

# Integration of Mental Health and Psychosocial Support in Primary Health Care

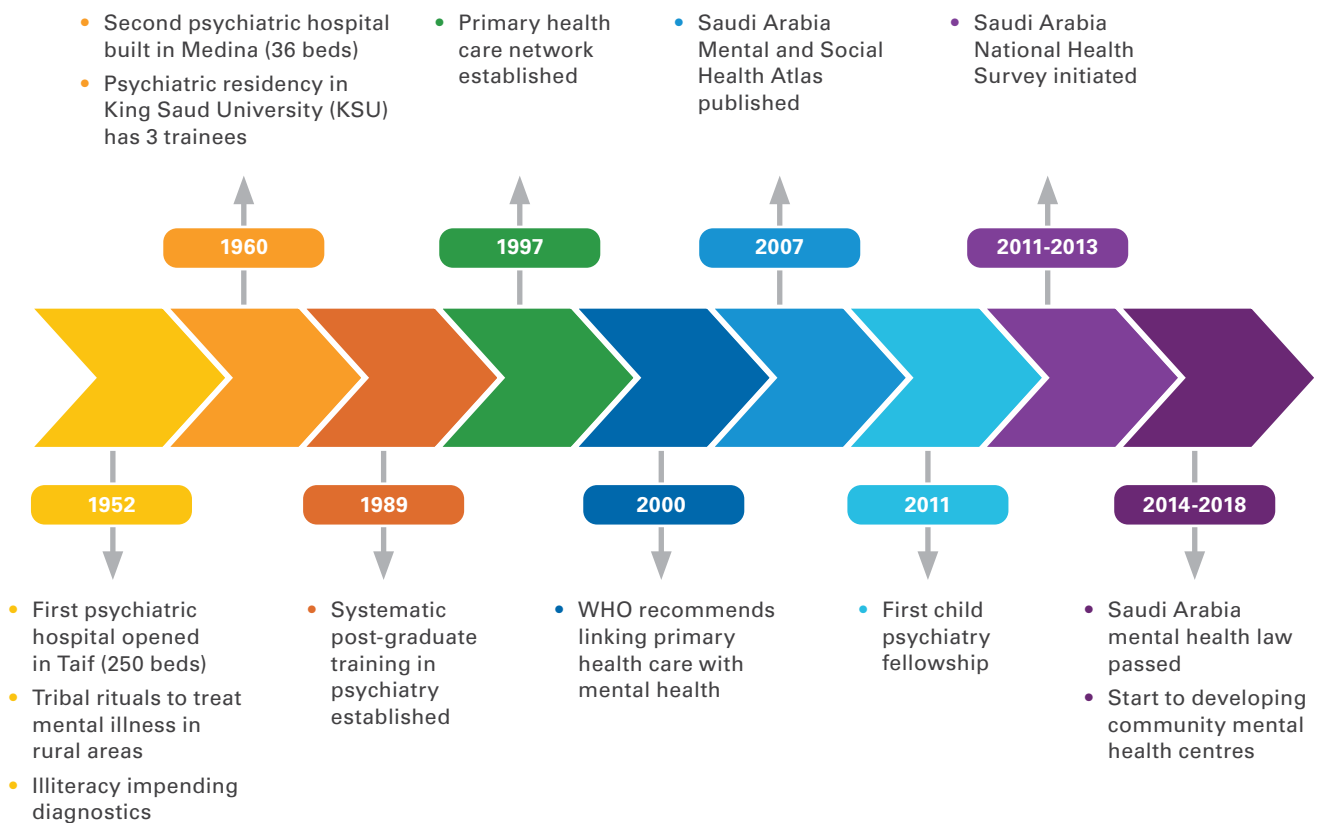
for Children, Adolescents, Pregnant Women and New Mothers in the Middle East and North Africa Region

## 1. Overview of Saudi Arabia

Saudi Arabia is the largest sovereign nation in the Middle East. The country has a total population of 33.4 million, with about 30 per cent of the population below the age of 14 years, and nearly 50 per cent of the population below the age of 24 years (2018). It is a high-income country,

and was ranked 39th in the Human Development Index for its health and education systems (2014). The country spends 4 per cent of its total health care spending on mental health, which is above the global average of 2 per cent.

### Evolution of mental health care in Saudi Arabia, 1952–2018



### 1.1 Children, adolescents, pregnant women and new mothers

Factors impacting poor mental health for children and adolescents:

- Exposure to bullying
- Child maltreatment and abuse
- Diabetes mellitus among children and adolescents
- Increase in social media use, family violence and economic difficulties during COVID-19 pandemic

## 1.2 Overview in numbers

Figures for the prevalence of depression in

**adolescents**  
ranged from  
**14.2% to 42.9%**<sup>1</sup>

The percentage of disability-adjusted life years (DALYs) lost due to mental disorders in Saudi Arabia is

**approximately 9%**<sup>3</sup>

The prevalence of lifetime domestic violence was

**39.3%**  
overall, including  
**17.9%**  
for physical violence,  
**6.9%**  
for sexual  
violence, and  
**35.9%**  
for mental abuse<sup>5</sup>

A 2021 study of 960 adolescent students between the ages of

**12 and 19 years** found that  
**32.4%**  
had moderate  
to severe  
depression<sup>2</sup>

In Saudi Arabia,

the estimated prevalence of  
**mental disorders**  
is approximately  
**14.79%**<sup>4</sup>



## 1.3 Maternal mental health

**Most postnatal care focuses on obstetric aspects and the new infant, and the psychological condition of mother is often overlooked.**

Postpartum depression (PPD) is common. A 2022 study from Eastern University Hospital found that postpartum depression was more likely in:

- Women who lived outside Riyadh
- Women who had given birth more than twice
- Women who had unwanted pregnancies and/or lack family support

1 AlYousefi NA, AlRukban MO, AlMana AM, AlTukhaim TH, AlMeflh BA, AlMutairi YO, AlMogheer OS. Exploring the predictors of depression among Saudi adolescents: Time for urgent firm actions. Saudi Med J. 2021 Jun;42(6):673-681.

2 AlYousefi NA, AlRukban MO, AlMana AM, AlTukhaim TH, AlMeflh BA, AlMutairi YO, AlMogheer OS. Exploring the predictors of depression among Saudi adolescents: Time for urgent firm actions. Saudi Med J. 2021 Jun;42(6):673-681.

3 Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2019 (GBD 2019) Covariates 1980-2019. Seattle, United States of America: Institute for Health Metrics and Evaluation (IHME), 2020.

4 Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2019 (GBD 2019) Covariates 1980-2019. Seattle, United States of America: Institute for Health Metrics and Evaluation (IHME), 2020.

5 Annual report 2018–2019 (no date) UN Women – Headquarters. Available at: <https://www.unwomen.org/en/digital-library/publications/2019/06/annual-report-2018-2019> (Accessed: 11 December 2023).

## 2. Situation analysis of mental health care, services and policies

### Current primary health services and mental health policies in Saudi Arabia:

- Over the last 30 years, Saudi Arabia has seen significant growth in its mental health services, but there is still much room for improvement
- **Systematic service delivery gaps:** The current mental health care model, which includes primary, secondary, and tertiary care, is inconsistent and lacks comprehensive tools, guidelines, and intersectoral communication
- **Unmet needs and low expenditure:** Mental health and psychosocial support (MHPSS) for children and adolescents are underfunded and fragmented, with limited resources and poor coordination between sectors
- **Policy and programme development:** Despite progress since the establishment of a national mental health policy in 2006, there are still significant gaps in outpatient and primary care services, and a need for more robust mechanisms to safeguard patients' rights



### 2.1 Challenges/Barriers to strengthening integration of MHPSS into primary health care

- Current focus on treatment and rehabilitation rather than on prevention and promotion
- Lack of mental health care professionals and limited workforce and time for services and consultation
- Risk of misdiagnosis and inappropriate treatment due to shortage of qualified professionals
- Lack of training, resources and financial planning for programmes and policies for child and adolescent mental health
- Lack of quantitative evidence (for eg. economic cost of primary psychological care) which hinders localization of funding for mental health in PHC
- Lack of standardized protocols (identifying, diagnosing and treating)

**Action is needed to integrate and deliver mental health and psychosocial support for children, adolescents, and mothers through primary health care in Saudi Arabia**



## 3. Recommendations

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There are recommendations to strengthen integration of mental health and psychosocial support for children, adolescents and mothers through primary health care in Saudi Arabia.

### 3.1 Strategic mechanisms

#### Governance and legislation

- Increase awareness (general public and health leaders)
- Invest in sustainable budgets
- Enhance coordination between primary health care and the mental health system
- Prioritize child/adolescent mental health in national policies
- Implement a national mental health act
- Strengthen mental health legislation
- Develop clear clinical guidelines
- Develop a multisectoral child, adolescent and maternal health strategy with clearly defined roles for primary health care
- Increase investment in child and adolescent mental health and determine the costs of implementing MHPSS at the primary health care level
- Strengthen prevention and promotion
- Establish, through the Ministry of Health, a workforce development strategy
- Establish a clear and shared vision for mental health and well-being
- Develop a national framework for mental health coordination and planning

### 3.2 Operational mechanisms

#### Models of care and service delivery

- Prioritize workforce training
- Reduce stigma
- Improve service quality
- Develop clear service delivery planning
- Ensure fair distribution of services
- Implement MHPSS programmes in primary health care
- Improve facility access
- Implement family doctor programme
- Tailor programmes to specific contexts for local populations (cultural, religious, social factors)
- Increase number of facilities for psychiatric paediatric patients



## 4. Looking forward

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- Prioritize mental health awareness, training of primary health care doctors, and allocate separate and sustainable budget for mental health services in primary health care
- Develop evidence-based models and guidelines to ensure better coordination between health, education, social welfare and justice
- Develop a national mental health framework to guide coordination and planning across sectors
- Strengthen collaborative training, a multidisciplinary approach, and continuous education to enhance service quality and accessibility
- Involve community leaders to raise awareness, reduce stigma and advocate for better mental health services



For more information, contact:

**United Nations Children's Fund**

Middle East and North Africa Regional Office

[www.unicef.org](http://www.unicef.org)