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Children's Ombudsperson's Office

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Mental Health Services for Children in the Maldives – A Child Rights Perspective

Background

The Maldives, being a small island nation that is geographically dispersed, faces a multitude of barriers towards ensuring the accessibility for mental healthcare, particularly vulnerable groups such as children. The centralisation of mental health services within the Greater Male Region has accumulated majority of the limited resources to this area, hindering service accessibility countrywide. Additionally, the lack of research in the Maldives poses a challenge in identifying the prevalent mental disorders and the risk factors that exist within the communities. However, existing data on mental health in the Maldives have provided significant basis to its need. The COVID-19 pandemic especially highlighted this, with the mental health services in the country being overburdened by the demand. It was reported that the waitlist at the Center for Mental Health (CMH) at the Indhira Gandhi Memorial Hospital (IGMH) had exceeded 10,000 cases by 2021 (The Edition, 2022). With the services centralized to the Greater Male Area, providing mental health services to other islands is a persistent challenge. The Central and Regional Mental Health Services Development Plan (2022-2025) was developed to integrate mental health into the primary care system, to bridge the existing gaps for these challenges.

This paper seeks to offer a holistic examination of mental health services for children in the Maldives by integrating perspectives from the education, social, and health sectors. Drawing on data collected through child rights audits and investigations conducted between 2020 and 2023, the aim is to provide a comprehensive overview of the current landscape of mental health support for children, considering the interplay between various sectors and their impact on accessibility, quality, and inclusivity

Methodology

The methodology for the audits and investigations included a comprehensive review of relevant national legislation, international conventions, good practices and standards related to child rights and mental health. Data for the audits and investigations were collected through interviews, document reviews, record checking and building inspections.

Table 1. Child Rights Audits

Year	Institution	Atolls
2021	Alternative Care Institutions	HA., HDh., Sh., B., Gn., GDh.
2022	National Drug Agency	K. Male
2022	National Reintegration Center	K. Himmafushi
2022	Community Audit	HA., HDh., Sh., B., K., Th., Dh., Gn., GDh., S.

Findings

Education Sector

- Lack of trained counselors in schools, especially pronounced in islands where no other alternative mental health services were available.
- Discrepancies between the standards of licensure set by the Allied Health Council and the job descriptions set by Civil Service Commission, in hiring counselors for schools.

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- Lack of trained SEN teachers to accommodate for the number of students that required SEN classes.
- Many schools did not adhere to Universal Accessibility Standards, which posed an issue for children that use wheelchairs to access school facilities beyond the ground floor of the school.
- Lack of awareness programs conducted for teachers, parents and students on policies such as the "Anti-Bullying Policy" and "Child Protection Policy".
- Lack of prevention programs conducted for issues such as bullying, substance abuse and other areas that targeted child well-being.

Health Sector

- Lack of qualified mental health professionals working in hospitals and health centers
- Many existing mental health professionals hired at government institutions work beyond their scope of practice set by the Allied Health Council.
- mhGAP trainings conducted for primary care health professionals in multiple islands to integrate mental health into the primary healthcare sector.

Social Sector

- Children at alternative-care facilities have to travel to the Greater Male Region on weekends for their psychological/psychiatric appointments due to the lack of services available in their islands.
- Lack of forensic psychologists to conduct forensic clinical assessments required for police investigations.
- Rehabilitation programs conducted for children at risk and in conflict with the law are not reviewed and there are no efficacy studies to indicate the effectiveness of these programs.
- Lack of mental health support for children in custodial centers.
- Lack of substance use rehabilitation programs provided for children with substance use issues, and the lack of qualified counsellors to deliver these programs.

Discussion

The scarcity of research on mental health in the Maldives poses a significant challenge. It is imperative to conduct thorough investigations to identify prevalent mental disorders, risk factors, and affected populations. Such research serves as the foundation for designing and implementing evidence-based policies for mental health service delivery in the region.

Early intervention and preventive measures play a crucial role in fostering healthy development in children. Implementing prevention strategies can mitigate the exacerbation of mental health issues among children, achieved through initiatives such as psychoeducation and awareness campaigns. The mental health challenges prevalent among children often stem from their environment. Therefore, addressing and alleviating environmental risk factors are vital to ensuring the healthy growth and well-being of children in the Maldives.

The progress of mental health service delivery in the Maldives is impeded by various factors. These include the absence of evidence-based government policies tailored to the specific needs of the population, limited resources and funding allocated to mental health initiatives, and a shortage of adequately trained clinicians. These constraints hinder the effective implementation of mental health services, highlighting the urgent need for comprehensive strategies to overcome these barriers.

The following recommendations were made to the organisations that were audited and investigated by the Children's Ombudsperson's Office.

Recommendations

Based on the findings of the audits and investigations, the following recommendations have been made to the relevant institutions and their parent bodies, to improve the structural, administrative and technical issues hindering the accessibility to mental health services for children.

1. Establishing a standardised delivery of mental healthcare

The current framework of delivering mental health services work in silos amongst different institutions. The Mental Health Policy (2015-2025) and the Central Regional Mental Health Services Development Plan (2022-2025) are positive developments that can help improve the current system. Additionally, the Licensing Pathways set out by the Allied Health Council provide a guideline for registration and licensing for psychologists and counsellors. These guidelines are important to ensure that mental health professionals work in alignment with the scope of practice.

2. Establishing coordinated referral mechanisms

The current referral mechanisms between institutions working in the welfare of children are fragmented, leading to gaps in information sharing. It is important to establish a coordinated referral mechanism, where all institutions that work with children are integrated. This is especially important with regard to mental health services, as the referral mechanism would ensure the optimisation of service delivery. This mechanism would facilitate the multidisciplinary collaboration amongst stakeholders, including social services, healthcare and education, allowing for the provision of holistic care, early intervention and efficient resource allocation. Moreover, the multidisciplinary collaboration would enable comprehensive assessments and personalised treatment plans for these children.

Additionally, establishing a coordinated referral mechanism ensures that resources are efficiently allocated and utilised, reducing duplication within the system and optimising the allocation of human resources. By fostering a culture of collaboration and advocacy, this mechanism not only strengthens the network of support available to children but also contributes to broader systemic changes aimed at prioritizing children's well-being within the framework of child protection policies and practices.

3. Increasing mental health related trainings

The Central and Regional Mental Health Services Development Plan (2022-2025) proposes a plan to integrate mental health services within the primary healthcare system. This ensures the provision of basic mental health services from health centers in islands where specialised mental health services are unavailable. This is a significant development that can increase mental health accessibility within these regions, however it is important that mental health related trainings are delivered holistically to ensure that these services are being provided effectively. Moreover, oversight through quality assurance mechanisms should work alongside this plan to ensure that the quality of these services is up to standard.

4. Increasing early intervention and prevention programs

Early intervention and prevention programs are a central tenet in ensuring the rights of children. This has also been emphasised through the laws Act No. 19/2019 (Child Rights Protection Act) and the Act No. 20/2020 (Education Act). However, the implementation of early intervention and prevention programs within the current child protection system are minimal. It is important to establish these programs as it would allow for early identification of issues before they persist.

Conclusion

Child and adolescent mental health services across the globe remain weak and fragmented globally (Irvine, 2022). It is important that the fragmented context of the Maldives is considered when developing mental health policies, to accommodate for the unique needs of the community. It is important that a community-based model is implemented by assessing available local resources and identification of the needs of these communities.

Moreover, the socio-economic challenges faced by the Maldivian communities are a significant risk factor that predisposes many children to mental health vulnerabilities. It is important that mitigation efforts are made to reflect these issues. Child and adolescent mental health require a robust culture of collaboration within the system, that encompasses the educational system, child-protection and judicial system, and the health-care system.