

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

Abstract:

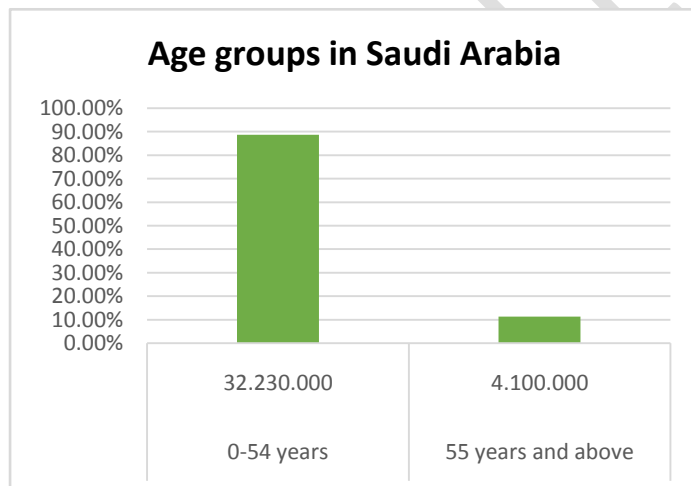
This study employs the Walt and Gilson Policy Triangle Method to analyse the mental health policy in Saudi Arabia and explore the position of gender equality within the content context, process and development of mental health. Four relevant articles were reviewed, focusing on policy development, legislation,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

Keywords: Mental health policy, gender equality, Saudi Arabia, Walt and Gilson Policy Triangle, mental health services.

Introduction

The Kingdom of Saudi Arabia (KSA) is a growing Middle Eastern country with a population of over 36 million people (Population Stat, 2023). In Saudi Arabia, the main ethnic group is Arab, and the main religion is Islam. Arabic is the official language, but English is also widely spoken. 57.64% of the population is male, and 42.36% is female. The Saudi population is younger than in other high-income countries, with 88.73% of the population falling within the age group of 0 to 54, with only 11.27% 50 years and above. Saudi Arabia is the largest sovereign nation in the Middle East and has the largest free market economy in the Middle East and North Africa (Alsubaie, 2020).

Fig 1. Age groups in Saudi Arabia



Gender distribution in the Saudi Arabia population (%)

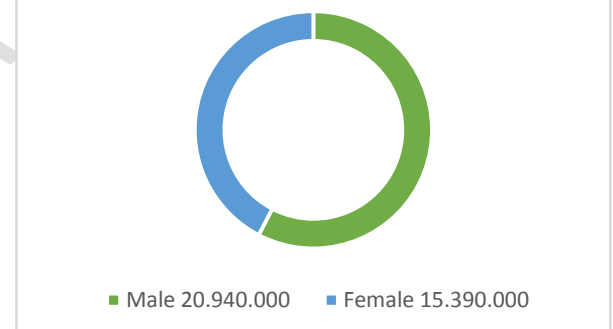


Fig 2. Gender distribution in the Saudi Arabia population (%)

The mental health system in Saudi Arabia has made significant progress in recent years, with the establishment of a national mental health strategy and policy in 2014. Yet, it faces challenges (Al-Subaie et al., 2020). According to World Health Organization (WHO) data, Saudi Arabia devotes 4% of total healthcare spending to mental disorders. Also, the proportion of mental health workers who are psychiatrists is quite low in KSA (7%) compared to the worldwide average of high-income nations (20%) (Al-Subaie et al., 2020). Saudi Arabia currently has 19.4 mental health professionals per 100,000 citizens, much lower than some of the world's wealthiest countries, which have an average of 64.3 per 100,000 (Hyder & Al-Habeeb, 2021).

In addition to the lack of funding, Saudi Arabia has other significant barriers when it comes to mental health treatment. The Saudi National Mental Health Survey (SNMHS), launched in 2010, found that 80% of Saudis with severe mental health disorders do not seek professional treatment. About 9% of the population consult religious healers or other non-medical resources. Much of the reason for this reluctance to seek care from mental health experts stems from cultural stigma and other social barriers, such as gender norms and attitudes (Koenig et al., 2014).

In 2022, the World Health Organisation (WHO) defined health policies as “the plans, decisions and actions made to help society achieve its health goals.” In addition, WHO has defined mental health policy as “an organised collection of values, beliefs, and goals for enhancing mental health and minimising the prevalence of mental diseases in a community (World Health Organization, 2022).”

With regards to global mental health in general, policies are documents that a government or Ministry of Health writes intending to improve the mental health of the country's citizens. Policies also prioritise those goals and dictate accessible plans on a national level (Saxena & Sharan, 2008). Only 62% of countries worldwide have mental health policies covering treatment, prevention, rehabilitation, promotion, and advocacy. Higher-income countries are more likely to have mental health policies (70%) compared to low-income countries (51%) (Saxena & Sharan, 2008). Developing comprehensive national mental health policies is challenging for low-income countries because of limited resources (Saxena & Sharan, 2008).

Mental health policy in Saudi Arabia

The national mental health policy of Saudi Arabia was established in 2006, aiming to improve mental health services and achieve a comprehensive mental health strategy. The policy addresses various aspects, including prevention, promotion, treatment, and rehabilitation, to enhance mental health (Al-Subaie et al., 2020). Remarkably, mental health lawmaking assigned 4% of healthcare spending to mental disorders, exceeding the global average of less than 2% (Qureshi et al., 2013). Recent improvements in Saudi Arabia's mental health policy include patient-centred care through the Model of Care (MoC), integration of mental health into primary healthcare, and alignment with Vision 2030. The Ministry of Health (MOH) has also established the National Committee for Mental Health Promotion and collaborated with stakeholders to enhance mental health services further (Qureshi et al., 2013).

Mobaraki & Soderfeldt, (2010) Stated that health is influenced by various factors, including biological, environmental, and social determinants such as gender . Zolezzi et al. (2018) explored the impact of gender inequality on health outcomes by investigating the interactions between gender and mental health. The study found, In Saudi Arabia, gender inequality has limited women's access to healthcare, education, and employment with the same opportunity as men (Zolezzi et al., 2018). Lack of knowledge and cultural perspectives on mental health contribute to stigmatising mental illness, delaying access to appropriate care (Zolezzi et al., 2018). A crucial step forward is to address these challenges by promoting inclusive mental healthcare, honest dialogues, reducing stigma, and increasing mental health education and services (Zolezzi et al., 2018).

This study aims to analyse the current mental health policies in Saudi Arabia, which is essential for improving future policies and providing evidence-based policy reviews to discover the strengths and weaknesses. Moreover, it inspects the gender policy on women's mental health (Tanenbaum, 2005).

Research Questions:

The study aims to explore the content, context, process, and actors that influenced the formulation of Saudi Arabia's mental health policy in general and to what extent it addresses gender equality in mental health services, mainly focusing on women's mental health.

The research questions were developed by drawing inspiration from Mokitimi et al. (2018) study on child and adolescent mental health policy in South Africa. These questions will guide the analysis and highlight critical aspects of Saudi Arabia's mental health policy:

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

Methods:

The Walt and Gilson Policy Triangle Method

We used Walt and Gilson's health policy analysis framework in our study. Even though other frameworks are used in policy analysis, the Walt and Gilson health policy triangle framework is highly appropriate for this analysis, as it comprehensively reviews policy content, actors, processes, and contextual factors, enabling a complete understanding of policy dynamics and leading to informed policy recommendations and improvements in mental health services. (O'Brien et al., 2020).

The EVITA (Evidence To Agenda) framework is designed to improve the relationship between research and policymaking in the field of mental health policy in low- and middle-income countries (LMICs) (Votruba et al., 2020). It focuses on agenda setting, identifying and prioritising problems to attain policy attention. The framework is beneficial because it aims to bridge the gap between research and policy. However, there are limitations to consider, such as the complexity of agenda setting and the need for further observed validation in different contexts of mental health policy (Votruba et al., 2020). Another framework used to analyse mental health policy is Mental Health Preparedness, And Action Framework

(MHPAF) is a comprehensive approach to mental health preparedness during crises and emergencies (Molebatsi et al., 2021). However, it has limitations when used for mental health analyses as the framework is specifically tailored to the context of a crisis and may not fully capture the complexities of mental health policy in better situations. Also, the framework did not address policy processes, such as policy development, implementation, and evaluation, which are important for a complete mental health policy analysis (Molebatsi et al., 2021).

Walt and Gilson's triangle framework operates as a practical methodology for exploring Saudi Arabia's mental health policy and inquiring about gender equality within the context of mental health. This framework contains actors, processes, content, and context. However, these elements included in the framework do not theorise how the aspects of the framework interact together but offer to organise and structure data to understand policy development (Meessen et al., 2017).

The Walt and Gilson framework was developed in 1994 as a comprehensive approach to analysing health sector policies (Walt & Gilson, 1994). The framework acknowledges that health policy research often focuses only on policy content and overlooks the important aspects of health policy (OBrien et al., 2020) All of these aspects include sociocultural norms, historical background, and political and economic factors. Also, it can overlook the process of developing and implementing the health policy and actors and stakeholders (OBrien et al., 2020). Mokitimi et al. (2018) study used the Walt and Gilson framework to identify policy documents related to South Africa's mental health, such as stand-alone policies, child and adolescent mental health CAMH plans, mental health legislation, general health policies, strategic plans, and annual performance. Walt and Gilson allowed the analyses to systematically identify policy documents and provide a complete analysis approach to collect significant evidence to enhance and evaluate and provide a clear and structured method for improving mental health policies in South Africa in the aspects of content, context, process, and development (Mokitimi et al., 2018).The Walt and Gilson framework provides a structured method to analyse policies. It recognises the gaps and limitations in addressing health policy improvement. Srivastava et al. (2018) also used the Walt and Gilson framework to analyse Indian policies regarding family health. Using the

Walt and Gilson framework help analyse policies aimed at improving healthcare policies in India (Srivastava et al., 2018).

According to the evidence from previous studies, (Srivastava et al., 2018; Mokitimi et al.,2018) applying Walt and Gilson's framework is suitable to our study as a methodology that provides a deeper understanding of the policy landscape. With this comprehensive method and analysis of policy documents, we will employ Walt and Gilson's policy triangle model as a framework for extracting and analysing the relevant policy documents. This model, widely used in health policy research, provides a structured approach to understanding the content of policies, with a range of actors involved, context, processes, and the exchange between these elements in policy making and policy implementation (Walt & Gilson, 1994).

The model offers a framework that enables one to understand the health policy reform process and the effective implementation of the policies. (Walt & Gilson, 1994), **Figure 3** shows the policy triangle model as adjusted by Walt and Gilson.

Search strategy

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

Additional information search strategy

Dr Abdulhameed Alhabeeb, a Psychiatrist at the National Centre for Mental Health Promotion in Saudi Arabia, contributed significantly to this study project by providing the latest policy and government papers and offering his knowledge and ideas into the most recent policy progress in the area of mental health. My conversations and interactions with Dr. Alhabeeb assisted in ensuring the accuracy and applicability of the data reported in this research.

Data Analysis

To simplify our analysis, it is important to mention that our analysis is based only on examining policy documents, as no formal interviews were conducted. Nevertheless, using the policy triangle framework, supported by a prior research study by Mokitimi et al. (2018). The framework enhances the applicability of our approach in studying mental health policy in Saudi Arabia, especially examining the position of gender equality within women's services or policies.

Figure 3 The Walt & Gilson (1994) policy triangle model.



Results

Policy documents identified.

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

Table 1: Summarizes of policy-related documents identified.

Author Name (Year)	Title of the Paper	Health Policy Content	Gender Content
Hyder, S., & Al-Habeeb, A. A. (2021) WHO and Ministry of Health	WHO-AIMS Report: The Mental Health System in the Kingdom of Saudi Arabia. Riyadh: World Health Organization and Ministry of Health, Kingdom of Saudi Arabia.	Yes, the policy details describe developing a mental health strategy to promote mental well-being.	No, there is no gender information given.
Solaim, L. S., & Okpaku, S. O. (2021)	Mental Health Care in Saudi Arabia. In Innovations in Global Mental Health	Yes, the paper discusses mental health care in Saudi Arabia	Yes, the paper has gender content from a social perspective, including topics such as family structure, gender segregation, and gender reforms.
Carlisle, J. (2018)	Mental health law in Saudi Arabia	Yes, based on WHO guidelines and care standard and patient rights	Yes, but the study didn't address all the aspect of women the mental health law.
Aldosari, H. (2017).	The effect of gender norms on women's health in Saudi Arabia	Yes, comprehensive mental health policies and services for women	Yes, but the report shows the lack of women's mental health recognition

Description of the policy- documents:

Four relevant articles were reviewed to gain insights into the mental health system, health law, and gender-specific aspects in Saudi Arabia (Hyder & Al-Habeeb, 2021; Solaim & Okpaku, 2021; Carlisle, 2018; Aldosari, 2017). These articles provide valuable information on various dimensions of mental health policy, including policy development, legislation, human rights, financing, organizational integration, and challenges specific to women's mental health.

Within the specified scope of research, we examined four articles that are relevant to the mental health system and health law in Saudi Arabia, with different focuses and perspectives (Hyder & Al-Habeeb, 2021; Solaim & Okpaku, 2021; Carlisle, 2018; Aldosari, 2017), as presented in Table 1. These articles address various aspects of mental health in Saudi Arabia, including policy, law-making, human rights, financing, organizational integration, and women's unique challenges.

In order to explore the mental health reform in Saudi Arabia, we encounter the term Saudi 2030 Vision. This paper aims to clarify the meaning of Vision 2030 and why it is involved in mental health policy. **Vision 2030** is a social and economic strategic program by the Kingdom of Saudi Arabia (KSA) aimed to reduce Saudi Arabia's dependence on oil, diversifying the nation's economy and prompting multiple changes in its social and economic sectors, including healthcare, social program, education, infrastructure, and tourism (Rahman & Qattan, 2021).

Hyder and Al-Habeeb (2021) provide an extensive overview of mental health policy, legislation, human rights, financing, and organizational integration in Saudi Arabia, highlighting the role of the Health Sector Transformation Program and Saudi Vision 2030 in driving mental health policy development. Solaim and Okpaku (2021) studied mental health care in Saudi Arabia. The study examined various aspects of mental health care, services, gender reforms and segregation, including the transformational plan fulfilling the goals of Vision 2030. Carlisle (2018) discusses the underdiagnosis of mental health problems in Saudi Arabia and explores the 2014 Mental Health Law, which adopts many recommendations promoted by the World Health Organization (WHO). Aldosari (2017) focuses on women's unique challenges in accessing mental health services, due to gender norms and discrimination.

The national mental health policy of Saudi Arabia was established in 2006 (Koenig et al., 2014). However, there were no clear policy documents explicitly outlining mental health policies in Saudi Arabia; the limited accessibility of explicit mental health policy documents in Saudi Arabia can be attributed to the nature of official documents in the country which involves a complex legalisation process and reform to be used only for the country and not for international use (AlMindeel & Martins, 2021). Requesting the official policy documents requires a legalisation request from the Ministry of Health, which adds considerable bureaucratic limitations to protect sensitive, confidential country information (AlMindeel & Martins, 2021). Moreover, information security considerations are vital to Saudi Arabia's government operations. Even though the government is implementing an e-government system, the government still do not display official documents and emphasises information security as a safeguard against a cyber invasion of sensitive government data (Thakur et al., 2016). Additionally, the absence of policy documents is due to policy legislation not meeting international standards regarding patient rights and lacks an independent review body in this matter. Therefore, the documents are insufficient and raise concerns about incomplete policy documents for the mental health system in Saudi Arabia (Carlisle, 2018).

This review of four articles (Hyder & Al-Habeeb, 2021; Solaim & Okpaku, 2021; Carlisle, 2018; Aldosari, 2017) investigates Saudi Arabia's mental health policy and gender aspects. Despite limited policy documentation, the papers explore the Mental Health Sector in Saudi Arabia and the Transformation Program in Saudi Vision 2030 regarding mental health policy development, recent mental health care and gender challenges in mental health services (Aldosari, 2017; Solaim & Okpaku, 2021), Our independent analysis of mental health policies using the Walt and Gilson framework considers first and review analysis of mental health policy in Saudi Arabia. Also, the review can help identify areas for improvement and promote gender equality in Saudi Arabia's mental health care.

Policy analysis using the Walt and Gilson policy triangle.

The content:

The national mental health content in Saudi Arabia emphasises access to care, quality of services, awareness, prevention, and family support by integrating these services in different settings, such as mental hospitals, community mental health clinics, and primary

health care centres, all this improvement in health service line with the Vision 2030 objectives and plan (Hyder & Al-Habeeb, 2021; Solaim & Okpaku, 2021). Saudi Arabia's mental health policy content is that 4% of the total health budget is committed to mental health services. The Healthcare and Social Development budget in Saudi Arabia in 2023 equals SAR 189 billion, equivalent to GBP 37.8 billion, which means 4% out of the 37. billion is GBP 1.512 billion (KPMG Professional Services, 2022), with the global average expenditure on mental health estimated to be about 2% of national health budgets (World Health Organization, 2018); 4% is comparatively higher than the global average. However, it is also important to consider the specific mental health needs and challenges of Saudi Arabia's new Vision 2030; a higher percentage could be needed to adequately provide services and the implementation of preventive programs to the community and patients to ensure the extent and effectiveness of mental health programs (Carlisle, 2018).

The Mental Health Law of 2014 is an important part of the content. It clarifies the definitions of mental illness and outlines the responsibility and authority of professionals in psychiatric care and the creation of patient applications treatment (Carlisle, 2018). Both men and women aged 18 are equal in terms of consent to treatment and decision-making power regarding their mental health treatment if considered as having the capacity (Hyder & Al Habeeb., 2021).

Although there seems to be some level of gender equality in terms of content, in general, to address mental health programs and consent to treatment, it does not explicitly ensure comprehensive gender equality care, as women's specific needs and experiences may not be adequately recognised (Hyder & Al-Habeeb, 2021).

Aldosari (2017) states that women in Saudi Arabia face a higher risk of mental illnesses. Despite the recent reforms aimed at reducing gender segregation and empowering women, mental health services still fail to cater to women's mental health needs and women's unique challenges. This is due to different social disadvantage factors and the impact of gender-based violence on women's mental health, especially women over 60, suffering from the burden of caregiving roles (Aldosari, 2017). Therefore, there is a need for comprehensive research and policy enhancement to ensure gender equality in the mental health of Saudi Arabia, including clear measures to address women's mental health needs and improve mental health initiatives for better mental health outcomes.

The context:

The studies provided several contextual factors that shaped the mental health landscape in Saudi Arabia, including the stigma of mental health, gender norms, religious beliefs and socioeconomic disadvantages (Hyder & Al-Habeeb, 2021; Solaim & Okpaku, 2021; Aldosari, 2017; Carlisle, 2018). Islam religion shapes the country's mental health policies and practices and plays a significant role in Saudi Arabian society (Solaim & Okpaku, 2021). Initially, the resistance to modern psychiatry practice was extreme, as people preferred traditional healing practices to deal with mental illness (Aldosari, 2017). Over time, using secular and scientific language in mental health discussions has become more acceptable (Aldosari, 2017). The impact of religion on mental health in Saudi Arabia is powerful and has shaped the discourse of psychotherapy training in the country. Up to the late 20th century, literature on psychoanalysis and psychoanalytic theory by Sigmund Freud was prohibited in Saudi Arabia due to the influence of religious scholars (Hyder & Al-Habeeb, 2021). Based on a surface-level interpretation, they labelled his theories as heretical. Over time, exposure to Western training helped to integrate aspects of Western psychotherapy and alternative methods (Hyder & Al-Habeeb, 2021). This modification has allowed modern mental health practices while at the same time considering Islamic beliefs (Solaim & Okpaku, 2021). The stigmatisation of mental health is a significant contextual factor in Saudi Arabia. Cultural norms and behaviours about mental illness contribute to the stigma, such as the fear of being labelled as mentally ill or worrying about reputation and social status (Solaim & Okpaku, 2021; Aldosari, 2017). This stigma prevents individuals from seeking help, accessing the proper mental health care, or openly discussing their mental health problems (Solaim & Okpaku, 2021; Carlisle, 2018). In the context of traditional gender roles in Saudi culture, men have more authority than women. There is also gender segregation, restricted independence among women and limited access to jobs or education (Aldosari, 2017). All these factors create low social status and a gender gap, such as restricted women's roles to be responsible for family needs and domestic duties (Aldosari, 2017). Gender roles and socioeconomic disadvantages have influenced mental health policy and access to mental health care (Solaim & Okpaku, 2021; Carlisle, 2018). The goals of the 2030 Vision of Saudi Arabia will positively impact mental health policy (Hyder & Al-Habeeb, 2021; Solaim & Okpaku, 2021) by empowering women and providing them with equal opportunities in

various fields such as social care and healthcare (Hyder & Al-Habeeb, 2021; Solaim & Okpaku, 2021). Gender equality is not explicitly addressed in Saudi Arabia's mental health policy (Carlisle, 2018). In fact, the existing policies do not consider Saudi women's unique mental health needs or recognise the impact of gender-based violence on women's mental health in Saudi Arabia (Aldosari, 2017). The study by Carlisle (2018) stated that mental health Law in Saudi Arabia recognises the rights of consent to individuals with mental health, regardless of their gender, to receive mental health treatment. However, that does not address all women's needs for gender-related factors in the law (Carlisle, 2018). Insufficient human resource is considered an important challenge in Saudi Arabia's mental health context. The lack of qualified professional practice in mental health services is one of the most critical obstacles that Saudi Arabia currently faces. It directly impacts the progress and quality of mental health services for all the country's citizens, including women (Hyder & Al-Habeeb, 2021). The data shows that the total number of human resources working in mental health facilities or private practice per 100,000 population is just 23, projected to increase to 33 by 2020. The breakdown of these professionals shows a distinctive lack of specialists; see Table 2. Saudi Arabia witnessed patients unsatisfied with mental health services due to overcrowding in outpatient clinics, long waiting lists and waiting times, a shortage of beds in mental hospitals, and delays in providing medical care (Alosaimi et al., 2016; El-Gilany et al., 2010). These challenges significantly restrict the country's ability to provide comprehensive mental health services to everyone, especially women (Alosaimi et al., 2016; El-Gilany et al., 2010).

Comprehensive reform is needed to improve the context of mental health policy and promote gender equality. The mental health policy context reform may include awareness programs to reduce the stigma surrounding mental health and incorporate gender-equality practices in mental health service provision and policymaking. It is important to design policies that acknowledge women's unique needs and challenges in Saudi Arabian society, ensuring gender equality to access to mental health care and providing appropriate support (Aldosari, 2017; Carlisle, 2018).

The process and actor

Developing and implementing national mental health policies in Saudi Arabia is a vital process that begins with evaluating the current mental health system (Solaim & Okpaku,

2021; Hyder & Al-Habeeb, 2021). As Aldosari (2017) stated, the development process of implementing national mental health policies starts with comprehensive research to understand the current mental health status. Later, the Ministry of Health and various stakeholders, including healthcare providers, mental health professionals, researchers, and possibly NGOs, collaborate to incorporate a policy using the best practices that suit Saudi Arabia's unique mental health challenges (Aldosari, 2017). The national mental health policy was formed with the Ministry of Health and mental health professionals, using international WHO guidelines (Carlisle, 2018). The Saudi Mental Health Law (2014) promotes gender equality by giving the right of consent to treatment to men and women aged 18 or older upon their mental capability (Carlisle, 2018). However, it is important to note that the current mental health policies may have limitations in addressing gender inequality (Carlisle, 2018; Aldosari, 2017)

Transformational Plan

In 2016, each Ministry of Health was required to propose a transformational plan fulfilling the goals of Vision 2030. In 2017, a mental health task force was assembled with the help of local and international experts (Solaim & Okpaku, 2021; Hyder & Al-Habeeb, 2021). The task force led brainstorming sessions, workshops, and surveys such as the Saudi National Mental Health Survey (SNMHS) to gather insights from professionals, service providers, and service users. The task force led to the development of a comprehensive 100-page document called the **Ministry of Health Mental Health & Developmental Disorders Model of Care** (Solaim & Okpaku, 2021; Hyder & Al-Habeeb, 2021). The document addressed key aspects such as access to care, service quality, awareness, prevention, and family support. Recommendations included a “stepped care” model, enhancing primary health care, and prioritising child mental health services. The strategy outlined four phases: (I) immediate bridging of service gaps, enhancing clinical psychotherapy, and building child services, (II) enhancing the mental health workforce, (III) coordinating care across the continuum, and (IV) bridging access to care, especially in rural areas. These phases aim to address service gaps and strengthen the future of mental health. Financing details were not included at the time of publication (Solaim & Okpaku, 2021; Hyder & Al-Habeeb, 2021). However, the specific address of gender inequality within these policies remains unidentified (Hyder & Al-Habeeb, 2021; Solaim & Okpaku, 2021).

Actors

The following list of key national actors involved in the process of developing mental health policies in Saudi Arabia, based on the analysis of four relevant studies:

1. **Ministry of Health (MoH):** The leading actor in forming and implementing mental health policies (Carlisle, 2018; Solaim & Okpaku, 2021; Hyder & Al-Habeeb, 2021)
2. **Mental Health Professionals:** Psychiatrists and psychologists contribute to shaping mental health policies. Also play a critical role in leading the mental health discourse and policymaking. (Carlisle, 2018; Solaim & Okpaku, 2021)
3. **Saudi National Mental Health Survey (SNMHS):** Contributes to policy and service planning by providing large-scale epidemiological mental health data. (Solaim & Okpaku, 2021; Hyder & Al-Habeeb, 2021)
4. **Mental Health Task Force:** Proposes the MoH Mental Health & Developmental Disorders Model of Care, a key policy document. (Solaim & Okpaku, 2021)
5. **Private Health Insurance Companies:** Impact on mental health services and Policies by shifting to a mandatory insurance system. (Solaim & Okpaku, 2021)
6. **Traditional and Alternative Healers:** Indirectly influence policy, as recognised by the MoH. (Solaim & Okpaku, 2021; Hyder & Al-Habeeb, 2021)
7. **Saudi Commission for Health Specialties (SCFHS):** Regulates the licensing of mental health professionals. (Hyder & Al-Habeeb, 2021)
8. **Ministry of Human Resources and Social Development (MHRSD):** Offers non-medical support and societal integration for those with mental health needs. (Hyder & Al-Habeeb, 2021)
9. **Ministry of Justice and Ministry of Interior (MoI):** Responsible for the legal aspects of mental health. (Hyder & Al-Habeeb, 2021)
10. **Ministry of Education (MoE):** Handles mental health school programs and services. (Hyder & Al-Habeeb, 2021)
11. **National Center for Mental Health Promotion (NCMH):** Develops programs for mental health promotion. (Hyder & Al-Habeeb, 2021)

12. **Non-Governmental Organisations (NGOs):** Potential key players in policy development and service. (Aldosari, 2017)
13. **International Organisations:** Help to provide guidance, resources, and policy recommendations for mental health.
14. **Universities and Research Institutions:** Impact policy through workforce development, research, and training. (Solaim & Okpaku, 2021)

Table 2 Human resources in MH (rate per 100,000 population)

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

Discussion

In Saudi Arabia, mental health policy and gender equality are important subjects. This study examines the current country's mental health policy document, focusing on gender equality in mental health services. To understand the mental health policy of a unique country such as Saudi Arabia and the gender equality position within the policy, it is essential to explore the historical progression of mental health in Saudi Arabia, the advancements in mental health services, and the initiatives targeting women's mental health. In addition, we explored how these policies align with the ambitious Vision 2030.

We applied the Walt and Gilson policy triangle framework to analyse mental health policy. This approach considers various aspects involved in policy development. By adopting this framework, we aimed to evaluate the extent to which gender equality is integrated into mental health services.

In the search strategy, four policy-related documents were identified and reviewed. These documents shed light on mental health policy development. However, accessing explicit mental health policy documents in Saudi Arabia proved challenging due to bureaucratic

limitations and information security concerns (AlMindeel & Martins, 2021; Thakur et al., 2016).

Walt and Gilson's analyses has shed light on significant deficiencies in the content and context of the mental health policy and in the processes and actors involved in shaping the policy. Cultural norms, religious beliefs, stigma, and gender norms are significant factors that have shaped the Saudi mental health policy for years (Solaim & Okpaku, 2021; Hyder & Al-Habeeb, 2021). The 2030 Vision of Saudi Arabia aims to positively impact mental health policy, empower women, and provide equal opportunities to both genders.

The Transformational Plan, initiated in 2016, seeks to achieve the goals of Vision 2030 and improve mental health services. The plan involves extensive research, task forces, and the development of a comprehensive model of care (Grand & Wolff, 2020). However, gender equality services initiated for women remain not explicitly addressed within the new plan policies.

Our analysis review of the current mental health landscape in Saudi Arabia shows that significant progress has been made since establishing the first mental health hospital in the 1950s (Koenig et al., 2014). Saudi Arabia's Vision 2030 promotes physical, psychological, and social well-being by putting a transformational plan for Saudi Arabia's mental health (Grand & Wolff, 2020; NCMH, 2019). Following the ambitious 2030 vision, the future of mental health is optimistic. Our analysis review of mental health and gender equality applies the Walt and Gilson triangle model to analyse current and future mental health policy. Despite all the remarkable progress, I have recognised a gap in mental health policy and services in Saudi Arabia addressing women's unique mental health needs, particularly against social challenges such as violence, gender role and biological factors such as postpartum depression. The National Center for Mental Health Promotion results from the national progress in mental health. It was founded in 2019 to promote mental health and improve community members' lives. Key services include a psychological counselling call centre and a counselling app named Qareboon (NCMH, 2019). The centre also runs programs such as Educational Initiatives and Support Services. The centre is also developing a strategic plan up to 2024 to further its objectives (NCMH, 2019). Also, The National Centre for Mental Health Promotion in Saudi Arabia offers free and confidential support to anyone struggling with mental health issues (Ministry of Health Saudi Arabia, 2022.; NCMH, 2019).

Everyone can easily access psychological and emotional support for various problems, including anxiety, depression, self-harm and stress. The counsellors are experienced and committed to helping people in crisis (Ministry of Health Saudi Arabia, 2022.; NCMH, 2019). These electronic services positively impact women experiencing mental health problems, as women can benefit from a confidential, non-judgmental, supportive space to discuss their concerns and receive helpful advice and guidance. However, these services are unsustainable in the long term. Still, it can provide temporary relief and reduce the severity of symptoms. These platforms have provided essential impact during challenging times such as the pandemic, proving the importance of such services to the Saudi Arabian mental health landscape (Ministry of Health Saudi Arabia, 2022.; NCMH, 2019).

Conclusion

This research evaluated the mental health policy landscape in Saudi Arabia and how it addresses gender equality and services to women in the mental health policy. The study of mental health policy in Saudi Arabia reveals the importance of addressing gender equality within the context of mental health services. Despite the progress made, there is still work to be done to ensure that women's unique mental health needs are adequately addressed. The 2030 vision emphasises enhancing health care with initiatives such as the National Centre for Mental Health Promotion, the Qareboon app, and the transformational plan, providing valuable support and resources to improve mental health policy in Saudi Arabia and consider the vulnerable in society. However, our study revealed that many contexts had impacted gender roles and mental health in Saudi Arabia. Therefore, Saudi must develop a gender equality policy and implement mental health programs and centres specifically for women to suit the country's unique culture and beliefs. Comprehensive mental health policies and services will create a more inclusive and equal mental health system for all Saudi men and women.

Ethical Approval:

Not applicable, this study didn't need ethical approval.

Consent for publication:

I consent to the publication of this secondary data study.

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