



A Review of Policy Analysis: Gender Equality in Saudi Arabia's Mental Health Policy

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

This study employs the Walt and Gilson Policy Triangle Method to analyse the mental health policy in Saudi Arabia and explore the position of gender equality within the content context, process and development of mental health. Four relevant articles were reviewed, focusing on policy development, legislation, human rights, financing, organisational integration, and women's mental health challenges. The national mental health policy in Saudi Arabia highlights access to care, quality of services, awareness, prevention, and family support, with 4% of the healthcare budget allocated to mental health services. However, gender-specific needs and experiences of women may need to be adequately addressed. Contextual factors such as cultural norms, religious beliefs, and gender segregation shape mental health policy in Saudi Arabia. The process of policy development involves collaboration between the Ministry of Health and various stakeholders, incorporating international guidelines. The study also underlines the Transformational Plan of Saudi Vision 2030 and its influence on mental health policy. However, gender equality actions are not

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explicitly addressed in the current policies. The research shows the need for comprehensive policy improvements to ensure gender equality in mental health care and provide appropriate support for women's mental health needs in Saudi Arabia.

Keywords: *Mental health policy; gender equality; Saudi Arabia; Walt and Gilson policy triangle; mental health services.*

1. INTRODUCTION

The Kingdom of Saudi Arabia is an economically growing Middle Eastern country with a population of over 36 million people (Population Stat, 2023). Its main ethnic group is Arab and its main religion is Islam. Arabic is the official language, but English is also widely spoken. The Saudi population is younger than most high-income countries, with 88.73% being within the age group 0–54 and only 11.27% being 50 years and above (see Fig. 1). On gender, 57.64% of the population is male and 42.36% female (see Fig. 2). Saudi Arabia is the largest sovereign nation in the Middle East and has the largest free market economy in the Middle East and North Africa [1].

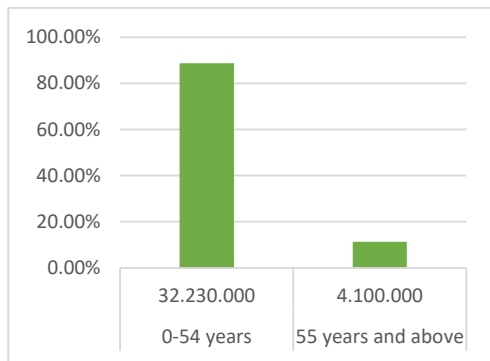


Fig. 1. Age groups in Saudi Arabia

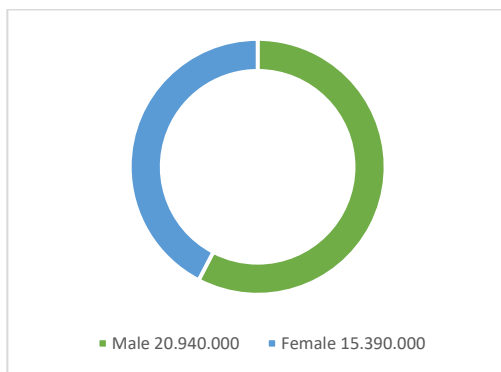


Fig. 2. Gender distribution in Saudi Arabia

The mental health system in Saudi Arabia has shown significant progress in recent years,

evidenced by the establishment of a national mental health strategy and policy in 2014. A positive factor contributing to this progress is Saudi Arabia's health expenditure; according to data from the WHO, Saudi Arabia allocates 4% of its total healthcare spending to address mental disorders, which exceeds the global average. Also, the recent Saudi National Mental Health Transformational Plan was made to improve mental health policy and access to care, service quality, awareness, prevention and family support to align with Saudi Arabia's Vision 2030 [2].

Despite these progresses, Saudi Arabia's mental health system face many challenges. Al-Subaie et al. [1] shed light on some of these challenges, such as the deficiency in the ratio of mental health workers specialising as psychiatrists in Saudi Arabia (7%) compared to the international average of high-income nations (20%) [1]. Besides certain lacks in requirements, Saudi Arabia has other major barriers regarding mental health treatment. The SNMHS, launched in 2010, found that 80% of Saudis with severe mental health disorders do not seek professional treatment. Instead, about 9% of the total population consult religious healers or other non-medical resources about their own personal health concerns. Much of the reason for this reluctance to seek care from mainstream mental health experts stems from cultural stigma and other social barriers, such as gender norms and attitudes [3].

The most significant challenge in this system and a central subject to this study is the lack of a comprehensive mental health policy that covers all divisions of society, which has contributed to and aggravated a significant mental health crisis in its population, especially in women. Disregarding women's mental health in the past and even in the new National Mental Health Plan is particularly concerning. This neglect reflects the explicit gender biases deeply ingrained in Saudi Arabian culture, religion, and societal norms. If policy, services and interventions were focused on these biases to address specific needs for women, improvements would have

been likely. Studies have nevertheless long noted a high risk of mental illness in females more than in males in Saudi Arabia, as is evident in a study among Saudi students that showed a 40.2% risk of depression in females compared to 29.4% in males [4]. Alas, no specific mental health policies or social initiatives have been implemented for women, and this is evidently reflected in research. The country needs to take urgent action to address the crisis and advise policymakers to address the evident gaps in mental health support for women in a way that acknowledges Saudi Arabia's gender inequalities in mental health policy.

In 2022, the World Health Organisation (World Health Organization) defined health policies as “the plans, decisions and actions made to help society achieve its health goals” and mental health policy as “an organised collection of values, beliefs, and goals for enhancing mental health and minimising the prevalence of mental diseases in a community” [5]. This description of mental health policies pervades documents authored by governments or Ministries of Health with the aim of improving the mental well-being of a country's residents. These policies provide guidelines for strategies at the national level [6]. Nevertheless, only 62% of countries across the globe currently have mental health policies, that include aspects such as treatment, prevention, rehabilitation, promotion and advocacy. This observation highlights the global lack of comprehensive national mental health policies perhaps at least partly because of limited resources and development [6]. In the case of Saudi Arabia, the development of a mental health policy emerged only relatively recently but particularly in 2006. Even at that time, the policy was integrated into the broader healthcare policy rather than being a separate entity. Although Saudi Arabia has taken steps to improve its mental health policy framework, there is still a long journey ahead.

1.1 Mental Health Policy in Saudi Arabia

Saudi Arabia's national mental health policy was established in 2006 with the aim of improving mental health services and achieving a comprehensive mental health strategy. This policy addresses various aspects of concern – including prevention, promotion, treatment, and rehabilitation – to enhance mental health [1]. In any exploration of Saudi Arabian mental health and related policy and reforms, Vision 2030 will likely be, and has been in this instance,

encountered. This social and economic strategic Saudi Arabian programme seeks to improve and diversify the nation's economy and promote multiple changes in the country's social and healthcare sectors, including social programmes, education, infrastructure and tourism [7]. Various research addresses this vision, both directly and indirectly. Recent improvements in Saudi Arabia's mental health policy include patient-centred care through the Model of Care (MoC), the integration of mental health into primary healthcare and alignment with Vision 2030 such as training general physician to direct mental health. The MoH has also established the National Committee for Mental Health Promotion and collaborated with stakeholders to enhance mental health services further [8].

Mobaraki and Söderfeldt [9] say that health is influenced by various factors, including biological, environmental and social determinants such as gender. Zolezzi et al. [10] explored the impact of gender inequality on health outcomes by investigating interactions between gender and mental health, finding that in Saudi Arabia gender inequality has limited women's access to healthcare, education and employment. Notable causal factors for this and other issues include how cultural perspectives on mental health contribute to stigmatising mental illness, thereby delaying access to appropriate care. A crucial step forward is to address these challenges by promoting inclusive mental healthcare, honest dialogues, stigma reduction, and mental health education and services [10], though before considering specifics of these and other possible solutions to issues particular facets of Saudi Arabian mental healthcare need appraising, especially regarding policy matters.

This particular study (Research Project 3) within the overarching thesis thus appraises and analyses current mental health policies in Saudi Arabia, which is essential understanding for ultimately improving future policies and providing evidence-based policy reviews that identify strengths and weaknesses and help develop tailored solutions to mental health issues within this particular context. Within this, the project inspects the gender policy on women's mental health [11] – this work's specific focus.

Research Questions: This sub-study explores the content, context, process and actors that influence the formulation of Saudi Arabia's mental health policy in general and the extent to which this policy addresses gender equality in

mental health services in particular, mainly focusing on women's mental health.

The research questions were inspired by Mokitimi et al.'s [12] study on child and adolescent mental health policy in South Africa. These questions guide the appraisal and highlight critical aspects of Saudi Arabia's mental health policy:

1. What is Saudi Arabia's national mental health content, and does it address gender equality in mental health services?
2. What were the contextual factors, such as cultural norms and behaviours, that influenced the development of Saudi Arabia's national mental health policy and were these factors addressed in terms of gender equality to improve mental health policy?
3. What processes are involved in developing and implementing national mental health policies in Saudi Arabia, and how does the policy address gender inequality?
4. Who is Saudi Arabia's key national mental health actors involved in developing and implementing mental health policies in Saudi Arabia, and how far do they influence the inclusion of gender and women in mental health services, such as programmes or initiatives?

2. METHODS

2.1 The Walt and Gilson Policy Triangle Method

This sub-study employs Walt and Gilson's health policy analysis framework, even though other frameworks are used for policy analysis such as the EVITA and MHPAF. The EVITA (Evidence to Agenda) framework is designed to improve the relationship between research and policymaking in the field of mental health policy in low- and middle-income countries (LMICs) [13]. It focuses on agenda setting as well as identifying and prioritising problems to attain policy attention. Its proposed benefits include bridging the gap between research and policy, but it is limited within the complexity of agenda setting and it requires further observed validation in different contexts of mental health policy [13]. The Mental Health Preparedness And Action Framework (MHPAF), meanwhile, is a comprehensive approach to mental health preparedness during crises and emergencies [14]. Although this initially seems suitable for the current Saudi Arabian situation in women's mental health as it is used in crises, this is also its weakness here when considered for mental health analyses as

the framework is specifically tailored to the context of crisis only and may not fully capture the complexities of mental health policy in better and broader situations, both of which are relevant to Saudi Arabian women. A more nuanced problem with this is its emphasis on emergencies and more overt crises, while the one addressed herein is somewhat hidden, rather covert and much more subtle than immediate (and usually rapidly onset rather than culturally entrenched) 'in-plain-sight' crises. Furthermore, the framework does not address policy processes, such as policy development, implementation and evaluation, which are important for a complete mental health policy analysis [14]. All these doubts about other frameworks do not apply to Walt and Gilson's health policy triangle framework, which is thus highly appropriate for the current analysis, especially as it comprehensively reviews policy content, actors, processes and contextual factors. It thereby enables comprehensive understanding of policy dynamics and potentially leads to informed and effective policy recommendations and improvements in mental health services [15] but also, ultimately, can facilitate outcomes that alleviate and even prevent women's suffering in Saudi Arabia, though other factors besides provisions are relevant in this regard.

Walt and Gilson's triangle framework here operates as a practical methodology for exploring Saudi Arabia's mental health policy and inquiring about gender equality within the context of mental health. This framework contains actors, processes, content and context. However, these elements do not theorise how aspects of the framework interact but they do offer to organise and structure data in a way that facilitates understanding of policy development [16]. The Walt and Gilson framework was developed in 1994 as a comprehensive approach to analysing health sector policies [17]. The framework acknowledges that health policy research often mainly focuses only on policy content and overlooks important aspects of health policy. For example, Walt and Gilson consider sociocultural norms, historical background and political and economic factors as important, and this framework provides a holistic picture [15].

The Walt and Gilson framework has had various uses in research. Mokitimi et al.'s [12] study, for instance, used it to identify policy documents relating to South Africa's mental health, such as stand-alone policies, child and adolescent mental health CAMH plans, mental health legislation,

general health policies, strategic plans, and annual performance. It analyses systematically identified policy documents and provides a complete analysis approach to collecting significant evidence for enhancing and evaluating the problems from the policy documents while providing a clear and structured method for improving mental health policies in the context of South Africa for the cited case regarding content, context, process and development [12]. The framework also provides a structured method for analysing policies and for recognising and addressing the gaps and limitations in pursuing health policy improvement. Srivastava et al. [18] also used it to analyse Indian policies regarding family health, where it facilitated analysis of policies aimed at improving healthcare in India.

The two aforementioned studies further evidence how Walt and Gilson's framework is suitable for

the current study as a methodology that can provide a deep understanding of the policy landscape in Saudi Arabia. In the current comprehensive method and analysis of policy documents, Walt and Gilson's policy triangle model is also employed as a framework for extracting and analysing relevant policy documents. This model, widely used in health policy research, further provides a structured approach to understanding the content of policies while considering a range of actors involved besides relevant context and processes and even exchanges among these elements in policy making and policy implementation [17]. The model thus offers a framework that enables one to understand the health policy reform process and the effective implementation of policies [17], which is crucial for this work. Fig. 3 shows the policy triangle model, as proposed by Walt and Gilson.



Fig. 3. The Walt and Gilson [17] policy triangle model

2.2 Search Strategy

The search method was used to locate publicly accessible policy papers relevant to the analysis of health policy in Saudi Arabia. First, web-based searches were conducted on the websites of the national and all regional departments of health. Second, governmental papers or reports published between 2010 and 2022 regarding Saudi mental health policy, legislation and law that indicate changes in policy and improvements in mental health regulations in general or towards gender were reviewed. Searches were conducted between September 2022 and January 2023. Using the databases of PubMed, PsycINFO, Google Scholar and the WHO Library. All potentially relevant information was downloaded for evaluation. Search terms included 'mental health', 'policy development', 'policy implementation', 'gender inequality', 'women's mental health', 'mental health services', 'health policy' and 'Saudi Arabia'. The goal was to find policy documents of mental health policy or gender-related policies that cover mental health policy and gender equality in Saudi Arabia's health policy, both within and beyond the given period of 2010 to 2022.

2.3 Additional Information Search Strategy

Dr Abdulhameed Alhabeeb, a Psychiatrist at the National Center for Mental Health Promotion in Saudi Arabia, contributed significantly to this project by providing the latest policy and government report and offering his knowledge and ideas regarding recent policy progress in mental health within Saudi Arabia. My conversations and interactions with Dr Alhabeeb helped ensure the accuracy and applicability of this project's research data.

2.4 Data Analysis

To streamline the analysis process, formal interviews were carefully excluded, and the study focused exclusively on policy documents. This decision ensured a more focused examination of the policy landscape. As demonstrated, using the policy triangle framework is supported by previous research (especially by Mokitimi et al., [12]), and this framework enhances the applicability of the approach adopted herein for

studying mental health policy in Saudi Arabia, especially for examining the position of gender equality within women's services or policies.

3. RESULTS

3.1 Policy Documents Identified

Based on the search methodology described, four policy-related documents relevant to mental health and gender equality in health policy in Saudi Arabia were identified. These documents provide recent insights and understanding into the content, actors, processes and contextual factors influencing mental health policy development and implementation in the country.

Four relevant articles were reviewed to gain insights into Saudi Arabia's mental health system, health law and gender (namely Aldosari, [21]; Carlisle, [20]; Hyder and Al-Habeeb, [22]; and Solaim and Okpaku, [2]). Within the specified scope of research, this project examined these four articles, which cover the mental health system and health law in Saudi Arabia via different focuses and perspectives – as presented in Table 1. These articles provided valuable information on various aspects of the context's mental health policy, including policy and policy development, legislation, law-making, human rights, financing, organisational integration, and challenges specific to women's mental health). Relevant documentation on and in Saudi Arabia can be difficult to obtain though.

Indeed, the limited availability and accessibility of explicit mental health policy documents in Saudi Arabia can be attributed to the nature of official documentation in the country, where a complex legalisation process means they are to be used only for the country and not for international use [23]. Requesting official policy documents requires a legalisation request from the Ministry of Health, which adds considerable bureaucratic limitations to protect sensitive, confidential country information [23]. Moreover, information security considerations are vital to Saudi Arabia's government operations. Even though the government is implementing an e-government system, it still does not display official documents and it emphasises information security as a safeguard against a cyber invasion of sensitive government data [24].

Table 1. Summary of identified policy-related documents

Hyder, S., and Al-Habeeb, A. A. [19] WHO and Ministry of Health	WHO-AIMS Report: The Mental Health System in the Kingdom of Saudi Arabia. Riyadh: World Health Organization and Ministry of Health, Kingdom of Saudi Arabia	Yes, the policy details describe developing a mental health strategy to promote mental well-being	No, there is no gender information given
Solaim, L. S., and Okpaku, S. O. [2]	Mental Health Care in Saudi Arabia. In <i>Innovations in Global Mental Health</i>	Yes, the paper discusses mental health care in Saudi Arabia	Yes, the paper has gender content from a social perspective, including topics such as family structure, gender segregation, and gender reforms
Carlisle, J. [20]	Mental health law in Saudi Arabia	Yes, based on WHO guidelines and care standard and patient rights	Yes, but the study didn't address all the aspect of women the mental health law
Aldosari, H. [21]	The effect of gender norms on women's health in Saudi Arabia	Yes, comprehensive mental health policies and services for women	Yes, but the report shows the lack of women's mental health recognition

Hyder and Al-Habeeb's [22] extensive overview report of mental health policy, legislation, human rights, financing and organizational integration in Saudi Arabia particularly highlights the roles of the Health Sector Transformation Program and Saudi Vision 2030 in driving mental health policy development. Solaim and Okpaku [2] examined various aspects of Saudi Arabia's mental health care, services, gender reforms and segregation, including the transformational plan for fulfilling the goals of Vision 2030. Less directly, Carlisle [20] discusses the underdiagnosis of mental health problems in Saudi Arabia and explores the 2014 Mental Health Law, which adopts many recommendations promoted by the WHO and the Saudi Vision 2030. Also, Aldosari [21] focuses on women's unique challenges in accessing mental health services because of gender norms and discrimination.

Although there is limited policy documentation, the four papers noted above (Aldosari, [21]; Carlisle, [20]; Hyder and Al-Habeeb, [22]; and Solaim and Okpaku, [2]) provide useful information. This research project explores relevant issues within the Mental Health Sector in Saudi Arabia and the transformational plane outlined in the Saudi Vision 2030 programme. These contain important aspects of mental health policy development, recent advancements in mental health care, and the multifaceted challenges related to gender in mental health policy and services. This independent analysis of mental health policies using the Walt and Gilson framework appraises mental health policy in Saudi Arabia but is also intended to help identify areas for improvement and means of promoting gender equality in Saudi Arabia's mental health care.

3.2 Policy Analysis using the Walt and Gilson Policy Triangle

The content: The national mental health content of policy and law in Saudi Arabia allows access to care, quality of services and family support by integrating these services in different settings such as mental hospitals, community mental health clinics and primary health care centres, with all the intended resultant improvement in health services aligning with Vision 2030 (Hyder and Al-Habeeb, [22]; Solaim and Okpaku, [2]). Saudi Arabia's mental health policy content notes that 4% of the total health budget is committed to mental health services. The 2023 Healthcare and Social Development budget in Saudi Arabia equals SAR 189 billion, which is equivalent to

GBP 37.8 billion – and 4% of GBP 37.8 billion is GBP 1.512 billion (KPMG Professional Services, 2022). As noted, given the global average expenditure on mental health is about 2% of national health budgets [5], this 4% is a comparatively high proportion. With the specific mental health needs and challenges of Saudi Arabia's new Vision 2030, though, an even higher percentage could be needed to provide adequate provisions, implement preventive mental health community programmes and deliver the required extent and effectiveness of the programme [20].

Saudi Arabia's 2014 Mental Health Law content is an important part of this endeavour. This law clarifies definitions of mental illness, outlines the responsibility and authority of professionals in psychiatric care, and creates the legislation form of patient applications for registration and treatment [20]. On gender equality, men and women aged 18 are notably equal under this law in terms of consent to treatment for and decision-making power about their own mental health treatment – as long as they are deemed to have the capacity to do so [22], which can involve variables that detract from such apparent equality. Despite a certain level of gender equality seemingly existing in terms of content (i.e. consent and decision-making power), this content does not explicitly ensure comprehensive gender equality, as women's specific needs and experiences may not be adequately recognised [22].

Aldosari [21] says that women in Saudi Arabia face a higher risk of mental illnesses. Despite the recent reforms aimed at reducing gender segregation and empowering women, mental health services still fail to cater to women's mental health needs and women's unique challenges. This is due to different social disadvantage factors and the impact of gender-based violence on women's mental health, especially women over 60, as women suffer from the burden of caregiving roles [21]. Therefore, there is a need for comprehensive research and policy enhancement to ensure gender equality in the mental health of Saudi Arabia, including clear measures to address women's mental health needs and improve mental health initiatives for better mental health outcomes.

The context: Studies note several contextual factors that shape Saudi Arabia's mental health landscape, including religious beliefs, the stigma of mental health, gender norms and

socioeconomic disadvantages [21,20,22,2]. The religion of Islam, for instance, plays a significant role in Saudi Arabian society and thus shapes the country's mental health policies and practices [2]. As mentioned earlier, the religion of Islam in Saudi Arabia forms resistance to modern psychiatry practice and considers modern psychology an iniquity. Extremist Islamic leaders in Saudi Arabia propagate a misconceived narrative that psychology conflicts with Islamic principles and say that psychology challenges God's power, for self-questioning and confession should, for them, occur only in a religious context. As noted, people previously preferred religious healing practices to deal with mental illness [21,2]. Over time, using secular and scientific language in mental health discussions has become more acceptable [21]. The impact of religion on mental health in Saudi Arabia is still nevertheless powerful and has shaped the discourse of psychotherapy training in the country. Up to the late 20th century, literature on psychoanalysis and psychoanalytic theory by Sigmund Freud was, through the influence of religious scholars, prohibited in Saudi Arabia [22]. Based on a superficial interpretation, they labelled his theories as heretical. Over time, however, exposure to Western training helped to integrate aspects of Western psychotherapy and methods different from local traditions [22]. This modification has invited modern mental health practices while preserving Islamic beliefs [1].

The stigmatisation of mental health is another significant contextual factor in Saudi Arabia. Cultural norms and behaviours about mental illness contribute to this stigma, given the fear of being 'labelled' as mentally ill or the worrying about reputation and social status [21,2]. This stigma often prevents individuals from seeking help, accessing proper mental health care and openly discussing their mental health problems [20,2].

In the context of traditional gender norms and roles in Saudi culture, men have more authority than women. There is also gender segregation and restricted independence among women, which limit access to jobs or education [22]. These factors can bring low social status, a gender gap and limitations on women, such as restricting women's roles to being responsible for family needs and domestic duties [22]. Gender roles and socioeconomic disadvantages have also affected the social position of women and again limited their access to mental health care. Gender norms restrict women's freedom given

male guardianship and religion roles [20,2], but the goals of Saudi Arabia's Vision 2030 suggest this programme will positively influence mental health policy [22,2] by empowering women and ensuring their access to equal opportunities across social care and healthcare [22,2]. This should promote gender equality and enable societal progress, and encouraging women to participate and even lead community programmes will reflect positively on their families and society.

Notably, gender equality is not explicitly addressed in Saudi Arabia's mental health policy [20]. In fact, its existing policies do not consider Saudi women's unique mental health needs or recognise the impact of gender-based violence, for example, on women's mental health in Saudi Arabia [22]. Although Carlisle [20] points out that mental health law in Saudi Arabia recognises the rights of consent to individuals who have with mental health, regardless of their gender, to receive mental health treatment, the same author adds that this does not address all women's needs for gender-related factors in the law.

Insufficient human resource are considered a challenge in Saudi Arabia's mental health context, with the shortage of qualified professionals in mental health services being an obstacle that Saudi Arabia currently faces despite recent improvements in this. This shortage directly affects the progress and quality of mental health services for all country residents, without exception, including women [22]. Data indicates that the total number of human resources working in mental health facilities or private practices per 100,000 population is only 23, projected to increase to 33 by 2020.

The breakdown of these professionals shows a distinctive lack of specialists (Table 2 at the end of Section 4.6.3.4 summarises this). Saudi Arabia has also witnessed patients being unsatisfied with mental health services because of overcrowding in outpatient clinics, long waiting lists and waiting times, a shortage of beds in mental hospitals and delays in providing medical care [25,26]. These challenges significantly restrict the country's ability to provide comprehensive mental health services to everyone, but especially women [26,25]. The lack of female professionals exacerbates Saudi women's predicament and challenges in this regard, limiting women's access to mental health services [27,28]. Furthermore, the cultural and

religious context of Saudi Arabia underlines the preference among Saudi women to select female physicians over their male counterparts. Women experience embarrassment and anxiety during male physician examinations, and they have to follow religious roles by maintaining their distance and Islamic dress code. These concerns reflect various social aspects of gender inequality in Saudi Arabia, such as strict gender segregation. Saudi women are restricted in interactions with unrelated males or seen by males without male relative company [27,28].

Comprehensive reform is needed to improve the context of mental health policy and promote gender equality, but for this to happen further understanding must take place about diverse macro and micro facets (addressed throughout). The mental health policy context reform may include awareness programmes to reduce the stigma surrounding mental health and incorporate gender-equality practices into mental health service provision and policymaking. It is important to design policies that acknowledge women's unique needs and challenges in Saudi Arabian society, ensuring gender equality in access to mental health care and providing appropriate support [21,20].

The process: Developing and implementing national mental health policies in Saudi Arabia is a vital process that begins with evaluating the current mental health system [2,22] and thus understanding it more. As Aldosari [21] stated, implementing national mental health policies starts with comprehensive research to understand the current mental health status. During the development of this process, the Ministry of Health and various stakeholders, including healthcare providers, mental health professionals, researchers and possibly NGOs, collaborate to incorporate a policy using best practice for Saudi Arabia [21], doing so using international WHO guidelines as Saudi Arabia has relied on the WHO-AIMS 2.2 to track the progress of its mental health system over the past decade [19,20]. Despite all this, Saudi Arabia's current mental health policies have limitations in addressing gender inequality in mental health and lack clear social guidelines in social policy to protect women and to improve women social position [21,20].

The Saudi National Mental Health Transformational Plan: In 2016, Ministry of Health was required to propose a transformational plan for fulfilling Vision 2030's goals. In 2017, a mental health task force was

assembled for this endeavour with the help of local and international experts [22,2]. The task force led brainstorming sessions, workshops and surveys such as the SNMHS to gather insights from professionals, service providers and service users, which was all compiled accordingly in a 100-page document called the Ministry of Health Mental Health and Developmental Disorders Model of Care [22,2]. The document addressed key aspects such as access to care, service quality, awareness, prevention and family support. Recommendations included a 'stepped care' model for enhancing primary health care and prioritising child mental health services. The strategy outlined four phases: (i) immediate bridging of service gaps, enhancing clinical psychotherapy, and building child services; (ii) enhancing the mental health workforce; (iii) coordinating care across the continuum, and (iv) bridging access to care, especially in rural areas. These phases were about addressing service gaps and strengthening the future of mental health, though financing details were not included at the time of publication [22,2].

Actors: The following lists key national actors involved in developing mental health policies in Saudi Arabia, according to the four relevant studies:

1. **Ministry of Health (MoH):** The leading actor in forming and implementing mental health policies [20,22,2].
2. **Mental Health Professionals:** Psychiatrists and psychologists help shape mental health policies and play a critical role in leading mental health discourse and policymaking [20,2].
3. **Saudi National Mental Health Survey (SNMHS):** Contributes to policy and service planning by providing large-scale epidemiological mental health data [22,2].
4. **Private Health Insurance Companies:** Influence mental health services and policies by shifting to a mandatory insurance system [2].
5. **Traditional and Alternative Healers:** Ministry of Health [22,2].
6. **Saudi Commission for Health Specialties (SCFHS):** Regulates the licensing of mental health professionals [22].

Ministry of Human Resources and Social Development (MHRSD): Offers non-medical support and societal integration for those with mental health needs [22].

Table 2. Human resources in mental health (rate per 100,000 population)

Year	Total HR per 100,000 Population	Psychiatrists	Other Doctors (Non-Psychiatry)	Nurses	Psychologists	Social Workers
2010	22	3	1	13	2	3
2020	33	4	0	13	6	10

7. **Ministry of Justice and Ministry of Interior (MoI):** Responsible for the legal aspects of mental health [22].
8. **Ministry of Education (MoE):** Handles mental health school programmes and services [22].
9. **National Centre for Mental Health Promotion (NCMHP):** Develops programmes for promoting mental health [22].
10. **Non-Governmental Organisations (NGOs):** Potential key players in policy development and service [21].
11. **International Organisations:** Provide guidance, resources, and policy recommendations for mental health.
12. **Universities and Research Institutions:** Impact policy through workforce development, research, and training [2].

initiatives targeting women's mental health as well as how these policies align with the ambitious Vision 2030. For all this, the project applied Walt and Gilson's policy triangle framework – an approach that considers various aspects involved in policy development – but did so also to review mental health policies and services in promoting gender-equal approaches in Saudi Arabia. It evaluates the implementation of inclusive policies for gender and mental health and intends to contribute to recommendations that improve equality integration and break barriers of gender inequality in mental health policy.

Applying Walt and Gilson's framework highlighted significant deficiencies in the content and context of Saudi Arabia's mental health policy but also the processes and actors involved in shaping the policy. Cultural norms, religious beliefs, stigma and gender norms are significant factors that have been shaping this mental health policy for years [22,2] and been perpetuating gender inequality.

Nevertheless, Saudi Arabia's Vision 2030 proposes positive impacts for this mental health policy and to improve mental health services. It specifically promotes physical, psychological and social well-being by presenting a transformational plan for Saudi Arabia's mental health [29,30]. This transformational plan, initiated in 2016, seeks to achieve the goals of Vision 2030 and improve mental health services. It involves extensive research, task forces and the development of a comprehensive model of care [29], but lacks gender equality services that should be about helping women remain not explicitly addressed within the new plan's policies. With this ambitious Vision 2030, then, the future of mental health in Saudi Arabia is sceptically optimistic, as it proposes advancements in this regard. However, it does so without addressing or even seemingly properly understanding not only entrenched contextual issues themselves (e.g. gender discrimination, stigma) but also the interactional issues and the effects of these on women. If this is not rectified, then the programme's actual

The above is another aspect of reviewing Saudi Arabia's mental health policy and gender equality through the lens of the Walt and Gilson policy triangle by exploring content, context, and actors. This review reveals an ongoing effort to improve mental health policy and services. However, there is a notable absence of gender-focused mental health policy. Gender-specific mental health needs remain insufficiently addressed among religious, societal and economic influences. Collaborative efforts among governmental bodies, professionals and researchers can shape policy development. A gender-inclusive mental health policy is a vital aspect of this, yet it has not been addressed.

4. DISCUSSION

In Saudi Arabia, mental health policy and gender equality are extremely important concerns. This research project examines the current country's mental health policy document with a particular slant on gender equality in mental health provisions. To understand the mental health policy of a unique country such as Saudi Arabia and the gender equality position within this policy, it has been essential to explore Saudi Arabia's historical progression of mental health, advancements in mental health services and

benefits may be surface deep rather than profound.

Indeed, this appraisal of mental health and gender equality and analysis of current and future mental health policies suggests many possibilities, but we need to see how these unfold in reality. Despite all the remarkable yet still possibly ostensible progress in mental health policy and services in Saudi Arabia, various omissions and gaps persist in them. These concern addressing women's unique mental health needs, particularly against social challenges such as violence and gender roles, and biological factors such as postpartum depression, but there are numerous others. All these need understanding and addressing for the required changes that will ultimately help prevent or at least alleviate women's suffering.

This analysis and appraisal of the current mental health landscape in Saudi Arabia shows that significant progress has been made since the country established its first mental health hospital in the 1950s [3], but more still needs to be done. The country in the last ten years has made a big improvement in easing access to and providing more psychological and emotional support for various problems, including anxiety, depression, self-harm and stress. According to official sources, the counsellors in Saudi Arabia's support services are experienced and committed to helping people in crisis [30,31]. The NCMHP has resulted from national developments in mental health, and this can help much. It was founded in 2019 to promote mental health and improve community members' lives, with key services including a psychological counselling call centres and a counselling app named Qareboon [30]. The centre also runs programmes such as Educational Initiatives and Support Services and is developing a strategic plan up to 2024 to further its objectives [30]. Furthermore, it offers free and confidential support to anyone struggling with mental health issues over the free helpline phone number of 9200-333-60 [30,31]. This free helpline service can positively impact on women who are experiencing mental health problems, as they can benefit from a confidential, non-judgemental, supportive space to discuss their concerns and receive helpful advice and guidance. However, these services are temporary and do not help over the long term, though they can still provide relief and reduce the severity of symptoms. These platforms have thus helped during challenging times such as the pandemic, proving

the importance of such services to the Saudi Arabian mental health landscape [30]. Nevertheless, these and many others can still be improved, and this research contributes much in this regard [32,33].

This research project has used Walt and Gilson's framework to analyse gender equality in mental health policy in Saudi Arabia, revealing significant intersectional effects between mental health policy factors and sociocultural elements, including gender equality, religion, culture and governmental policies. These factors have a definite impact on mental health outcomes, as is particularly evident in the struggles faced by Saudi women. The intersection of gender inequality, cultural norms and religious expectations creates distinct challenges for the mental well-being of Saudi women.

While the NCMHP and its affiliated services exemplify advancements in mental health policy and care, a noticeable absence of strategic planning and initiatives restricts the comprehensive addressing of these interrelated facets while neglecting the inclusion of women in resource policy development.

This review underscores the absence of collaborative endeavours between the government and stakeholders. Conspicuously, the absence of any references to cooperative efforts or engagement initiatives, such as focus groups, aimed at discussing women's mental health needs or involving women in formulating policies or ingrained gender inequality and the lack of directives about women's mental health intimates at serious oversights. This study emphasises the pressing need for Saudi Arabia to bridge the gap in its mental health policy concerning gender issues to enhance gender equality and help long-suffering women.

5. CONCLUSION

This project has appraised the mental health policy landscape in Saudi Arabia and how it addresses (and does not address) gender equality and Saudi Arabian women's unique needs for their mental health. It reveals the importance of addressing these needs and gender equality within the context of mental health services. Despite the progress made, there is still work to be done to ensure that women's unique mental health needs are adequately addressed. Vision 2030 emphasises enhancing health care with initiatives such as the

NCMHP, the Qareboon app and the transformational plan, providing valuable support and resources to improve mental health policy in Saudi Arabia and help the vulnerable in society. However, many contexts have impacted gender roles and mental health in Saudi Arabia, so the country must develop a gender equality policy and implement mental health programmes and centres specifically for women to suit the country's unique culture and beliefs. An improved mental health policy can be achieved by advocating inclusive mental health and social care plans that address these intertwined aspects. Central to this effort is the involvement of women in actually shaping Saudi Arabia's mental and social health policy.

CONSENT

I consent to the publication of this secondary data study.

ETHICAL APPROVAL

It is not applicable.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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