WHO-AIMS

WHO-AIMS REPORT ON

MENTAL HEALTH SYSTEM IN OMAN

World Health Organization

MINISTRY OF HEALTH
SULTANATE OF OMAN

WHO-AIMS REPORT ON

MENTAL HEALTH SYSTEM

IN OMAN

A report of the assessment of the mental health system in Oman using the World Health Organization - Assessment Instrument for Mental Health Systems (WHO-AIMS)

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Please refer to *WHO-AIMS* (WHO, 2005) for full information on the development of WHO-AIMS at the following website.
http://www.who.int/mental_health/evidence/WHO-AIMS/en/index.html

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Executive Summary

The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) was used to collect information on the mental health system in Oman. The goal of collecting this information is to improve the mental health system and to provide a baseline for monitoring the change. This will enable Oman to develop information-based mental health plans with clear base-line information and targets. It will also be useful to monitor progress in implementing reform policies, providing community services, and involving users, families and other stakeholders in mental health promotion, prevention, care and rehabilitation .

A mental health policy and plan exist in Oman. The last revision of the mental health plan was in 2005. It includes the following components: 1) reforming the mental hospital to provide more comprehensive care, 2) developing a mental health component in primary health care (PHC), 3) developing human resources in mental health related disciplines, 4) advocacy and promotion, 5) human rights protection of users 6) financing, 7) quality improvement, and 8) monitoring systems. Essential medicines and an essential drug list are available. Currently the Ministry of Health (MOH) is drafting comprehensive mental health legislation and final draft of public health law has been submitted for approval.

The percentage of expenditures on mental health is unknown. In Oman the financing system in MOH does not separate the mental health budget from other health sectors budget (as there is no program budget). All medical services including access to the mental health services and to essential psychotropic medicines, are 100% free to all Omani population.

There are 26 outpatient mental health facilities available in the country, of which 2 are for children and adolescents. In 2006, these facilities treated 386 users per 100,000 general population. Female users make up over 40% of the population in all mental health facilities in the country. The proportion of female users is highest in inpatient and outpatient facilities in general hospitals and lowest in the mental hospital.

The majority of beds in the country are provided by the mental hospital followed by inpatient units in general hospitals. The majority of users are treated in outpatient facilities and in the mental hospital. The percentage of children and adolescents is generally low in all mental health facilities. The distribution of diagnoses varies across facilities: in outpatient facilities neurotic and mood disorders are most common whereas in inpatient facilities and in the mental hospital schizophrenia has the highest prevalence. Psychotropic drugs are most widely available in the mental hospital, followed by outpatient units, and then inpatient mental health facilities. Most of mental health facilities are present in or near large cities. In order to promote equity of access to mental health services, Oman is encouraging the development of community-based psychiatric units and outpatient facilities in each catchment's area throughout the country.

The majority of beds in mental health facilities in the country are provided by the mental hospital (2.88 beds per 100,000 population), followed by community-based

inpatient psychiatric units (1.01 beds per 100,000 population) and forensic units (0.19 beds per 100,000 population). There has been an increase by 23% in the number of the mental hospital beds in the last 5 years.

Nine percent of the training for medical doctors is devoted to mental health, in comparison to seven percent for nurses. Six percent of primary care doctors and three percent of nurses received at least 2 days of refresher training in mental health in 2006. Only doctors can prescribe psychotropic medications in primary care settings.

The total number of human resources working in mental health facilities or private practice per 100,000 population is 14.18. In terms of staffing in mental health facilities, there are 0.27 psychiatrists per bed in community-based psychiatric inpatient units, in comparison to 0.34 psychiatrists per bed in the mental hospital. As for nurses, there are 0.69 nurses per bed in community-based psychiatric inpatient units, in comparison to 1.84 per bed in the mental hospital. The density of psychiatrists in or around the largest city (Muscat) is 2.42 times greater than the density of psychiatrists in the entire country. There are only 67 psychiatrists, 11 assistant psychiatrists, 183 nurses, 12 psychologists and 8 social workers working in or for mental health facilities in Oman. In 2006, 85 general medical doctors, 493 nurses, 1 psychiatrist and 21 nurses specialized in mental health care, and 1 occupational therapist with at least 1 year training in mental health care graduated from various institutions in or outside Oman.

In Oman government agencies, non-governmental organizations (NGOs), professional associations, and international agencies have promoted public education and awareness campaigns in the last five years. Fifty seven percent of primary and secondary schools have either a part-time or a full-time health professional. Regarding mental health activities in criminal justice system, there is a permanent psychiatrist working at this facility. All prisoners are briefly reviewed by the psychiatrist at least once per month.

A defined list of individual data is collected by the directorate general of planning (information and statistical department) of the Ministry of Health. All the facilities had transmitted their data to this department during the last year. Of all health related research, 4% is conducted on mental health.

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Introduction

Background

Sultanate of Oman is located in the south eastern corner of the Arabian Peninsula. It is with an approximate geographical area of 309,500 square kilometres and a population of 2.577 million people (Ministry of Health, 2006). The main language used in the country is Arabic. The largest ethnic group is Arab, and the other ethnic groups are Baluchi, South Asian and African. The largest religious group is Muslim. The country is an upper middle income group country based on World Bank 2006 criteria.

Roughly thirty seven percent of the population is under the age of 15 years and 3.6 % of the population is above the age of 60 (MOH, 2006). The literacy rate is 81.4% for adults (older than 15 years) and 97.3% for youth (15-24 years) (UN Human Development Report 2006). Twenty-eight percent of the population is rural (UN Human Development Report 2006). The life expectancy at birth is 73.18 years for males and 75.43 years for females (MOH, 2006). The healthy life expectancy at birth is 63 years for males and 65 years for females (WHO, 2004).

The proportion of health budget to GDP is 4.7% (MOH, 2006). The total per capita expenditure on health is $ 295 USD and the per capita government expenditure on health is $ 240 USD (WHO (2007).

Health System Infrastructure

The Health services in the Sultanate of Oman have developed tremendously over the past years. During early 1970, there were only 2 hospitals with 12 beds and 10 clinics and by 2006, the Ministry of Health (MOH) was running 49 hospitals. The total number of health centers is 150; of which 67 are equipped with beds (a total of 144 beds). In addition there are 19 extended health centers run by the Ministry of Health.

Oman is witnessing a shift in its main health problems from communicable diseases to health problems related to changes in life style and changes in population structure manifested in non-communicable diseases. Thus, in its five-year health development plan, the Ministry of Health has therefore emphasized the development of secondary and tertiary care in order to meet the future needs of the management of such health problems. There are currently a total of 4,549 hospital beds; 194 hospital beds per 100,000 general population and 1.16 general practitioners per 100,000 general population. Roughly three percent of all hospital beds are in the private sector.

The MOH provides health services to all the people of Oman through its health institutions and has attempted to strengthen health services outside Muscat Governorate. Therefore an umbrella of health services was established to cover the entire Sultanate. There is a “Regional Hospital” in each health region that provides secondary care (tertiary in some) for the people in its catchment area. This is in addition to “wilayat hospitals,” “local hospitals,” and health centers in each health region.

Ministry of Health is the main health care provider in the Sultanate. In addition the Ministry of Defense, Royal Oman Police (ROP), Petroleum Development Oman (PDO) and Sultan Qaboos University (SQU) also provide health care mainly for their

employees and dependents. The University Hospital also provides both secondary and tertiary care for the general population.

In terms of primary care, there are 567 physician-based primary health care (PHC) clinics in the country (194 in the public sector and 373 in the private) while non-physician based primary health care clinics are not applicable in Oman.

Data was collected in 2007 and is based on the year 2006.

Domain One: Policy and Legislative Framework

Policy, plans, and legislation

Oman's mental health policy was last revised in 1992 and includes the following components: 1) developing community mental health services, 2) developing a mental health component in primary health care, 3) human resources, 4) involvement of users and families, 5) advocacy and promotion, 6) human rights protection of users, 7) equity of access to mental health services across different groups, 8) financing, 9) quality improvement and 10) monitoring system.

In addition, all the essential psychotropic medicines, which are listed by WHO, are available in Oman. These medicines include antipsychotic, antidepressants, anxiolytics, mood stabilizer and antiepileptic drugs.

The last revision of the mental health plan was in 2005. This plan contains the following components: reforming the mental hospital to provide more comprehensive care; developing a mental health component in primary care; human resources; human rights protection of users, mental health advocacy and promotion; equity of access to mental health services across different groups; financing; quality improvement and monitoring system. In addition, a budget, timeframe, and specific goals are identified.

Currently the MOH is drafting comprehensive mental health legislation and the final draft of public health legislation has been submitted for approval. The latter law will provide for and cover certain basic and minimum standards related to mental health issues. Until 2007, there was no emergency/disaster preparedness plan for mental health in Oman.

Financing of mental health services

The percentage of expenditures on mental health, and consequently the percentage for the mental hospital is unknown. In Oman the financing system in MOH does not separate the mental health budget from other health sectors budget (as there is no program budget). Since the mental hospital is part of MOH, its operational annual budget is known to be USD $ 5550000 in 2006. This budget has not included medications (which are supplied centrally).
In terms of affordability of mental health services, all medical services including access to the mental health services and to essential psychotropic medicines, are 100% free to all Omani population.

Human rights policies

A national human rights review body does not exist. However, the mental hospital in Oman has had at least one day review/inspection of human rights protection of patients in the last two years, and 1 of the 2 psychiatric inpatient units had such a review. In terms of training, all of the mental hospital staff and 50% of psychiatric inpatient units staff have had at least one day training, meeting, or other type of working session on human rights in the year of assessment.

Domain 2: Mental Health Services

Organization of mental health services

The Mental Health and Drug Abuse Section within the Non-Communicable Diseases Department acts as a national mental health authority which provides advice to the government on mental health policies and legislation. This authority is also involved in (a) service planning, (b) service management and co-ordination, and (c) monitoring and quality assessment of mental health services. Mental health services are organized in terms of catchment areas. There are no mental health facilities in some areas. However, residents in those areas have access to services in adjoining regions.

Mental health outpatient facilities

There are 26 outpatient mental health facilities available in the country, of which 2 are for children and adolescents only. In 2006, these facilities treated 9,901 users (386 users per 100,000 general population). Of all users treated in mental health outpatient facilities, 45% are female and 8% are children or adolescents. The users treated in outpatient facilities are primarily diagnosed with neurotic, stress-related and somatoform disorders (28%) and mood (affective) disorders (24%).

The average number of contacts per user is 5.95. No outpatient facility provides follow-up care in the community, and there are no mental health mobile teams. In terms of available interventions, a few (1-20%) users received one or more psychosocial interventions in 2006. All mental health outpatient facilities had at last one psychotropic medicine of each therapeutic class (anti-psychotic, antidepressant, mood stabilizer, anxiolytics, and antiepileptic medicines) available in the facility or in a near-by pharmacy all year round.

Day treatment facilities

There are no day treatment facilities available in the country. The need for such facility is felt and it is hoped that this activity will be addressed in the next five year MOH health plan.

Community-based psychiatric inpatient units

There are two community-based psychiatric inpatient units available in the country for a total of 1.01 beds per 100,000 population. None of these beds are reserved for children and adolescents only. A total of 48% of admissions to community-based psychiatric inpatient units are female and 15% of admissions are children/adolescents. The diagnoses of admissions to community-based psychiatric inpatient units were primarily from the following two diagnostic groups: schizophrenia (35%) and mood (affective) disorders (20%). On average patients spend 9 days per discharge. Some patients (21-50%) in community-based psychiatric inpatient units received one or more psychosocial interventions in the last year. All community-based psychiatric inpatient units had at least one psychotropic medicine of each therapeutic class (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic medicines) available in the facility.

Community residential facilities

There are no community residential facilities for patients with mental disorders in Oman. Possible reasons for this include stigma related to mental illness, lack of trained working personnel and lack of funding.

The Mental hospital

There is only one mental hospital in Oman (Ibn Sina Hospital) which is located in the capital Muscat, with a total of 2.88 beds per 100,000 population. This facility is organizationally integrated with mental health outpatient facilities. None of the beds in the mental hospital are reserved for children and adolescents only. The number of beds has increased by 23% in the last five years. The patients admitted to the mental hospital belong primarily to the following two diagnostic groups: schizophrenia, schizotypal and delusional disorders (50%) and mood (affective) disorders (20%). In 2006, 837 (32.61 per 100,000 population) patients were admitted in the mental hospital, of which 32% of users were female The average length of stay was 27.24 days in the mental hospital. Nearly eighty percent of patients spend less than one year, 5% of patients spend 1-4 years, 3% of patients spend 5-10 years, and 14% of patients spend more than 10 years in the mental hospital. Some patients (21-50%) in the mental hospital received one or more psychosocial interventions in 2006. The mental hospital had at least one psychotropic medicines of each therapeutic class (anti-psychotic, antidepressant, mood stabilizer, anxiolytics, and antiepileptic medicines) available in the facility.

Forensic and other residential facilities

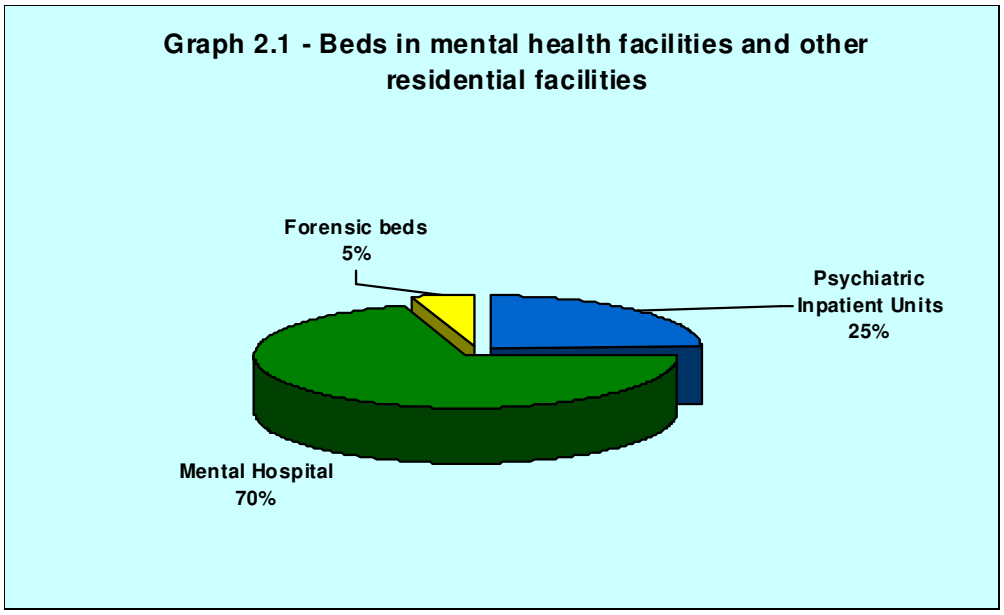
In addition to beds in mental health facilities, there are also 5 beds for persons with mental disorders in forensic inpatient. There is no forensic inpatient unit available in the country, but there are 5 beds (3 beds in the mental hospital and 2 beds in the prison) for forensic patients (0.19 beds per 100,000 population). Eleven percent of patients spend less than one year, fourteen percent of patients spend 1-4 years, 42% of patients spend 5-10 years, and 25% of patients spend more than 10 years.

In addition, under the Ministry of Social Affairs, there are 2 residential facilities with a total of 84 beds for people with multiple physical and mental disabilities; one of which is specifically for children aged 14 years and younger (24 beds). There is no residential facility specifically for people with mental retardation, but there is a school for mentally retarded children under the Ministry of Education. It consists of 30 classrooms, with a capacity of 200 students

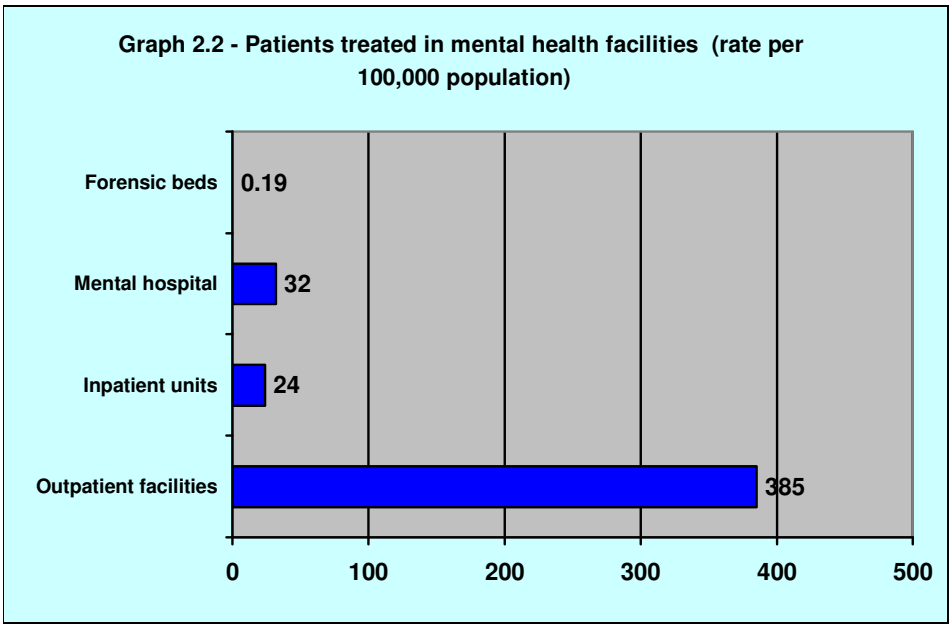
Human rights and equity

There were no involuntary admissions to community-based inpatient psychiatric units. However, 50% of admissions to the mental hospital in 2006 were involuntary. Between 2-5 percent of patients were restrained or secluded at least once within 2006 in the mental hospital while the number of patients who were restrained or secluded within 2006 in community-based psychiatric inpatient units was unknown. The majority of psychiatric beds in the country are located in or near the largest city (Muscat). The density of psychiatric beds in or around Muscat is 3.57 times greater than the density of beds in the entire country. Such a distribution of beds prevents access for rural users in the rest of regions. Inequity of access to mental health services for other minority users (e.g., linguistic, ethnic, religious minorities) is not an issue in the country as access to the medical care is universal in the country.

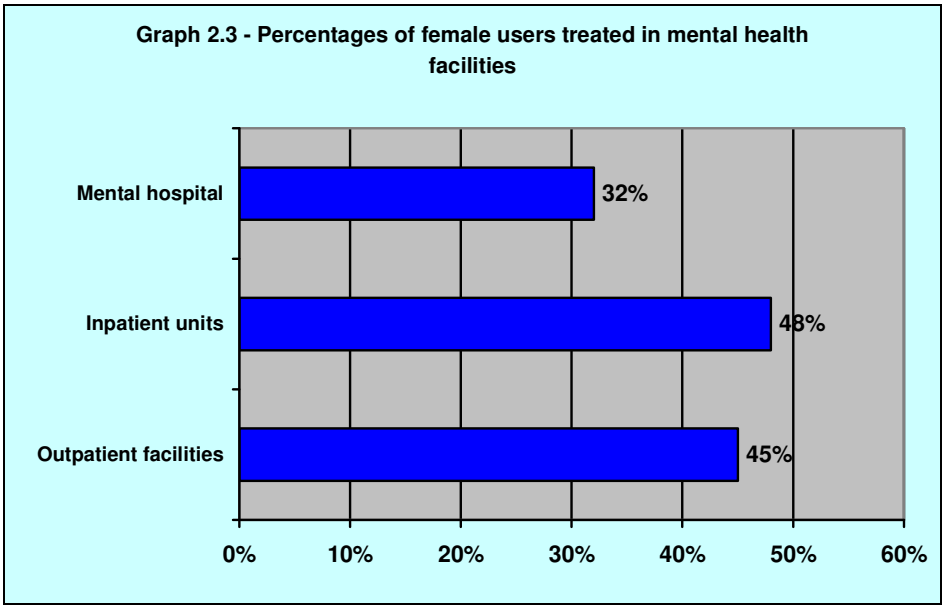
Summary Charts



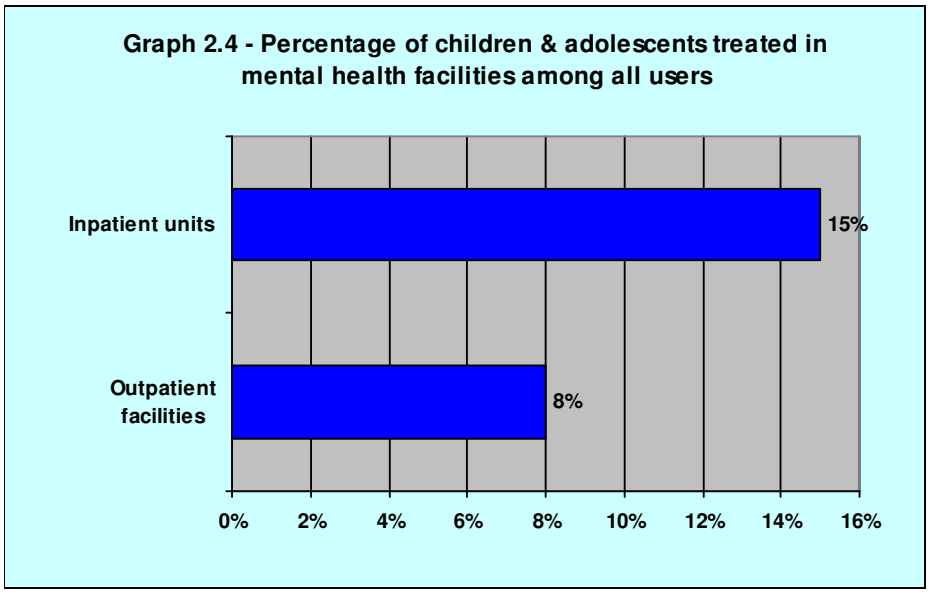
The majority of beds in the country are provided by the mental hospital, followed by community based inpatient units. However, other residential facilities that formally are not mental health facilities but where, nevertheless, the majority of the people residing in the facilities have diagnosable mental retardation provide 84 (3.27 per 100,000 general population) additional beds.



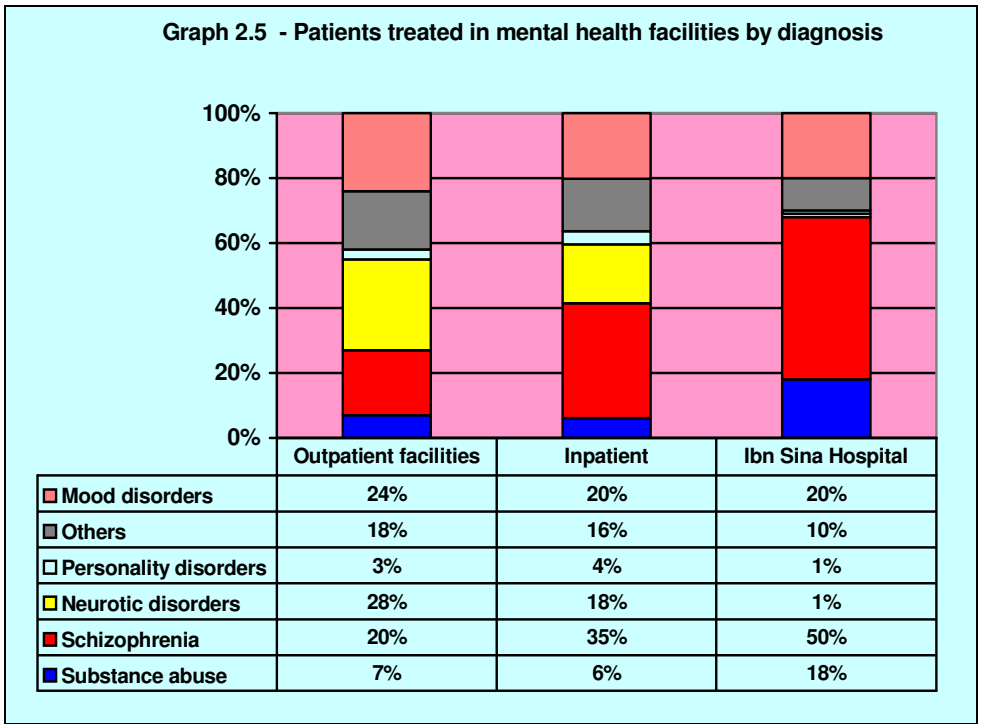
The majority of the users are treated in outpatient facilities and in the mental hospital, while the rate of users treated in inpatient units and forensic units is lower.



On average, female users make up over 40% of the population in all mental health facilities in the country. The proportion of female users is highest in inpatient units and outpatient facilities and lowest in the mental hospital facilities.

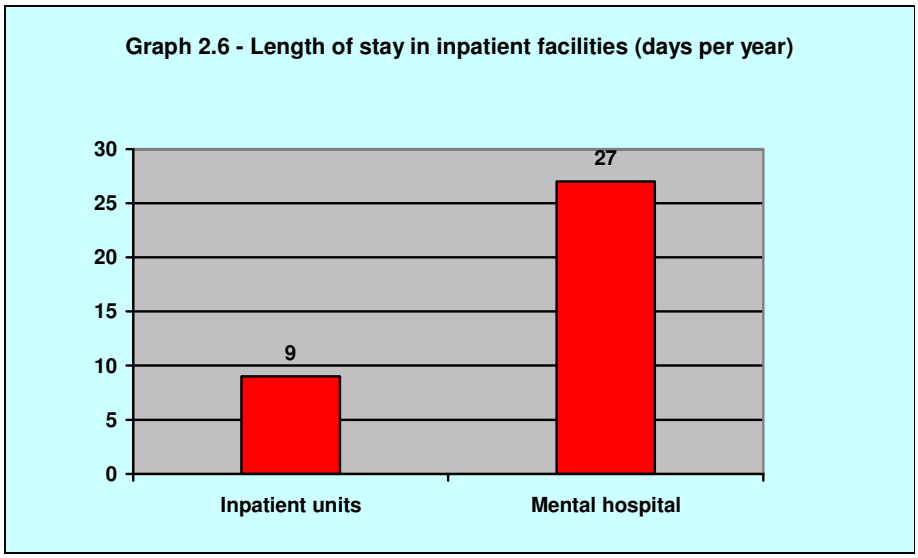


The percentage of users that are children and/or adolescents varies substantially from facility to facility. The proportion of children users is highest in mental health inpatient facilities and lowest in outpatient facilities.

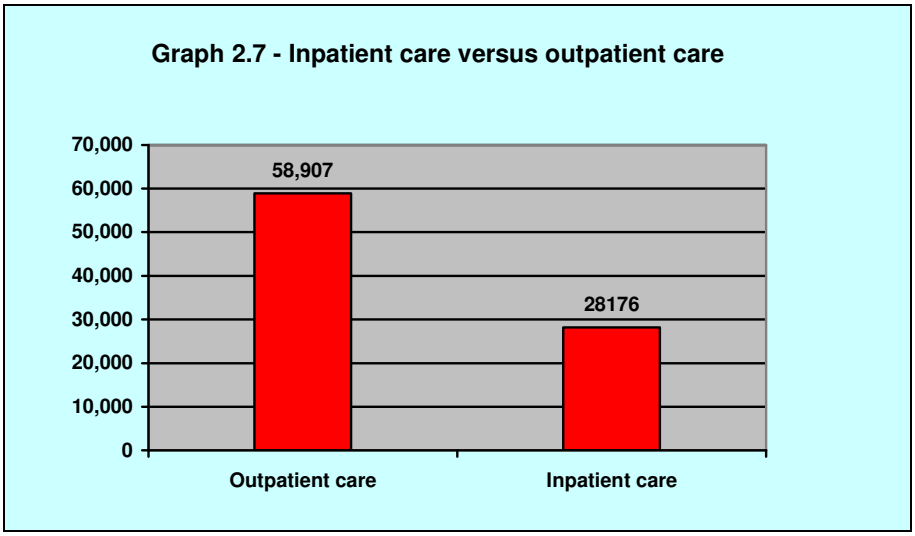


	Outpatient facilities	Inpatient	Ibn Sina Hospital
Mood disorders	24%	20%	20%
Others	18%	16%	10%
Personality disorders	3%	4%	1%
Neurotic disorders	28%	18%	1%
Schizophrenia	20%	35%	50%
Substance abuse	7%	6%	18%

The distribution of diagnoses varies across facilities: in outpatients facilities neurotic disorders and affective disorders are most prevalent, while in both in-inpatient units and in the mental hospital schizophrenia and affective disorders diagnoses are most frequent.



The longest length of stay for users is in the mental hospitals and then in community-based psychiatric inpatient units.

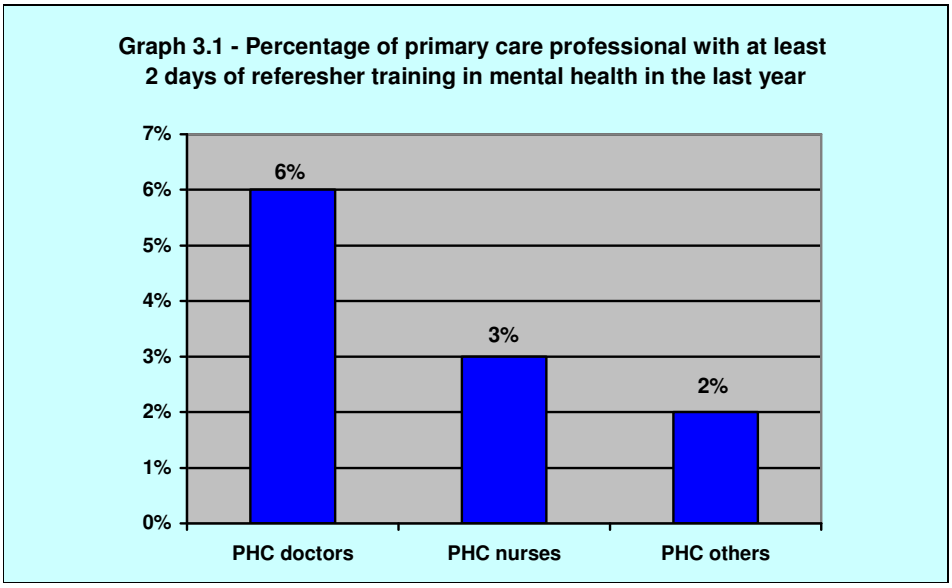


The ratio between outpatient contacts and days spent in all the inpatient facilities (The mental hospital, residential facilities and general hospital units) is an indicator of extent of community care: in this country the ratio is 2:1.

Domain 3: Mental Health in Primary Health Care

Training in mental health care for primary care staff

Nine percent of the training for medical doctors is devoted to mental health, in comparison to 7% for nurses. There is no estimate for non-doctor/non-nurse primary health care worker training. In terms of refresher training, 6% of primary health care doctors have received at least two days of refresher training in mental health, while 3% of nurses and 2% of non-doctor/non-nurse primary health care workers have received such training.



Mental health in primary health care

All primary health care (PHC) clinics are physicians based and all or almost all (81-100%) of physician-based PHC clinics have assessment and treatment protocols available for key mental health conditions. Some (21-50%) physician-based PHC clinics make an average of at least one referral to a mental health professional per month. As for professional interaction between PHC staff and other care providers, some (21-50%) primary care doctors have interacted with a mental health professional at least once in the last year. None of the PHC facilities (physician-based and non-physician-based) or mental health facilities have had interactions with complimentary/ alternative/ traditional practitioners.

Patients, especially from rural areas, often go to traditional and religious healers before or after seeking medical advice from the health system. This trend is difficult to study especially with regards to patients who use the health system in parallel with traditional ways.

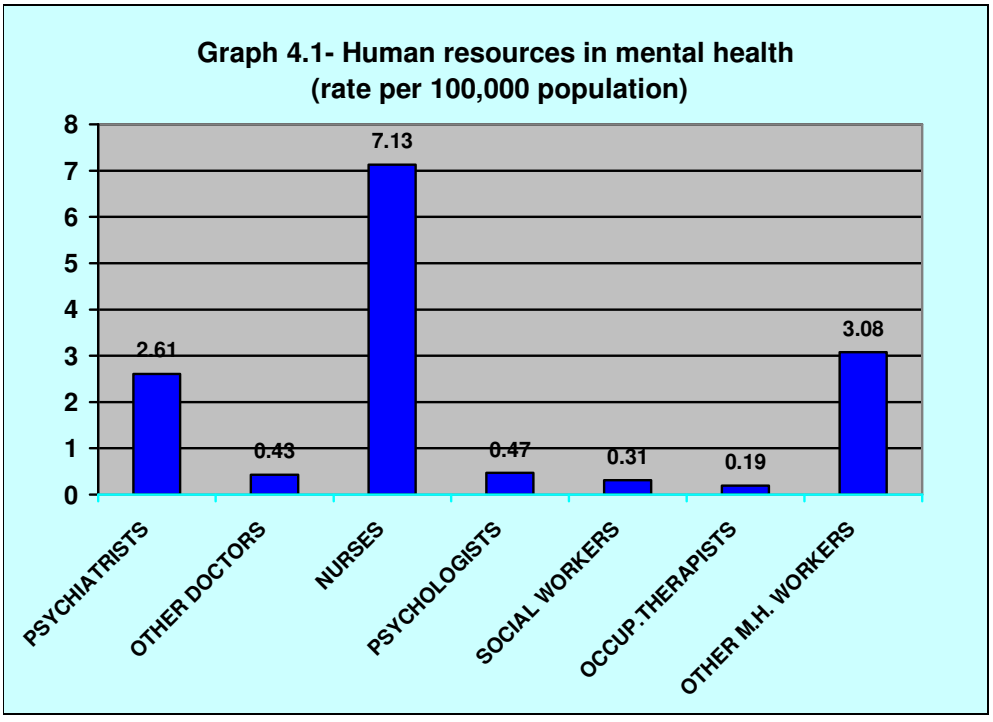
Prescription in primary health care

Nurses and non-doctor/non-nurse primary care workers are not allowed to prescribe psychotropic medications in any circumstance. Primary health care doctors are allowed to prescribe psychotropic medications but with restrictions. The primary health care doctors are only allowed to prescribe tricyclic antidepressants (amitryptyline), chlorpromazine and carbamazepine As for availability of psychotropic medicines, a majority (51-80%) of physician-based PHC clinics have at least one psychotropic medicines of each therapeutic category (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic) in comparison to none of the non-physician based PHC clinics.

Domain 4: Human Resources

Number of human resources in mental health care

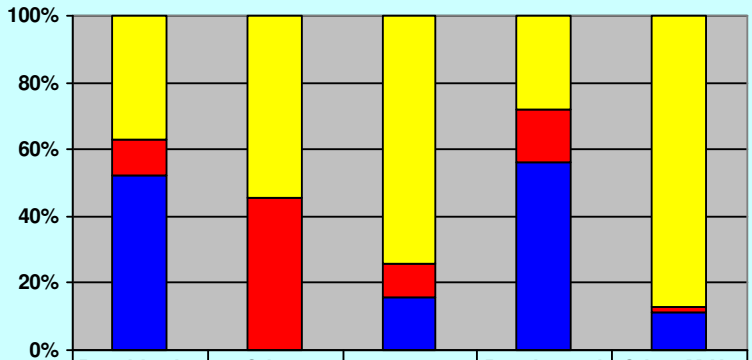
The total number of human resources working in mental health facilities or private practice per 100,000 population is 14.18. The breakdown according to profession is as follows: 67 psychiatrists (2.61 per 100,000 general population), 11 other medical doctors (not specialized in psychiatry) (0.43 per 100,000 general population), 183 nurses (7.13 per 100,000 general population), 12 psychologists (0.47 per 100,000 general population), 8 social workers (0.31 per 100,000 general population), 5 occupational therapists (0.19 per 100,000 general population) and 79 other health or mental health workers (including auxiliary staff, non-doctor/non-physician primary health care workers, health assistants, medical assistants, professional and paraprofessional psychosocial counselors) (3.08 per 100,000 general population). See graph 4.1.



The majority of psychiatrists (87%) work only for government administered mental health facilities, 3% work for private practice, while 10% work for both the sectors. Ninety-eight percent of psychologists, social workers, nurses and occupational therapists work only for government administered mental health facilities, 2% work only for private practice, and no psychologists, social workers, nurses or occupational therapists working for both the sectors.

Regarding the workplace, 35 psychiatrists work in outpatient facilities, 7 work in community-based psychiatric inpatient units and 25 in the mental hospital. Eleven other medical doctors, not specialized in mental health, work in both inpatient facilities and in the mental hospital. As for nurses, 29 work in outpatient facilities, 18 in community-based psychiatric inpatient units, and 136 work in the mental hospital. Fourteen psychosocial staff (psychologists, social workers and occupational therapists) work in outpatient facilities, 4 in community-based psychiatric inpatient units and 7 in the mental hospital. As regards to other health or mental health workers 9 work in outpatient facilities, 1 in community-based psychiatric inpatient units and 69 work in the mental hospital.

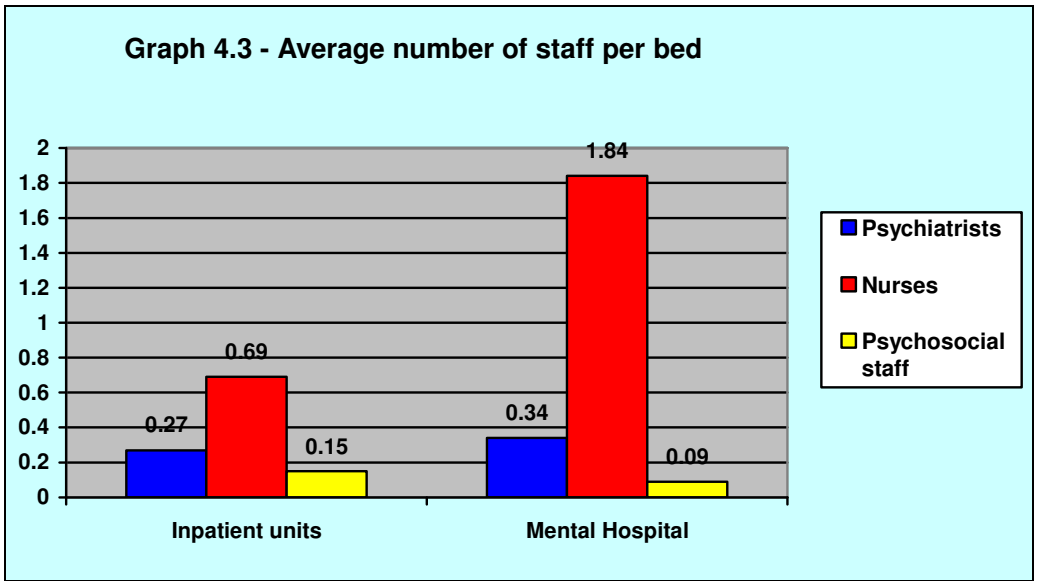
Graph 4.2 - Staff working in mental health facilities (percentage in the graph, number in the table)



	Psychiatrists	Other doctors	Nurses	Psychosocial staff	Other M.H. workers
Mental Hospital	25	6	136	7	69
Inpatient units	7	5	18	4	1
Outpatient facilities	35	0	29	14	9

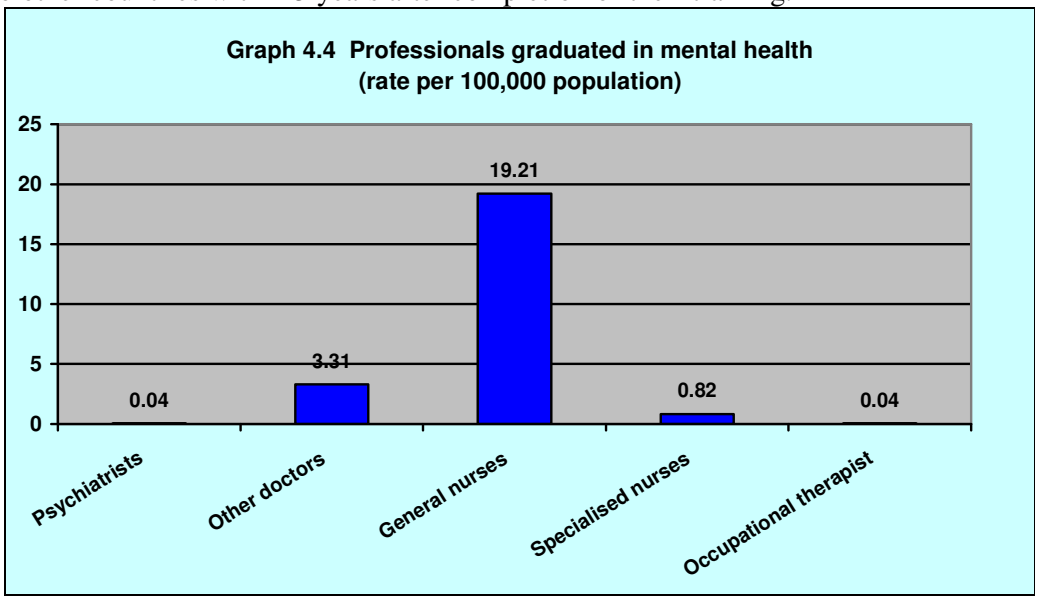
In terms of staffing in mental health facilities, there are 0.27 psychiatrists per bed in community-based psychiatric inpatient units, in comparison to 0.34 psychiatrists per bed in the mental hospital. As for nurses, there are 0.69 nurses per bed in community-based psychiatric inpatient units, in comparison to 1.84 per bed in the mental hospital. Finally, for other mental health care staff (e.g., psychologists, social workers, occupational therapists, other health or mental health workers), there are 0.19 per bed for community-based psychiatric inpatient units, and 1.02 per bed in the mental hospital.

The distribution of human resources between urban and rural areas is disproportionate. The density of psychiatrists in or around the largest city is 2.42 times greater than the density of psychiatrists in the entire country. The density of nurses is 3.42 times greater in the largest city (Muscat) than in the entire country.

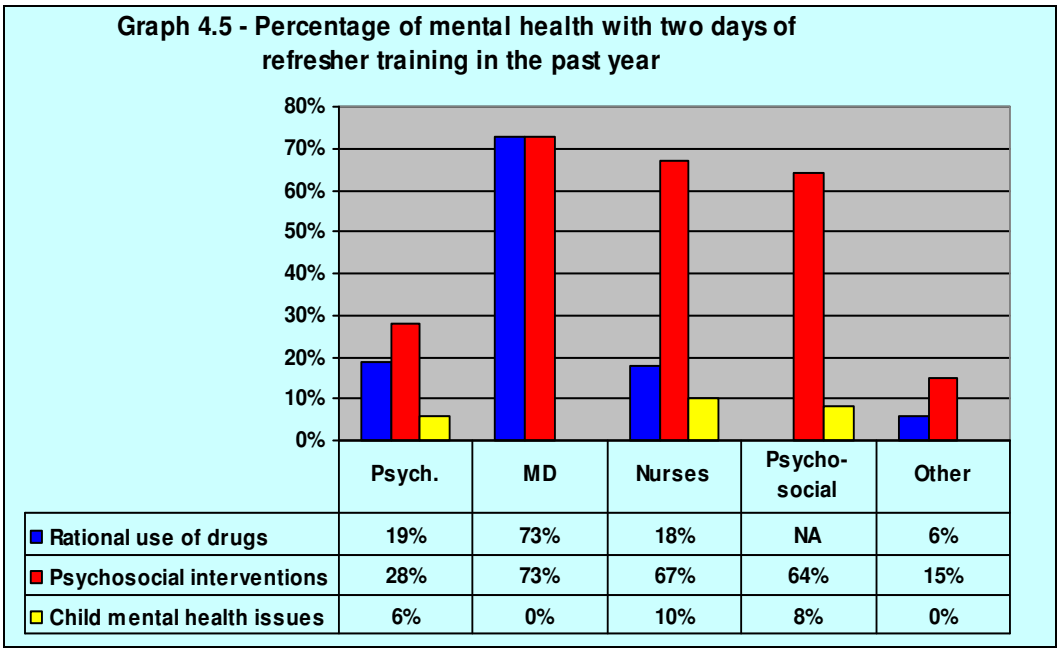


Training professionals in mental health

The number of professionals who graduated last year from academic and educational institutions is as follows: 1 psychiatrist (0.04 per 100,000), 85 other medical doctors (3.31 per 100,000), 493 general nurses (not specialized in psychiatry) (19.21 per 100,000), 21 specialised nurses with at least 1 year training in mental health care (0.82 per 100,000), and 1 occupational therapist with at least 1 year training in mental healthcare (0.04 per 100,000). See graph 4.4. None of the psychiatrists have emigrated to other countries within 5 years after completion of their training.



Graph 4.5 shows the percentage of mental health care staff with at least two days of refresher training in the rational use of drugs, psychosocial interventions, and child/adolescent mental health issues.



	Psych.	MD	Nurses	Psycho-social	Other
Rational use of drugs	19%	73%	18%	NA	6%
Psychosocial interventions	28%	73%	67%	64%	15%
Child mental health issues	6%	0%	10%	8%	0%

Psych = psychiatrists; MD =other medical doctors not specialized in psychiatry; psychosocial = psychologists, social workers, and occupational therapists. Others = other health and mental health

Consumer and family associations

There is very limited information about consumer and family associations in Oman. While there is no interaction between mental health facilities and consumer associations, a few (less than 20%) mental health facilities have had interaction with family associations in the last year. There are five family associations involved in community and individual assistance activities. It is unknown if there are any consumer or other NGOs in the country involved in individual assistance activities

Domain 5: Public Education and links with other Sectors

Public education and awareness campaigns on mental health

The Ministry of Health acts as a coordinating body that oversees public education and awareness campaigns in mental health and mental disorders. However, other government ministries and NGOs have also promoted public education and awareness campaigns. These campaigns have targeted the following groups: the general population, children, adolescents, and women. In addition, there have been public education and awareness campaigns targeting professional groups including health care providers, teachers, and social services staff.

Legislative and financial provisions for persons with mental disorders

At the present time, there is no legislative or financial support for the following: legal obligations for employers to hire a certain proportion of employees that are disabled; protection from discrimination (dismissal, lower wages) solely on account of mental disorder; or protection from discrimination in allocation of housing for people with severe mental disorders. However, there are legislative or financial provisions concerning priority in state housing and in subsidized housing schemes for people with severe mental disorders. Further, based on certain criteria, financial support is provided for physically handicapped and mentally retarded people with associated physical disability through the ministry of social development.

Links with other sectors

There are formal collaborations with the health agencies/departments responsible for: 1) primary healthcare, 2) family and community health, 3) HIV/AIDS, 4) reproductive health, 5) child and adolescent health, 6) substance abuse, 7) education, 8) welfare, and 9) criminal justice system.

In terms of support for child and adolescent health, a psychosocial care system in schools has been established. Fifty seven percent of the primary and secondary schools have either a part-time or full-time mental health professional (social adviser), and all or almost all of primary and secondary schools have school-based activities to promote mental health and prevent mental disorders. The existence of psychosocial care is one of the criteria for assessment of schools by the Ministry of Education.

Regarding mental health activities in the criminal justice system, there is a permanent psychiatrist working at this facility. The percentage of prisoners with psychosis is about 2-5%, while the corresponding percentage for mental retardation is less than 2%. All prisoners are briefly reviewed by the psychiatrist, inside the prison, at least once per month.

As for training, a few police officers (1-20%) and few judges and lawyers (1-20%) have participated in educational activities on mental health in the last 5 years.

In terms of financial support for users, none of the mental health facilities provide paid employment opportunities outside their institutions. Finally, 31% of people who receive social welfare benefits from the Ministry of Social Development do so for a mental disability (mental retardation with apparent severe physical disability).

Domain 6: Monitoring and Research

A formally defined list of individual data items that ought to be collected by all mental health facilities exists. As shown in table 6.1, the extent of data collection is consistent among mental health facilities: 100% in the mental hospital, 100% in community based inpatient units and 100% in outpatient facilities.

The Directorate General of Planning (Information and Statistical Department) of the Ministry of Health has received data, on monthly basis, from all mental health facilities. However, no report on mental health was published on the transmitted data.

In terms of research, there were 256 health publications written about Oman in the last five years (2001-2006) - indexed on PubMed. Among these only 14 publications (5%) were on the subject of mental health.

In the last five years, mental health research in Oman has focused on the following topics: 1) epidemiological studies in community and clinical samples, 2) non epidemiological clinical/questionnaires assessments of mental disorders, 3) biology and genetics, 4) services research, 5) policy, 6) programmes, 7) financing/economics, 8) psychosocial interventions/ psychotherapeutic interventions, and 9) pharmacological, surgical, and electroconvulsive interventions.

Table 6.1 - Percentage of mental health facilities collecting and compiling data by type of information

	Mental Hospital	Inpatient Units	Outpatient Facilities
N° of beds	100%	100%	----------
N° inpatient admissions/ users treated in outpatient facilities	100%	100%	100%
N° of days spent/user contacts in outpatient facilities.	100%	100%	100%
N° of involuntary admissions	UN	UN	----------
N° of users restrained	UN	UN	----------
Diagnoses	100%	100%	100%

Strengths and Weaknesses of the Mental Health System in Oman

Based on the assessment we can summarize the strengths of the mental health system in Oman as following:

- Mental health services are provided through primary, secondary and tertiary health care institutes.
- All mental health services at 3 different health care levels are free to all Omani people.
- Majority (51-80%) of physician-based PHC clinics have at least one of the essential psychotropic medicines (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic).
- A national mental health policy, programme and plan are present and the mental health plan is updated every 5 years.
- Efforts have been made towards integrating mental health services into primary health care, which helps to reduce stigma and improve access to mental health services
- The mental health program had a very good inter-sectoral collaboration with other relevant authorities (e.g. Ministry of Education, Ministry of Social Development, Sultan Qaboos University, criminal justice, etc).
- A mental health information database is currently being developed for all mental health facilities.

Substance abuse was not addressed in the assessment. However, an additional strength of the mental health system in Oman is:

- The national authority has given high concern to the issue of drug abuse. A narcotics and psychotropics control law has been present since 1999 and a national plan for narcotics and psychotropic substances control exists and is updated. There is also, the National Committee for Narcotics and Psychotropic Substances Affairs. This committee has an executive office, which is the technical and administrative body for the implementation of the resolutions of the national committee. It is also the center for the analysis of drug abuse data through its national drug abuse registry that collects data by notification processes from all mental health institutions.

The weaknesses revealed by the assessment include the following:

- The national mental health policy was formulated in 1992 and it has not been updated.
- There was no national consultative committee until 2007.
- There is no national mental health legislation to protect human rights of patients. At present time, legislation is in progress and it is expected to be enforced in 2008-2009.
- There is a limited amount of training provided to primary care staff. Only 6% of PHC doctors and 3% of PHC nurses receive at least two days of refresher training in mental health, and in particular, on the rationale use of drugs.
- The mental health system has no day treatment facilities. Such facilities are needed in Oman and will hopefully be addressed in the next five-year health plan put forward by the Ministry of Health.

- Although the current information health system has provided some useful indicators, its scope could be widened to include socio-demographic aspects of the users of mental health services.
- Psychosocial interventions were provided only for a few patients in outpatient mental health facilities in 2006.

Next Steps for strengthening the Mental Health System in Oman

Domain 1: Policy and Legislative Framework.

- Update the national mental health policy.
- Establish comprehensive mental health legislation that protects and promotes the human rights of people with mental disorders.
- Develop a disaster mental health programme.

Domain 2: Mental Health Services

- Create and strengthen the community mental health facilities.
- Create a rehabilitation center for alcohol and drug addicts.
- Establish forensic facilities and services.

Domain 3: Mental Health in Primary Health Care

- Increase and continue training on essential mental health care issues for primary care staff.
- Encourage the integration of mental health services into primary health care.
- Provide all types of essential psychotropic medicines to all primary health care clinics.

Domain 4: Human Resources

- Increase the number of human resources and psychosocial staff (e.g., social workers, psychologists, etc.).
- Establish an appropriate refresher training scheme for mental health professionals with regards to different mental health issues.
- Encourage the formation of consumer and family associations.

Domain 5: Public Education and links with other Sectors

- Increase linkages between the mental health system and other key sectors which support and promote mental health (e.g. Ministry of Social Development, Ministry of Education and the sector responsible for HIV, etc).
- Encourage the contribution of NGO's in promoting mental health issues and developing prevention programmes.

Domain 6: Monitoring and Research

- Improve the mental heath information system.
- Encourage/support research in the field of mental health.

The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) was used to collect information on the mental health system in Oman. The goal of collecting this information is to improve the mental health system and to provide a baseline for monitoring the change.

The results of the assessment illustrate positive areas of the mental health system as well as gaps that need to be studied and addressed.

The mental health plan of Oman was last revised in 2005 in which both a budget and timeframe are identified and the plan has been significantly implemented. All medical services including access to the mental health services and to essential psychotropic medicines, are 100% free to all Omani population.

The network of mental health facilities in Oman consists of one mental hospital, 26 mental health outpatient clinics and 2 community-based inpatient units. Most resources for mental health are concentrated in the capital city of Muscat. These facilities offer free access to services and free essential psychotropic medications to almost 100% of the Omani population.

The total number of human resources working in mental health facilities or private practice per 100,000 populations is 14.18. The breakdown according to profession is as follows: 67 psychiatrist, 11 other medical doctors (not specialized in psychiatry), 183 nurses, 12 psychologists, 8 social workers, 5 occupational therapists and 79 other health or mental health workers

The report also includes recommendations on how to improve the mental health system in Oman.