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National Mental Health Strategic Plan - 2021

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National Mental Health Strategic Plan
Republic of Maldives
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Foreword

The National Mental Health Strategic Plan (NMHSP) sets out the directions for the attainment of an optimal mental health system in the Maldives for the next five years (2016-2021). The three strategic action areas of this plan include; creating a robust leadership and governance structure for mental health, integration of mental health services with the existing healthcare system through a community-based approach attached with a strong referral system, and establishing a multi-sectoral collaboration mechanism for the promotion, prevention, and management of mental disorders.

The NMHSP was developed with collaboration and a consultative effort by national stakeholders. Consultative meetings and discussions were carried out with stakeholders including community organizations, public and private sectors.

I take this opportunity to express sincere appreciation for the generous and continue support of World Health Organization (WHO) in developing this five-year plan and convey gratitude to the WHO supported consultant, Dr. Aishath Ali Naaz for her valuable input and dedication in compiling the NMHSP. I would also like to collectively acknowledge all the stakeholders and key people from different sectors and levels who contributed to the process of formulating the plan. Their hard work, dedication, and enthusiasm are greatly valued and it was indeed encouraging to see such support.

I convey my sincere appreciation to the senior management team of Ministry of Health, especially to Health Protection Agency, for carrying out the agenda of Mental Health in the Maldives to strategic planning and multi-stakeholder involvement for implementation.

I believe National Mental Health Strategic Plan will greatly contribute to strengthening the mental health services in the country. Ministry of Health will continue to play a key role in leading the efforts of partners in health and other collaborative sectors to ensure linkages of their plans with the outputs and goals of this plan.

Abdulla Nazim Ibrahim
Minister of Health

Executive Summary

A review of literature on mental health research from available literature shows that there is an increasing prevalence of mental health problems in the Maldives. Mental health problems such as neurosis, depression, anxiety, psychosis, intellectual disabilities, and substance abuse are on the rise in the nation, suggesting a dire need for a National Mental Health Strategic Plan (NMHSP) to address these issues.

Following the endorsement of the National Mental Health Policy (NMHP) of the Maldives in 2014, the Ministry of Health of the Maldives took the initiative of developing a NMHSP (2016 - 2021), with the support of WHO and SEARO in October 2015. The NMHSP was developed with input from two group stakeholder meetings, in addition to a number of individual meetings with various stakeholders.

The three strategic action areas of this plan include; creating a robust leadership and governance structure for mental health, integration of mental health services with the existing healthcare system through a community-based approach with strong referral system, and establishing multi-sectoral collaboration for promotion, prevention, and management of mental disorders.

The First Strategic Action Area emphasizes on creating a robust leadership and governance structure for mental health service, which includes; development of a budget for the NMHSP; getting high level endorsement for the NMHSP; establishment and strengthening of the NMHP; establishment of mechanisms for financing mental health; development of a mental health legislature; reviewing the existing “Sihuru Fanditha Qanoon 1969/1968”; conducting of research and development of evidence based strategies to deal with mental health issues; and quality improvement and monitoring of national mental health services.

The Second Strategic Action Area emphasizes on the integration of mental health services within the existing healthcare system through a community-based approach with strong referral system. These include; establishment of Specialist Mental Health Services (SMHS) in Male’, the regional hospitals, and NDA; establishment of Acute Inpatient Psychiatric Services in Male’; creation of posts and employment of a multidisciplinary mental health team in the SMH Unit in Male’ and the four regional

hospitals, along with ensuring the availability of a range of comprehensive evidence-based psychiatric treatments; establishment of a free/subsidized accommodation shelter for those coming from islands; establishment of a protocol to communicate with school counselors; establishment of residential mental health services at the HPSN at K. Guraidhoo; development of target specific programs for vulnerable populations, organization of mental health services as informal and formal mental health services; and establishment of a system for managing emergencies, referrals, and liaison of mental health services in the country.

The Third Strategic Action Area emphasizes on multi-sectoral collaboration for promotion, prevention, and management of mental disorders. This includes; training of formal groups and informal groups; development of social media messages and campaigns to increase awareness about mental health; strengthening families; promotion of mental wellbeing of vulnerable children; prevention of mental health problems related to domestic violence; promotion of mental wellbeing in schools; promotion of adolescent mental health; promotion of mental health at the workplace; promotion healthy aging; promotion of religion; spirituality and community cohesion; mental health and disaster preparedness;, establishment of support groups in all the provinces in all the islands; working with the private sector; establishment of a baseline national database and strengthening of the existing database; and establishment of a code of ethics for mental health practitioners providing mental health services in the country.

Glossary of Terms

Co morbidity	The simultaneous presence of two chronic diseases or conditions in a patient
Discrimination	Treatment or consideration of, or making a distinction in favour of or against, a person or thing based on the group, class, or category to which that person or thing is perceived to belong to rather than individual merit
Intellectual disability	Disability characterized by significant limitations in both intellectual functioning and in adaptive behaviour, and originates before the age of 18
Mental disorder	Mental disorders comprise a broad range of health conditions that are characterized by alterations in thinking, mood, behaviour or some combination thereof associated with distress and/or impaired functioning
Mental health	A state of well-being in which every individual realizes her or his own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community
Mental health policy	An organized set of values, principles, objectives and areas for action to improve the mental health of a population
Mental health strategic plan	A detailed pre-formulated scheme for implementing strategic actions that favour the promotion of mental health, the prevention of mental disorders, and treatment and rehabilitation
Neurological disorders	Disease of the brain, spine and the nerves that connect them
Occupational therapist	A Certified professional trained to give occupational therapy which includes the use of assessment and treatment to develop, recover, or maintain the daily living and work of people with physical, mental or cognitive disorders
Psychiatric disorders	Another word for mental disorders
Psychiatric nurse	A nurse specialized in care for people with mental illnesses
Psychiatric Social Worker	A licensed clinical social worker specialised to help psychiatric patients deal with social aspects of mental

	illness
Psychiatrist	A medical doctor specialized in mental health
Psychological first aid	It is an evidence informed approach for assisting children, adolescents, adults, and families in the aftermath of disaster or traumatic event
Psychologist	A professional who evaluates behaviour and mental processes
Recovery model	An approach to mental health care and rehabilitation which holds that hope and restoration of a meaningful life are possible, despite serious mental illness. Instead of focusing primarily on symptom relief, as the medical model dictates, recovery casts a much wider spotlight on restoration of self-esteem and identity and on attaining meaningful roles in society
Referrals	The act of referring someone or something for consultation, review, or further action
Speech therapist	A professional who specializes in the evaluation and treatment of communication disorders and swallowing disorders
Stigma	An attribute about a person that causes her or him to have a deeply compromised social standing, a mark of shame or discredit
Telemedicine	It is the use of telecommunication and information technologies to provide clinical health care at a distance

Glossary of Abbreviations

AG	Attorney General
CSC	Civil Service Commission
DRC	Drug Rehabilitation Centre
DTRC	Drug Treatment and Rehabilitation Centre
ECT	Electro Convulsive Therapy
FCPD	Family and Child Protection Department
FHS	Faculty of Health Sciences
FPA	Family Protection Authority
GP	General Practitioner
HPA	Health Protection Agency
HPSN	Home for People with Special Needs
HRCM	Human Rights Commission of Maldives
ICP	Institute for Counselling and Psychotherapy
IGMH	Indira Gandhi Memorial Hospital
IPW	Institute of Psychological Wellbeing
LGA	Local Governance Authority
MCS	Maldives Correctional Services
MH	Mental Health
MHC	Mental Health Coordinator
MIPSTAR	Maldives Institute for Psychological Services, Training and Research
MNU	Maldives National University
MOE	Ministry of Education
MOH	Ministry of Health
MOHI	Ministry of Housing and Infrastructure

MOIA	Ministry of Islamic Affairs
MOLG	Ministry of Law and Gender
MOYS	Ministry of Youth and Sports
NCD	Non-communicable Diseases
NDA	National Drug Agency
NGO	Non-Governmental Organization
NMHAB	National Mental Health Advisory Board
NMHSP	National Mental Health Strategic Plan
PHC	Primary Health Care
PSM	Public Service Media
PSS	Psycho Social Support
SMHS	Specialist Mental Health Services
SMHT	Specialist Mental Health Teams
SMHU	Specialist Mental Health Unit
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Chapter 1: Introduction

The National Mental Health Strategic Plan (NMHSP) sets out the directions for the mental health system in the Maldives for the next five years. These directions are built based on the outcomes generated from the consultations held with various stakeholders, and as laid out in the National Metal Health Policy, 2015-2025.

The NMHSP takes a comprehensive and multi-sectoral approach. The emphasis is on promotion, prevention, treatment, care, and recovery of those affected by mental health.

1. Defining Mental Health

Mental health is defined by the World Health Organisation (WHO) as,

> "A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (World Health Organisation, 2001).

2. Need for a National Mental Health Strategic Plan

There is increasing global recognition about the burden of mental disorders in both developing and developed countries.

The WHO increasingly encourages member states to develop national mental health policies and plans as is reflected in the WHO Mental Health Action Plan 2013-2020 (World Health Organisation, 2013).

Mental disorders affect individuals and families in all societies. It is evident that when mental disorders go unattended, they can lead to significant morbidity and disability within the community. Increasing incidence of suicide, reduced productivity, increased poverty and unemployment, increased academic failure, increased incidence of substance abuse and tobacco use, increasing proportion of elderly population, domestic violence, child sexual abuse, family disruption, and increased aggression and violence are some of the broader social issues that can affect the mental health and wellbeing of individuals.

Furthermore, people with mental disorders are often met with significant stigma and discrimination which can lead to the denial of basic human rights such as

health, education, employment, housing, welfare services, and other civil and human rights.

Although the prevalence of mental disorders in the Maldives is still largely unknown, there is growing evidence which suggests that mental health problems in the Maldives are on the rise. Therefore, it is important to understand and comprehensively address the various mental health problems and its social determinants which burden the Maldivian society.

There is significant scope for change in the mental health care system in the Maldives. There is a need to use cost effective interventions and strategies for mental health prevention, mental health promotion, and in the treatment of mental disorders. There is also an urgency to develop adequate and appropriate human resources to deliver mental healthcare services throughout the nation.

Therefore, developing a national mental health strategic plan is essential to provide the necessary direction in addressing the mental health needs of the country.

3. Development of the National Mental Health Strategic Plan

The National Mental Health Policy-Maldives was endorsed in 2014, by the Ministry of Health, Maldives.

As the WHO Mental Health Action Plan 2013-2020 (World Health Organisation, 2013) emphasizes on developing a National Mental Health Strategic Plan (NMHSP), the Ministry of Health of the Maldives took the initiative of developing a National Mental Health Strategic Plan (2016-2021) with the support of WHO and SEARO in October 2015.

The first group Stakeholders Meeting was held on 20 October 2015 (list of participants in Annex 1), and a number of individual meetings with various stakeholders were held afterwards (list in Annex 2). The first draft of the Strategic Action Plan was shared in the Second Stakeholders meeting, held on 11 February 2016 (list of stakeholders in Annex 3).

4. Alignment with other Policies/National Strategic Action Plans

The NMHSP align itself with all existing national services, policies, legislatures, plans, strategies, and programs which protect, promote, and respect the rights of persons with mental disorders. Furthermore, it supports the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social, and Cultural Rights, the Convention on the Rights of Persons with Disabilities, the Convention on the Rights of the Child, and other relevant international and regional human rights instruments that have been ratified by the Maldives.

The NMHSP also aligns itself with the Health Master Plan (which is currently in the process of development) and other related national action plans which include; the Child Health Strategy, the School Health Program, the Maldives Domestic Violence Prevention National Strategy 2014, and the Child Protection Policy and Disability Policy. Furthermore, the NMHSP is in line with the related Maldivian Legislations such as the Human Rights Act, Child Protection Act, Domestic Violence Prevention Act, Disability Act, Social Protection Act, and Drug Act.

Chapter 2: The Maldivian Context

1. Country Profile

The Maldives comprises of 1,192 coral islands, of which 188 are inhabited, and are spread over a distance of 90,000 square kilometres with less than 0.5% land area (National Bureau of Statistics, 2014).

The local population of the country is 341,256, out of which 133,019 live in the capital city, Male', which at about two square kilometres is one of the most densely populated places in the world (National Bureau of Statistics, 2014). Maldivians speak one language, Dhivehi, and are all Sunni Muslims. The Maldives maintains a literacy of about 98% among both men and women.

There is an increasing strain on current health, social, and public services caused by continued internal migration from other islands to Male'. Furthermore, there are more than 50,000 migrant workers in the Maldives (National Bureau of Statistics, 2014). Despite the high number of migrant workers, unemployment among the Maldivian population is high, especially among the youth.

The Maldivian economy had shown a steady growth averaging 7% over the past decade with a real GDP growth of 3.7% (World Bank Group, 2014). The economy is highly dependent on the tourism industry. Fishing is the second largest industry in the Maldives. The country lacks land based natural and mineral resources which makes all economic production highly dependent on imports. The consistent growth has led to the graduation of the Maldives from a least developing country to an upper middle income country, with implications on external development assistance offered to the Maldives. Despite the economic growth, however, the poverty gap remains an increasingly significant issue in the Maldives (United Nations Development Programme and Ministry of Finance and Treasury, 2014).

In the past decade, the country has seen major transformations in governance with a new constitution ratified in the year 2008. The key changes in the Constitution include a presidential system with the separation of powers of the executive, judiciary and legislature, multi-party elections, decentralized governance, and a bill of rights and freedoms for citizens. However, the democratic institutions are still in its infancy and the transition in governance has been erratic with political polarisation, corruption and instability.

2. Organisation of Health Services

The Ministry of Health is responsible for formulating the overall health policies and plans, as well as regulating, monitoring, and evaluating the health situation of the country.

The public sector which extends to all inhabited islands of the Maldives provides the largest share of the health system in the country. The private health care providers, which are largely concentrated in Male', mainly provide curative, diagnostic, and pharmaceutical services. Voluntary organizations and NGOs make significant contributions on specific health issues.

The health care delivery system of Maldives is organized as a tiered referral system and consists of the Primary, Secondary, and Tertiary Health Care systems. Figure 1 shows the organisation of the current health care system.

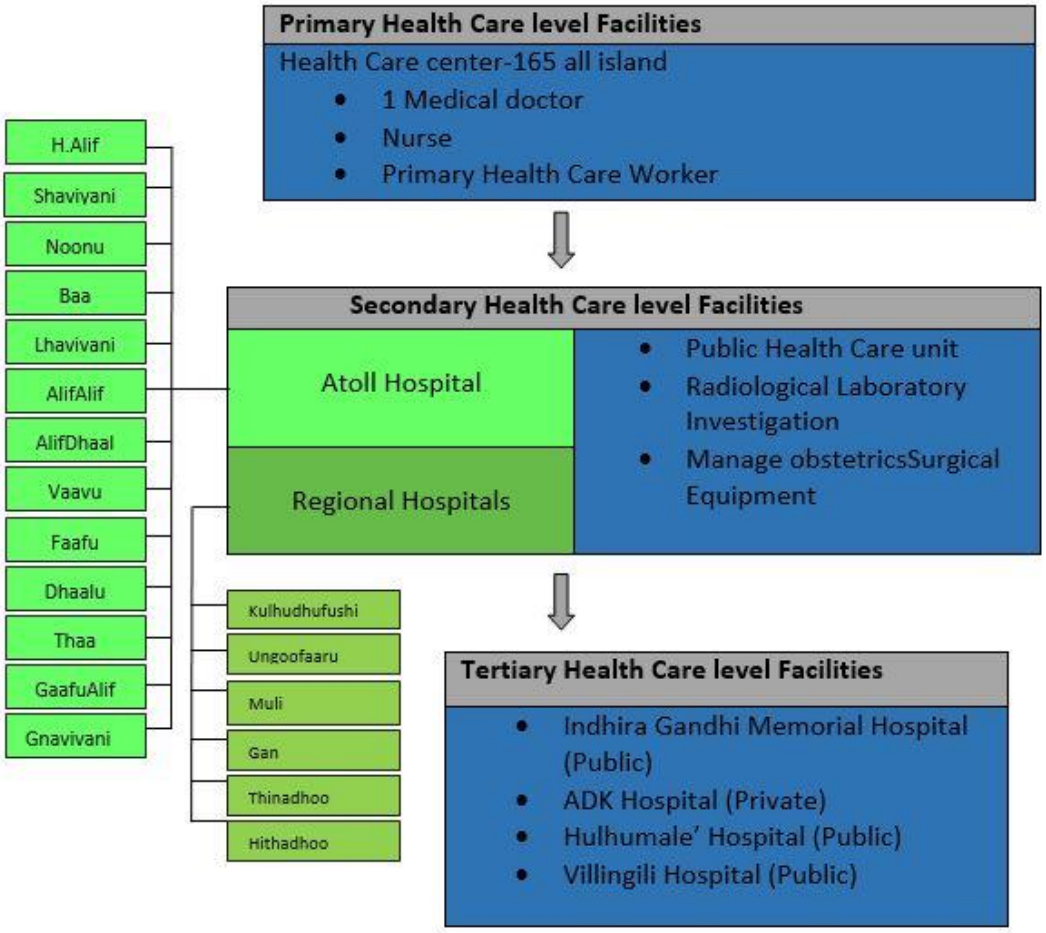


Figure 1. Organisation of health services in the Maldives

The HPA is responsible for providing and monitoring the public health services at all levels. Although the government is committed to improving the health services in the country and improving accessibility, the dispersed islands pose challenges to logistic management (particularly in providing necessary supplies and equipment), assuring quality services, and regular maintenance. Due to the absence of public pharmacies and diseconomies of scale, it is difficult to sustain private pharmacy services in smaller islands. However, in 2014, the government had entered into a partnership with a public company to outsource the supply of medications and medical supplies, and currently pharmacies have been established in all inhabited islands.

Expenditure on health is high in the Maldives when compared to other countries in similar developmental situations. In 2009, a Universal Social Health Insurance Scheme was established and is still undergoing a number of policy changes. However, there have been increased concerns about the sustainability of this scheme due to over-utilisation, absence of gate-keepers, inefficient use of resources, and poor public awareness.

The Maldives has seen a rapid increase in health care professionals in the last 20 years. Currently, local training programs are available for nurses, laboratory technicians, pharmacists, and primary healthcare workers

However, there continues to be a significant expatriate workforce amongst health professionals, especially among doctors and nurses, with high turnover.

3. Mental Health Problems in the Maldives

Although there is a paucity of comprehensive mental health research in the Maldives, various local research publications of the past two decades have examined various psychological and social determinants of behaviour. A close exploration of these available research studies provides important insights into the mental health scenario of the Maldives.

The findings from available research studies demonstrate that the estimated prevalence rates of various mental disorders in the Maldives corroborates with that of other communities.

In 2003, Ministry of Health conducted a nation-wide survey to assess the magnitude of mental and neurological disorders (Niyaz and Naz, 2003). Findings are demonstrated in Figure 2:

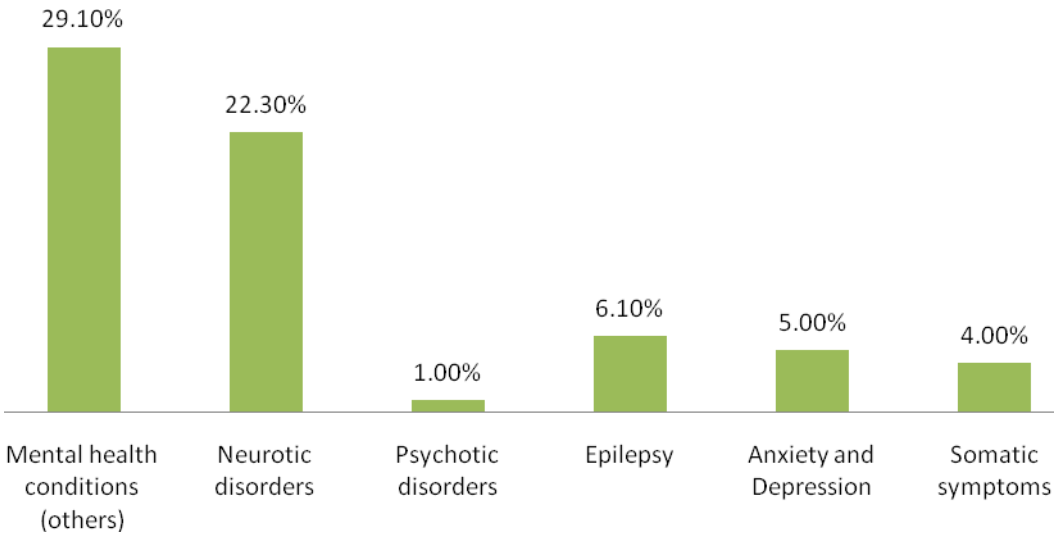


Figure 2. Prevalence of reported mental health conditions. Adapted from "Mental health situation in the Maldives" by H. Niyaz and A. Naz, 2003, Male': Ministry of Health.

The survey of the Mental Health Situation in the Maldives (2003) revealed that 29.10% of the sample self reported that they suffer from mental health conditions. The survey estimated that the prevalence of neurosis was 22.3% while the prevalence of psychoses was at 1%.Furthermore, twice as many women were found to suffer from depression, anxiety and somatic symptoms in comparison to men (H. Niyaz and A. Naz, 2003).

In the "Tsunami Impact Assessment Survey" (Government of Maldives and UNFPA, 2005) it was reported that 7% of the tsunami affected population of the Maldives had a history of a mental health problems, while 8.3% of those taking psychiatric medications were doing so for different psychological and mental health conditions.

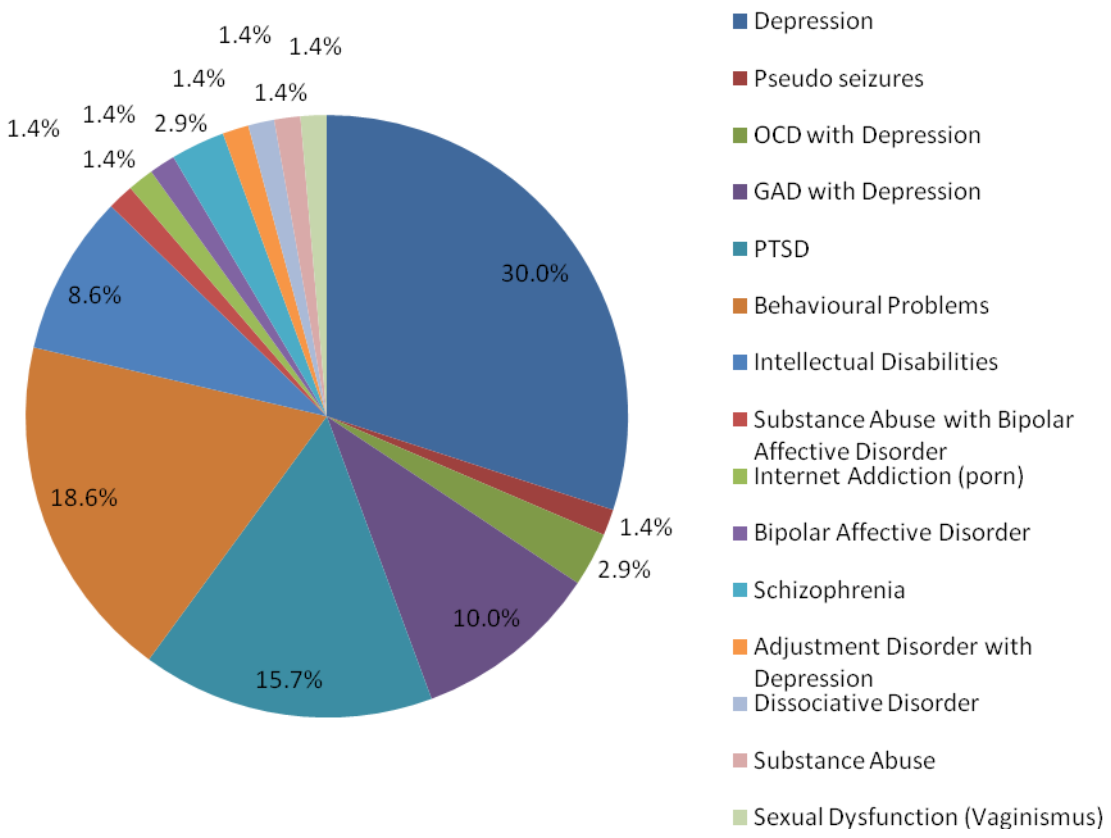


Figure 3. Psychiatric diagnosis of victims of violence. Adapted from "Working with exploited women and abused children in the Maldives: Reflections and insights of a clinician" by A. A. Naaz, 2011.

In a study which explored the profiles of patients who sought psychological support from a private mental health practice in the Maldives over an 11 month period with history of violent victimization, 30% were diagnosed with Depression; 25.7% with Anxiety Disorder; 1.4% with Bipolar Disorder; 1.4% with Dissociative Disorder; 2.9 % with Schizophrenia; 1.4% with Substance Abuse Disorder; 2.9% with OCD with Depression; and 8.6% with an Intellectual Disability (Naaz, 2011) while the prevalence rate of Learning Disorders in the Maldives was estimated at 0.79% in the "Report of Survey on People with Disability" (2003).

In the "Survey of the Prevalence of Neuropsychiatric Disorders in the Community" (Ministry of Health, 2004), the prevalence of epilepsy was estimated at 6.1% but in the "Report of Survey on People with Disability" (2003), the prevalence of epilepsy was estimated at 0.21%.

It is important to understand the interaction between substance abuse and mental health problems. Existing research suggests that tobacco use and substance abuse are initiated by very young people and psychiatric co-morbidity in these groups are also reportedly high.

In the “Rapid Situation Assessment of Drug Abuse in Maldives” (Narcotics Control Board, 2003), it was reported that a majority of drug abusers (98%) are smokers and 95% of them start smoking by 20 years of age; 48% between the ages of 10 and 14 years of age; 42% between 15 and 19 years of age and 5% before the age of 10 years (Narcotics Control Board, 2003).

Decades of research from across the world have demonstrated that substance abuse, mental health problems, and violence are closely interconnected (Blanchard, Browna, Horana, & Sherwooda, 2000; Soyka et al., 1993). Research in the Maldives provides similar insights.

According to the Maldives Global School-based Student Health Survey (2014), 12.3% of the 3,493, 13 to 17 year old students surveyed had used tobacco products. Furthermore, in the same sample, among students who ever had a drink of alcohol other than a few sips, 74.7% had drunk alcohol for the first time before the age of 14 years. The percentage of students who ever used marijuana one or more times during their life was 4.4% while among the students who ever used drugs, 69.1% had used drugs for the first time before the age of 14 (Ministry of Education, 2014).

In the “Biological and Behaviour Survey on HIV and AIDS” (The Government of Maldives and UNDP, 2008), a third of Male’s female sex workers were found to be drug injectors. The early age at which they initiate commercial sex and injecting drug use is a growing concern. It is yet to be determined how these risk behaviours may connect with the burden of increasing mental health issues among these populations.

Existing research also suggests that young people who are dependent on drugs are at risk of entering criminal behaviours. For example, in the “Rapid Situation Assessment of Gangs in Male’” (Maldives Institute for Psychological Services, Training and Research, 2012), 54.2% of the sample reported that they were using drugs and 44% reported they were engaged in the sale of illicit drugs. Furthermore, in the same research it was revealed that those who engaged in violent activities felt a strong need for belongingness, brotherhood, protection, identity, and that they were bullying at school and had issues related to family. (Maldives Institute for Psychological Services, Training and Research, 2012)

In the “Rapid Situation Assessment of Drug Abuse in Maldives”(Narcotics Control Board, 2003), 20% of drug users reported psychological problems such as excessive worrying, anxiety, sexual dysfunctions, and sadness were the main reason for initiating drug abuse. Furthermore, in the same study it was reported that 74% of family members of the drug users had problems with sleeping while 90% of those interviewed reported that they suffered from emotional problems (Narcotics Control Board, 2003). In the more recent National Drug Use Survey

(2011/2012), 15% of the drug users from Male' and 9% from the atolls reported that they had a co-morbid psychiatric disorder.

The "Rapid Situation Analysis of the Prison Population" (2011) demonstrates that 3.6% of the prison population cited underlying psychiatric problems as their perceived cause for offending (The Government of Maldives and the United Nations Development Programme, 2011).

Research has long established that violent victimization and mental health issues are closely interlinked. In the Maldives, domestic violence, sexual abuse or gender based violence are frequently referred to in emerging research. It may be worthwhile to explore how violent victimization connects with mental disorders in the Maldives.

An analysis of the psychological profiles of patients (n=496) who sought psychological support from a private mental health practice in the Maldives over an 11 month period for various psychological problems were carried out. Findings revealed that 14.10% (n=70) of the sample reported that they were victims of exploitation or abuse (Naaz, 2011).

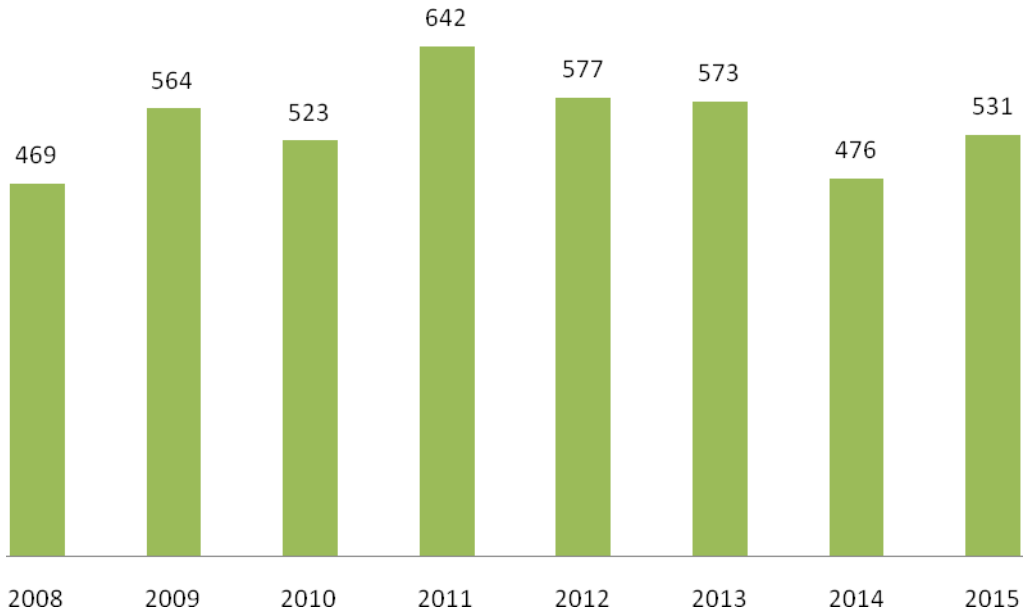


Figure 4. Number of cases of sexual violence reported to the Maldives Police Service from 2008 to 2015. Adapted from www.police.gov.mv/#casestat

Furthermore, according to the statistics published on the website of the Maldives Police Service the numbers of cases reported of sexual violence was; 469 in 2008; 564 in 2009; 523 in 2010; 642 in 2011; 577 in 2012; 573 in 2013;476 in 2014, and 531 in 2015 (Maldives Police Service, 2016).

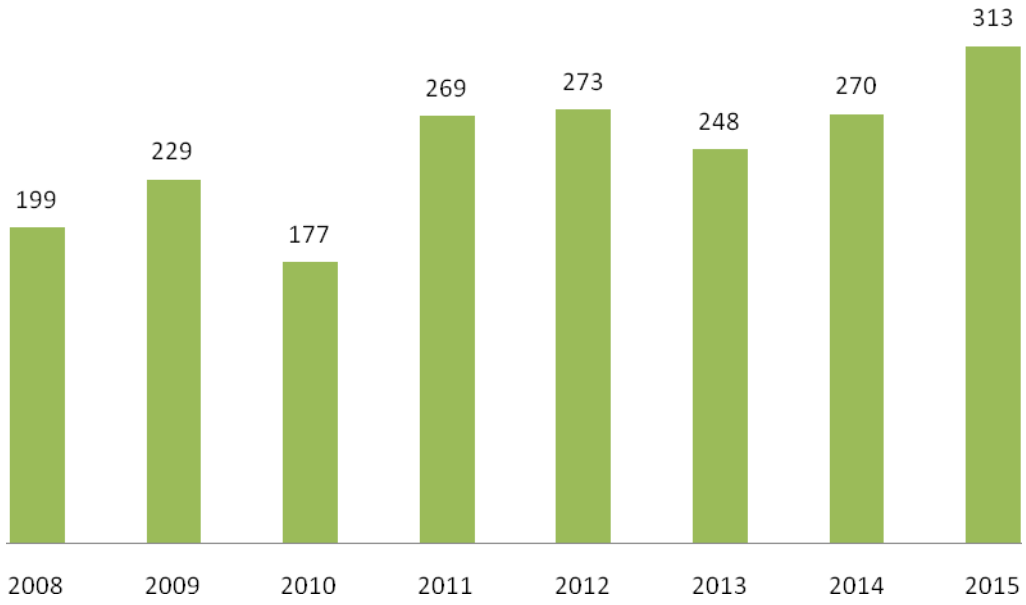


Figure 5. Number of cases of child sexual violence reported to the Maldives Police Service from 2008 to 2015. Adapted from www.arc.org.mv/hope

Child Sexual abuse is an emerging concern for the Maldives, and the impact of such abuse on the mental health of victims is yet to be comprehensively examined. However, what is evident is that there is an increase in the number of reported cases of child sexual abuse. The number of cases of Childhood Sexual Abuse reported to the Maldives Police Service (2016) were; 199 in 2008, 229 in 2009, 177 in 2010, 269 in 2011, 273 in 2012, 248 in 2013, 270 in 2014, and 313 in 2015 (Advocating the Rights of Children, 2016).

In the "Women's Health and Life Experiences" survey (Fulu, 2007) it was reported that 1 in 3 women (34.6%) aged 15-49 experienced physical or sexual violence during their lifetime. Approximately 1 in 5 women of this age group, who had ever been in a relationship, reported experiencing physical and/or sexual violence by an intimate partner. 65% of women in this sample reported that their mental and/or physical health had been affected as a result of the violence, 38.9% a lot, and 25.6% a little. The psychological distress experienced by these women was found to be significantly higher than for those who had not experienced violence.

Furthermore in the same study, it was reported that 18.7% of women who had experienced partner violence in the Maldives had thoughts of suicide compared with only 7.1% of women who had never experienced partner violence. Additionally, 8.6% of women who had never experienced partner violence reported that they had tried to take their own life whereas 14% of women who had experienced partner violence reported that at some point in their lives they had attempted suicide ("Women's Health and Life Experiences" survey, Fulu, 2007). The Maldives GSHS (2014) found that from the 3,493 students aged 13 to 17

years who participated in the survey, 13.1% had seriously considered attempting suicide during the 12 months before the survey, and 12.7% had attempted suicide one or more times during the 12 months before the survey (Ministry of Education, 2014).

A close analysis of prevalence of suicide in the Maldives between the years 2008 to 2013 shows that suicide levels have increased significantly over the past years. Figure 6 below show the details.

Figure 6. Prevalence of Suicide in the Maldives from 2008 to 2013. Adapted from Maldives Police Service

Hence, it is clear that there is a plethora of mental disorders and varying social problems which interact to burden the mental health care system in the Maldives. The high prevalence rates of neurotic disorders, increasing incidence of suicide, interlinking of substance abuse, violent offending, increased violent victimization related to domestic violence, sexual and gender based violence, and other significant risk behaviours and issues identified need to be comprehensively examined through national level research based on strong methodology.

4. Mental Health Services in the Maldives

The mental health system in the Maldives is limited. It is poorly organised and poorly coordinated.

The central authority to oversee the mental health system in the Maldives is the Ministry of Health. Currently there is a Mental Health/NCD unit under the Health Protection Agency with MoH. Furthermore, the Mental Health Policy (2014) has been recently developed and endorsed by the MoH. However, a Mental Health legislation is yet to be developed.

There is a dearth of trained mental health workforce in the country and it is reported that there were 4.48 mental health professionals per 100,000 populations in 2006 (World Health Organisation and Ministry of Health, 2006). At the moment there are some mental health trainings available at local institutions for counsellors, nurses, and primary healthcare workers. Furthermore, of recent there are Graduate and Diploma level studies in Psychology and Special Education available at Maldivian National University.

In terms of financing, there is no separate financing for mental health care, but psychiatric treatment and medications are covered by the social health insurance scheme. Some financial assistance for chronic mental health problems in childhood and intellectual disabilities are funded by the State. However, there is little financial assistance for disability associated with chronic psychiatric disorders.

The majority of the available mental health services are concentrated in the capital Male', with minimal services in the outer islands. IGMH provides mental health services to the general public, mainly outpatient psychiatric clinics. Currently, there are three psychiatrists at IGMH with two local psychiatrists, and there are three psychiatrists in the Regional Hospitals. There are no specialist psychiatric nurses, psychologists, psychiatric social workers in IGMH but there is one occupational therapist.

The inpatient service for psychiatric patients at IGMH is very limited as there are very few beds allocated for psychiatric admissions (currently four), with no psychiatric ward.

Currently only minimal psychiatric and psychological services are available in the private sector. This includes outpatient and inpatient psychiatric services at ADK Hospital, outpatient psychiatric and psychological services at Medica Hospital, outpatient psychiatric and psychological services at MIPSTAR Clinic, and psychological services at IPW, ICP, and Alive Medicals.

The Ministry of Health now manages the Home for People with Special Needs (HPSN) which provides institutional care by the State for people with a range of physical and intellectual disabilities, mental disorders and older people who cannot be cared for by their families (Ali, 2013). Details of the HPSN are provided in Figure 7.

Status of HPSN, Guraidhoo

- There are 169 residents at the centre
- The centre is staffed by a medical officer and two staff nurses with outreach visits by psychiatrists from IGMH
- Quality of care, rehabilitation, and reintegration is poor
- Human resources is limited
- Lacks clinical supervision
- Lacks psychosocial intervention
- Lacks follow-up and community integration programs to support discharged patients

Figure 7. Details of the HPSN in K. Guraidhoo. Adapted from "Case study on the services of mental health patients residing at the Home for People with Special Needs, Guraidhoo, Kaafu Atoll, Republic of Maldives" by S. Ali, 2013

In terms of treatment availability, while most classes of psychiatric medications are available, their supply is often inconsistent and mainly available in Male'. While a previous system of free supply of psychiatric medications to registered psychiatric patients existed, this has largely disintegrated with the recent changes in the health system. There is no provision for psychological treatments in the public health system, even in Male'. Furthermore, there is little integration of mental health within the primary care level in the islands

In the Maldives the services for drug use is relatively better developed compared to general mental health services. The National Drug Agency (NDA) is the authority which addresses drug abuse in the Maldives. The main Drug Treatment and Rehabilitation Centre (DTRC) provide residential care using the therapeutic

community model. Clients discharged from the DRC are transferred to Male' for the community component of their rehabilitation. Although a methadone maintenance program is also available within the existing treatment model, psychiatric co-morbidity is not managed within the treatment program, and referrals are made to the IGMH whenever a client becomes violent or when the client begins to demonstrate psychiatric co-morbidity at any phase of their drug treatment and rehabilitation program. With the introduction of the new Drug Act (17/2011), sentencing for drug use offences are converted into mandatory treatment programmes.

It is increasingly felt that the existing mental health services in the country are not able to meet the clinical demands placed upon them. This is especially true for those living in the outer islands. It is a challenge that the majority of people have to travel long distances to obtain basic services. Furthermore, there is no follow-up system for MH patients discharged to the community and the financial burden on people with mental disorders and their families is high. Additionally, there is stigma towards mental illness for those with mental illness across all layers of the society.

Although in the Maldives the primary health care system is well established throughout the country and the Mental Health Policy (2014) emphasizes the importance of having a community based approach where mental health care is well integrated within the PHC system, integrating MH within the PHC can be a challenge.

There are little formal efforts in terms of mental health promotion and prevention of mental disorders. The HPA conducts mental health awareness programmes but the level of awareness around mental wellbeing and mental disorders is generally poor. However, mental health is gradually being incorporated into the school health programme and there are policy directives by the Ministry of Education in terms of child protection and inclusive education.

The voluntary sector and NGOs have continued to provide an important contribution to mental health services delivery as well as mental health promotion. There are many NGOs working on different aspects of mental health (Annex 4: List of Active NGO'S and Voluntary Organizations Involved with the Promotion of Mental Health)

Another group of important informal mental health service providers in the Maldives include Traditional Healers and the Religious leaders.

Traditional Healers and Religious Leaders

- At community level in outer islands people with mental distress seek help initially from traditional healers and religious leaders
- This is based on a belief that mental distress may be related to supernatural causes such as possession
- Traditional healers are a loosely defined non-homogenous group who use different modalities of treatment
- Traditional Maldivian Medicine (Unani/ayurvedic/homeopathy methods using mostly locally available material)
- Rituals and practices
- Islamic healing methods such as recitations from the Holy Quran
- There are no formal qualifications or standards for the traditional healers

Chapter 3: Vision, Principles and Objectives

1. Vision

In the Maldives, 'mental health is valued, promoted, and protected, and mental disorders are prevented and persons affected by these disorders are able to exercise the full range of human rights and to access high-quality, culturally appropriate health and social care in a timely way to promote recovery, all in order to attain the highest possible level of health and participate fully in society and at work, free from stigmatization and discrimination'

2. Guiding Values and Principles

The values and principles which forms the basis of the strategic action are given below

i) Inter-sectoral collaboration

A comprehensive and coordinated response for mental health requires partnership with multiple public sectors such as health, education, employment, justice, housing and welfare as well as the private and NGO sectors.

ii) Integration of mental health and general health

Mental health services needs to be integrated into general health and primary care services at all levels and maintain parity with other health services.

iii) Community based care

Community based care involves treating people with mental disorders in the community in the least restrictive environment, closer to their homes and avoiding institutional care.

iv) Life-course approach

Policies, plans and services for mental health will take into account the health and social needs of people at all stages of the life course, including infancy, childhood, adolescence, adulthood and older age

v) Evidence based care

Mental health promotion, prevention and treatment strategies should be based on sound evidence and should be cost effective care.

vi) Emphasis on religion and culture

Religion and culture form an important part of mental health in our communities and should be incorporated into the strategies of mental health prevention, promotion and treatment services.

Protecting vulnerable populations

The protection and promotion of human rights of people with mental disorders, who are a vulnerable population, needs to be a priority in all strategies and services provided.

vii) Accessibility and Equity

Mental health services should be accessible and available to all, regardless of their geographical location, economic status, race or social condition.

viii) Professionalism

Health professionals should be competent, should protect confidentiality and respect of privacy and demonstrate high levels of commitment to ethical and moral obligations.

ix) Empowering people with mental disorders and their families

People with mental disorders and their families should be encouraged to become actively involved in their own care and treatment and be encouraged to become involved in advocacy, planning, service provision and policymaking.

3. Objectives

The major objectives of this strategic action plan include:

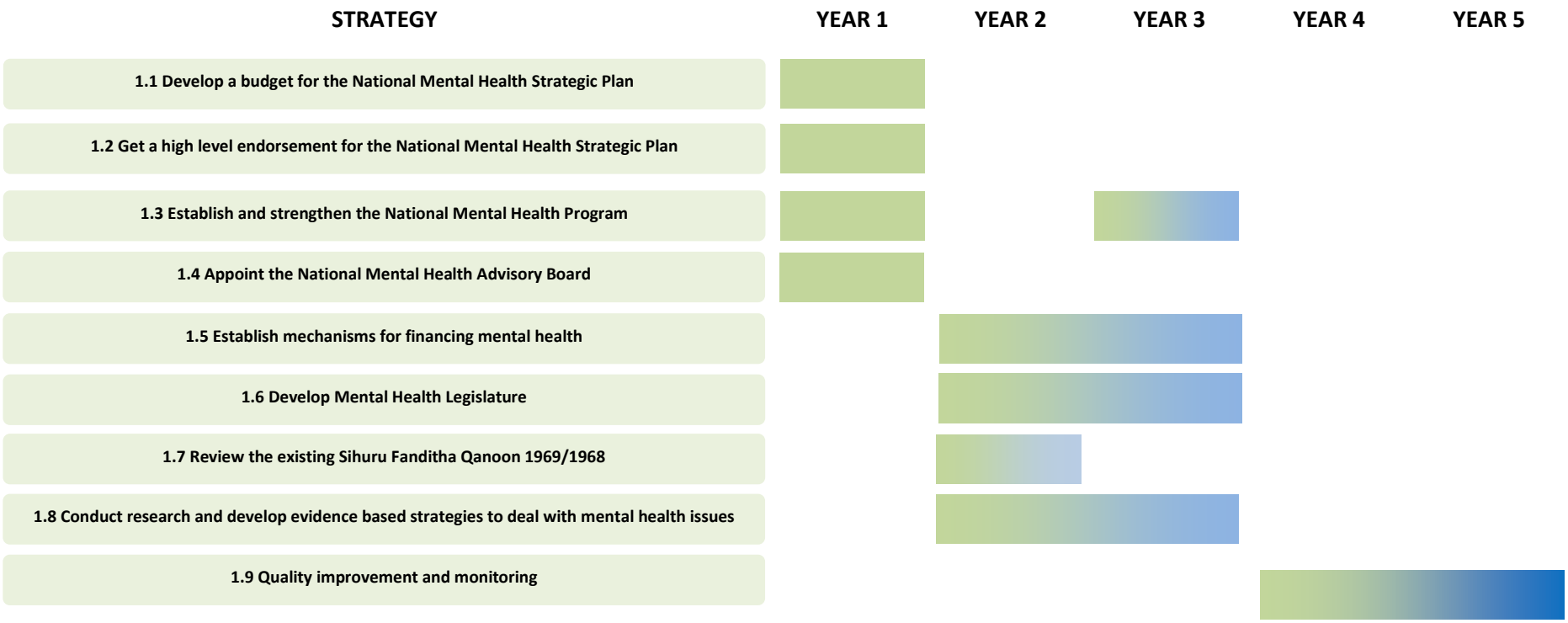
1. Creating a robust leadership and governance structure for mental health with adequate financing for implementation of strategies.

2. Integration of mental health services with the existing health care system through a community-based approach with strong referral system

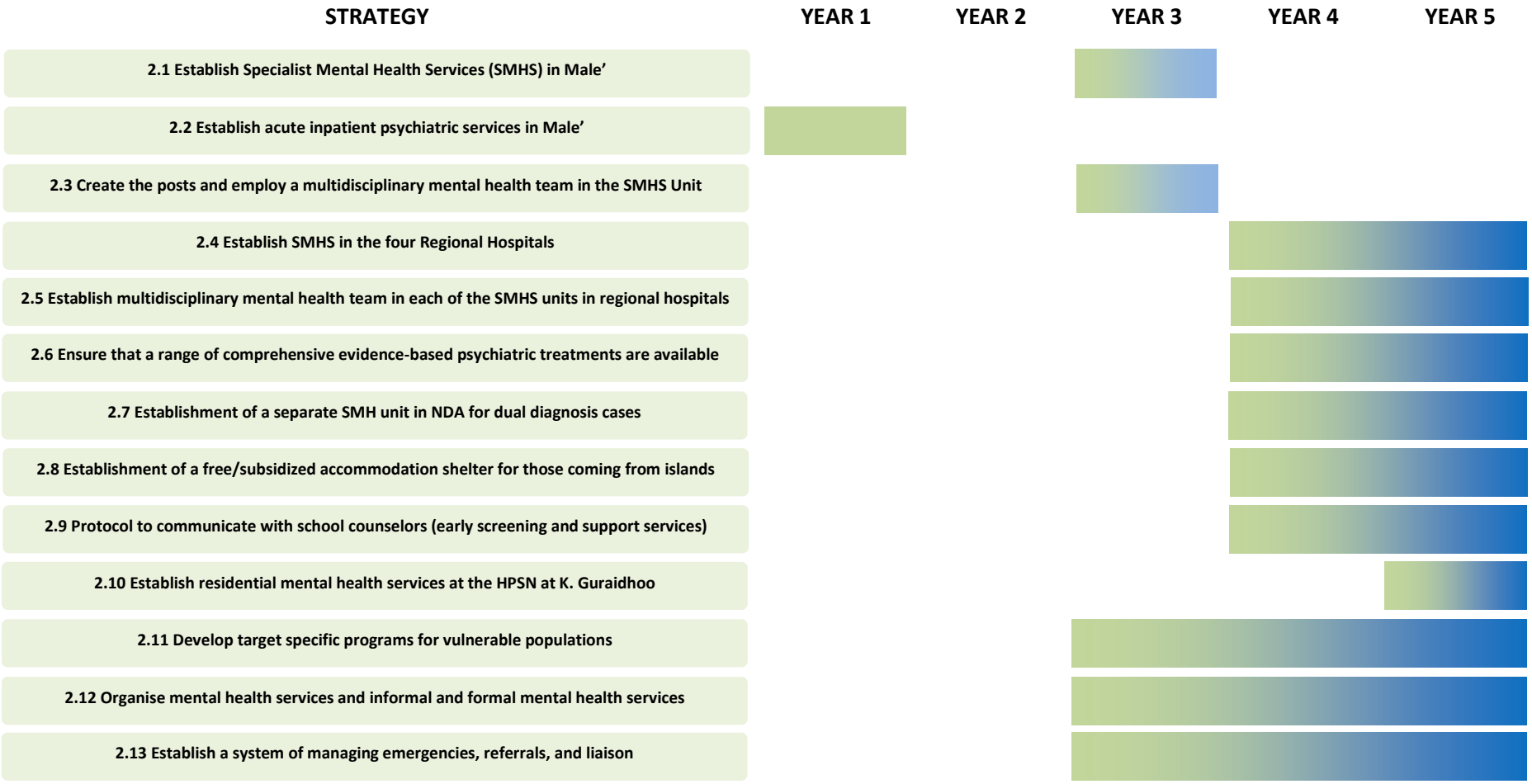
3. Multi-sectoral collaboration for promotion, prevention and management of mental disorder

CHAPTER 4: Strategic Priority Action Areas

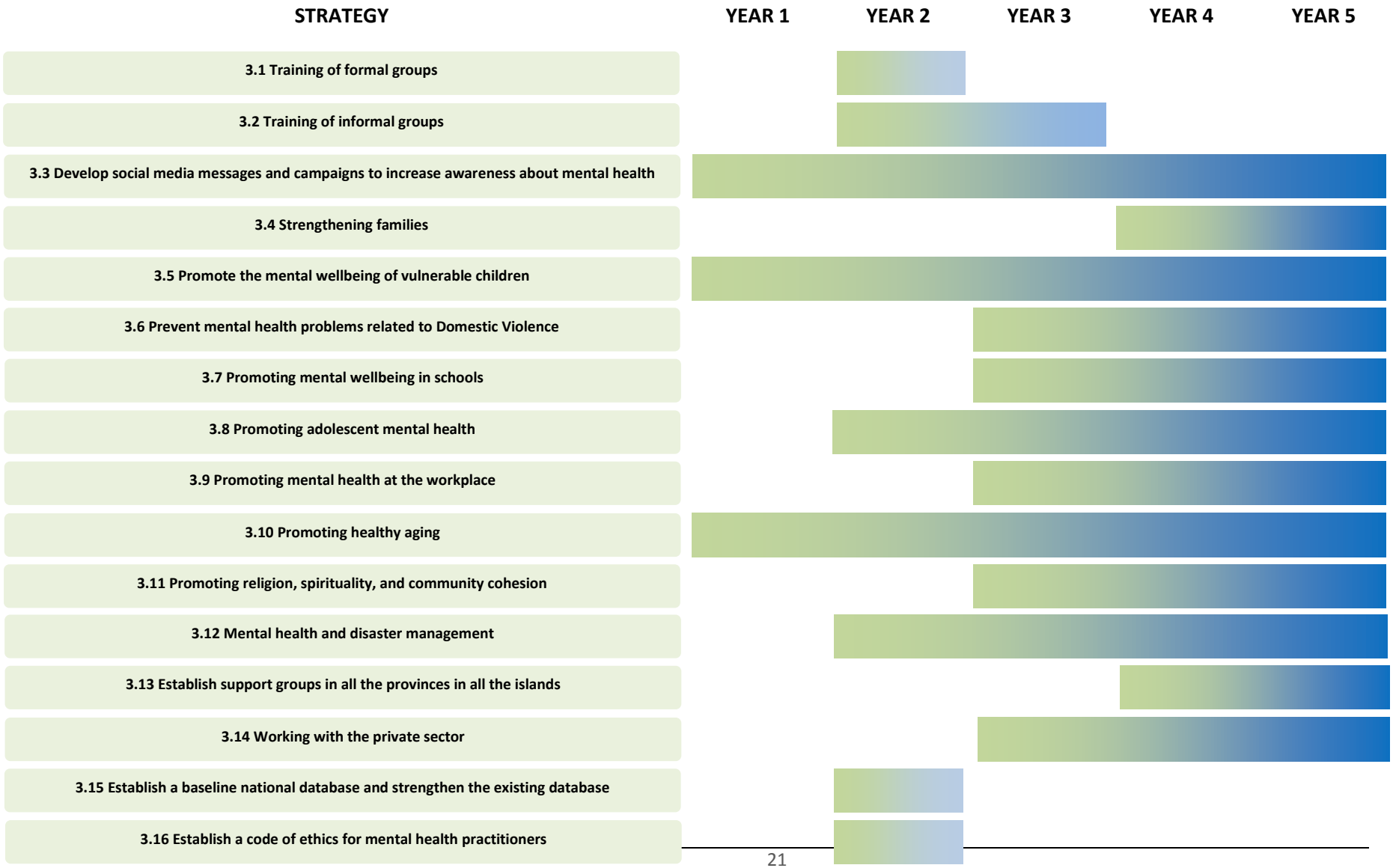
Strategic Action Area 1: Creating a Robust Leadership and Governance Structure for Mental Health



Strategic Action Area 2: Integration of Mental Health Services with the Existing Health Care System through a Community-Based Approach with Strong Referral System



Strategic Action Area 3: Multi-Sectoral Collaboration for Promotion, Prevention, and Management of Mental Disorders



Strategic Action Area 1: Creating a Robust Leadership and Governance Structure for Mental Health Service

ACTIONS	STAKEHOLDERS	TIME PERIOD
1.1 Develop a budget for the National Mental Health Strategic Plan		
1.1.1. Approach agencies for funds	MOH	Year 1
1.1.2. Appoint consultants	MOH / WHO-SEARO	
1.1.3. Complete budget		
1.1.4. Approve budget	MOH	
1.2 Get a high level endorsement for the National Mental Health Strategic Plan		
1.2.1. Submit for endorsement	MOH	Year 1
1.2.2. Confirm endorsement		
1.3 Establish and strengthen the National Mental Health Program (NMHP)		
1.3.1. Set up the NMHP at the Ministry of Health, under the Health Protection Agency	MOH	Year 1
1.3.2. Define the mandate, roles, and responsibilities of NMHP		
1.3.3. Recruit staff to NMHP		
1.3.4. Build the technical capacity of the NMHP		
1.3.5. Conduct advocacy and awareness workshops to stakeholders		
• 'Stakeholders role in mental health and how mental health can be integrated into policies and plans'		Year 3
• 'Financing of mental health activities and incorporating these into the stakeholders budgets'		

1.4 Appoint the National Mental Health Advisory Board

1.4.1. Appoint the NMHAB members. Board to consist of: • 1 psychiatrist • 1 clinical psychologist • 1 psychiatric social worker • 1 psychiatric nurse • 1 NGO representatives • 1 representative from HRCM • 1 representative from MOH • 1 representative from MOLG • 1 representative from Police • 1 representative from AG office • 1 religious scholar • 1 representative from MOE • 1 representative from NDA 1.4.2. Define the mandate, roles and responsibilities of NMHAB 1.4.3. Build the technical capacity of the NMHAB through training 1.4.4. Conduct regular meetings of the advisory board	MOH	Year 1

1.5 Establish Mechanisms for Financing Mental Health

1.5.1. Identify local and international donors to fund Mental Health activities 1.5.2. Incorporate Mental Health into the GP system 1.5.3. Mental Health disorders and its treatment, medications and psychological treatments are to be covered under Aasandha in accordance with specific guidelines. 1.5.4. Include Psychiatric disorders (list of disorders and their severity to be specified) in the disabilities list covered by disability welfare allowance 1.5.5. Allowances of psychiatric patients under institutional care is to be paid to the relevant agency of admission 1.5.6. Eligibility for the renewal of allowances to those with psychiatric disabilities is to be revised periodically based on specified criteria (e.g.,	MOH NSPA	Year 2 and 3

whether the person benefited from the initial allowance, whether they are seeking or receiving the treatment they need, whether they comply to treatment, etc.)		
1.6 Develop Mental Health Legislature		
1.6.1. Draft the Mental Health Legislature	MOH AG Office	Year 2
1.6.2. Submit the legislature to the AG office to submit to parliament		Year 3
1.7 Review the Existing Sihuru Fanditha Qanoon 1969/1968		
1.7.1. Review the powers given through this legislature to the MOH as the authorized agency to supervise all the spiritual healing clinics in the country 1.7.2. MOH and MOIA to have an MOU on giving professional opinion to MOH about the spiritual healing clinics and advise MoIA to monitor a code of conduct for Rugiyya Shariyya scholars	MOH MOIA AG Office	Year 2
1.8 Conduct Research and develop Evidence based Strategies to deal with Mental Health Issues		
1.8.1. Conduct a National Mental Health Survey	MOH WHO-SEARO LGA Police	Year 2
1.8.2. Conduct a Rapid Situation analysis of Suicide Prevalence in the Country		Year 2
1.8.3. Develop a National suicide prevention strategy		Year 3
1.9 Quality Improvement, and Monitoring		
1.9.1. Develop standards for Mental Health service delivery	MOH	Year 3
1.9.2. Develop standards for provision of informal Mental Health services		Year 4

Strategic Action Area 2: Integration of Mental Health Services with the Existing Health Care System through a Community-Based Approach with Strong Referral System

ACTIONS	STAKEHOLDERS	TIME PERIOD
2.1 Establish Specialist Mental Health Services (SMHS) in Male' 2.1.1. In Male', establish a Specialist Mental Health Unit (SMHU) at IGMH. The SMHU in IGMH which will be; • The main referral centre in the country for Mental Health services. - from regional hospitals, private hospitals, clinics, government agencies, and NGOs • Support primary care services in Malé and assist with the provision of community based mental health care. • Technical support: trainings (community based programs, social support programs, etc), consultations, supervision (evaluation, monitoring, need analysis support) • Develop a protocol and establish referral routes • Trained staff (mental health community nurses, counselors, etc) • Provide support to other levels through outreach clinics and telemedicine. • In Malé region, the primary care centres will be the focus of community mental health care delivery in Malé.	MOH IGMH CSC Role of MOF NGOs	Year 3

2.2 Establish Acute Inpatient Psychiatric Services in Male'

2.2.1. This will be a secure unit which is able to manage involuntary admissions • To reserve at least 10 beds for psychiatric admissions (2 padded rooms for behaviorally uncontrolled cases) • The specialist multidisciplinary staff at Mental Health Unit in IGMH will be involved in inpatient care and community care • Ensuring different modalities of treatment (pharmacological/non pharmacological - therapies (OT, psychotherapy, ECT available within the unit)	MOH IGMH MOLG Police	Year 1

2.3 Create the posts and employ a Multidisciplinary Mental Health Team in the SMH Unit in Male'

2.3.1. Create the posts and employ Mental Health Team at SMH Unit of IGMH as follows; • Psychiatrists (five) • Medical officers (two) • Clinical psychologists (two) • Psychiatric Social Workers (two) • Psychiatric Nurses male/female (eight) • Occupational Therapist (two) • Speech therapist (one) • Psychotherapists (two) • Trained support staff (e.g., security, attendants of both sex)	CSC MOH IGMH	Year 3

2.4 Establish Specialist Mental Health Services(SMHS) in 4 Regional Hospitals

2.4.1. In each of the 4 Regional hospitals establish Specialist Mental Health Units(SMHU)

- Will support primary care services in all the atolls and liaise with the central level.
- Will conduct outreach clinics and use telemedicine to facilitate liaison and referrals
- In the island, Atoll and Regional Hospitals, the primary care services (or public health units) will deliver community mental health care.

Assign a mental health focal point at each island from the primary care services to liaise with primary, secondary and tertiary level care

MOH
IGMH
Atoll hospitals

Year 4 & 5

2.5 Establish Multidisciplinary Mental Health Team in each of the SMH Units in the 4 Regional Hospitals

2.5.1. In each of the 4 Regional hospitals establish inpatient psychiatric ward to manage involuntary admissions

- To reserve at least 3 beds for psychiatric admissions
- The specialist multidisciplinary staff at Mental Health Unit in the Regional Hospital will be involved in inpatient care and community care

2.5.2. To create the posts for Mental Health Team at each of the Regional hospitals (4)for:

- Psychiatrist (one)
- Medical officer (one)
- Clinical psychologist(one)
- Psychiatric Social Worker(one)
- Psychiatric Nurses(two)
- Occupational Therapist(one)
- Speech therapist(one)
- Psychotherapist (one)
- Trained support staff (security, attendants of both sex)

MOH

CSC
Regional hospitals

Year 4 & 5

2.6 Ensure that a range of Comprehensive Evidence-Based Psychiatric Treatments are available

2.6.1. Make available a range of quality psychiatric medications at pharmacies at all levels under the universal health insurance scheme. 2.6.2. Make available the provision of electro-convulsive therapy or ECT through the SMHU at IGMH. 2.6.3. Make available Psychological treatments through clinical psychologists, psychotherapists, counseling psychologists deployed at all levels of the service. • Incorporate spiritual aspects to psychological services by collaborating with traditional healers and religious scholars • Physical health in people with mental disorders is to be addressed by maintaining close liaison with other medical specialists (referral mechanism) • To liaison with other departments in managing mental health patients with chronic and medical conditions (e.g., cancer, chronic kidney disease) • Social aspects and rehabilitation is to be considered by focusing on social dimensions of treatment such as family and social support, relationships, employment, housing and finances 2.6.4. Establish a network of mental health professionals working in the country	MOH	Year 4 & 5

2.7 Establishment of a separate SMH unit in NDA for dual diagnosis cases

2.7.1. This will be a secure unit which is able to manage involuntary admission • To reserve at least 5 beds for psychiatric admissions (2 padded rooms for behaviorally uncontrolled cases) • The specialist multidisciplinary staff at the SMH in NDA will be involved in inpatient care and community care • Ensuring appropriate trained staff and different modalities of treatment is available in this unit (pharmacological/non-pharmacological - therapies, OT, psychotherapies)	MOH NDA	Year 4 & 5

2.8 Establishment of a free/subsidized accommodation shelter for those coming from islands

2.9 Protocol to communicate with school counselors (early screening and support services)

2.9.1. Including mental health screening in the current health screening when enrolling at schools • Utilizing current school counselors and health staff	MOH MOE	Year 4 & 5

2.10 Establish Residential Mental Health Services at the Home for People with Special Needs (HPSN) at K. Guraidhoo

2.10.1. To develop the Home for People with Special Needs (HPSN) at K. Guraidhoo to offer longer periods of residential rehabilitation services for patients with severe disorders, poor functioning, less support networks who require long term care 2.10.2. To bring systemic changes to the existing HPSN include; • Change the residential setting to only people with mental disorders • Offer human resource training for staff • Establishment of criteria for selection of staff • Develop robust admission/discharge processes • Establish improved liaison between service systems of welfare assistance • Increased family and community involvement • The SMHT to oversee the programs and assure quality of care • Develop systematic programs and daily routines for residents. • Develop a comprehensive vocational rehabilitation program with tie ups with the local community where handicraft items made by the patients can be put for sale. • Equip the center with modern technology for better management and monitoring (e.g., security cameras) 2.10.3. To have a multidisciplinary team of mental health professional with at least • Resident psychiatrist, (one) • Clinical psychologist, (one) • Psychologist Assistant (two) • Psychiatric nurses and nurse aids (female and male) (12) • Psychiatric social worker, (one) • Vocational rehabilitation officer, (one) • Occupational therapist (one)	MOH CSC LGA MOLG	Year 5

• Psychotherapists • Care workers 2.10.4. Community reintegration will be encouraged to minimize long term institutionalization • To make it mandatory for family members to pay a bed charge (token)at admission and throughout the period of admission • To give an incentive for family members when discharged patients are taken back to the community • Gradual reintegration through part time jobs within the institution • Creation of a halfway home in the institution for discharged patients 2.10.5. Local council in the islands to liaison in the reintegration of MH patient who is discharged from residential care to community program according to a step wise protocol developed to facilitate the same • To develop community support networks to assist families in need		
2.11 Develop target specific programs for vulnerable populations 2.11.1. Develop and deliver target specific programs to address Mental health issues in: • Childhood and Adolescence • Children and adults with intellectual disability • Mental disorders related to Motherhood; Pregnancy and infancy • Elderly such as dementia, delirium and depression • Those with communicable diseases/ STD's/HIV/AIDS • Those with non communicable diseases such cancer, heart disease, diabetes • Migrant population • Epilepsy and other neurological disorders • Victims of gender based violence • Other special groups or populations • Alcohol and substance users	NGO Network MOH MCS FCPD NDA MOLG FCSC Police LGA	Year 3 - 5

2.11.2. Address mental disorders and co-morbid substance use by developing a close interface between mental health and addiction services • To strengthen the psychiatric treatment facility within the NDA such that psychiatric co morbidity is managed independently by NDA, by a mental health team within NDA for those registered for treatment and rehabilitation with NDA • Close liaising and referral between Specialist Mental Health Services unit in Male' and the 4 Regional Hospitals and NDA for those with psychiatric co morbidity in community based drug rehabilitation program 2.11.3. Address the mental health needs of the incarcerated population • Establish a Forensic Team with Mental health professionals within the Central Forensic Unit in the country • Ensure that there is a system to deliver • Prison based mental health care (prisons/custodials)		
2.12 Organize Mental Health Services as Informal and Formal Mental Health Services		
2.12.1. Organize and sensitize informal mental health service providers and establish a system to provide mental health services within the informal service • Religious scholars • Traditional healers • Teachers • Police officers • Correctional officers • Counselors • Community organizations and volunteers 2.12.2. Organize and sensitize formal mental health services. These include those within the health sector and include Primary care services and specialist mental health services.	NGO Network MOH MCS FCPD MOIA	Year 3 - 5

2.13 Establish a system for managing Emergencies, Referrals and Liaison 2.13.1. Develop a system for managing referrals, discharges and emergencies between the different levels of the mental health services. • Local council members to approach and refer those who are identified with MH problems to the primary health care centres in the island • Referrals for non-urgent clinical input will be through regular outreach visits and telemedicine from higher centres. • Develop a protocol for urgent transferring of acutely unwell patients 2.13.2. Develop, facilitate and standardize transfer protocols and clinical guidelines for liaising with these services	LGA MPS	Year 3 - 5

Strategic Action Area 3: Multi-Sectoral Collaboration for Promotion, Prevention and Management of Mental Disorders

ACTIONS	STAKEHOLDERS	TIME PERIOD
3.1 Training of formal groups 3.1.1. Train professionals in the mental health field by funding their training abroad and locally (with commitment to return to serve in Specialist Mental Health Services(SMHS)in Male' and in the 4 Regional Hospitals).Training of: • 8 local Psychiatrists • 8 Clinical Psychologists • 8 Psychotherapists • 8 Occupational Therapists • 8 Speech Therapists • 8 Vocational Rehabilitation officers • 10 Psychiatric Social Workers • 30 Psychiatric Nurses 3.1.2. To develop the existing locally available training programs such as nursing, community health workers, teacher training, special educatory training with inclusion of a chapter on mental disorders. (e.g., identifications of mental health problems, making referrals, mental health first aid, mental health awareness, etc.) 3.1.3. To educate school children in grades 9 and 10 on possible careers in the field 3.1.4. To lobby for mental health to be included as a priority area in foreign aid/scholarships given to Maldives	MOE MNU Private colleges and institutes MQA MOH	Year 2

3.2 Training of informal groups

3.2.1. To standardize a training module (through collaboration between MOE, MOH, MNU and private colleges and institutions) for the purposes of training of trainers in the informal groups which helps to Identify mental health problems; how and when to make referrals and how to provide psychological/mental health first aid, create awareness on mental health issues 3.2.2. Training of trainers in the informal groups will constitute the following; • Teachers • School counselors • Religious scholars • Traditional medical practitioners • Spiritual healers • Primary health care staff • Community health workers • Security guards at Specialist Mental Health Services(SMHS) • FCSC staff • Nurses, community health workers • Local council members • Disability and Mental Health Unit members of HRCM • Drug counselors at NDA/Journey • Medical officers • other groups	MOE MNU MRC NGO Network Private colleges and institutes MOH	Year 2 or 3

3.3 Develop social media messages and campaigns to increase awareness about mental health		
3.3.1. Use TV/Radio/Phone Messages/social media to disseminate messages 3.3.2. Establish a Helpline; immediately at IGMH, second year at regional hospitals, third year at atoll level, and fourth year at island level 3.3.3. Establish a help desk at IGMH which is 24/7 3.3.4. Liaise with the NGO network for advocacy and lobbying for mental health awareness 3.3.5. Registry of already trained mental health workers	PSM NGO network MOH MOLG MOYS	Year 1 - 5 (continuous)
3.4 Strengthening families		
3.4.1. Review the pre- marital package and add on more information. (e.g., emotional well-being of families, communication skills, stress management, coping, conflict resolution, anger management skills, fatherhood and motherhood programs, etc.) 3.4.2. To make the pre-marital package across all islands 3.4.3. Strengthen Parenting Skills by providing evidence based parenting skill programs which suits the socio-cultural context	Civil Courts FCPD FPA MOLG NGO network MOE	Year 4 - 5
3.5 Promote the Mental Wellbeing of vulnerable Children		
3.5.1. Ensure Protection of Children by working closely with child protection services and other stakeholders in prevention as well as care of victims affected by child abuse. 3.5.2. Guide the processes within institutions of care for children so as to prevent mental health problems and optimise care. 3.5.3. Prevention of long term institutional care for children by development of alternative systems of care such as the interim foster care program.	MOLG Kudakudhinge Hiya NGO network HRCM FPA FCPD	Year 1 - 5 (continuous)

3.6 Prevent mental health problems related to Domestic Violence		
3.6.1. Conduct programs aimed at preventing domestic violence; impart conflict resolution, anger management skills - targeting public, both genders, perpetrators 3.6.2. Raising awareness on the importance of relationship issues 3.6.3. Provide relationship counseling and offer care for victims affected by domestic violence. - strengthen existing services 3.6.4. Compulsory counseling for perpetrators	FPA FCPD MOLG NGO network HRCM	Year 3 - 5
3.7 Promoting Mental wellbeing in schools		
3.7.1. Empower teachers on identifying and addressing mental health problems 3.7.2. Review and revise the national curriculum to identify and address mental health problems within the school system 3.7.3. Identify and review the existing plans or system established in the schools or at ministry level to address mental health problems within the school system, hence make available standardized plans and systems 3.7.4. Empower the school counselors and teachers to address the mental health issues within the school system 3.7.5. To review the criteria for becoming a school counselor	MOE	Year 3 - 5
3.8 Promoting Adolescent mental health		
3.8.1. Make Health Centres youth friendly 3.8.2. Utilize current youth centers and community centers (multipurpose building in atolls and islands) 3.8.3. Conduct programs to address adolescent mental health issues.	MOYS MOH MOLG NGO networks Island level committees – WDCs, IDCs Dhamanaveshi	Year 2 - 5

	NDA LGA	
3.9 Promoting mental health at workplace 3.9.1. Create a platform to address the issues related to workplace mental health issues 3.9.2. Establish access to mental health professionals at the workplace - employ/outsource mental health professionals 3.9.3. Conduct mental health promotion sessions at work place 3.9.4. Programs to specifically address mental health problems of teachers and nurses	CSC HRCM	Year 3 - 5
3.10 Promoting healthy aging 3.10.1. Create opportunities for the elderly to participate in group activities (physical fitness, social events) and contribute to developmental aspects of the country	NGOs Island level committees	Year 1 - 5
3.11 Promoting religion, spirituality and community cohesion 3.11.1. Sensitize religious scholars on mental health issues, and sensitize mental health professionals on religious/spiritual perspectives 3.11.2. Ongoing activities that focus on mental health issues (khuthuba etc) 3.11.3. Encourage the community to develop community space inclusive for all. Example: running tracks, parks etc 3.11.4. Conduct community activities that foster community spirit 3.11.5. Regulation, registration, and monitoring of traditional/spiritual healers	MOIA NGO network LGA MOHI	Year 3 - 5
3.12 Mental health and disaster preparedness 3.12.1. Training and mobilizing volunteers to provide psychological support/mental health first aid in emergencies	MRC MOLG	Year 2 - 5
3.13 Establish support groups in all the provinces and in all the islands 3.13.1. Identify and establish potential grass root groups	NGO network	Year 4 & 5

3.13.2. Sensitize and train the groups- for early identification, support and for facilitating referrals, follow up in the community	LGA MOLG	
3.14 Working with the Private Sector		
3.14.1. Establish and maintain close links with mental health services in the private sector. 3.14.2. Establish guidelines for minimal standards of delivery of mental health care with periodical review of the quality of services delivered within the private sector 3.14.3. Monitoring the implementation of these guidelines.	MOH	Year 3 - 5
3.15 Establish a baseline National data base and strengthen the existing database		
3.15.1. Establish a baseline national data base where all receiving mental health care are registered 3.15.2. Detailed data base on clients to be centrally available to professional staff at SMHSU at IGMH, and MOH to strengthen the already existing database 3.15.3. Database should be monitored by MOH. Updates should be collected from all islands	MOH International organizations (WHO - for their expertise)	Year 2
3.16 Establish a code of ethics for mental health practitioners		
3.16.1. Develop a code of ethics for mental health practitioners 3.16.2. Registration of mental health practitioners: registration of existing practitioners 3.16.3. MHAB to address malpractice by mental health practitioners	MOH	Year 2

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ANNEX 1: Participants of First Stakeholders Meeting

#	NAME	DESIGNATION	OFFICE
1	Aishath Samiya	Deputy Director General	Planning and international Health Section (MOH)
2	Aminath Shaina Abdhullah	Ass. Director	Planning and international Health Section (MOH)
3	Mariyam Raufa	S. Project Officer	Planning and international Health Section (MOH)
4	Mohamed Shaheed	Public Health Cordinator	Health Service Division (MOH)
5	Mohamed Meezaan	Axecutive cordinator	Health Service Division (MOH)
6	Hussain Rasheed Moosa	Deputy Director General	Ministry of Education
7	Shifana Ali	S. Counsellor	National Drug Agency
8	Mohamed Shareef	Inspector of Police	Maldives Police Services
9	Aminath Rasheed	Sub. Inspector of Police	Maldives Police Services
10	Aminath Lugma	Ass. Director	Ministry of Youth and Sports
11	Aminath Leena	C.E.O	Family Protection Authority
12	Fathimath Roona	Director	Juvenial Justice Unit
13	Alusthaza Aishath Ifadha	State Atorny	Atorny General office
14	Mohamed Shaneez	Ass. Research Officer	Home for Special needs
15	Mausoodha Mohamed Solih	S. Counsellor	Dhamanaveshi
16	Aishath Ahmed didi	Lecturer	Faculty of Health Sciences
17	Angie Naeem	Branch	MRC, Male branch

		secretary	
18	Mariyam Ifshan	Program Officer	Maldives Red Crescent
19	Ali Adyb	Program Officer	Journey
20	Razeena Thuhthu didi	Director	Aged Care Maldives
21	Dr. Vijaya Bhaskar Koram	Consultant Psychiatrist	ADK
22	Dr. Fathimath Shifa	Member of management team	Autism Association
23	Aishath Yooliya Khaleem	Foundrer	Mental Health Awareness Foundation
24	Mariyam Muslima	Ass. Psychologist	MIPSTAR
25	AishathLuba	Director Program	Care Society
26	Aminath Shifana	Coordinator	Beautiful eyes down syndrom
27	Shiyanath Hashim	CEO	SHE

ANNEX 2: Details Of Meetings With Individual Stakeholders

19 November 2015

Meeting with Journey

Mohamed Shuaib / CEO

Hassan Fiyaz / Program Assistant

Meeting with the Attorney General's Office

Aishath Ifadha / State Attorney

Shafeea

Meeting with MMA

Dr. Fathimath Nadhiya

21 December 2015

Meeting with Indhira Gandhi Memorial Hospital (IGMH)

Dr. Arif Mohamed / Psychiatrist

Dr. Nasra / Psychiatrist

Dr. Trupti Koli / Psychiatrist

29 December 2015

Meeting with NGOs

Fathimath Rasheed / Senior Program Co-ordinator (DSM)

Aminath Nahidha / Director/Psychotherapist (ICP)

Meeting with the Ministry of Law and Gender

Aishath Shooza / Assistant Director

Musthafa Farooq / Director

Aflah Nasih / Program Officer

Akram Hussain / Family Protection Consultant

7 January 2016

Meeting with LGA

Imad Mohamed / Senior Planning Officer

Aishath Mohamed / Research Officer

10 January 2016

Aminath Eanas / President

Ahmed Ameen / Director (RMD)

Muna Abdulla / Inspection Officer (NPM)

Aminath Ahmed / Legal Officer (LPD)

Layaal Zahidh / Assistant Investigation Officer (ID)

Nadhiya Abdulla / Education Officer

ANNEX 3: Participants of Second Stakeholders Meeting

NAME	DESIGNATION	OFFICE
Mariyam Raufa	S. Project Officer	Planning and international Health Section (MOH)
Mausoodha Mohamed Saalim	S. Counsellor	Dhamanaveshi
Aishath Jaleela	Director	MFDA/MOH
Aminath Nafha	Ass. Director	National Social Protection Agency
Aishath Shiuna	Ass. Director	National Drug Agency
Dr. Ibrahim Saeedh	Chief Station Inspector	Maldives Police Services
Mariyam Nazima Ibrahim	S. Personel Officer	Civil Service Commission
Aishath Mohamed	Prison Corporal	Maldives Correctional Services
Alusthaaza Aishath Ifadha	State Atorny	Atorny General Office
Dr. Shanooha Mansoor	Consultant in Psychiatry	IGMH
Sidhra Abdhulla	Social Service Officer	Family Protection Authority
Ahmed Ameen	Director	Human Rights Commission
Hamiyya Latheef	Ass. Policy Officer	Human Rights Commission
Aishath Shanoora	Lecturer	Faculty of Arts
Al-shaih Mohamed Irushad	Associate Lecturer	Faculty of Islamic Studies
Aishath Ahmed didi	Lecturer	Faculty of Health Sciences
Imad Mohamed	S. Planning Officer	LGA
Mariyam Ifshan	Program Officer	Maldives Red crescent
Razeena Thuhthu didi	Director	Aged Care Maldives
Dr. Vijaya Bhaskar Koram	Consultant Psychiatrist	ADK

Aishath Yooliya Khaleem	Founder	Mental Health Awareness Foundation
Mariyam Muslima	Ass. Psychologist	MIPSTAR
Fathimath Shadhin Rasheed	Ass. Psychologist	MIPSTAR
AishathLooba	Director Program	Care Society
Fathimath Shifa Shaheem	Acting Head	Beautiful eyes down syndrom
Mariyam Samira	Counsellor	SHE
Saeedha Hassan	Project cordinator	Hope for Women
Muruthala Moosa	Advocacy and outreach manager	ARC
Aminath Nahidha	Director	Institute for Mental wellbeign
Fathimath Rasheedh	S. Program cordinator	Diabetese Society of Maldives
Mariyam Shirudha Usman	Volunteer	Cancer Society

ANNEX 4: List of Active NGO'S and Voluntary Organizations Involved with the Promotion of Mental Health

Society for Health Education (SHE)

Care Society

Maldives Autism Association

Beautiful Eyes - Down Syndrome Association

Journey

Open Hand

Aged Care Maldives

Society for Women against Drugs (SWAD)

Hand in Hand

Maldivian Red Crescent (MRC)

Mental Health Awareness Foundation (MHAF)

MIPSTAR

ICP

IMWP