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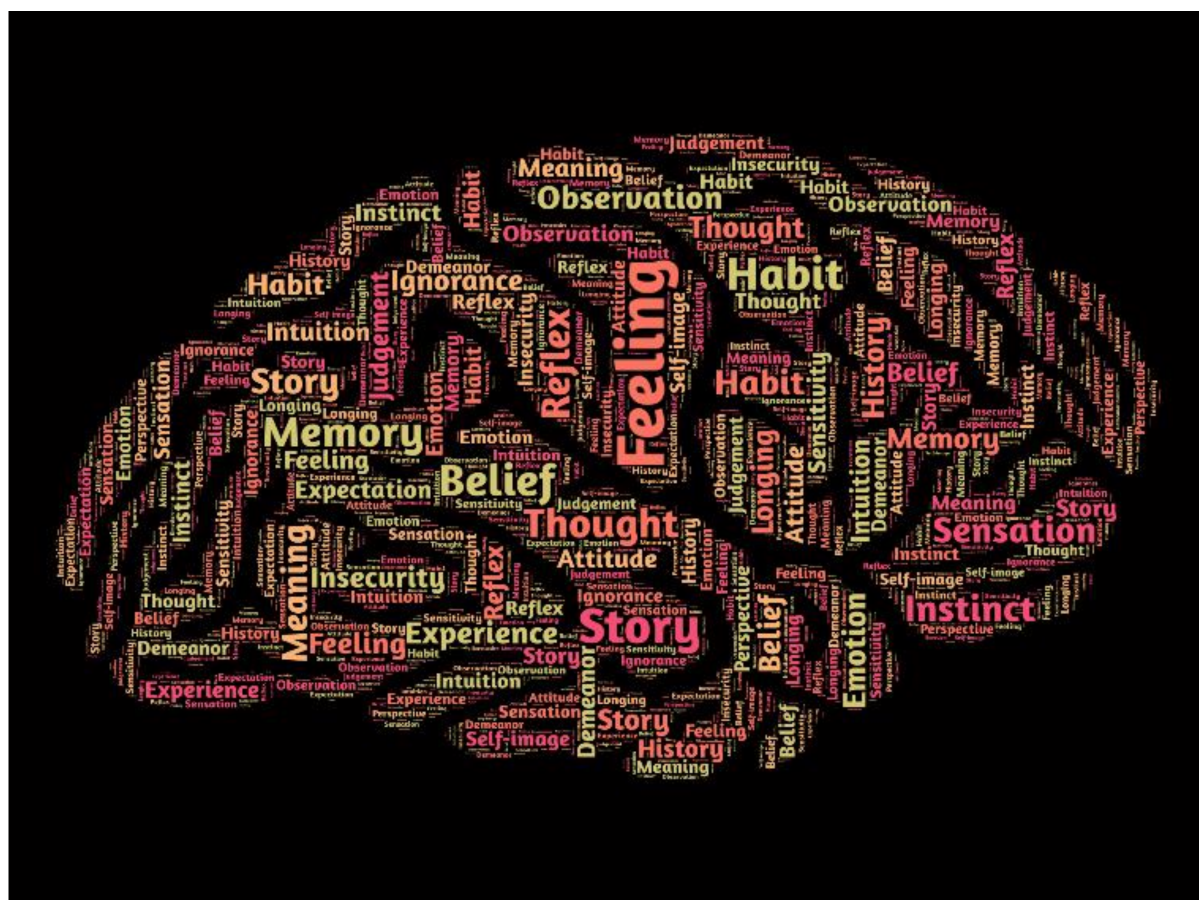

Guidance on Protecting, Promoting and Caring for Mental Health and Psychosocial Well-being of Young People

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I. Executive Summary

The global community is bringing mental health and psychosocial well-being of young people out of shadows, and starting to prioritize it as key determinants and indicators of their well-being, human rights, and future, as well as national development.

Building upon the Programme of Action of the International Conference on Population and Development (1994) and other global agreements, the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs) (2015) have integrated promotion of mental health and well-being (Target 3.4), prevention & treatment of substance abuse (3.5), and protection of girls and women from psychological violence (5.2), as key global priorities from 2016 to 2030.

In addition, the United Nations Convention on the Rights of Persons with Disabilities (2006) has included persons with mental and intellectual impairments, and established a global human rights framework for persons with mental health conditions and psychosocial disabilities as well as persons with intellectual disabilities, which is legally binding among those countries that ratified it including Oman. Reflecting this, five SDGs Goals and seven Targets refer to the rights of persons with disabilities such as access to education, employment, public transport, public buildings and green spaces, positions in public institutions (national and local legislatures, public, service, and judiciary), governmental websites, mobile phones, and internet, and disability-disaggregated data collection. SDGs progress is monitored annually and internationally.

In the course of the COVID-19 pandemic which has brought a substantial global crisis unprecedented in our lifetime, the importance of including mental health and psychosocial measures in all social actions came to be widely recognized. Particularly, mental health and psychosocial consequences among young people, including in the context of loneliness, fear and anxiety in the quarantine and lock-down settings; domestic and gender-based violence; and information and communication in the cyber space including fake news and cyber bullying, got wider attention. The pandemic also offers an opportunity to build back better, and a historic chance to take concrete actions to promote, protect and care for mental health and psychosocial well-being of young people through mainstreaming those aspects in in policies, systems and programmes across sectors beyond health.

Globally, mental health conditions including depression are one of the leading causes of illness and disability among young people. Suicide is the second leading cause of death in

young people: In some countries, suicide is the leading cause of death among young girls. The consequences of not addressing mental health conditions can extend to their future, affecting both physical and mental health: For example, people with severe mental health conditions die as much as 20 years early compared with people without such conditions. The consequences extend to non-health areas too, and possibly limiting opportunities to fulfill lives in various aspects, while experience of mental health conditions can also lead to resilience, deeper empathy, and other positive outcomes. Economic impact of mental health is also huge: OECD states direct and indirect cost of mental health is about 4% of GDP. An analysis indicates that lost contribution to economies due to mental health conditions among young people is nearly $390 billion a year. At the same time, investment of $1 in mental health leads to return of $4 according to WHO and the World Bank.

Half of all mental health conditions start by 14 years of age, and this also indicates importance of mainstreaming mental health and psychosocial support in policies and programmes for young people. Early detection and intervention can lead to better future outcomes for young people.

Factors that can affect mental health and well-being among young people include socio-economic status including poverty, discrimination, exclusion and other human rights violations; access to basic support, education and employment; physical and social health and well-being; relationship with parents, caregivers, friends and others which can include support, pressures, abuse, and bullying; exploration of sexual and gender identity; sexual and reproductive health and rights including pregnancy and sexual and gender-based violence; increased use of technology; and humanitarian crises. Young people with mental health conditions, psychosocial or intellectual disabilities are, in turn, vulnerable to stigma, social marginalization, discriminations, including exclusion from communities, education or employment due to social barriers such as institutional, environmental and attitudinal barriers; thus, there exists a possible vicious cycle of marginalization and compromised mental health and psychosocial well-being.

In order to respond to these, global community has developed various policy and programme frameworks. For example, the Convention on the Rights of Persons with Disabilities has set up legal frameworks for promoting and protecting the rights of persons with mental health conditions, psychosocial disabilities, and intellectual disabilities, in autonomy, community life, education, employment, cultural life and beyond, based on its social model. WHO’s Comprehensive Mental Health Action Plan (2013) has set out a policy and system

framework on mental health, and mhGAP Intervention Guide (2010) has indicated clinical guidance to enable mental health assessment and support at the non-specialist primary health care settings. UNFPA has developed various tools to integrate mental health and psychosocial support in sexual and reproductive health and rights services including those related to the gender sector such as response to sexual and gender-based violence, on the ground. IASC has established guidelines (2007) to promote mental health and psychosocial well-being in various sectors in emergency settings, together with the Sendai Framework for Disaster Risk Reduction and other frameworks. The United Nations has issued the Policy Brief: COVID-19 and the Need for Action on Mental Health (2020). WHO and UNICEF has launched the Helping Adolescents Thrive (HAT) initiative and published guidelines (2020) and toolkits (2021). Recently, UNICEF has published The State of the World's Children 2021: On My Mind: Promoting, protecting and caring for children's mental health.

Oman has been spearheading scaling up of its mental health policies and programmes. In 2020, Ministry of Health has issued Guideline for Management of Mental Disorders in Primary Health Care (2020) for primary health care providers to be empowered with the necessary knowledge, skills, competence and attitude to recognize as well as manage mental health conditions. In addition, the Guidelines on School Mental Health Services (2020) was published to promote mental health and psychosocial well-being of children and young people through the education sector in close collaboration with the health sector. In Oman, the cultural sector including traditional healers as well as arts and entertainment community have been playing key roles in promotion of mental health and psychosocial well-being, too.

Building upon these, the guidance note sets out key action points and recommendations based on multi-sector, human rights-based approach with reaffirming mental health as a positive state of well-being and essential part of everyone's life. Mental health exists on a continuum that includes periods of well-being and periods of distress, most of which will not evolve into diagnosable disorders. As opposed to common misunderstandings that mental health is only in the realm of biological and medical problem or psychiatry, as the IASC mental health and psychosocial support pyramid indicates, multi-sector approach is inevitable for mental health and psychosocial well-being of young people. This includes 1) basic services and security, 2) community and family support, 3) focused supports by non-mental health professionals in various sectors, and 4) specialized services by mental health professionals. All people including young people themselves have a role to play. This includes obtaining evidence-based correct information and raise understandings and literacy on mental health and

psychosocial well-being, tackling social barriers for mental health conditions or psychosocial disabilities including institutional, environmental and attitudinal barriers, and providing and receiving social support mutually.

All these must be built upon the human rights-based approach, with special attention to “do no harm” and “nothing about us without us” principles, as well as gender, age and culture-sensitive approaches, envisioned by various human rights instruments including the Convention on the Rights of Persons with Disabilities and the Convention the Rights of the Child.

II. Background

Mental health and psychosocial well-being is an essential foundation for our well-being, health, development and future, since we all are emotional being. However, for so long and worldwide, it has tended to be forgotten, hidden, neglected or excluded from our day-to-day dialogues, policies, budgets, training and services. There has been a wide range of stigma including self-stigma that prevents from seeking support, misunderstandings, discriminations, sufferings, lack of financial and human resources, institutional, environmental and attitudinal barriers to access support and services, and vicious cycle of mental distress and marginalization as a result.

However, as a consequence of persistent efforts by various stakeholders including the international community, policy makers, mental health specialists, persons with lived experiences and organizations of persons with mental health conditions and psychosocial disabilities, their supporters including their families and carers among others, the whole picture has drastically changed: Protecting, promoting and caring for mental health and psychosocial well-being became one of the top global and national priorities.

The 2030 Agenda and its Sustainable Development Goals (SDGs) adopted at the United Nations General Assembly in 2015, integrated promoting mental health and well-being and strengthening the prevention and treatment of substance abuse as part of its Goal 3 on good health and well-being. Following the adoption of SDGs, the World Bang Group organized the Out of the Shadows: Making Mental Health a Global Priority event with the World Health Organization (WHO) during the World Bank-International Monetary Fund Spring Meetings in 2016. In 2018, the first Global Ministerial Mental Health Summit was convened in London, the United Kingdom. United Nations Children's Fund (UNICEF) has selected mental health as a key thematic subject for its flagship report The State of the World's Children 2021: On My Mind: Promoting, protecting caring for children's mental health. United Nations Population Fund (UNFPA), as the first implementing arm of the United Nations system that has integrated mental health and psychosocial well-being in its Strategic Plan as early as in 2008 has been scaling up technical support and capacity development in mental health and psychosocial support in many countries in the areas of sexual and reproductive health, gender, youth and humanitarian action.

The COVID-19 gave a stark reminder that mental health and psychosocial well-being must be considered as a key factor in human life, particularly, among young people. The United

Nations has issued the Policy Brief: COVID-19 and the Need for Action on Mental Health (2020), and Special Youth Envoy of the Secretary-General together with youth around the globe advocated inclusion of mental health perspectives in COVID-19 response.

Oman has been one of the global champions in spearheading scaling up of its mental health policies and programmes. In 2020, Ministry of Health has issued Guideline for Management of Mental Disorders in Primary Health Care so that primary health care providers are empowered with the necessary knowledge, skills, competence and attitude to recognize as well as manage mental health conditions. The Guidelines on School Mental Health Services was also published to promote mental health and psychosocial well-being of children and young people through the education sector in close collaboration with the health sector.

In our efforts to implement protection, promotion and care for mental health, it should be noted that all the policy and programme must be based on evidence and good practices underlined by expert consensus and participation of persons with lived experience, so that there will be no harm. To ensure that, it is critical to understand contexts, state-of-the-art concepts and terminologies many of which have gone through transformation and changes recently, and to build upon human-rights based approach.

"**Mental health**" is defined by WHO as "a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community." For children and young people, this can include having a positive sense of identity, the ability to manage thoughts, emotions, as well as to build social relationships, and the aptitude to learn and to acquire an education, ultimately enabling their full active participation in society. Thus, metal health is a positive state of well-being. This is contrary to a widely misunderstood problematic images of dangerous, crazy, possessed or mad, a luxury pursued by those with extra money and time, nor an issue that should be treated only from biological or medical perspectives.

Actually, mental health is a continuum: We experience different gradations of positive mental health and well-being while many also face gradations of day-to-day mental distress and mental health conditions. Positive mental health and mental health conditions sometimes exist at the same time. This means, attention to mental health conditions alone and relying only on medical interventions does not respond to our mental and psychosocial needs.

In other words, many people can experience temporary mental distress as part of our daily living. Most of them are manageable conditions that will not become chronic. Many of those can be managed with time without support from mental health professionals. Some others

may experience prevalent mental health conditions such as depressive mood, anxiety and insomnia. It is important to recognize that most of these mental health conditions fall below the threshold of diagnosis. Only in the situation where those feelings progress in severity and/or duration so far as to interfere with everyday life, it could require diagnosis or treatment by specialists. These should be understood contextually with age-, gender-, culture-, situation- and individual preference and needs-sensitive

Determinants of mental health and mental health conditions include not only individual attributes such as DNA and ability to manage one's thoughts, emotions, behaviours and interactions with others, but also social, cultural, economic, political and environmental factors such as national policies, social protection, living standards, working conditions, and community social supports. In particular, exposure to adversity at a young age is a preventable risk factor for mental disorders, and age-sensitive life cycle approach is a key. Mental and physical health are inseparable and closely associated with each other: For example, mental health is associated with various non-communicable diseases including cardiovascular diseases, diabetes, cancer, respiratory conditions, through comorbidity, shared risk factors, and some causal relationships often in a bidirectional way. As to young people, poor mental health is associated with a range of high-risk behaviours, including self-harm, tobacco, alcohol and substance use, risky sexual behaviours and exposure to violence, the effects of which persist throughout the life-course and have serious implications in various areas of life.

Therefore, depending on the local context, certain individuals and groups in society may face a higher risk of mental health conditions. These may, but do not necessarily, include people living in poverty, people with chronic health conditions, children exposed to maltreatment, abuse and neglect, adolescents exposed to substance use, minority groups, indigenous populations, older people, people experiencing discrimination and human rights violations, lesbian, gay, bisexual, and transgender persons, prisoners, and people experiencing conflict, natural disasters or other humanitarian emergencies.

Factors across the life course that affect mental health (UNICEF The State of The World Children 2021)

Perinatal	1. Maternal age under 18 at birth of a child
	2. Low birthweight
Early childhood	3. Lack of minimum acceptable diet of five or more of eight food groups
	4. Lack of preschool enrolment

	5. Lack of playthings, including toys, home-made, manufactured or household objects
Childhood	6. Lack of primary school attendance
	7. Violent discipline
	8. Child labour
	9. Orphanhood
Adolescence	10. No close friends
	11. Bullying
	12. Lack of physical activity
	13. Sedentary behaviour
	14. Overweight
	15. Underweight
	16. Heavy alcohol use
	17. Marijuana use
	18. Lack of secondary school attendance
	19. Not in education, employment or training (NEET)
	20. Child marriage
	21. Intimate partner violence – sexual
	22. Intimate partner violence – physical
	23. Intimate partner violence – psychological

* These are possible risk factors, and its does NOT imply those who experience these will experience mental health conditions. As a matter of fact, many people achieve personal growth and resilience and acquire competence to empathize with others based on these experiences.

In addition, it is of note that the concept of disability and approach to protection and promotion of the rights of persons with mental health conditions, psychosocial or intellectual disabilities have been transformed from the old charity or medical model to the state-of-the-art "**social model**" after the 2006 United Nations Convention on the Rights of Persons with Disabilities. In the Convention, "**persons with disabilities**" include "those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others." This means that the medical conditions are not the cause of disabilities, but various social barriers

create disabling situations. Therefore, a priority is to get rid of such disabling barriers through addressing:

- **Institutional barriers**

  Laws, policies, strategies or institutionalized practices that discriminate against persons with mental health conditions and psychosocial disabilities as well as persons with intellectual disabilities or prevent them from participating in society.

- **Environmental barriers**

  Environment that "prevent access and affect opportunities for participation", and inaccessible communication systems. The latter do not allow persons with disabilities to access information or knowledge and thereby restrict their opportunities to participate. Lack of services or problems with service delivery are also environmental barriers. And

- **Attitudinal barriers**

  Cultural or religious beliefs, hatred, unequal distribution of power, discrimination, prejudice, ignorance, stigma and bias, among other reasons. Family members or people in the close network of persons with mental health conditions, psychosocial or intellectual disabilities may also face 'discrimination by association'. Attitudinal barriers are at the root of discrimination and exclusion.

(IASC Guidelines: Inclusion of Persons with Disabilities in Humanitarian Action, 2020)

Mental, neurological and substance use disorders accounts for 13% of the total global burden of disease in 2004. Depression alone accounts for 4.3% of the global burden of disease and is among the largest single causes of disability worldwide (11% of all years lived with disability). The economic consequence is also huge: Estimated cumulative global impact of mental disorders in terms of lost economic output will amount to US$ 16.3 trillion between 2011 and 2030 according to the World Economic Forum.

Key Facts

Global situation

- 1 in 4 people experience a mental health condition at least once in their life time
- 1 out of 5 patients who visit primary health have mental health conditions
- 7 million people die due to suicide (WHO, 2021)
- People with severe mental health conditions die 20 years early compared with people without such conditions (OECD, 2014)
- Direct & indirect costs of mental illness exceed 4% of GDP (OECD, 2014)
- $1 Investment in Mental Health will return as $4 (WHO & World Bank, 2016)

Situations among young people

- 13% of adolescent aged 10-19 live with a diagnosed mental disorder
- 45,800 adolescents die from suicide each year: More than 1 person every 11 minutes. It is the 2nd cause of death among young people aged 10-29 years old, and leading cause among young girls in some countries.
- Annual loss in human capital arising from mental health conditions in children aged 0-19 is US$387.2 billion

(UNICEF, 2021)

III. Global normative frameworks

In order to protect, promote and care for mental health among young people, and to avoid risks and unnecessary duplication in such efforts, it is strategic and useful to understand and utilize the global normative frameworks with necessary cultural adaptation. In particular, some of key concepts and the way we work have been transformed through these tools, and updating policies and programmes in accordance with the state-of-the-art frameworks and good practices is warranted.

(1) United Nations 2030 Agenda for Sustainable Development and SDGs

In 2015, heads of states and representatives from 193 member states got together and agreed upon the **2030 Agenda for Sustainable Development** and its **SDGs**. Following up on the Millennium Declaration and the Millennium Development Goals (MDGs) for the period of 2000 till 2015, the 2030 Agenda provides a shared blueprint from 2016 to 2030, for peace and prosperity for people and the planet, now and into the future, with focusing on inter-disciplinary and multi-sector approach. The key principle of the 2030 is to "**leave no one behind**" and "**to reach the furthest behind first**." This means all the actions must include diverse constituencies, and prioritize needs and requirements among the most marginalized people which often includes persons with mental health conditions, psychosocial, or intellectual disabilities, alongside with young people in general, women, migrants, refugees and internally displaced people, older persons, and other minorities.

SDGs sets out 17 Goals, 169 Targets and 232 Indicators as specific monitoring and outcome measures.

Among those, Goal 3 on good health and well-being includes the "**promotion of mental health and well-being**" in its **Target 3.4** together with non-communicable diseases. **Suicide mortality rate** (per 100,000 population, disaggregated by sex and age group) is designated as an indicator (**Indicator 3.4.2**). In addition, **Target 3.5** is to **strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol**. Indicators for the Target are **3.5.1** Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorder and **3.5.2** Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol.

Hence, mental health and well-being became a key priority for the United Nation and

the world for 2016–2030, and progress in each country is monitored nationally, regionally, and globally.

(2) Global frameworks related to disaster risk reduction and humanitarian action

Humanitarian actors have been one of drivers of shedding light on critical importance of mental health and psychosocial well-being.

In response to increasing conflicts and terrorist attacks from 90s and increasing disasters including the Indian Ocean tsunami, the Inter-Agency Standing Committee which is a unique inter-agency forum for coordination, policy development and decision-making involving the key United Nations and non-United Nations humanitarian partners, published the **IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings** in 2007. The Guidelines established a set of minimum **multi-sectorial responses** to protect and improve people's mental health and psychosocial well-being in the midst of an emergency with a principle of "**do no harm**." The Guidelines set out minimum responses for not only in health sector, but also in education, food security and nutrition, shelter and site planning, dissemination of information, community mobilization and support, protection and human rights standards, among others.

In 2015, the United Nations World Conference on Disaster Risk Reduction adopted the **Sendai Framework for Disaster Risk Reduction 2015-2030**. The Sendai Framework which is the roadmap for how we make our communities safer, inclusive and more resilient to disasters by 2030, integrated mental health and psychosocial support, and the concept of **disability-inclusive disaster risk reduction**. The Paragraph 33 (o) describes importance "**To enhance recovery schemes to provide psychosocial support and mental health services for all people in need**" at national and local levels, as part of Priority 4: Enhancing disaster preparedness for effective response and to "Build Back Better" in recovery, rehabilitation and reconstruction. The Framework also highlights importance of engaging persons with disabilities including persons with mental health conditions, psychosocial disabilities and intellectual disabilities and their organizations in the design and implementation of policies, plans and standards and to include disability perspective, disability-disaggregated data, empowerment of persons with disabilities to lead to universally accessible response, recovery, rehabilitation and reconstruction approaches.

The **Charter on Inclusion of Persons with Disabilities in Humanitarian Action** was endorsed by Member States, United Nations agencies and numerous human rights

networks at the United Nations World Humanitarian Summit in 2016. The Charter reaffirmed a determination to make humanitarian action inclusive of persons with disabilities, and to take all steps to meet their essential needs and promote the protection, safety and respect for the dignity of persons with disabilities in situations of risk. The Charter established five actionable commitments which are **non-discrimination**, **participation**, **inclusive policy**, **inclusive response and services**, and **cooperation and coordination**.

In 2019, **IASC Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action** was published. The Guidelines list "Must do actions": 1. **Promote meaningful participation**; 2. **Remove barriers**; 3. **Empower persons with disabilities**; 4. **Disaggregate data for monitoring inclusion** for all persons with disabilities including those with mental health conditions, psychosocial disabilities and intellectual disabilities.

In 2020, the United Nations issued the **Policy Brief: COVID-19 and the Need for Action on Mental Health**. The Policy Brief recommends: 1. Apply a **whole-of-society approach** to promote, protect and care for mental health, which includes inclusion of mental health and psychosocial considerations in COVID-19 national response, protection of people from pandemic-related adversities that are known to harm mental health, and communication about COVID-19 in ways that promote mental health and psychosocial well-being; 2. Ensure **widespread availability of emergency mental health and psychosocial support** which includes support to community action that strengthens social cohesion, solidarity and healthy coping, reduces loneliness and promotes psychosocial well-being, scaled-up access to remote support for any mental health needs, inclusion of mental health and social care for people with severe mental health conditions and psychosocial disabilities as part of essential services, and priority attention to protecting and promoting the human rights of people with severe mental health conditions and psychosocial disabilities; 3. Support recovery from COVID-19 by **building mental health services for the future**, which includes organizing affordable community-based services that are effective and protective of people's human rights as part of any national COVID-19 recovery plan, inclusion of mental health care in health care benefit packages and insurance schemes, shift in investments away from institutionalization to affordable, quality mental health care in the community, and inclusion of related research in recovery efforts.

(3) Guidelines and tools for adolescent mental health

WHO and other United Nations partners including UNICEF launched the **Helping**

Adolescents Thrive (HAT) package aimed at informing adolescent mental health and preventing mental health conditions, self-harm, substance use and other high-risk behaviours. The central to the package is the **Guidelines on promotive and preventive mental health interventions for adolescents** (2020) which provide evidence-informed recommendations on psychosocial interventions to promote mental health, prevent mental disorders, and reduce self-harm and other risk behaviours among adolescents, informing policy development, service planning and the strengthening of health and education systems, and facilitate mainstreaming of adolescent mental health promotion and prevention strategies across sectors. The WHO-UNICEF **HAT Toolkit** (2021) provides programmatic guidance for stakeholders engaged in the health, social services, education and justice sectors on how to implement adolescent mental health strategies. There are accompanying **Comic Book** (2021) and **Teacher's Guide** (2021).

HAT Recommendations

Recommendation A

Universally delivered psychosocial interventions should be provided for all adolescents. These interventions promote positive mental health, as well as prevent and reduce suicidal behaviour, mental disorders (such as depression and anxiety), aggressive, disruptive and oppositional behaviours, and substance use.

Recommendation B

Psychosocial interventions should be provided for adolescents affected by humanitarian emergencies. These interventions are particularly beneficial for preventing mental disorders (depression, anxiety and disorders related specifically to stress) and may be considered for reducing substance use in these populations.

Recommendation C

Psychosocial interventions should be considered for pregnant adolescents and adolescent parents, particularly to promote positive mental health (mental functioning and mental well-being) and improve school attendance.

Recommendation D

Indicated psychosocial interventions should be provided for adolescents with emotional symptoms.

Recommendation E

Indicated psychosocial interventions should be provided for adolescents with disruptive/oppositional behaviours. These interventions reduce aggressive, disruptive and

oppositional behaviours, prevent mental disorders (depression and anxiety) and promote positive mental health. The interventions should be delivered with caution to avoid increasing substance use among adolescents with disruptive and oppositional behaviours.

HAT Strategies

Strategy 1: Implementation and enforcement of policies and laws provides guidance on, and examples of, laws and policy provisions to improve adolescent mental health outcomes, embracing a whole-of-government and whole-of-society approach.

Strategy 2: Environments to promote and protect adolescent mental health focuses on actions to improve the quality of environments in schools, communities and digital spaces. This strategy seeks to enhance adolescents' physical and social environments, where indicated, through a range of evidence-based activities such as school climate interventions, adolescent safe spaces in communities, and teacher training.

Strategy 3: Caregiver support refers to interventions to: build caregivers' knowledge and skills for promoting adolescents' mental health; strengthen caregivers' and adolescents' relationships; and support caregivers' own mental health and well-being.

Strategy 4: Adolescent psychosocial interventions focuses on evidence-based psychosocial interventions for universal, targeted and indicated promotion of mental health and prevention of mental health issues.

Activity 1: Multisectoral collaboration describes how to develop collaboration between multiple sectors and stakeholders – public, private and civil society – at national and local levels to support the development and implementation of preventive and promotive mental health programming for adolescents.

Activity 2: Monitoring and evaluation provides a breakdown of how to develop a monitoring and evaluation system which can provide policymakers and programme managers with critical information on whether programmes and policies are being implemented as intended and are having their intended impact.

(4) Convention on the Rights of Persons with Disabilities

Conventions are legally binding for those countries that have ratified, thus are strong tools. The Convention covers various aspects of human rights of persons with mental health condition, psychosocial disabilities or intellectual disabilities, including the right to education, employment, health, living independently, and being included in the community and integrity

as well as equal recognition before the law and freedom from torture.

The Convention sets out key concepts. For example, "**Accessibility**" is the right that everyone has to "access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas." Accessibility is a precondition to the inclusion of all people. "**Universal design**" is an approach to increasing accessibility which means "the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design." "**Reasonable accommodation**" means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others. Further, "**informed consent**" is a person's agreement to allow something to happen to them. For example, medical interventions such as surgery or an invasive diagnostic procedure, relocation, case management processes, and others, must be provided only after informed consent based on a full disclosure of risks, benefits, alternatives and consequences of refusal. Persons with disabilities, particularly those with intellectual impairments, and mental or psychosocial impairments, are often denied the right to express consent. Young people are also entitled to provide their free and informed consent according to their evolving capacities.

(3) ICPD Programme of Action, Nairobi Summit and relevant tools

Gender and sexual and reproductive health communities have been another leading champion and historic catalyst in advocacy on importance of mental health. The **Programme of Action** of the **International Conference on Population and Development (ICPD)** recognized importance of mental health and psychosocial well-being in development and humanitarian work as early as in 1994. In Article 7.2 reproductive health was defined as "a state of complete physical, mental and social well-being" in accordance with WHO's definition of health. In addition, Article 4.10 states "condemn the systematic practice of rape and other forms of inhuman and degrading treatment of women … and take steps to assure that full assistance is provided to the victims of such abuse for their physical and mental rehabilitation." Based on it, UNFPA integrated mental health and psychosocial support in its Strategic Plan 2008-2013 as the first United Nations implementation arm. After that, UNFPA has included mental health in its Reproductive Health Framework and other key tools, and spearheaded

technical support and capacity development on protection, promotion and care for mental health and psychosocial well-being in various countries.

In 2019, the Nairobi Summit, also known as ICPD+25, was held to celebrate the 25th anniversary of ICPD. UNFPA and the Government of Kenya hosted the Nairobi Summit and brought together governments, United Nations agencies, private sector, women's groups and youth networks to discuss and agree on initiatives to further advance the implementation of the ICPD Programme of Action including those related to mental health and psychosocial well-being.

The **Beijing Platform for Action** of the Fourth World Conference on Women in 1995 integrated a perspective of mental health and psychosocial well-being substantially with a special attention to psychological effects of various social phenomena including psychological dependence, harm, suffering, violence and abuse, and need for psychosocial support, psychological care and other counselling services. Article 100 specifically states "Mental disorders related to marginalization, powerlessness and poverty, along with overwork and stress and the growing incidence of domestic violence as well as substance abuse, are among other health issues of growing concern to women."

As for young people, the **Convention on the Rights of the Child**, Article 17 states access to information and material aimed at the promotion of his or her social, spiritual and moral well-being and physical and mental health. Article 19 reads States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse. Article 23 recognizes that "a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community" and "international exchange of appropriate information in the field of preventive health care and of medical, psychological and functional treatment of disabled children." Article 25 states that States Parties recognize the right of a child who has been placed by the competent authorities for the purposes of treatment of his or her mental health, to a periodic review of the treatment. Article 27 recognizes the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development. In Article 29, States Parties agree that the education of the child shall be directed to the development of the child's personality, talents and mental and physical abilities to their fullest potential. Article 32 states the right to be protected from economic exploitation and from performing any work that is likely to be harmful to the child's health or physical, mental, spiritual, moral or social

development. Article 33 is about States Parties' obligation to take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances. Article 39 states States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.

IV. Situation in Oman

Oman is a large country with rich traditions and an intricate topography, from high mountains which constitute 15% of its land to deserts which is extended to 80%. Its population of 3.6 million, among whom 42.2% are expatriates, lives in sparsely scattered settlement areas. About half of the population is under the age of 21 and the percentage of those who are sixty years or over is less than 10%. This gives unique geographical and socio-cultural context to mental health and psychosocial well-being, together with its family- and community-oriented culture where the average number of the family members is 7.8. Misunderstandings and stigma on mental health conditions are an existing challenge like in other countries. In the **Voluntary National Review: SDGs progress report at the High Level Political Forum: Oman 2019**, it is stated that 2.9 suicide per million people were reported in the year, and this is extremely low compared to other countries probably reflecting these contexts in Oman.

There are about 14.2 mental health professionals per 100,000 population, according to WHO Mental Health Assessment Instrument for Mental Health Systems (AIMS). Psychiatric services are available in 10 out of the 11 governorates in Oman, In Oman, basically, there is no need for out-of-pocket payment to receive services from them at the points of service use. Further, there have been marked increase in integration of mental health component in primary health and other sectors beyond health.

In the COVID-19 response, magnitude and variety of mental health services extended rapidly. Mental health clinics started to provide a list of their phone numbers to primary health care centres for them to share with patients; remote psychosocial support services for the general public and healthcare workers; free-of-charge hotlines for those who experience mental health conditions or distress, violence, and bullying; multi-lingual psychosocial support through SNS; smartphone applications for relaxation and stress management; and radio programmes on mental health and psychological support.

Mental health programmes in Oman have been directed under the framework of its **Health Vision 2050** (2014) which describes the vision for health system development over the upcoming 40 years, and aims at making Omani people live healthy and productive lives, through the establishment of a well-organized, equitable, efficient and responsive health system. Mental health is positioned as key part of health and an essential element of primary health care package.

Under the Health Vision 2050, **Tenth Five-Year Plan for Health Development 2021-**

2025 and the Health Sector Strategic Plans were launched to operationalize the Vision. This includes strengthening the quantity and quality of health professionals, and realizing a comprehensive and integrated package of preventive and curative services reflecting the epidemiological and demographic changes. The Five-Year Plan includes: Research, capacity development of women doctors and midwives on early detection, and psychiatrists on the treatment on postpartum depression; awareness-raising among caregivers, and development of a multi-sector case management system connected online, and tools and capacity development for health workers, for the rights of children with disabilities including developmental disorders; promotion of physical and mental health of persons with disabilities; research and capacity development for health workers on Down Syndrome, schizophrenia among children, autistic spectrum disorders; and capacity development and training of trainers for health workers to support young people together with training of those who work at schools including teachers and school nurses on mental health so that mental health services can be provided in educational settings.

In addition to these national policies, the Government of Oman and WHO have agreed upon cooperation in mental health in the **Country Cooperation Strategy for WHO and Oman 2018–2022**: "Assisting with integration of mental health services in primary health care, assessment of the prevalence and services related to autism, and the finalization and implementation of the National Plan of Action on Substance Abuse (2016–2020)"; and "Providing support for the establishment of a disability programme including conducting a national disability survey, expanding rehabilitation services, and the integration of disability and rehabilitation services into primary health care, including improving access to assistive health technology."

Utilizing these tools, under the leadership of the Mental Health Section, Non-communicable Disease Department, Ministry of Health, and its partners, Oman has been spearheading multi-layered community-based approach for mental health and psychosocial support for young people.

The Guidance for Management of Mental Disorders in Primary Health Care (2020) and the Guidelines on School Mental Health Services (2020) are the key guiding documents for implementation.

The **Guidance for Management of Mental Disorders in Primary Health Care** is for all health care providers in primary and secondary health care settings. The objectives include providing psychological and mental health services in primary health care settings;

reducing admissions to specialized psychiatric hospitals, which will also have a positive impact on reducing the stigma related to mental illness; increasing early detection and improving treatment results; and reducing the burden that results from mental disorders. Adapted from WHO's mhGAP Intervention Guide, it guides clinical assessment and interventions for common mental health conditions such as mood disorders, psychotic disorders, women mental disorders, childhood psychiatric disorder, among others.

See contents at:
https://www.moh.gov.om/documents/272928/4017900/2Guideline+for+Mental+Health+Management+in+Primary+Health+Care.+December+2020/548c3df4-7cec-5950-0c22-0ec7c1aaabc3

Adolescent health is largely addressed through the well-established school health programme and an active health promoting school initiative, and this is especially important in Oman where 30% of total population are school students. **The Guidelines on School Mental Health Services** (2020) was developed to support the school nurse to implement mental health programme such as early screening, interventions and prevention at schools.

See contents at:
https://www.moh.gov.om/documents/272928/3856999/Guidelines+on+Schools+Mental+Health+Services/bee5e6fe-2376-2d1d-e39c-28c74a4497c0

Other relevant national tools include:

Annual Health Report 2020. https://www.moh.gov.om/en/web/statistics/-/-2020;

Standing Operating Procedures (SOP) and Checklist for Mental Health Services (2021);

Clinical Guidelines on Child Abuse and Neglect: First Edition (2016) https://moh.gov.om/documents/272928/3240138/Clinical+Guidelines+on+Child+Abuse+and+Neglect.pdf/2a70b656-fe6c-a04a-9bdd-a6520db4b163;

Guidelines for the National Screening Program for Autistic Spectrum Disorder (ASD) and Other Developmental Disorders: First Edition (2018) https://www.moh.gov.om/documents/272928/3240138/Guidline+for+Screening+program+for+Acustic+Disorder+and+other+Developmental+Disorders.pdf/4a6ecce7-52b1-507b-a882-97fe20a34538;

Assessment, Diagnosis and Pharmacological Interventions for Autism Spectrum Disorders in Sultanate of Oman: National Clinical Guideline (2018); and

Child Law (2014) https://www.mosd.gov.om/images/rules/Childs%20Law%20en.pdf.

V. Action points

It is important that each action is based on six cross-cutting principles and approaches envisioned in the WHO Comprehensive Mental Health Action Plan 2013-2030 (2021), to make sure the implementations meet the state-of-the-art criteria and to prevent possible malpractices and harms. In an effort to protect, promote and care for mental health among young people, ensuring young people have a say, supporting families, parents and caregiver, and ensuring education sector and schools support mental health should be specifically highlighted.

Six Cross-cutting Principles and Approaches for Mental Health and Psychosocial Well-being (WHO Comprehensive Mental Health Action Plan 2013-2030).

1. **Universal health coverage**
   Regardless of age, sex, socioeconomic status, race, ethnicity or sexual orientation, and following the principle of equity, persons with mental health conditions should be able to access, without the risk of impoverishing themselves, essential health and social services that enable them to achieve recovery and the highest attainable standard of health.
2. **Human rights**
   Mental health strategies, actions and interventions for treatment, prevention and promotion must be compliant with the above-mentioned Convention on the Rights of Persons with Disabilities and other international and regional human rights instruments.
3. **Evidence-based practice**
   Mental health strategies and interventions for treatment, prevention and promotion need to be based on scientific evidence and/or best practice, taking cultural considerations into account.
4. **Life-course approach**
   Policies, plans and services for mental health need to take account of health and social needs at all stages of the life-course, with special attention to current context, environment and needs of young people.
5. **Multisectoral approach**
   A comprehensive and coordinated response for mental health requires partnership with multiple public sectors such as health, education, employment, judicial, housing, social and other relevant sectors as well as the private sector. In response to sexual and gender-based

violence among others, stakeholders such as policy, military, legal and protection sectors should be involved with training on rights-based mental health and psychosocial well-being.

6. **Empowerment of persons with mental health conditions, psychosocial or intellectual disabilities**

   Persons with mental disorders, psychosocial, and intellectual disabilities should be empowered and involved in mental health advocacy, policy, planning, legislation, service provision, monitoring, research and evaluation.

The action plan envisions a world in which mental health is valued, promoted and protected, mental health disorders are prevented and persons affected by these conditions 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, in order to attain the highest possible level of health and participate fully in society and at work, free from stigmatization and discrimination. In other words, its overall goal is to promote mental well-being, prevent mental disorders, provide care, enhance recovery, promote human rights and reduce the mortality, morbidity and disability for persons with mental health conditions.

The action plan lists following actions to be taken at national level under four Objectives.

Actions to be taken

Objective 1. To strengthen effective leadership and governance for mental health

- **Policy and law**

  Strengthen, keep up to date and implement national policies, strategies, programmes, laws and regulations relating to mental health **within all relevant sectors** such as education, gender and sexual and reproductive health, including codes of practice and mechanisms to monitor protection of human rights and implementation of legislation, in line with evidence, best practice, the Convention on the Rights of Persons with Disabilities and other international and regional human rights instruments.

- **Resource planning**

  Plan according to measured need and allocate a budget across all relevant sectors that is commensurate with identified human and other resources required to implement agreed upon evidence-based mental health plans and actions.

- **Stakeholder collaboration**

Engage stakeholders from all relevant sectors, including persons with mental conditions, carers and family members, in the development and implementation of policies, laws and services relating to mental health, through establishing a formalized structure and/or mechanism.

- **Strengthening and empowerment of persons with mental health conditions, psychosocial or intellectual disabilities and their organizations**
  Ensure that persons with mental disorders, psychosocial or intellectual disabilities are given a formal role and authority to influence the process of designing, planning and implementing policies, laws and services.

Objective 2. To provide comprehensive, integrated and responsive mental health and social care services in community-based settings

- **Service reorganization and expanded coverage**
  Systematically shift the locus of care away from long-stay mental hospitals towards non-specialized health settings with increasing coverage of evidence-based interventions for priority conditions utilizing the **Guidance for Management of Mental Disorders in Primary Health Care**, and using a network of linked community-based mental health services, including short-stay inpatient care, and outpatient care in general hospitals, primary care, comprehensive mental health centres, day care centres, support of persons with mental health conditions living with their families, and supported housing.
- **Integrated and responsive care**
  Integrate and coordinate holistic prevention, promotion, rehabilitation, care and support that aims at meeting both mental and physical health care needs and facilitates the recovery of persons of all ages with mental health conditions within and across general health and social services (including the promotion of the right to employment, housing, and education) through service user-driven interventions and recovery plans and, where appropriate, with the inputs of families and carers. Utilize the **Guidelines on School Mental Health Services** at education settings.
- **Mental health in humanitarian emergencies**
  Work with national emergency committees and mental health providers in order to include mental health and psychosocial support needs in emergency preparedness and enable access to safe and supportive services, including services that address psychological effects when needed and promote recovery and resilience, for persons with mental health

conditions (pre-existing as well as emergency-induced) or psychosocial distress, including services for health and humanitarian workers, during and following emergencies, with due attention to the longer-term funding required to build or rebuild a community-based mental health system after the emergency.

- **Resource planning**
  Build the knowledge and skills of general and specialized health workers to deliver evidence-based, culturally appropriate and human rights-oriented mental health and social care services, for children and adolescents, inter alia, by introducing mental health into undergraduate and graduate curricula; and through training and mentoring health workers in the field, particularly in non-specialized settings, in order to identify people with mental disorders and offer appropriate treatment and support as well as to refer people, as appropriate, to other levels of care.
- **Address disparities**
  Proactively identify and provide appropriate support for groups at particular risk of mental illness who have poor access to services.

When taking these actions, it is useful to understand the intervention pyramid for mental health and psychosocial support first introduced in the IASC Guidelines. People are affected in different ways and require different kinds of supports at different time frame. A key to organizing mental health and psychosocial support is to develop a layered system of complementary supports that meets the needs of different groups as illustrated in the pyramid. All layers of pyramid are important.

Intervention pyramid for mental health and psychosocial support (IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings)

1. **Basic services and security**

   Addressing basic physical needs (food, shelter, water, basic health care, control of communicable diseases) and (re)establishing security are foundation and prerequisite for protecting, promoting and care for mental health and psychosocial well-being. In that, the role of various stakeholders beyond mental health including food, physical health and social protection stakeholders provide is vital, and because of that, integrating mental health and psychosocial perspective in those sectors is a key. A mental health and psychosocial support response to the need for basic services and security may include: Informing possible impact on mental health and psychosocial well-being and influencing relevant actors to deliver them in a way that promotes mental health and psychosocial well-being. These basic services should be established in participatory, safe and socially and culturally appropriate ways that protect people's dignity, strengthen existing social supports and mobilise community networks.

2. **Community and family supports**

   The second layer represents the required response for a smaller number of people who are

able to maintain their mental health and psychosocial well-being if they receive help in accessing key community and family supports. If there are significant disruptions of family and community networks due to loss, displacement, family separation, community fears and distrust, mental health and psychosocial well-being is affected. Moreover, even when family and community networks remain intact, people in extremely stressful situations will benefit from help in accessing greater community and family supports. Useful responses in this layer include supporting family and carers, supportive parenting programmes, formal and non-formal educational activities, livelihood activities, the activation of social networks, such as through women's groups and youth clubs, and mass communication on constructive coping methods.

3. **Focused, non-specialised supports**

   The third layer represents the supports necessary for the still smaller number of people who additionally require more focused individual, family or group interventions by trained and supervised workers (but who may not have had years of training in specialised mental health care). For example, survivors of gender-based violence might need a mixture of emotional and livelihood support from community workers. This layer also includes psychological first aid (PFA) and basic mental health care by primary health care workers.

4. **Specialised services**

   The top layer of the pyramid represents the additional support required for the small percentage of the population whose suffering, despite the supports already mentioned, is intolerable and who may have significant difficulties in basic daily functioning. This assistance should include psychological or psychiatric supports for people with severe mental health conditions whenever their needs exceed the capacities of existing primary/general health services. such challenges require either (a) referral to specialised services if they exist, or (b) initiation of longer-term training and supervision of primary/general health care providers. although specialised services are needed only for a small percentage of the population, in large emergencies this group can amount to thousands of individuals.

Objective 3. To implement strategies for promotion and prevention in mental health

- **Mental health promotion and prevention**

  Lead and coordinate a multisectoral strategy that combines universal and targeted interventions for promoting mental health and preventing mental disorders; for reducing

stigmatization, discrimination and human rights violations; and which is responsive to specific vulnerable groups across the lifespan and integrated within the national mental health and health promotion strategies.

- **Suicide prevention**
  Develop and implement comprehensive national strategies for the prevention of suicide, with special attention to groups identified as at increased risk of suicide, including lesbian, gay, bisexual and transgender persons, youth and other vulnerable groups of all ages based on local context.

Social ecological model in the HAT toolkit

Policy development and programme implementation should be informed by the social ecological model, highlighting the importance of recognizing risk and protective factors at individual, family, community and societal levels to promote and protect adolescent mental health, with due attention to sociocultural contexts and care systems.

Individual level

Policies and laws

Children and adolescent mental health policies

Disability laws and policies

Social protection systems

Trust in government

Family level

Quality education

School retention

School-level policies for adolescent well-being

Teacher support and supervision

Counselling

Health promoting schools

School connectedness

Positive social and gender norms

Safe communities

Community acceptance

Community cohesion

Community level

Parental support

Positive family functioning

Mother’s education

Quality home environment

Parental mental health

Social security

Parent skills training and support

Employment and financial security

Society level

Interpersonal skills

Emotional regulation skills

Higher-order thinking skills (i.e. decision-making, problem-solving skills etc)

Self-esteem

Coping styles

Ability to nurture and access good social support

Objective 4. To strengthen information systems, evidence and research for mental health

Proposed actions for Member States

- **Information systems**

  Integrate mental health into the routine health information system and identify, collate, routinely report and use core mental health data disaggregated by sex and age (including data on completed and attempted suicides) in order to improve mental health service delivery, promotion and prevention strategies.
- **Evidence and research**

  Improve research capacity and academic collaboration on national priorities for research in mental health, particularly operational research with direct relevance to service development and implementation and the exercise of human rights by persons with mental disorders, including the establishment of centres of excellence with clear standards, with the inputs of all relevant stakeholders including persons with mental disorders and psychosocial disabilities.

Cultural approach

In Oman, the cultural sector including traditional healers as well as arts and entertainment community have been playing key roles in promotion of mental health and psychosocial well-being. Arts and culture have a special power to promote, protect and care for our mental health and psychosocial well-being. Many of us have been listening to music, watching TV dramas and films, reading books, doing sports or dancing, or producing those arts works. Those art works have reflected emotions and psychosocial aspects of creators, and in turn, those works provide hope, resilience, power to overcome, sense of empathy, among others.

Afterall, it will be strategic and transformative to make **mental health and psychosocial well-being a national and global indicator to monitor and evaluate peace and security, sustainable development and human rights** as an addition to traditional indicators such as GDPs, mortality, gender and environmental index.

Appendix

Psychological First Aid (PFA) (WHO et. al., 2011)

Psychological First Aid (PFA) involves humane, supportive and practical help to fellow human beings suffering serious crisis events. It is not something that only professionals can do. It is for any people in a position to help others who have experienced an extremely distressing event, and it can be offered by anyone including young people. It gives a framework for supporting people in ways that respect their dignity, culture and abilities without doing any harm.

The basic action principles of PFA are Prepare and 3Ls, i.e., Look, Listen and Link. These action principles will help guide how we view and safely approach affected people and understand their needs, and link them with practical support and information.

Prepare

Learn about the crisis event

Learn about available services and supports

Learn about safety and security concerns

Look

Check for safety

Check for people with obvious urgent basic needs

Check for people with serious distress reactions

Listen

Approach people who may need support

Ask about people's needs and concerns

Listen to people, and help them feel calm

Link

Help address basic needs and access services

Help people cope with problems

Give information

Connect people with loved ones and social support

There are some Dos and Don’ts in practicing PFA.

Dos

- Respect privacy and confidentiality
- Stay near the person but keep an appropriate distance depending on culture
- Let them know you are listening; nod your head or say “hmm”
- Be honest about what you know and don’t know
- Acknowledge the person’s strengths and how they have helped themselves.
- Allow for silence

Don’ts

- Don’t pressure someone to tell their story
- Don’t judge what they have or haven’t done, or how they are feeling. Don’t say: “You shouldn’t feel that way,” or “You should feel lucky you survived.”
- Don’t make up things you don’t know
- Don’t tell them someone else’s story
- Don’t give false promises or false reassurances
- Don’t think and act as if you must solve all the person’s problems for them
- Don’t take away the person’s strength and sense of being able to care for themselves

Help People Feel Calm

Some people who experience extreme stress or a crisis situation may be very anxious or upset. They may feel confused or overwhelmed, and may have some physical reactions such as shaking or trembling, difficulty breathing or feeling their heart pounding.

The following are some techniques to help very distressed people to feel calm in their mind and body.

- Keep your tone of voice soft and calm
- Maintain some eye contact
- Reassure them they are safe and that you are there to help
- If someone feels “unreal”, help them make contact with:
- Themselves (feel feet on the floor, tap hands on lap)
- Their surroundings (notice things around them)
- Their breath (focus on breath & breathe slowly)

Care for yourself

Helping responsibly also means taking care of your own health and well-being. As a helper, you may be affected by what you experience in a crisis situation, or you or your family may be directly affected by a crisis event. It is important to pay extra attention to your own well-being and be sure that you are physically and emotionally able to help others. Take care of yourself so that you can best care for others. If working in a team, be aware of the well-being of your fellow helpers as well, and support each other.

For further information on PFA, please see:
https://www.who.int/publications/i/item/9789241548205

PFA e-Orientation (video series)
https://www.youtube.com/playlist?list=PLtWjmBOuKQBdk734agp5XN09ciQ1c-WfQ

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