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Advancements Towards Better Mental Health in Saudi Arabia: A Narrative Review and Critical Analysis

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Abstract

Mental health problems persistently present worrying societal burden, which call for dynamic interventions through strategic plans of the national healthcare systems. Unfortunately, reports indicate that there is an increase in the prevalence of mental distresses, and Saudi Arabia is one of countries with a high prevalence and burden of mental health conditions. This narrative review explores the progress made by the Saudi healthcare systems toward improving service delivery through a historical perspective. The progress, in terms of policy and intervention programs, is analyzed alongside the practical gains, as perceived by the service users through the lens of Social Ecological Model. It is apparent that the Saudi healthcare system has made remarkable progress towards improving healthcare service delivery, quality and access. However, current evidence still highlights significant barriers towards the full realization of the national vision in mental health.

Keywords*:* mental health; ministry of health; mental health system; Saudi Arabia.

Introduction

The advancement to improve the psychiatric services in the Kingdom of Saudi Arabia (KSA) has its history engraved in 1952 when the country first established the first 250-bed psychiatric hospital in Taif (Al Habeeb & Qureshi, 2010). Before then, people perceived to be mentally ill were only locked away in public buildings in Mecca, and separated from the society due to the fear of causing chaos (Koenig et al., 2014). The Taif hospital expanded its capacity and added specialized services by 1992 before a second 36-bed capacity hospital opened in Medina in 1960 to augment the service provisions (Al Habeeb & Qureshi, 2010). Over the subsequent 40 years, 18 more hospitals were established nationwide, typically starting with about 30 to 50 beds in rented spaces before moving to larger, public buildings of 100 to 200 beds, and expanding even further (Qureshi et al., 2013). Additionally, three specialized facilities were built to treat mental conditions and cases of drug abuse, which gradually expanded to over 20 facilities and over 700 mental health professionals dealing with mental health issues and drug abuse (Alblowi et al., 2023).

The historical exposition provides a theoretical outlook into the development of psychiatric services in KSA taking an exponential growth. In fact, many other significant healthcare projects, schemes and policies have been rolled out in KSA to drive the country's mental healthcare goals towards the vision 2030 (Carlisle, 2018). These include, the patient-centered Model of Care (MoC), the Wazen Program (2019), National Center for Mental Health Promotion, policy developments, such as the National Mental Health Policy (2006), Saudi Arabian Mental and Social Health Atlas (SAMHA) (2007) alongside healthcare workers training and infrastructural developments (Alghamdi et al., 2023; World Health Organization, 2016; The National Alliance on Mental Illness [NAMI], 2023; Alblowi et al., 2023). While these initiatives would be expected to drive the psychiatric healthcare services to greater heights, some pieces of empirical evidence still provide otherwise. Hence, the need for a critical perspective and analysis in this review based on the stance of Social Ecological Model (SEM).

The Social Ecological Model and mental healthcare

The Social Ecological Model (SEM) is a framework developed by Urie, and it posits a layered system that can be used to explain the influence on individual health behaviors and overall well-being (Kilanowski, 2017). On the outermost layer is the policy, which includes the federal policies, state policies and the local rules. Towards the inner layers are the environmental factors, which may include both physical and non-physical forms that influence human behaviors (Figure 1). Other significant influencers include the organizational, personal and even intrapersonal factors, such as the individual characteristic and cognitive capacity (Tanhan & Young, 2021). This framework provides an insight into analyzing how various elements in the human surrounding can explain the Saudi Arabian mental health outcomes. The model also provides a lens through which the individuals' mental health outcomes can be reflected rather than taking a general stance that every bit of healthcare improvement should sit on the government initiatives. Take for example, policies such as the National Mental Health Policy (2006) can help explain just a fraction of the government commitment towards improving individuals' mental health through care and other protective measures.

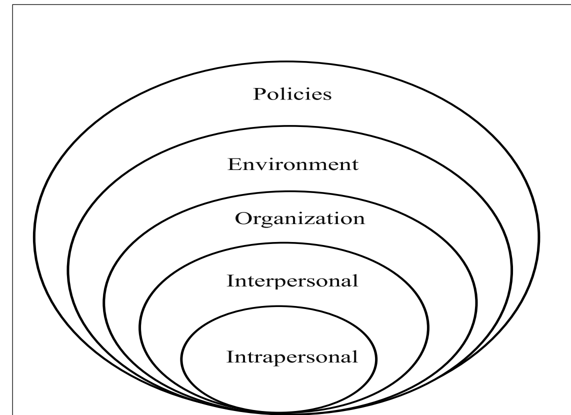

Figure 1. The Social Ecological Model (Developed from: Scarneo et al., 2019, p. 357)

Mental health improvement initiatives in Saudi Arabia

Various approaches, initiatives and schemes/programs have been rolled out in KSA towards improving the residents' mental health status and outcomes among the ailing individuals. This review classifies these approaches under three core domains, i.e., policy and infrastructural development, resource allocation and workforce training, and service delivery and innovation. These initiatives fall under different niches within the SEM, and their implications are discussed herein.

Policy and Infrastructural development

Three major policies have been developed by the government of KSA alongside the WHO recommendations towards improving and delivering psychiatric services in the country. These policies include the National Mental Health Policy (2006), Substance Abuse Policy, and the Mental Health Act of (2012) (Qureshi et al., 2013; Bassiony, 2013; NAMI, 2023).

The National Mental Health Policy (2006) was established as a framework for improving mental health services and laid the groundwork for further advancements. Its aim was to ensure improvements in the mental healthcare service

provision, by expanding the access, improving quality, protecting human rights, making the services more affordable for every resident and eliminating potential barriers to access, such as stigma, income and social class (NAMI, 2023; Nooorwali et al., 2022). Subsequently, the Mental Health Act of 2012 was enacted, which provided significant steps in the legislation process that provided a legal framework for mental healthcare. The policy aimed at ensuring that standards of care were established, patient rights were protected, and professional qualifications for the mental health professionals were defined (Qureshi et al., 2013). Finally, the Substance Abuse Policy aimed at curbing the poor use of potentially abused drugs, which would have significant negative effects on the mental health. As such, the log-term intention of the act was to improve mental health status and outcome.

Alongside these policies are also major government initiatives and programs that aimed to assess, understand and develop evidence-based improvements on the care and management of mental health in KSA. These programs included the National Strategic Plan spanning (2007 to 2010), Wazen Program of 2019, and the Saudi Arabian Mental and Social Health Atlas (SAMHA) (2007). For instance, the National Strategic Plan spanning from 2007 to 2010 outlined several key goals that geared towards bettering the public mental health (Alshuwaikhat & Mohammed, 2017). The goals included the developing modern infrastructure and the cultivation of skilled mental health professionals, improving the quality and quantity of mental health services, expanding addiction treatment services, establishing continuing education programs for mental health professionals, creating research units within psychiatric hospitals, developing social service units in hospitals, and clarifying the role of the General Administration for Mental Health and Social Services (GAMHSS) in planning and developing mental health services. Almost similar to SAMHA is the Wazen program developed in 2013 to assesses hospital performance towards improvements (Al Rowily et al., 2022).

The SAMHA, on the other hand, was a comprehensive survey implemented by the government to provide valuable data on the mental health needs of the Saudi populations (Koenig et al., 2014). From the gathered data, the policy makers would develop informed strategic plans and allocate resource accordingly. This program aimed to improve the overall state of mental and social health within KSA, by reducing stigma, encouraging help-seeking behaviors, targeting proper resource allocation, infrastructure development, and setting the strategic plans for practical improvement schemes (Al-Habeeb et al., 2016; World Health Organization, 2010).

These policies and programs sit on the first three outer layers of the SEM, where they influence the legal and environmental architecture of healthcare service provisions. Even though there are limited pieces of evidence that link the rollout of these polies and mental health outcomes in KSA, some scanty pieces of empirical evidence show some practical improvements, years later. For instance, a study conducted by Al-Subaie et al. (2020) reported a significant milestone in the provision of psychiatric services whereby the Ministry of Health (MOH) rolled out a scheme which integrated mental health within the physical health services in the primary care centers. This initiative has the implication on improving access to mental health services.

Resource allocation and training

Training of healthcare professionals has been on the rise since the establishment of the first mental hospital in 1952 in KSA. At the same time, government has been escalating health expenditures towards public health improvements (World Health Organization, 2018). In fact, some reports indicate that "KSA devotes a higher proportion of its total healthcare expenditures to the treatment of mental disorders (4%) than the worldwide average (less than 2%)" (Al-Habeeb et al., 2020, p. e1832). These two strategies focus on interpersonal and interpersonal development of the healthcare professionals and citizens for better health outcomes.

Healthcare professional training has been on the rise as a way of coming additional workforce to the psychiatric medicine to help manage the rising cases. It is undeniable that ensuring a robust future for mental healthcare in Saudi Arabia hinges on understanding current medical students' perspectives on psychiatry and the training they receive. This glimpse into the future workforce is crucial for predicting the number of psychiatrists available to serve the population. However, a study of medical students at King Khalid University revealed a concerning trend, where only 2% initially planned a career in psychiatry, with women slightly more interested than men (Mehmood et al., 2012). Interestingly, this figure rises to about 4% when the learners advance to more years.

However, there is a relatively recent concern about the nature and quality of training received by the medical students in KSA. For example, AlHadi et al. (2021) found out that "mental health care professionals in Saudi Arabia need more education and training regarding computerized cognitive behavioral therapy [technological advancement towards mental healthcare] but they have a positive attitude toward its use and are comfortable using computers in general" (p.1). This observation points towards a missing link between the organization, interpersonal and intrapersonal layers of developing adaptive mental healthcare infrastructure in KSA.

Training has also been done to include more social workers to improve the psychosocial health of the citizens in high-risk conditions. This has even extended to the community level where society and families are taught about mental health and encouraged to seek help and live positively (Noorwali et al., 2022). Researchers have even spotted a positive impact of the public education awareness programs on their perspectives about mental health and help-seeking practices (Al Mousa et al., 2021).

Service delivery and innovation

The health system of KSA has made advancements in technological aspects of mental healthcare service delivery, including the telehealth and mobile health clinical to address mental health challenges within the community, and at patients' convenience (Amin et al., 2020). Utilizing technology to deliver mental health services remotely can improve accessibility, especially in rural and other hard-to-reach areas. Indeed, researchers have acknowledged that the significance of online healthcare services in the current times. For instance, Noorwali et al. (2022) recognized that online platforms help to address three key concerns in mental healthcare, i.e., convenience, flexibility and anonymity. There are also specialized programs that address mental health cases in special population groups, such as children and the aged (Alanazia et al., 2023; Alhakami et al., 2023).

Moreover, Alkhalifah et al. (2022) explains how the National Center for Mental Health Promotion of 2019 has also hit the mental healthcare system of KSA with a vibrant effect. Among its services is a free call center (937) that offers psychological counseling to patients and their families. They have provided over 116,000 consultations, helping patients and families cope with mental disorders. This program also focuses on educating and enlightening the public about the need of help-seeking through active campaigns. Additionally, the program also innovated a text-based counseling service and a mental health app called "Qareboon," which provides resources using appealing text, infographics, and videos to the users.

Service users' perspectives

Despite the commendable milestone made in the Saudi mental healthcare system, a quick survey over some of the recent pieces of empirical evidence about the quality and status of mental healthcare services in KSA creates a picture of rough terrain and a long way to go. For example, from a relatively recent study of Al Mousa et al. (2021) to assess the opinions and perceptions of mental healthcare service users in KSA, service users presented negative view. The participants viewed mental healthcare facilities to be more of custody than care center. However, since the study was done

from the perspective of mental health patients, the outcomes may be viewed from the lens of Plato's allegory of the cave analogy, which throws a debate into conceptualization of reality. Still, Dawood and Modayfer (2016) noted a negative perception of the care services in the mental health facilities.

Moreover, Al Mousa et al. (2021) also noted that the therapeutic relationships and care trajectories depended on many factors, including the qualification of the healthcare staff, their competency and nature of communication styles employed. However, there were also aspects of 'mortification of the self' where patients perceived the care services to be culturally insensitive to them. Nevertheless, Alblowi et al. (2023) also noted that many rural hospitals still performed poorly in delivery mental healthcare services despite the rise in cases of mental health conditions. The unsmooth experience of the service users about the mental healthcare services in KSA surfaces a question of whether the advancements made over years have yielded substantial fruits in terms of care quality. Since the advancements were examined from the angle of SEM, it is hard to conclude the status from a single influential layer in the model.

Barriers and challenges

Altwaijri et al. (2023) identified that only 2.9% of those with mental illnesses seek treatment services. Even though the study did not consider medical pluralism in the care for mental conditions, the proportion remains a little worrying. Many barriers and challenges still sit on the way to optimal mental healthcare services in KSA. The large number of studies that have recently been done to examine such barriers create a picture of how critical it can be. Nevertheless, some of the leading barriers include, stigma, lack of awareness, family dynamics, perceptibly unprofessional healthcare workers, cultural and religious influence.

Stigma is an endless problem in the mental healthcare. Alblowi et al. (2023) established that many mental health patients still suffer from stigma, the fear of being tagged as mentally ill and economic challenges, notably lack of funds to pay for the services. Due to stigma, some individuals opt to handle their cases independently without letting others know about it. Alattar et al. (2021) also identified stigma as the leading challenge against seeking mental healthcare services.

However, some individuals also fail to seek the treatment services due to awareness issues (Noorwali et al., 2022; Alghamdi et al., 2023). Alattar et al. (2021) reported that over 80% of the sample participants were unaware of the online consultation services within the country. According to ALJadani et al. (2021), about 15% of the respondents were aware of the treatment services of mental illnesses. In a systematic review conducted by Elyamani and Hammoud (2020), "most of the studies claimed limited knowledge, negative attitudes, behavior and/or confidence among nurses, pharmacists, and physicians, especially juniors" (p.1). While the low levels of awareness can be blamed on the public healthcare systems in KSA, every individual has intrapersonal capacity to seeking health literacy according to the SEM framework.

Cases of unprofessional mental healthcare service provides, who do not adequately exhibit cultural competence in therapeutic relationships have also been mentioned in the literature (Noorwali et al., 2022). The unprofessionalism can be blamed on quality of education despite the great advancements towards improving the academic infrastructure for medical students. As such, personal factors, such as individual view and beliefs about culture and religion many also influence the effectiveness of mental healthcare services. For instance, Mou and Albagmi (2023) noted that belief on Muslim religion had some impact on the help-seeking practices among the mentally ill individuals in KSA. These challenges clog the KSA heath system vision on mental health by regressing and obscuring some gains.

Conclusion

Despite the milestones made by the Saudi mental healthcare system, a significant bulk of

the problem still remains unsolved. Even though there has been expansion of mental healthcare services, improvements in resource allocation, civic awareness campaigns and increased training of more psychiatric specialists, barriers still sit on the way to accessing optimal mental healthcare services. One of the worrying barriers is stigma, which critically discourages help-seeking attempts by the mentally ill individuals. This paints a picture of a society being an enemy of its own self.

Recommendation

More empirically-based interventions should be tested to reduce the negative effects of stigma toward mental healthcare services in Saudi Arabia.

Conflict of interest

The authors declare that there are no conflicts of interest regarding the publication of this research.

Reference

[1] Al-Habeeb, A., Helmi, B., & Qureshi, N. (2016). Mental and social health atlas: An update, ministry of health, Saudi Arabia, 2015. International Neuropsychiatric Disease Journal, 6(3), 1-20.

[2] Al Habeeb, A. A., & Qureshi, N. A. (2010). Mental and social health atlas I in Saudi Arabia: 2007-08. EMHJ-Eastern Mediterranean Health Journal, 16 (5), 570-577, 2010.

[3] Al Mousa, Y., Callaghan, P., Michail, M., & Caswell, G. (2021). Saudi service users' perceptions and experiences of the quality of their mental health care provision in the Kingdom of Saudi Arabia (KSA): A qualitative inquiry. International journal of mental health nursing, 30(1), 300–316. https://doi.org/10.1111/inm.12784

[4] Al Rowily, A., Aloudah, N., Jalal, Z., Abutaleb, M. H., & Paudyal, V. (2022). Views, experiences and contributory factors related to medication errors associated with direct oral anticoagulants: a qualitative study with physicians and nurses. International Journal of Clinical Pharmacy, 44(4), 1057-1066. doi:10.1007/s11096-022-01448-x

[5] Alanazia, T. N. M., & Bucka, L. M. M. (2023). The Nature and Availability of Mental Health Services in Arab Gulf Countries: A Scoping Review. Saudi Journal of Health Systems Research, 3(1-4), 10-34. https://doi.org/10.1159/000531699

[6] Alattar, N., Felton, A., & Stickley, T. (2021). Mental health and stigma in Saudi Arabia: A scoping review. Mental Health Review Journal, 26(2), 180-196. Doi: 10.1108/MHRJ-08-2020-0055

[7] Alblowi, E. A., Shujaa, M. A., & Alonazi, W. B. (2023). Measuring Performance of Rural Mental Healthcare Services in Saudi Arabia. Psychology Research and Behavior Management, 3895-3905. https://doi.org/10.2147/PRBM.S420662

[8] Alblowi, E. A., Shujaa, M. A., & Alonazi, W. B. (2023). Measuring Performance of Rural Mental Healthcare Services in Saudi Arabia. Psychology research and behavior management, 16, 3895–3905. https://doi.org/10.2147/PRBM.S420662

[9] Alghamdi, N. A., Dunn, K., Cairns, D., & Melville, C. A. (2023). A review of policy analysis: gender equality in Saudi Arabia's mental health policy. International Neuropsychiatric Disease Journal, 20(3), 21-34. https://doi.org/10.9734/indj/2023/v20i3397

[10] Al-Habeeb, A., Altwaijri, Y. A., Al-Subaie, A. S., Bilal, L., Almeharish, A., Sampson, N. A., ... & Kessler, R. C. (2020). Twelve-month treatment of mental disorders in the Saudi National Mental Health Survey. International Journal of Methods in Psychiatric Research, 29(3), e1832. https://doi.org/10.1002/mpr.1832

[11] AlHadi, A. N., Alammari, K. A., Alsiwat, L. J., Alhaidri, N. E., Alabdulkarim, N. H., Altwaijri, N. A., & AlSohaili, S. A. (2021). Perception of Mental Health Care Professionals in Saudi Arabia on Computerized Cognitive Behavioral Therapy: Observational Cross-sectional

Study. JMIR formative research, 5(5), e26294. https://doi.org/10.2196/26294

[12] Alhakami, H., Alsubait, T., Alhakami, W., Alhakami, H., Alhakami, R., Alhakami, M., ... & Ansari, M. T. J. (2023). Advancing Sustainable Healthcare through Enhanced Therapeutic Communication with Elderly Patients in the Kingdom of Saudi Arabia. Sustainability, 15(22), 15778. https://doi.org/10.3390/su152215778

[13] ALJadani, A. H., Alshammari, S. N., Alshammari, K. A., Althagafi, A. A., & AlHarbi, M. M. (2021). Public awareness, beliefs and attitude towards depressive disorders in Saudi Arabia. Saudi medical journal, 42(10), 1117–1124. https://doi.org/10.15537/smj.2021.42.10.20210425

[14] Alkhalifah, J. M., Seddiq, W., Alshehri, B. F., Alhaluli, A. H., Alessa, M. M., & Alsulais, N. M. (2022). The role of the COVID-19 pandemic in expediting digital health-care transformation: Saudi Arabia's experience. Informatics in medicine unlocked, 101097.

[15] Alshuwaikhat, H. M., & Mohammed, I. (2017). Sustainability matters in national development visions—Evidence from Saudi Arabia’s Vision for 2030. Sustainability, 9(3), 408. https://doi.org/10.3390/su9030408

[16] Al-Subaie, A. S., Al-Habeeb, A., & Altwaijri, Y. A. (2020). Overview of the Saudi national mental health survey. International Journal of Methods in Psychiatric Research, 29(3), e1835. DOI: 10.1002/mpr.1835

[17] Altwaijri, Y. A., Al-Subaie, A. S., Al-Habeeb, A., Galea, S., Akkad, M., Naseem, M. T., & Bilal, L. (2023). Urbanization and mental health: A perspective from Riyadh City, Kingdom of Saudi Arabia. International Journal of Social Psychiatry, 00207640231152202. Doi: 10.1177/00207640231152202

[18] Amin, J., Siddiqui, A. A., Al-Oraibi, S., Alshammary, F., Amin, S., Abbas, T., & Alam, M. K. (2020). The potential and practice of telemedicine to empower patient-centered healthcare in Saudi Arabia. International Medical Journal, 27(2), 151-154.

[19] Bassiony, M. (2013). Substance use disorders in Saudi Arabia. Journal of Substance use, 18(6), 450-466. https://doi.org/10.3109/14659891.2011.606349

[20] Carlisle, J. (2018). Mental health law in Saudi Arabia. BJPsych International, 15(1), 17-19. https://doi.org/10.1192/bji.2017.10

[21] Dawood, E., & Modayfer, O. (2016). Public attitude towards mental illness and mental health services in Riyadh, Saudi Arabia. Res Hum Soc Sci, 6(24), 63-75.

[22] Elyamani, R., & Hammoud, H. (2020). Mental Health Literacy of Healthcare Providers in Arab Gulf Countries: A Systematic Review. Journal of primary care & community health, 11, 2150132720972271. https://doi.org/10.1177/2150132720972271

[23] Kilanowski, J. F. (2017). Breadth of the socio-ecological model. Journal of agromedicine, 22(4), 295-297. https://doi.org/10.1080/1059924X.2017.1358971

[24] Koenig, H. G., Al Zaben, F., Sehlo, M. G., Khalifa, D. A., & Al Ahwal, M. S. (2013). Current state of psychiatry in Saudi Arabia. The International Journal of Psychiatry in Medicine, 46(3), 223-242. https://doi.org/10.2190/PM.46.3.a

[25] Koenig, H. G., Al Zaben, F., Sehlo, M. G., Khalifa, D. A., Al Ahwal, M. S., Qureshi, N. A., & Al-Habeeb, A. A. (2014). Mental health care in Saudi Arabia: Past, present and future. Open Journal of Psychiatry, 4(02), 113.

[26] Mahdy, M. M. H. (2022). Assessment of Saudi public knowledge and attitudes toward mental health disorders and its demographic correlation (Doctoral dissertation). Doi: 10.7176/jhmn/107-01

[27] Mehmood, S. I., Kumar, A., Al-Binali, A., & Borleffs, J. C. (2012). Specialty preferences: trends and perceptions among Saudi undergraduate medical students. Medical teacher, 34(sup1), S51-S60.

https://doi.org/10.3109/0142159X.2012.656753
[28] Mou, M., & Albagmi, F. M. (2023). Engendering a monoculture of the mind: implications for mental health policy development in Saudi Arabia. Journal of Spirituality in Mental Health, 25(4), 298-309. Doi: 10.1080/19349637.2022.2137076
[29] Noorwali, R., Almotairy, S., Akhder, R., Mahmoud, G., Sharif, L., Alasmee, N., ... & Hafez, D. (2022). Barriers and facilitators to mental health help-seeking among young adults in Saudi Arabia: A qualitative study. International Journal of Environmental Research and Public Health, 19(5), 2848. https://doi.org/10.3390/ijerph19052848
[30] Qureshi, N. A., Al-Amri, A. H., Abdelgadir, M. H., & El-Haraka, E. A. (1998). Traditional cautery among psychiatric patients in Saudi Arabia. Transcultural psychiatry, 35(1), 75-83. https://doi.org/10.1177/136346159803500103
[31] Qureshi, N. A., Al-Habeeb, A. A., & Koenig, H. G. (2013). Mental health system in Saudi Arabia: an overview. Neuropsychiatric disease and treatment, 1121-1135. https://doi.org/10.2147/NDT.S48782
[32] Scarneo, S. E., Kerr, Z. Y., Kroshus, E., Register-Mihalik, J. K., Hosokawa, Y., Stearns, R. L., ... & Casa, D. J. (2019). The Socioecological framework: a multifaceted approach to preventing sport-related deaths in high school sports. Journal of athletic training, 54(4), 356-360. doi: 10.4085/1062-6050-173-18
[33] Tanhan, A., & Young, J. S. (2021). Approaching mental health: Social ecological model and theory of planned behavior/theory of reasoned action. International Journal of Eurasian Education and Culture, 6(14), 1967-2015. http://dx.doi.org/10.35826/ijoecc.470
[34] The National Alliance on Mental Illness (NAMI). (2023, January 11). National mental health policy and advocacy. https://www.nami.org/Advocacy/Policy-Platform
[35] World Health Organization (2018). Mental health atlas 2017. Geneva, Switzerland: World Health Organization. from. https://apps.who.int/iris/bitstream/handle/10665/272735/9789241514019-eng.pdf?ua=1
[36] World Health Organization (2010). Mental health and substance use. Eastern Mediterranean Regional Office Journal, 16(5), 545-550. http://www.emro.who.int/mnh/publications/mental-health-atlas.html
[37] World Health Organization. (2016, October 10). Mental health policies. https://www.who.int/publications-detail-redirect/9241546468