

EHMA 202-

Shaping and managing innovative health ecosystems

A Case Study on the Mental Health of Children in the United Arab Emirates

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Background

- 17-22% Estimated prevalence of mental disorders in the UAE younger population (YP)
- Generalized Anxiety Disorder: 71% in the total UAE population vs 59.8% YP



- 75% of people in the Middle East region who need help, do not usually seek it
- 1 in 4 Adults Worldwide experience mental health issues at some point in their lifetime



Research Agenda

Aims:

 This case study explored how the COVID-19 pandemic affected mental health policy amongst children in the UAE.

How knowledge translation products were created to help kids cope with the

pandemic (during and post-era).

Funding

WHO Grant 2018-24

MBRSG Grant 2018-24



Research Agenda

Approach/Methods:

- Priority setting exercise
- Two policy brief reports
- A national policy dialogue
- Evaluation: 2 policy brief and dialogue
- A post-dialogue survey
- These knowledge translation (KT) tools.





POLICY BRIEF

Are the Children OK?

The Impact of COVID-19 Pandemic on UAE Children's Mental Health - Policy Analysis and Recommendations

Issue Overview

significant proportion of the world's population has experienced mental and psychological disabilities. Recent global estimates show that almost 1 in every 20 people suffers from depression (WHO, 2017)1. These numbers are expected to grow exponentially. People around the world are facing increasing mental health issues during the COVID-19 pandemic. The COVID-19 outbreak has forced millions to stay physically pandemic and an unknown future, and children are among





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unhealthy behavior leading to communicable and noncommunicable diseases, further adding to treatment expenses, is predicted to cost the world economy roughly USS1 trillion each year."

Editors: Moonesar, I.A., Stephens, M. & Warner, R.

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Description of Stakeholders Participated in Litmus Test and Policy Dialogue

- A policy brief outlining components of a policy approach to address the issue was developed from key stakeholder findings, knowledge translation products, and a thorough evidence synthesis.
- Among the factors that the policy brief's evidence and participants favored, the most prominent one was the need to incorporate mental health into primary health care (PHC) services.

Stakeholder category	Number who were consulted in Litmus Testing	Number who attended Policy Dialogue
Policymakers or civil servants (Ministry of Health, DHA, DOH, CDA, Al Jalila Children's)	3	2
Civil society organizations and patient advocacy group	2	2
Primary healthcare representatives	1	3
Researchers in public health and mental health	4	3
Healthcare providers, including mental health specialists	2	5
Representatives of professional associations	1	2
School Counsellors/ Psychologists	4	3
International health organizations	1	1
Health system payers	1	1
Total	16	22



Stratified Outcomes and Impact in relation to Knowledge Translation Products (KTP)

Recommendations adopted	Examples of change	KT product associated
Policy Option 1: Information and communication technology (ICT)	Applications, social media support guides, programs, and a 24/7 call center.	Policy brief [22, 32] Policy dialogue [14]
Policy Option 2: Targeted Capacity Building and Integrated Service Systems	Standards for telehealth services decree was revised for the inclusion of mental services for children.	Policy brief [22, 32] Policy dialogue [14]
Policy Option 3: Undergraduate and postgraduate education training	Government entities and Universities developed curricula and training.	Policy brief [22, 32] Policy dialogue [14]
Policy Option 4: School-based health centers	KHDA guides and programs for schools.	Policy brief [22, 32] Policy dialogue [14]

Policy brief (Zakzak et al. 2020 & Moonesar et al. 2021)

Policy dialogue (Zakzak et al. 2020 & Moonesar et al. 2021)



- UAE used knowledge translation for evidence-based mental health interventions.
- Multiple solutions offered a holistic, long-term approach to complex causes.
- Case study identified opportunities to influence government policies.
- MBRSG provided evidence for the National Mental Health Program.
- Policy briefs and dialogues informed policies and prompted actions.



- ICT apps like "Doctor for every citizen" and DOH RemoteCare offered anonymous, accessible care.
- National Mental Health Policy integrated services into primary and community healthcare.
- Focus on expanding child mental health training and literacy.
- School health centers provided comprehensive support, especially during COVID-19.



Policy Implications

Enablers and Barriers:

- Key enablers included appropriate stakeholders, skillsets, and MBRSG and K2P center support.
- COVID-19 posed barriers to face-to-face interactions, stakeholder engagements, and legislative changes.

Limitation of Case Study:

- Only 10 out of 22 participants completed the policy brief assessment.
- No causal association asserted between KTP process and outcomes.
- COVID-19 pandemic limited the timeframe for capturing long-term changes.
- Absence of service users/advocates from Litmus Test stakeholder groups.



Key Learning and Next Steps

- Knowledge translation was crucial in advancing children's mental health on the policy agenda.
- Access to mental health treatments in schools and primary healthcare remains insufficient and inequitable.
- Need for ongoing monitoring and evaluation of evidence-informed policies.
- Future efforts should focus on assessing the impact of policy changes on health outcomes.
- Importance of stakeholder engagement and continuous evidence-informed policy development.



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Thank you/ Shukran/ Merci

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