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Short communication

Developing a gender sensitive women's mental health service in Qatar: A rewarding challenge

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ABSTRACT

Investigations into gender differences in the epidemiology of common mental disorders have highlighted the fundamental role of socio-economic factors as the key determinants in experiencing mental ill health and access to treatment. Women are almost always at a socio-economic disadvantage across cultures throughout the world and as a result experience mental health inequality. This disparity in control over their socio-economic determinants is even more stark in the Middle Eastern and North African region. This region has additionally also cultural and legal conditions that make women empowerment and access to health difficult. Qatar launched an ambitious National Health Strategic program and identified women's mental health as a priority. This paper describes the development of a gender aware mental health service in Qatar, first of its kind in the region. It describes the challenges that exist in the region when attempting to develop such a service and some challenges that are unique to Qatar. This paper sets out a template of important principles that will be valuable for countries in the MENA region and beyond to develop evidence-based gender aware service that focuses on female empowerment and better mental health outcomes.

1. Background

Epidemiological data from across the world have reiterated that there exists a gender-based difference in mental health morbidity between men and women (Kessler et al., 1995; Leibenluft, 1999). From a summary of evidence in an epidemiological review by, Weissman and Klerman (1977) showing higher prevalence of mood and anxiety disorders among women, these findings have been replicated by subsequent community based epidemiological studies over the subsequent decades (Weissman et al., 1996; Kessler et al., 2005; Piccinelli and Gomez Homen, 1997).

However, studies conducted in societies or groups with socially homogenous gender roles and empowerment did not always support these findings (Egeland and Hostetter, 1983; Jenkins, 1985; Loewenthal et al., 1995). More specifically, these studies underlined the role of social factors underpinning these differences rather than the traditionally understood genetic basis (Parker and Brotchie, 2010). Over time, accumulating evidence for a social model as the variable that explains gender differences came to be seen as the only viable framework within which the evidence could be properly examined (Pan American Health Organization, 1995; World Health Organization, 1998).

It has been increasingly recognized that gender determines how the individual will interact with, have access to and have control over the socio-environmental determinants of mental health with the women universally having less control and access (WHO, 2000). The social position of women and their economic condition tends to be different from men and varies across the countries and has been shown to impact mental health (WHO, 2000). States economic policies and access to resources including those of health vary according to gender and most countries have their Gender Development Indices (GDI) lower for women than men (United Nations Women white paper 2018).

Rather ironically, this gendered difference starts right from the research into this very topic and it was not till 1990 that women were mandated to be included in clinical trials (Mastroianni et al., 1994).

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2. Gender and mental health in the Arab world

The gender differences in psychiatric morbidity have been replicated in the Middle Eastern and North African (MENA) region and depression has been cited as a leading cause of illness in this region (Middle East and North Africa Health Strategy, 2013–2018, World Bank). Additionally, the mental health overall in Arab world has traditionally been a neglected parameter of health and women have experienced a proportionally worse experience of mental health care and access (James--Hawkins et al., 2019).

This exaggerated gender difference in mental health outcomes in the MENA region has been ascribed to the difference in the social status position and empowerment between men and women (Daradkeh et al., 2002). More specifically, mental health outcomes for women in the MENA region have been associated with patriarchal cultures that impact social position, economic independence and autonomy for women (James-Hawkins et al., 2019; Douki et al., 2007). Although female disempowerment is a theme across countries with low GDI, the MENA region with its unique and shared culture has some typical characteristics. Lack of educational opportunities, of safe working conditions, of sexual and reproductive rights and gender related violence have been highlighted as some of the manifestations of these patriarchal cultures which disproportionately impact women's mental health over and above the biological differences (Douki et al., 2007).

Empowerment has been understood as the critical component of healthy mental well-being and female empowerment which fights against the structures and systems discriminating against females is the foundational stone of any health system that aims at promoting mental health of women (James-Hawkins et al., 2017). Some of the key principles underlying the empowerment that would lead to effective promotion of women's mental health work towards giving women control over the determinants of their health, involving women in decision making, ensuring confidentiality and dignity (WHO, 2000).

3. Women's mental health services in Qatar

Qatar is a small peninsular kingdom located in the Arabian Gulf. The country experienced rapid economic and social growth after the discovery of offshore gas in the 1970s and is now one of the wealthiest country in the world as measured by individual GDP (International Monetary Fund, 2021). The high income has driven a large-scale infrastructure development and has led to a massive influx of economic immigrants who now constitute around 90% of the resident population (Planning and Statistical Authority, Qatar 2021). For all the residents, heavily subsidized healthcare is delivered by the state funded hospitals through the Hamad Medical Corporation (Goodman, 2015).

The state of Qatar launched the National Mental Health Strategy for Qatar, "Changing Minds, Changing Lives, 2013–2018" in 2013 (Ministry of Public Health, 2021a). The focus of this strategy was to provide the right health care in settings close to the populations served with an expressed aim to develop a world class service. These themes were reaffirmed with the publication of the National Health Strategy 2018–2022, which additionally highlighted the provision of specialist services to women as a priority within the strategy for the national health service (Ministry of Public Health, 2021b).

Prior to the publication of the National Mental Health Strategy documents, the mental health care delivery was not informed by clearly defined principles or outcomes and was delivered without any stated gender distinctions either in the need or delivery of healthcare services.

Developing a specialist mental health service for women was recognized as a critical goal by the Mental Health Services (MHS) leadership at HMC. The context of the cultural situation of women's health and the unique population of Qatar meant that an organically developed service needed to be developed that borrowed from international best practice but remained aware of Qatar's unique needs.

A steering committee for Women's Mental Health Service Development was constituted in February 2020 which was led by a clinician and nurse experienced in delivering and developing gendered models of care for women. The steering committee set out by reviewing research, both global and local on the gendered approach to mental health delivery. It then held series of meetings with local stakeholders and these included, in addition to healthcare staff, service users, carers, and local women's organizations to discuss the development of a gender informed mental health service for women in Qatar.

The steering committee submitted its report to the mental health leadership in May 2020. In line with the established evidence, the steering committee recognized the role of social determinants of mental health as a key factor impacting the mental health presentation and access to care for women. It also recognized the importance of focusing on female empowerment as the key principle guiding service development, service delivery and patient recovery.

The steering committee identified key areas of focus to achieve an effective gender informed mental health service for women in Qatar.

1. *Corporate wide and community recognition*: For any such service to succeed, a recognition by the senior leadership across the health corporation and wider community of the gender specific needs within health care in general and mental healthcare in particular was important. Remaining rooted in local cultural expectations, highlighting success of such initiatives in other parts of the world and a desire to be regional leader in innovative healthcare practices was recommended as the starting point for such engagement.
2. *Recognition of the status of women in the Arab world*: self-awareness within the service of the presence of violence against women and the status of women in the Arab world, which has been viewed as a critical human rights violation, is important to guide the future directions of the service. Additionally, although most states have signed various treaties on action against violence against women, but actual progress has been slow (Status of Arab Women Report 2017 Violence Against Women, United Nations). Although Qatar has one of the highest GDI and gender parity in the region, it was important to understand the cultural milieu within which these services were to be delivered in view of a migrant majority population in Qatar.
3. *Special case of immigrant domestic worker women:* Qatar's economic and developmental boom has also attracted single women who work as domestic workers and carers within affluent households and hospitality industry. Concerns have been raised around the working conditions and autonomy of these workers and although improvements have been made, much remains to be achieved. (Employer-Migrant Worker Relationships in the Middle East: Exploring scope for internal labour market mobility and fair migration). The need to recognize the role played by lack of autonomy over decision making around personal health is far more applicable in this population group and services have to be aware around this group's needs and vulnerabilities.
4. *Legislation and women's rights in Arab region*: The steering group underlined the fact that legislation in some parts of the Arab world do not create an environment where women can achieve equity, protection against violence and empowerment. (25.UN Women | Arab States. 2021. Status of Arab Women Report 2017 Violence against Women: What is At Stake.) It recommended establishing a working relationship with ministry of interior and co-producing recommendations to achieve gender aware and empowering legislation.
5. *Complex needs*: The steering committee stressed the need for departure from one model fits all needs to be the principle guiding the future service development recognizing the complex needs of women in their roles as mothers and carers.
6. *Stigma, ease of access and confidentiality*: The steering committee underlined the impact of perceived lack of confidentiality by the women in the existing services. The location of women's inpatient units and outpatient clinics within the main mental health hospital

that also houses male units was seen as adding to stigma experienced by women with mental health concerns and hindering access to services for women.

7. *Women's experience of criminal justice system*: The steering group made a special mention of women with mental health difficulties who face the double disempowerment and stigma when involved with the criminal justice system and recommended developing a specialist forensic services which works closely with the local criminal justice system and third sector bodies to develop in-reach services to courts, prisons and remand centers guided by a gender aware mental health service principles.
8. *Specialist services*: The steering group recommended developing specialist perinatal and eating disorder services for women after the need was highlighted by interactions with stakeholders.
9. *Research and engagement*: The steering committee recommended creating a specific portfolio for research aimed at women's mental health in Qatar and continued engagement with stakeholders to continue building services in a dynamically informed manner.

4. Developments following the steering committee report submission

The mental health leadership approved the recommendations of the steering committee report after deliberations and worked actively to start developing a gender informed mental health service.

4.1. In-patient environment

Development of an additional bespoke inpatient's services for women with gender aware care has been an early success of this work. A former hotel owned by the HMC was converted into an in-patient unit keeping in place most of the ambience of the hotel including the name. The location of this new unit is within the hospitality area of the HMC. Both the location and the ambience were specifically chosen and aimed at de-stigmatizing the in-patient stay. The structural design was supplemented by investment into developing a therapeutic environment where the emphasis was on training the staff in gender aware service needs and delivery. The unit's philosophy was based on empowerment of the inpatients with focus on women having a voice on their treatment and stay and taking responsibility of their safety in form of co-produced reviews of care. This new unit functions as an add on to the existing in-patient unit for women and accepts only subacute cases as a pilot. The future plan is to move inpatient female patients' beds to this site if the pilot is successful. This unit's success has been validated by patients who had previously refused inpatient admission are now accepting such admissions and receiving more effective interventions.

4.2. Special training

A program of specialist in house training for multi-disciplinary teams working with women with emphasis on therapeutic relations has been developed. The core theme of the training is to provide the staff with skills that leads to development of a therapeutic environment where the women feel safe, empowered, listened to, and not judged.

4.3. Ease of access and continuity of care

Stigma associated with hospital visits for appointments meant many women traditionally did not avail of follow up care after discharge except in emergencies meaning focus was not on prevention but reactive care. A Virtual Women's Mental Health Service (vWMHS) was set up with an aim at improving access and focusing on preventative strategies. This service has a highly publicized dedicated phone number which is manned during the working hours and provides both follow up care and an easy access to help for new cases. This service has been taken up with some enthusiasm by the service users and since its inception in November 2020 has received over 3000 calls (Doha News 2021). Users have particularly praised the ease of access, lack of stigma and confidentiality with this service (Doha News 2021). In view of its demand, the service is planned for an extension of its operating hours beyond working hours.

4.4. Ease of access and specialist clinics

To improve access and decrease stigma for in-person consultations, specialist women mental health clinics have been setup at locations away from the main mental health hospital sites. These include Primary Health Care centers and consultation clinics within general hospital settings. Specialist clinics for perinatal mental health have been opened at all major state-run obstetric hospitals in close cooperation with the obstetric teams. A specialist dedicated clinic for eating disorders has also been started at the main general hospital site.

4.5. Engagement with other women's' organizations

Qatar Foundation (QF) is Qatar's biggest non-profit organization that works for community development in addition to education and research (Qatar Foundation 2021). QF runs Sudra Medicine- which provides specialist perinatal mental health services; Wifaq which is a center for marital and family counseling; Nama, a social development center and Aman which is a center for social protection and rehabilitation against family abuse, disintegration, and female human trafficking. The importance of close working collaboration with these organizations by the female mental health services has been recognized and active engagement for developing shared protocols and pathways of care have started.

4.6. Governance and research

A clinical governance plan has been developed and is seen as an essential part of the development of the service and will be realized through service wide audits and epidemiological research.

5. Future directions

Following an enthusiastic start, there is, admittedly, still a long way to go for the women's mental health service in Qatar. The development so far has been mostly driven by research evidence which has been adapted from countries which have different social milieu than Qatar. Additionally, the developments have been limited to within the MHS. The actual social determinants of mental health lie within the greater community and the work to change those to improve health and attitudes to mental health of community in general which focus on prevention, remain an ongoing challenge.

The mental health service in cooperation with the MOPH will focus on forging relationships with policy makers and significant social and religious organizations to raise awareness and utilize the outcomes of changes so far as the drivers for further development.

Declarations of conflict of interest

The authors have no conflicts of interest to declare.

Author contributions

M.A and S.R conceptualized the manuscript design and plan. S.R and M.A wrote the initial manuscript draft. N.K and E.G reviewed the initial draft and did the background evidence gathering. All authors contributed in the review and revision of the final manuscript and approved the final version for submission.

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Data Availability

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References

Daradkeh, T.K., Ghubash, R., Abou-Saleh, M.T., 2002. Al Ain community survey of psychiatric morbidity: II. Sex differences in the prevalence of depressive disorders. J. Affect. Disord. 72 (2), 167–176.

Douki, S., Zineb, S.B., Nacef, F., Halbreich, U., 2007. Women's mental health in the Muslim world: cultural, religious, and social issues. J. Affect. Disord. 102 (1–3), 177–189.

Doha news 2021. ⟨https://www.dohanews.co/qatars-mental-health-helpline-has-helped-thousands-since-last-year/⟩. (Accessed 21st December 2021).

Egeland, J.A., Hostetter, A.M., 1983. Amish sudy: I. Affective disorders among the Amish, 1976–1980. Am. J. Psychiatry.

Ciaris.ilo.org. 2021. Employer-Migrant Worker Relationships in the Middle East: Exploring scope for internal labour market mobility and fair migration. [online] Available at: ⟨http://ciaris.ilo.org/beirut/publications/WCMS_552697/lang–en/index.htm⟩. [Accessed 25 November 2021].

Goodman, A., 2015. The development of the Qatar healthcare system: a review of the literature. Int. J. Clin. Med. 6 (03), 177–185.

International Monetary Fund, 2021. ⟨https://www.imf.org/external/datamapper/NGDPD@WEO/OEMDC/ADVEC/WEOWORLD⟩. (Accessed 21st December 2021).

James-Hawkins, L., Shaltout, E., Nur, A.A., Nasrallah, C., Qutteina, Y., Rahim, H.F.A., Yount, K.M., 2019. Human and economic resources for empowerment and pregnancy-related mental health in the Arab Middle East: a systematic review. Arch. Women's. Ment. Health 22 (1), 1–14.

Jenkins, R., 1985. Sex differences in minor psychiatric morbidity: a survey of homogenous population. Soc. Sci. Med. 20 (9), 887–899.

Kessler, R.C., Sonnega, A., Bromet, E., Hughes, M., Nelson, C.B., 1995. Posttraumatic stress disorder in the National Comorbidity Survey. Arch. Gen. Psychiatry 52 (12), 1048–1060.

Kessler, R.C., Demler, O., Frank, R.G., Olfson, M., Pincus, H.A., Walters, E.E., Zaslavsky, A.M., 2005. Prevalence and treatment of mental disorders, 1990 to 2003. N. Engl. J. Med. 352 (24), 2515–2523.

Leibenluft, E., 1999. Gender differences in major depressive disorder and bipolar disorder. CNS spectr. 4 (10), 25–33.

Loewenthal, K., Goldblatt, V., Gorton, T., Lubitsch, G., Bicknell, H., Fellowes, D., Sowden, A., 1995. Gender and depression in Anglo-Jewry. Psychol. Med. 25 (5), 1051–1063.

Mastroianni, A.C., Faden, R., Federman, D. , 1994. Women and Health Research: Ethical and Legal Issues of Including Women in Clinical Studies.

Middle East and North Africa Health Strategy, 2013–2018, World Bank. ⟨https://www.worldbank.org/en/region/mena/publication/mena-health-strategy⟩. (Accessed 5 October 2021).

Ministry of Public Health, 2021b. Ministry of Public Health, Qatar. ⟨https://www.moph.gov.qa/english/strategies/National-Health-Strategy-2018–2022/Pages/default.aspx⟩. (Accessed 5 October 2021).

Ministry of Public Health, 2021a. Ministry of Public Health, Qatar. ⟨https://www.moph.gov.qa/english/strategies/Supporting-Strategies-and-Frameworks/SummaryNationalMentalHealthFramework2019–2022/Pages/default.aspx⟩. (Accessed 5 October 2021).

Pan American Health Organization, 1995. The Health Situation of Women in Latin America. Washington, DC.

Parker, G., Brotchie, H., 2010. Gender differences in depression. Int. Rev. Psychiatry 22 (5), 429–436.

Piccinelli, M., Gomez Homen, F., WHO Nations for Mental Health Initiative, & World Health Organization, 1997. Gender Differences in the Epidemiology of Affective Disorders and Schizophrenia (No. WHO/MSA/NAM/97.1). World Health Organization.

Planning and Statistical Authority, Qatar 2021. ⟨https://www.psa.gov.qa/en/statistics1/Pages/Overview.aspx⟩. (Accessed 21st December 2021).

Qatar Foundation. ⟨https://www.qf.org.qa/about⟩. (Accessed 5 October 2021).

Status of Arab Women Report 2017 Violence Against Women, United Nations. ⟨https://arabstates.unwomen.org/en/digital-library/publications/2017/all/copy-of-status-ofarab-women⟩. (accessed 5th October 2021).

Arab States. 2021. Status of Arab Women Report 2017 Violence against Women: What is At Stake. [online] Available at: ⟨https://arabstates.unwomen.org/en/digital-library/publications/2017/all/copy-of-status-of-arab-women⟩. [Accessed 25 November 2021].

Weissman, M.M., Klerman, G.L., 1977. Sex differences and the epidemiology of depression. Arch. Gen. Psychiatry 34 (1), 98–111.

Weissman, M.M., Bland, R.C., Canino, G.J., Faravelli, C., Greenwald, S., Hwu, H.G., Yeh, E.K., 1996. Cross-national epidemiology of major depression and bipolar disorder. JAMA 276 (4), 293–299.

World Health Organization, 1998. The World Health Report, 1998. Executive summary. Geneva.

World Health Organization, 2000. Women's Mental Health: An Evidence Based Review.