lockdown period.

The final package consisted of a bio-friendly bag with:

1. An instructional and informative handbook
2. A 2-week Challenge Calendar - Activity Scheduling and Daily Affirmations
3. A cordless jump rope
4. A dumbbell water bottle
5. A paint by number activity
6. A puzzle
7. A deck of playing cards
8. A stress ball
9. Tip sheet for sleep, diet, anxiety, stress
10. Stress cards
11. Audio for relaxation
12. Activity sheets for stress, emotions, financial planning
13. Colouring pencils

See figure 2 for Referencing Items to Areas of Well-being and Ways of Wellness

Area of Well-being				Item	Ways to Wellness				
Physical	Psychological	Social	Financial		Connect	Be Active	Take Notice	Keep Learning	Give
x	x	x	x	Calendar	x	x	x	x	x
x				Cordless Jump Rope		x			
x				Dumbbell Water Bottle		x		x	
				Paint by Number					
x	x			Stress Ball			x		
				Magnetic Putty			x	x	
	x			Puzzle				x	
	x	x		Playing Cards				x	
x	x			Tip Sheets			x	x	
x	x	x		Stress Cards			x	x	
				Relaxation Audio				x	
x	x	x	x	Activity Sheets	x	x	x	x	

Figure 2: Referencing Items to Areas of Well-being and Ways of Wellness

We advertised the pilot programme and invited interested participants to express their interest and register for the programme. All registered participants attended an introductory session which provided an orientation about the use and benefits of the items. Participants completed a pre-assessment prior to starting the programme and a post assessment after using the package for two-weeks.

Initial Assessment Tools for the Pilot:

1. WHOQOL – BREF – Measures holistic personal well-being (pre- and post-assessments)
2. Demographic questionnaire that gathered basic information
3. Post Assessment – which included additional questions on reviews of the concept



## **Challenges and Limitations - from concept to implementation**

1. Time to develop and produce the package: In April 2020 when the first lockdown occurred, the drive and vision to improve workers' mental health and well-being emerged. This led to the collaboration of key stakeholders across various backgrounds, namely, policymakers, doctors, occupational health, psychologists, dietitians, physiotherapists, and financial experts to develop well-being interventions to aid employees in moving from languishing to flourishing states of mental health. Developing an intervention of this nature required time and at the date of completion (1 year later) full lockdown was no longer in effect in the UAE. This removed a critical aspect from the target group: isolation and quarantine, while working from home.
2. Educator engagement: As schools were approaching the end of the school year, burnout levels were high, and staff looked forward to the end of year holidays. However, the pilot's time coincided with the beginning of the new school year. At this time, not being confined at home affected how participants interacted with the interventions. Educators had less time to use the novelty items. In addition, being back at work made engagement with the items in the well-being kit inconvenient to use.
3. Participants did not meet the criteria for inclusion based on initial intention: Most of the participants tried the intervention as part of their efforts to improve the well-being of their own staff. Personal well-being would have affected the level of engagement as the need for the contents of the package might not have been present.
4. Self-directed use: As the personal need was a significant factor, the self-directed nature of the activities prevented higher engagement levels.
5. Need for broader interventional approach: Short-term interventions to improve staff well-being need to be part of a wider workplace scope to attain measurable results. Given the complexity of well-being, the developers acknowledged the limitation in significant measurable outcomes; however, a pilot was necessary to test the intervention from a conceptual perspective.

## **Adjustments**

Three people in isolation and quarantine went through a beta-version of the package. As WHOQOL - BREF was not able to measure all the ideas related to the concept and two weeks was an insufficient timeline to achieve measurable changes in scores using this questionnaire, we developed a new questionnaire.

## **Findings**

Interventions to improve well-being are needed on a wider scale as part of a workplace approach to helping employees. Although the number of participants was small, people who needed the kickstart to improve their well-being responded more positively and this response was more positive in isolation and quarantine group. From the initial group, there were calls for more interactive and directed learning with more group participation. This reflects the challenge mentioned previously regarding the lack of this characteristic in the initial target group. The most liked feature of the intervention was 'activity scheduling,' and people were somewhat likely to recommend this to others. Based on the WHOQOL - BREF scores there were no significant changes in scores between the pre and post assessments. This supported the need to redesign the delivery of the intervention and the measurement tools used in this two-week intervention. It was felt that the WHOQOL – BREF would be more appropriate for measuring long-term community-based/ workplace-based interventions.

## **Recommendations**

Advancing Mental Health through education and preventative interventions is important and needed. Drawing strategies from the pilot intervention, a follow up beta-test will be conducted with the following changes:

1. Target: individuals who are actively seeking well-being interventions
2. Design: change in method of delivery of the intervention. We will use an app to provide specific goals, feedback and create a more interactive platform to help with engagement

3. Collaboration: increase the scope of collaborators to coaches who are actively involved in improving the well-being of people to help develop the usability of the activities and tools. This will also provide a population who are actively seeking well-being interventions.
4. Measurement Tool: For this initial two-week testing, we will replace the pre and post-test assessment with a single questionnaire after completion of the revised two-week intervention.

Longer term mental health and well-being intervention recommendations:

1. Target: Workplace/ Organization in need of a well-being intervention for employees
2. Assessments: Conduct workplace assessments for mental fitness and resilience amongst other parameters of workplace well-being. Conduct pre and post intervention assessments
3. Time Interval: 3 months and then one year
4. Design: Create an intervention to match the needs of the organization. Adapt the individual intervention to meet the workplace needs while considering the involvement of all stakeholders as well as budgets. See figure 3 for the Workplace Enhancement Framework.
5. Building the business case: Health and Well-being should be marketed as investments that are crucial to sustainable development. Added value should be emphasized for both short-term and long-term measures of success. By targeting health and well-being at work, preventative health takes a new dimension that can decrease the burden of health in the UAE.

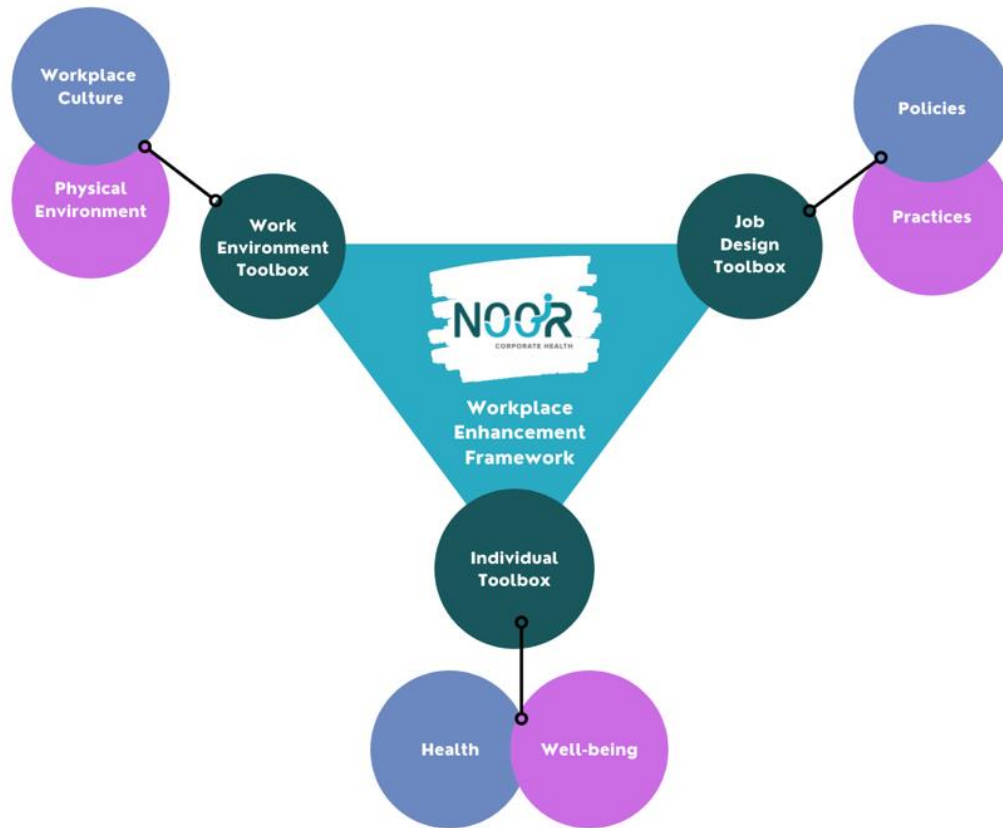


Figure 3: Workplace Enhancement Framework

### Call to Action

Advancing Mental Health in the education sector is a priority as there aren't enough evidence-based strategies to help staff manage their well-being and mental health. The KHDA should explore the benefits of using Occupational Health Service providers in the school systems to manage health, safety, and well-being according to the National objectives.

The Education Sector as well should look to Occupational Health Solutions to manage workplace well-being and consider this an investment that adds value in the long term.

The Ministry of Happiness and the DHA should also collaborate to ensure recognized Occupational Health Providers are invited to steer the direction of well-being in workplaces.

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