

Making mental wellbeing a national priority

Actions to Build Resilience



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Executive Summary



In 2018, the World Health Organization (WHO) defined good mental health as “a state of wellbeing in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community”.¹ The purpose of this report is to set out a practical program of action for governments, policymakers, businesses and communities to build mentally resilient societies where citizens are supported at every stage of their lives to achieve this state of mental wellbeing.

Improving citizens’ mental health is both a moral imperative and a matter of enlightened public self-interest. For example, the WHO estimates that the global economy loses out on around \$1 trillion in productivity each year due to workers suffering from anxiety or depression, the two most common mental disorders.² Mental health is more than merely the absence of diagnosed mental illnesses and conditions such as schizophrenia or substance abuse. Wellbeing is a positive state that requires constant monitoring and self-management.

Worldwide, the COVID-19 pandemic has triggered an unprecedented mental health crisis, amid lockdowns, social distancing constraints, job losses, enforced home schooling and the sudden shift to remote working. Loneliness, anxiety, loss of self-esteem and a host of other issues have afflicted people of all ages who previously regarded themselves as psychologically “normal.” This connects with a critical theme in our report – the importance of breaking down the stigma surrounding mental health to ensure that such issues are no longer sources of embarrassment or shame for the sufferer, or dismissed by family, friends and employers.

The report’s perspective is deliberately pragmatic, drawing on PwC’s own experience of supporting its global workforce at a time of unprecedented stress, and on examples of best practice by governments, businesses and voluntary organizations around the world.

Key recommendations for governments globally and in the Middle East:

- Fully integrate holistic wellbeing initiatives into mainstream public health services by 2025
- Incorporate wellbeing into health outcome measurements by 2025
- In the Middle East, collaborate to establish a wellbeing and high-performance innovation and research hub

Chapter 1

The Impact of Mental Health on Society: A Global Reality Check

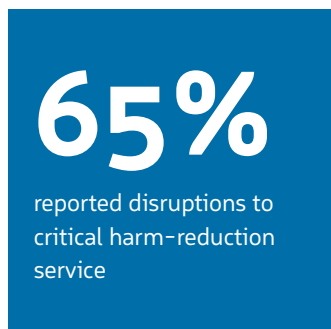


The Impact of Mental Health on Society: A Global Reality Check

How COVID-19 Has Deepened the Worldwide Mental Health Crisis

Any assessment of the social damage caused by mental health issues must begin with the fact that the COVID-19 pandemic is itself a mental health catastrophe. Around the world COVID-19's impact on mental wellbeing has taken many forms. Frontline health workers have fallen ill with post-traumatic stress disorder (PTSD). Older people separated from children and grandchildren have succumbed to loneliness and depression. Working-age parents have worried about losing their jobs. Children have missed their friends. Students have feared they have lost forever the chance to realize their ambitions. All these personal traumas, repeated countless times, are occurring against a backdrop where many millions of people are mourning the loss of loved ones who have been killed by COVID-19.

Globally, governments and policymakers increasingly recognize that the pandemic's long term impact on mental health will be debilitating. In the short term, the economic and social turmoil caused by COVID-19 has disrupted or halted critical mental health services in 93% of 130 countries surveyed by the WHO between June and August 2020.³ Consider the following:



The picture is not entirely bleak. In some countries COVID-19 has also been a catalyst for reducing the social stigma surrounding mental illness. A prime example is China, where the pandemic has forced society to confront problems such as depression, anxiety and loneliness, which in the past have often been overlooked because of widespread ignorance and social prejudice. In January 2020, China's Joint Prevention and Control Mechanism of the State Council, the country's central organization for coordinating the national response to COVID-19, published guidance on mental health intervention to help the rising number of people with mental illnesses triggered by the emerging pandemic.⁴ In February 2020, The Lancet reported that online psychological counseling services using social media platforms such as WeChat and Weibo had been established by mental health professionals across mainland China.⁵ These services were complemented by online psychological self-help intervention systems, including cognitive behavioral therapy for depression, anxiety and insomnia.

Yet despite these occasional positive trends, the overall conclusion is inescapable. COVID-19 has exacerbated a range of mental health issues that were already a source of increasing concern worldwide. At the same time, the pandemic's continuing impact increases the urgency for governments and policymakers to develop and implement innovative policies that can improve mental wellbeing across all sections of society.

The Economic Case for Addressing Mental Health Issues and Supporting Mental Wellbeing

Even before the pandemic, global statistics on mental health were stark. In 2001, the WHO estimated that around one in four people will suffer from some form of mental disorder during their lifetime.⁶ In 2019, the WHO reported that anxiety and depression, the two most widespread conditions, afflicted 284 million and 264 million people respectively.⁷

As the WHO notes, its own data does not encompass the full scale of the problem, because as many as 75% of all people with a mental health condition never seek help from a qualified healthcare professional.⁸ For example, an average of one in five Americans experience some form of mental illness every year, yet only 46% of them received treatment in 2020.⁹ Meanwhile, the Saudi National Mental Health Survey, conducted by the King Salman Center for Disability Research in 2019, found that while 34% of Saudis experience a mental health condition at some point in their lives, 80% of those with severe mental health disorders do not seek any treatment.¹⁰

Counting the Global Cost of Mental Ill Health

284 million people suffer from anxiety

264 million people suffer from depression

Anxiety and depression cost the global economy

\$1 trillion per year in lost productivity

\$1 invested in treatment for common mental disorders delivers **\$4** in improved health and productivity

Source: World Health Organization

The same stigmas surrounding mental illness help explain why mental health is not a priority in many national healthcare budgets. Worldwide, the WHO estimates that the median expenditure devoted to mental health is less than 2%. Globally, the median number of mental health workers is 13 per 100,000 people, but this figure masks extreme variations, with the number in high-income countries significantly higher than in low-income countries.¹¹

This lack of resources for mental health services is more than a global public healthcare failure. It is also immensely short-sighted from an economic perspective. For example, the WHO calculates that two of the most common mental health conditions, depression and anxiety, cost the global economy around \$1 trillion annually in lost productivity, or the equivalent of 12 billion productive days.¹² Conversely, WHO analysis suggests that for every dollar invested in scaled-up treatment for depression, anxiety and other common mental disorders, there is a measurable return of \$4 in improved health and productivity.

As a matter of self-interest, governments cannot afford to ignore mental health issues. Mental wellbeing and developing resilience across society must be a central plank of robust, sustainable economic recovery programs. This imperative is reinforced by the prospect of digitalized societies where remote working and social media platforms increase the prevalence of anxiety and other mental health conditions, often related to new technologies. For example, a 2021 survey of 7,200 internet users worldwide by the global cyber security group F-Secure found that 67% of respondents who worked from home said they were increasingly worried about online security, even if nothing was wrong.¹³

Barriers to Progress: The Importance of 'Smashing Stigma'

Arguably the greatest obstacle to effective mental health policies is the prejudice that still envelops the subject of mental illness.¹⁴ In the United Kingdom, for example, nine out of 10 people who experience mental health problems say they face prejudice and discrimination, according to data compiled in 2017 by the mental health charity MIND.¹⁵

According to MIND, 54% of British people who suffer from mental health conditions say they are most affected by such social bias in their place of work, and less than half of all employees say they would feel able to talk openly with their line manager if they were suffering from stress. Meanwhile, 95% of respondents who have taken time off work due to stress say they cite a different reason when calling their employer to report that they are unwell.¹⁶

Mental Health in the Workplace – The British Experience

15%

of people at work have symptoms of an existing mental health condition

54%

of people with mental health problems say they are most affected by stigma at work

95%

of employees who have taken time off work for stress cite a different reason when calling in sick

300,000

people with long term mental health problems leave their jobs each year

Source: British government; NHS; Time to Change survey, 2011; MIND.¹⁷

In the Middle East, the picture is mixed. On the one hand, awareness of mental health issues has also risen across the region, especially among younger people. For example, the 2019 Arab Youth Survey found that 31% of young Arabs knew of someone who was afflicted by a mental health issue.¹⁸ On the other hand, an academic literature review in 2018 of stigmas surrounding mental health in Arab culture identified “a large diversity in the stigmatizing beliefs, actions and attitudes toward treatment of mental illness within the Arab population...”¹⁹ In the 2020 Arab Youth Survey, 48% of respondents reported that seeking medical care for mental health was viewed negatively by people in their country. Morocco (76%), Lebanon (72%) and Libya (70%) scored especially poorly.

Case Study: Lebanon – Local and international collaboration to improve mental health

Even in countries with heavily entrenched stigmas surrounding mental illness there are encouraging signs of more enlightened attitudes beginning to emerge. Lebanon provides one such example.

Since its foundation in 2013, the Lebanese voluntary NGO Embrace has worked with local governments across the country to engage with the public about mental illness.²⁰ Embrace’s mental health support line is staffed by volunteers who have been professionally trained in suicide risk assessment and active listening skills to pick up on mental health issues that the caller may not themselves recognize. In addition, Embrace runs mental health awareness programs in schools, universities, businesses and public-sector organizations which are designed to encourage people to discuss their problems without fear of ridicule or shame.

Embrace’s pioneering voluntary work is now being complemented by broader national and international collaboration to address the country’s mental health needs. A prime example was the joint response by Lebanon’s government and international medical agencies to the explosion of an ammonium nitrate store in Beirut in August 2020.

In the wake of the explosion in 2020, which killed more than 200 people and left around 300,000 homeless, Médecins Sans Frontières (MSF) reported a surge in people asking the charity for help with mental health problems, including panic attacks, insomnia, loss of appetite, lack of focus and negative thoughts.²¹ MSF was already engaged in talks with Lebanon’s Ministry of Public Health about how the charity could help cover some of the gaps in the country’s mental health services provision. Meanwhile, a range of UN agencies collaborated with the ministry on an action plan “to respond effectively to the mental health and psychosocial needs” of people affected by the explosion.²²

Among the first fruits of this collaboration was a joint advice leaflet by the ministry and the WHO, offering psychological first-aid tips for relief workers and volunteers on “how to support someone after a traumatic event.”²³ Tips include allowing people to express their emotions, acknowledging their right to feel distressed and avoiding judgmental comments about how they should be feeling.

However, one consequence of the COVID-19 pandemic has been a proliferation of mental health initiatives across the Middle East, which in turn may be helping to break down traditional stigmas surrounding mental health. In the UAE, for example, the National Program for Happiness and Wellbeing (NPHW) organized a campaign in April 2020 to provide mental health support for all UAE residents to help them overcome the pandemic's psychological impact.²⁴ The campaign included online support sessions for different community groups such as mothers, students and older carers, and a hotline for initial counseling sessions.

Saudi Arabia has also increased mental, social and psychological support to help people cope with the stress and anxiety caused by COVID-19, notably via a dedicated telehealth service that directs callers to a therapist for immediate assistance.²⁵

These initiatives illustrate the degree to which the pandemic has forced the subject of mental health in Middle East countries out of the shadows and on to national agendas.





Chapter 2

Harnessing Technology to Support Mental Wellbeing



Harnessing Technology to Support Mental Wellbeing

Technology and Mental Health: A Threat as Well as an Opportunity

Before considering how technology can be used positively in this area, it is important to acknowledge that new digital tools and services which enable an “always on” working and social culture can damage people’s mental health. Research conducted by psychologists Jean Twenge, Jonathan Haidt and colleagues found a correlation between the spike in social media usage by adolescents between 2009 and 2011 and the sharp increase from 2012 onward in teenage depression in the United Kingdom and the United States, especially among girls.²⁶

The potential for technology to undermine mental resilience lies behind the rise of the so-called “digital detox” movement, where users take steps to decrease their consumption of social media by literally switching off. A survey in 2018 for the Pew Research Center in the United States found that 42% of American Facebook users over the age of 18 had deliberately taken a break from checking the platform for a period of several weeks.²⁷ Meanwhile, some technology companies have launched their own digital detox initiatives, such as Google’s Paper Phone – a piece of paper designed like a personal day-planner, as an alternative to an online diary.²⁸

Physically Distanced, Socially Connected

Digital technologies can be harnessed as an enabler for positive mental wellbeing. COVID-19 has dramatically demonstrated how Zoom, Skype and other video communications technologies, as well as social media, can help keep people socially connected even though they are physically distanced. Beyond this, digital technologies can reach people at scale and help them to diagnose and manage their problems.

In this regard, the pandemic has acted both as an accelerator for innovation and a global laboratory to assess effectiveness. Potential applications for enabling better mental health through the ethical adoption of technologies include wearable sensors for diagnostics that can measure stress and anxiety levels, website symptom checkers for mental health issues, virtual counseling sessions and self-care mental wellness apps.

More broadly, research has shown that Artificial Intelligence (AI) and other digital technologies can be used to detect the likelihood or severity of mental health conditions. In 2019, a team of researchers at the University of Colorado developed a speech-based mobile app which can categorize a patient’s mental health status using machine-learning technology that detects minute shifts in day-to-day speech patterns.²⁹ For instance, the app can pick up sentences that do not follow logical patterns as a possible symptom of schizophrenia, as well as subtle changes in tone or pace that could be an indication of mania or depression. Another illustration is research in 2018 by the American psychological and behavioral technology company

Qntfy, which found that Natural Language Processing of social media posts could be used as a screening tool for suicide risk.³⁰

There is a temptation for governments and policymakers to assume that mental healthcare apps and platforms will deliver smart, cost-effective solutions for treating chronic conditions such as anxiety and depression, which are a drain on healthcare budgets. However, caution is in order, for two principal reasons.

Firstly, public and private healthcare providers in both developed and developing countries have often not kept pace with the speed of advances in areas such as AI and machine learning. They may therefore lack the expertise and digital tools to deploy new technologies effectively, as highlighted by research in 2019 by PwC on AI-readiness in the Middle East’s healthcare sector.³¹ Change should therefore be a two-speed process, combining short term investment in technology infrastructure with a medium term transformation program that ensures all innovations serve the needs of patients and clinical staff, rather than being introduced as a form of mental healthcare on the cheap.

Secondly, the sheer range of mental health apps and platforms coming on to the market, especially since the pandemic, means purchasers need to be able to discriminate between potentially effective products and services and those that are little more than gimmicks. For example, a sobering report in 2019 for the journal Digital Medicine found that 71 out of a survey sample of 73 mental health apps did not cite any scientifically verifiable evidence to support effectiveness claims, while the remaining two apps only referred to “low quality, primary evidence.”³² The watchword, therefore, is buyer beware; not all mental health apps do what they say in a clinically verifiable fashion.

Britain's National Health Service: Pioneering the Use of Digital Technologies to Address Mental Health Issues

With so many digital products and therapies for mental wellbeing saturating the market, the UK's state-run National Health Service (NHS) has provided an outstanding model during the pandemic for navigating the adoption and integration of online apps and platforms to build mental resilience and maximize access to expert help for conditions such as anxiety and stress.

Since March 2020, the UK's COVID-19 crisis has involved a rolling series of lockdowns interspersed with a tiered system of social restrictions depending on the prevalence of the virus in a particular region. As in all countries, these measures have triggered sharp increases in anxiety, depression, stress and other mental health issues across all age groups, with particular concern surrounding children and young people, older people living on their own and hard-to-reach communities such as ethnic minorities. For example, in January 2022 the Nuffield Trust medical research group found that the demand for eating disorder services for children and young people had risen since the start of the pandemic.³³ There is a substantial and growing demand for mental health services at a time when physical appointments have been severely restricted by COVID-19.

During the pandemic, the NHS suggested a list of 19 mental health apps, which have proved useful tools to mitigate these problems by helping patients manage their symptoms and improve their psychological resilience while reducing the need for an in-person appointment.³⁴ Unlike similar commercial products, these apps have undergone rigorous clinical and technical reviews by qualified mental health professionals, meaning the patient can trust the service being offered. Examples include:

- **Be Mindful:** an online course for reducing stress, depression and anxiety, which guides the user through the elements of mindfulness-based cognitive therapy (MBCT)
- **Beat Panic:** an app to guide people through a panic attack or raised anxiety, using their mobile phone
- **Calm Harm:** a private, password-protected app designed to help people resist or manage the urge to self-harm
- **Chill Panda:** an app that measures a user's heart rate and suggests simple breathing techniques and light exercises to help reduce worry and stress

In addition to these apps, the NHS has also developed a range of online resources such as mental health podcasts and video training sessions to empower individuals to take charge of their own mental wellbeing.³⁵

PwC's Digital Wellbeing App: A Corporate Mental Health Initiative

The pandemic has also prompted companies worldwide to consider how new technologies can help their employees manage their mental health at a time of unprecedented stress. At PwC Middle East, our internal People Pulse Survey in 2020 found that 68% of respondents were struggling to maintain their motivation and work/life balance due to working from home. With the support of PwC's leadership, a group of 30 individuals from different disciplines across the firm collaborated on developing our Digital Wellbeing App as an online resource to help employees maintain a positive outlook.

The team combined skills and expertise in technical infrastructure, digital innovation, customer experience and the healthcare industry. The technical design was built on user interface (UI) software development kit Flutter, underpinned by an analytics engine and content management system to enable rapid downloading of content. The user experience aims to deliver positive mental wellbeing on demand, with real-life stories, motivational quotes and podcasts of people who have overcome mental health challenges. Depending on their current mood score, users are able to make smart, informed choices about browsed content.

The focus of the Digital Wellbeing App was developing, sourcing and curating high-quality memorable content to help our people fight psychological burnout, maintain their morale and bolster their mental resilience. We were able to leverage PwC's global client network to assemble a wide spectrum of content partners, ranging from the Harvard Business Review and the non-profit TED Talks network to the UAE's LightHouse Arabia Center for Wellbeing, a community-based mental health clinic and service. In addition, we commissioned specially developed content, including breathing and sleep exercises as well as yoga sessions.

The app's Clinical Network provides a rigorously reviewed directory of qualified mental health providers across the Middle East, allowing users who need support to make an appointment in their home country. The same strict level of due diligence has taken place on issues such as crediting content partners and ensuring the safe management of personal data, with the Digital Wellbeing App now approved for worldwide use across the company by the PwC global legal team.

Case Study: How Technology Is Improving Access to Mental Healthcare in Rural India

It is easy to assume that hi-tech mental healthcare products and services are irrelevant to the world's poorest people. A pilot study in rural India undertaken by Australia's George Institute for Global Health proves the opposite.³⁶

The WHO estimates that only 25% of people with mental health needs in India have access to qualified care and treatment, with the problem especially acute in the country's vast rural hinterland. In 2013, the George Institute launched the Smart Mental Health Project, issuing tablet devices to health workers and outreach volunteers covering 42 villages and a total population of 27,000 people. They interviewed participants using a screening questionnaire installed on the tablet to identify common mental disorders such as depression and suicide risk, with the app determining whether the individual should be referred to a doctor. Doctors were then able to use WHO guidelines on the device to provide appropriate care based on the symptoms exhibited.

One example within the survey illustrates the impact of this simple but smart use of technology. The George Institute screened 5,167 people in a rural district of the south Indian state of Andhra Pradesh and found that around 5% of participants, or approximately 250 people, needed clinical intervention. Almost none of the patients had been diagnosed or treated for their mental health conditions in the past. As a side benefit, the program in Andhra Pradesh played a significant role in reducing traditional prejudices about mental illness by persuading villagers that it was "normal" to feel anxious, depressed or fearful.

View from the MENA Region: A Young, Tech-Savvy Population Who Are More Open to Discussing Mental Health

There are good reasons why the Middle East and North Africa (MENA) should prove fertile ground for the development of technology enabled mental health products and services in the coming years. MENA countries are investing huge sums in information and communications technology as part of national programs to reduce economic dependence on oil and gas and build "knowledge economies" for the digital age. In mobile technology alone the Global System of Mobile Communications (GSMA), which represents mobile operators worldwide, estimates that between 2019 and 2025 a total of \$70 billion will be invested by MENA countries on network infrastructure rollouts.³⁷

In addition, the MENA region, with a total population of almost 600 million people, has proportionately the world's youngest

population, with more than half of all residents under the age of 25. This group of young digital natives are both early adopters of new technology and less prone to traditional prejudices about mental illness than their parents or grandparents.

The COVID-19 crisis has already provided several notable examples in the Middle East of how these three factors – investment in information and communications technology (ICT), a large population of digital native youth and changing attitudes to mental health – are driving a new, technology centered approach to mental healthcare. One example is Saudi Arabia's Labayh Al Amal initiative to provide free confidential psychological counseling during the pandemic through a smartphone app.³⁸ Following the app's launch in March 2020, the National Center for Mental Health in Saudi Arabia reported on its Arabic language website that it provided more than 20,000 sessions of psychological counseling during the first three months of the service – proof both of pent-up demand for help with mental issues and the potential of technology to break down inhibitions about seeking assistance.

Technology can never fully replace clinical mental health expertise. Its role is as an enabler and amplifier that can help people manage their problems better and broaden access for everyone, rich or poor, to mental health services. The Dubai based LightHouse Arabia Center for Wellbeing, a community mental health and wellness clinic, illustrates how digital technologies can create a new framework for psychiatric care that combines the best clinical practice with a recognition that in the digital age patients will be increasingly open to remote treatments and therapies.³⁹

Since the pandemic, LightHouse Arabia has expanded its suite of online services to cover a diverse range of mental health issues and needs. Its regular Mental Health Panel has a moderated interactive question and answer format with a team of psychologists who specialize in stress management, parenting, anxiety and other problems arising from the pressure of lockdowns and social isolation. Another online webinar, Emotional Resilience During Uncertain Times, provides expert advice on developing strategies to cope with the mental challenges created by the COVID-19 crisis.

Initiatives like the LightHouse Arabia webinars are still rare in MENA countries. Yet as the region emerges from the difficulties of the pandemic, it is technology, allied to clinical expertise, which offers governments and healthcare providers the best means to develop effective mental health policies and therapies for their increasingly digitally connected citizens.

Chapter 3

Measuring Mental Wellbeing – A Key National and Local Performance Indicator



Measuring Mental Wellbeing – A Key National and Local Performance Indicator

The Challenge of Measuring Happiness

In 1776 the founding fathers of the American republic enshrined in their Declaration of Independence “Life, Liberty and the pursuit of Happiness” among the unalienable rights held by all men and which governments are established to protect.⁴⁰ A century and a half later the Nobel Prize-winning economist Simon Kuznets, the original designer of today’s GDP metric, arguably had the pursuit of happiness in mind when he cautioned the United States Congress that “the welfare of a nation can scarcely be inferred from a measure of national income.”⁴¹

Kuznets was setting a challenge: is it possible to measure intangible concepts such as physical and mental wellbeing, and in the broadest sense, human happiness? This report contends that it is possible, because significant progress has been made in recent decades to develop objective criteria to measure a nation’s mental wellbeing. The most widely referenced benchmark is the World Happiness Report, compiled annually since 2012 by the United Nations (UN) Sustainable Development Solutions Network, which mobilizes scientific and technical expertise globally.⁴² Happiness in a country or region is evaluated by analyzing six key variables: GDP per capita, social support, healthy life expectancy, freedom to make life choices, generosity and freedom from corruption.

It is easy to highlight flaws in this methodology. For example, Sweden, ranked seventh, has one of Europe’s highest national suicide rates, at 13.8 per 100,000 people according to 2016 WHO data. Yet even though such analytical frameworks measuring wellbeing are imperfect, their existence at the heart of policymaking helps to hold governments to account on mental health issues.

A good illustration is the United Kingdom. In 2010, for example, a report on the role of local government in promoting wellbeing found a range of wellbeing metrics being used by local authorities, from single measures of overall wellbeing to multi-dimensional frameworks.⁴³ At a central government level, the United Kingdom’s Office for National Statistics (ONS) incorporates personal wellbeing measures in its economic and social data sets. Other wellbeing research by the ONS has highlighted concerns about the mental health of specific cohorts. For instance, a report in March 2020 on young people’s wellbeing noted an alarming five-year trend in the proportion of women in the 16-24 age group who said they had suffered from anxiety or depression: 31% of the survey sample reported some evidence of depression or anxiety in 2017 to 2018, compared with 26% five years earlier.⁴⁴

New Zealand has probably gone further than any other country in integrating happiness and wellbeing metrics into economic and social policymaking. In May 2019, Prime Minister Jacinda Ardern announced a wellbeing budget, with additional new spending

to advance one of five government priorities: improving mental health, reducing child poverty, addressing disadvantage faced by the indigenous Maori and Pacific Island population, thriving in the digital age and transitioning to a low-emissions sustainable economy.⁴⁵ The context for the wellbeing budget was the fact that New Zealand has been registering worrying mental health trends for several years. In 2018 an inquiry into New Zealand’s mental health services found that between 50% and 80% of the population had experienced mental distress or addiction challenges at some point in their lives.⁴⁶

Addressing these challenges is expensive, as both of New Zealand’s first three “wellbeing budgets” demonstrate – the second of which was published in May 2020, just as one of the world’s most restrictive COVID-19 lockdowns was placing additional strain on mental health services, and the third a year later with the country still fully engaged in countering the pandemic. Yet New Zealand’s rigorous, statistically grounded approach meant the government knew that the cost of not investing more to improve mental wellbeing is even higher. For example, approximately NZ\$12 billion (\$8.04 billion), or 5% of New Zealand’s total GDP, was being lost each year due to serious mental illness.⁴⁷

Against this background, New Zealand is now an example of best international practice regarding the prioritization of mental health in policymaking and research across all age and social groups. An outstanding illustration is the collaboration between A Better Start, one of the country’s government-backed national science challenges for children, and Cure Kids, New Zealand’s largest national child health research charity. They have joined forces to create a new contestable fund in child health research, launched in early 2021, which seeks proposals for high-quality research in the areas of healthy weight, early learning and mental health and resilience.⁴⁸

As this initiative demonstrates, measuring mental health as objectively as possible is the route to governments understanding why ambitious goals are not only worth achieving but vitally necessary to the long term health of their countries and economies. There is still a long way to go. In 2019, The Lancet Commission on Global Mental Health and Sustainable Development recommended that high-income countries should spend at least 10% of their health budgets on mental health, while middle- and low-income countries should aim for at least 5%.⁴⁹ Sadly, numerous countries fall short of these targets.

The Rise of Measurable Mental Wellbeing Policies in Some Countries of the Gulf Cooperation Council

Across the Middle East, several countries are developing mental wellbeing policies whose success is judged by measurable outcomes. For example, in 2013 Qatar launched its National Mental Health Strategy (QNMHS), which set out a vision for comprehensive, integrated mental health services, backed by stronger leadership and governance and more evidence-based research.⁵⁰

In March 2016, the UAE launched a National Program for Happiness and Wellbeing, with federal government offices showcasing a series of initiatives designed to improve wellbeing in the workplace.⁵¹ This program was the prelude to the UAE's National Strategy for Wellbeing 2031, launched in June 2019, which aims to promote an integrated concept of physical and mental wellbeing at individual, social and national level.⁵²

In Saudi Arabia, mental wellbeing is a key element of the Quality of Life Program, developed under the umbrella of the Vision 2030 strategy.⁵³ The project focuses on cultural, environmental and sporting activities, with ambitious goals in areas such as increasing the amount of physical exercise taken by individuals and expanding the kingdom's network of public parks. Meanwhile, the Saudi National Mental Health Survey, launched in August 2020, aims to provide the government with a comprehensive audit of the country's mental healthcare delivery system and the prevalence and treatment of mental disorders.⁵⁴ The timing of this survey illustrates the degree to which Saudi Arabia's government, like several other GCC countries, is seeking to use COVID-19 as an opportunity to break down traditional prejudices about mental illness and encourage citizens to manage their mental welfare.

For example, "Your Mental Health Comes First" is an initiative launched in November 2020 by the Saudi Sustainable Development Association (Talga) and the National Center for Mental Health Promotion (NCMHP).⁵⁵ It aims to raise awareness about issues such as anxiety, depression and burnout at work, while offering internationally accredited Mental Health First Aid (MHFA) training programs as part of the Vision 2030 goal to equip one-third of all the kingdom's inhabitants with basic mental first-aid skills.

Going Local: American Cities Take Mental Health Funding into Their Own Hands

The latest annual "State of Mental Health in America" report, published in October 2021 by the American NGO Mental Health America (MHA), paints a bleak picture of a nation under intense psychiatric strain during the pandemic.⁵⁶

Key findings include:

4.58%

of adults report having serious thoughts of suicide, a year-on-year increase of 664,000 people

15.08%

of 12-17 year-olds experienced a major depressive episode in the past 12 months

More than

2.5 million

12-17 year-olds have severe depression

More than

half of adults with a mental illness do not receive treatment, totaling over

27 million people

Many Americans who suffer from clinical mental illnesses or common mental health issues such as anxiety are in hard to reach groups, both because of their condition and because they belong to the poorest sections of society, which fall through the state and federal welfare safety net. In recent years, various states and cities in the United States have recognized that "going local" with targeted tax measures to fund mental health directly offers a more effective route to reaching such individuals and measuring the outcomes against the money spent.

Denver, the state capital of Colorado, provides one case study. In 2018, Denver introduced a 0.25% sales tax designed to yield \$45 million a year in funding to tackle mental health issues and addiction across the city.⁵⁷ Local voters approved the new tax in November 2018, although funds were not released until September 2019. Since then, initiatives financed by the tax have ranged from grants for mental health services and suicide prevention measures to opioid and substance abuse reduction programs and homeless outreach projects. By September 2020, the foundation set up to administer the funding reported that it had supported more than 60 different programs at a total cost of \$16.8 million.⁵⁸

The Denver initiative highlights how local knowledge is more likely to yield well-designed mental health initiatives with measurable outcomes than grand schemes that lack detailed, on-the-ground due diligence and input from the targeted group or community. Sixty different mental health programs is an impressive figure to be funded by a single modest sales tax. Equally impressive is the fact that the foundation rejected 120 other projects for funding in its first year of operations, because they did not meet its rigorous criteria for success.





Chapter 4

Building a Mentally Resilient Workforce, from the Classroom to the Boardroom

Building a Mentally Resilient Workforce, from the Classroom to the Boardroom

Fostering Mental Wellbeing in the Workplace: How COVID-19 Can Trigger Positive Change

Over the last 11 years, the LightHouse Arabia Center for Wellbeing, based in Dubai, has worked with more than 500 professional services providers across the Middle East, including consultants, lawyers and bankers, to better understand the precise circumstances that might prompt an employee to seek psychological support. The LightHouse's research reveals the wide range of potential workplace threats to a person's mental health, even in companies that pride themselves on enlightened human resources policies and a caring attitude toward their employees.

In 2021, LightHouse team conducted an internal review of their clinical anonymized records from this research. The LightHouse team identified eight work related triggers that might push an employee into needing professional mental health assistance. These include promotion challenges, repeated alarming feedback from managers, difficulties fulfilling leadership roles, heightened levels of workplace anxiety, persistent doubts about career and life choices, disengagement from work or family (or both), stress arising from the search for personal development and concerns about the impact of COVID-19.

Key Triggers for Mental Health Issues Connected with Work



Source: LightHouse Arabia Center for Wellbeing

Unsurprisingly, LightHouse Arabia found that COVID-19 had both compounded existing worries among many interviewees and introduced a new set of specific anxieties connected with lockdowns, social distancing and the sudden shift to remote working. Prominent complaints and concerns included poor sleeping patterns, limited exercise and comfort eating; feeling “mentally exhausted”; self-doubt or low self-esteem; loneliness; fear of failure; and difficulties setting boundaries between work and home life. Based on the interviews, some individuals met clinical diagnostic criteria for Anxiety Disorder, Major Depressive Disorder and Adjustment Disorder.

Equally alarming was the widespread anecdotal evidence from the interviews that some senior managers were failing in their duty of care regarding the increased mental strain on subordinates during the pandemic. Some interviewees reported that their team leaders assumed that because they were working from home, they were “on call” at all hours. In one extreme case, an interviewee said that a remote meeting with clients in another time zone had been scheduled at 1:00am local time. A common experience was being given impossibly short deadlines, with an email landing late in the evening requiring work to be delivered the next day before 9:00am. Overall, many interviewees said they felt “resentful” about the additional pressure and “could easily resign”. They also expressed frustration that their company's professed values were not aligned with its actions.

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Equally alarming was the widespread anecdotal evidence from the interviews that some senior managers were failing in their responsibility to support staff due to the increased mental strain on subordinates during the pandemic. Some interviewees reported that their team leaders assumed that because they were working from home, they were “on call” at all hours. In one extreme case, an interviewee said that a remote meeting with clients in another time zone had been scheduled at 1:00 am local time. Many of those interviewed spoke of being given impossibly short deadlines, often necessitating working well outside standard office hours. Overall, many interviewees said they felt “resentful” about the additional pressure and “could easily resign.” They also expressed frustration that their company’s professed values were not aligned with its actions.

LightHouse Arabia’s research suggests that, at least in the Middle East, COVID-19 has dramatically accelerated a number of mental health triggers in the workplace, with employers failing to respond in a consistent and understanding manner. Yet the overall picture is more nuanced. For a growing number of employers across the region, the sudden and ubiquitous shift to remote working is prompting serious reflection on how to build and maintain mental resilience among their employees. This in an environment where technology is dissolving the barriers between work and home life in an economy that has just undergone a drastic and compressed digital revolution. For government, the post-COVID-19 period is an opportunity to develop long term, sustainable policies that help to build a mentally resilient workforce.

Building Better Working Environments to Sustain Mental Wellbeing: Best Practices from Around the World

The good news is that, even before the pandemic, there was already a wide body of research about mental health in the workplace, providing an invaluable resource for companies and policymakers. For example, in the United Kingdom, mental health problems suffered by the workforce were estimated to have cost employers £34.9 billion in 2016.⁵⁹ Simply raising awareness of the issue by publishing such data will help employers understand why mental health in the workplace is not just a welfare matter that concerns human resources

departments, but also directly influences the organization’s competitiveness.

Sweden offers one of the world’s most comprehensive sets of government policies and programs designed to bolster and ensure physical and mental health in the workplace. All employees in Sweden are eligible for an annual wellness allowance of up to SEK2,000 (\$220) for any activity that complies with the Swedish Tax Agency’s guidelines for tax-exempt wellness activities.⁶⁰ These include smoking cessation programs, antenatal classes for pregnant staff, workplace massages and dance workout sessions.

Around the world, other governmental measures are being backed by a growing number of imaginative initiatives from the private and non-profit sectors aimed at changing workplace culture to be more proactive about mental health. For example, InsideOut LeaderBoard, a not-for-profit group based in the United Kingdom, seeks to break down the stigma surrounding mental illness in many corporate cultures by organizing interactive mental health events for company employees using virtual conferencing technology.⁶¹ These include panel discussions, round-table conversations and keynote speeches by mental health experts. LeaderBoard gathers stories from senior executives about their experiences of mental illness. By sharing these with their staff, senior executives humanize mental illness, destigmatize mental health in the workplace and reduce employee fear about disclosing to management their own struggles.

Among the testimonials published on InsideOut’s website are contributions by a senior banking executive who had two spells in The Priory, a private London mental hospital, during the global financial crisis, a director of a public relations company who has been diagnosed with depression and the managing director of a communications company who suffered from PTSD following two miscarriages.⁶²

It remains true, as the LightHouse interviews show, that senior executives have particular demands placed on them regarding leadership responsibility and performance expectations that can contribute to mental health problems. Additionally, the way that senior executives perceive, discuss and respond to mental health issues significantly impacts many other people further down the food chain.

Nurturing Tomorrow's Mentally Resilient Workforce: Putting Meditation, Mindfulness and Other Mental Wellbeing Techniques at the Heart of the School Curriculum

There is a growing body of evidence indicating that, from the earliest age, children can benefit from the same mindfulness techniques that are used by sports stars such as tennis player Roger Federer and basketball player LeBron James. As defined by the American Psychological Association, mindfulness is a moment-to-moment awareness of one's experience without judgment, which can be "promoted by activities such as meditation."⁶³

In a 2019 pilot program, mindfulness training was introduced in 370 schools in England as part of a study to improve youth mental health.⁶⁴ The genesis of the program was an NHS study which found that approximately one in eight children and adolescents in England and Wales between the ages of 5 and 19 had at least one mental disorder when assessed in 2017.⁶⁵ Furthermore, the frequency of mental health disorders in the 5-15 age group had risen from 9.7% in 1999 to 11.2% in 2017.⁶⁶

The two-year pilot, led by the Anna Freud National Centre for Children and Families, University College London, teaches children mindfulness techniques using different approaches depending on their age. Younger pupils focus on light-touch methods drawn from mindfulness practice, including breathing exercises and muscle relaxation techniques. They are also taught to recognize the importance of support networks of school friends when they are feeling unhappy or worried. For older children, the training aims to increase overall understanding of mental health and mental disorders among both pupils and teachers.⁶⁷

Case Study: How Mindfulness Helped a Top US Football Squad Raise Its Game

In 2017, a mindfulness training study conducted by psychologists at the University of Miami on the football squad illustrates the connection between mental and emotional wellbeing and high workplace performance.⁶⁸

In the study, the psychologists investigated the impact of short-form mindfulness training versus relaxation training on sustained attention spans and the emotional wellbeing of players during the high pressure pre-season period. The players' attention spans were assessed using a range of clinical metrics, including Sustained Attention to Response Tasks (SART) outcomes indexing performance, reaction time variability and self-reported mind wandering. At the same time, their emotional wellbeing was measured using the Positive and Negative Affect Schedule (PANAS), the State-Trait Anxiety Inventory (STAI) and the Center for Epidemiological Studies Depression scale (CES-D).

The study concluded that the 56 players who had undergone four weeks of mindfulness training displayed a greater capacity for sustained attention, meaning their minds wandered less, they were more focused on the tasks at hand and they had better overall emotional wellbeing. The improvement evaporated after they ceased mindfulness training and were re-tested.

Mindfulness training is just one tool that can be used to bolster children's mental resilience and their overall sense of wellbeing. Finland is arguably more advanced than any other country in integrating emotional skills, self-awareness training and a range of related mental health programs into the national school curriculum.⁶⁹ The roots of these programs can be traced back to a double tragedy.

In 2007 and 2008, two separate school shootings in Finland resulted in the deaths of a total of 20 people, including the two killers. In response to these horrific incidents, the Finnish government recognized the need for better mental health across the entire education system. A new law in 2014 entitled all pupils from pre-primary school age to access student welfare services, while trained mental health and welfare teams were embedded in every school.

The 2014 legislation also requires teachers and other school staff to be watchful about students' social, psychological and physical health and welfare issues, so any issues that arise can be identified, mitigated and/or treated before they become clinically severe. Provided they have the student's permission, teachers are encouraged to pass on any concerns they have about a particular child to the health and welfare team. In addition, teachers are expected to support and cooperate with the student's family. All these initiatives are underpinned by compulsory health education lessons from Grade 7. The lesson content covers subjects such as bullying, diet and general mental health, which is extensively covered to break down prejudices, inhibitions and stigma.

Finland's government and the wider public rightly see this range of school mental wellbeing programs as an investment in the nation's future. Governments everywhere have a direct self-interest in drawing on examples of best practice from Finland and other countries to ensure today's children eventually enter the workforce as individuals with the ability to manage and sustain their personal wellbeing.

Conclusion

How Governments Can Promote Mental Wellbeing for All Citizens



Conclusion

How Governments Can Promote Mental Wellbeing for All Citizens

All the initiatives and programs from around the world discussed in this report have one feature in common: they are grounded in accurate, timely data and research. Good intentions are not enough for governments seeking to promote and sustain their citizens' mental health and wellbeing – the key to success is well-informed policymaking.

From this perspective, we set out below how governments can begin to implement our three key recommendations:

01 Fully Integrate Holistic Wellbeing Initiatives into Mainstream Public Health Services by 2025

Wellbeing measures should be embedded in policymaking across not just healthcare but the whole public sector, to help address the wider determinants of health, such as education, housing, and employment. A holistic approach should be adopted which emphasizes the connection between physical and mental health and wellbeing, and the lessons which can be learned from high performance culture. All initiatives should take into account each individual's personal circumstances and his or her social and community environment.

Calls to action

- The WGS could sponsor a hackathon to develop innovative wellbeing measures that are internationally applicable.
- Governments should use the post-COVID-19 period as an opportunity to develop long-term, sustainable policies to build a mentally resilient workforce such as standards for nutritious school food and limitations on working hours and overtime.
- Governments should intervene to support good mental health and wellbeing, beyond the provision of robust mental health services. Interventions should be targeted at the following areas:
 - Mental health awareness
 - Emotional wellbeing
 - Physical wellbeing, including active lifestyles, healthy eating and sleep
 - Financial wellbeing
 - Career wellbeing
 - Social wellbeing
 - Community wellbeing

02 Incorporate Wellbeing into Health Outcome Measurements by 2025

As China's launch of a mental health support system in response to COVID-19 illustrates, adding wellbeing to health outcome measurements is a vital tool in reducing the social stigma around mental health. This in turn will encourage people to seek help and treatment from healthcare professionals. Two examples of good practice are the US National Health Interview Survey (NHIS), which collects and analyses data on a broad range of health topics, including wellbeing and mental health, and the Saudi National Mental Health Survey, conducted by the King Salman Center for Disability Research in 2019.⁷⁰

Calls to action

- Develop a well-funded national wellbeing outcomes framework which embeds mental wellbeing targets into outcomes measurements, strategies and policies
- Design and set the infrastructure for collecting and analyzing mental wellbeing data
- Develop reporting methodologies which take into account epidemiological, socio-demographic, cultural and religious factors, and levels of stigma around mental health
- Ensure outcome measurements include:
 - The six key World Happiness Report variables: GDP per capita, social support, healthy life expectancy, freedom to make life choices, generosity and freedom from corruption
 - All relevant mental health statistics, such as suicide rates
 - Mental health impacts of national and global events, such as tax increases, pandemics and natural disasters.
- Conduct regular evaluations of the methods used, leverage the latest relevant research by global organizations and learn from best international practices to fine-tune the strategies, policies and methods
- Publicize data and analysis to raise awareness and reduce social stigma related to mental wellbeing

03 In the Middle East, Collaborate to Establish a Wellbeing and High-Performance Innovation and Research Hub

As governments across the Middle East pursue ambitious transformation agendas, the region is well positioned to become a global innovator in digitally enabled mental health and wellbeing solutions.

Calls to action

- Identify cost-effective digital solutions with both clinical and behavioral benefits, in the following areas:
 - Mental health and wellbeing awareness
 - Mental illness self-identification tools
 - SOS emergency helplines, self-management and self-care support tool
 - Virtual mental healthcare and wellbeing services with access to clinicians
- Develop and scale incentives that ensure access to these products and services by all levels of society, regardless of age or social and economic background
- Encourage citizens to use wearable devices such as smart watches with trigger alerts to suggest regular work breaks, and to monitor exercise and sleep
- Deliver government funding for private-sector wellbeing start-ups to help them implement and apply new technologies that deliver more effective mental wellbeing solutions
- Honor and reward public and private employers for investments in workforce wellbeing programs

We hope our recommendations and related calls to action will encourage governments to use the harrowing experience of COVID-19 as a springboard to build more mentally and emotionally resilient societies. Recovery from the pandemic need not involve a mass trail of mental health casualties who are a burden to themselves, their families and wider society. Inclusive, digitally smart policymaking, guided by global best practice and supported by international agencies and NGOs, can create a pathway toward a future where good mental health and sustainable wellbeing are enjoyed by most people, with compassion and informed insight into the suffering of fellow citizens afflicted by clinical mental illness.



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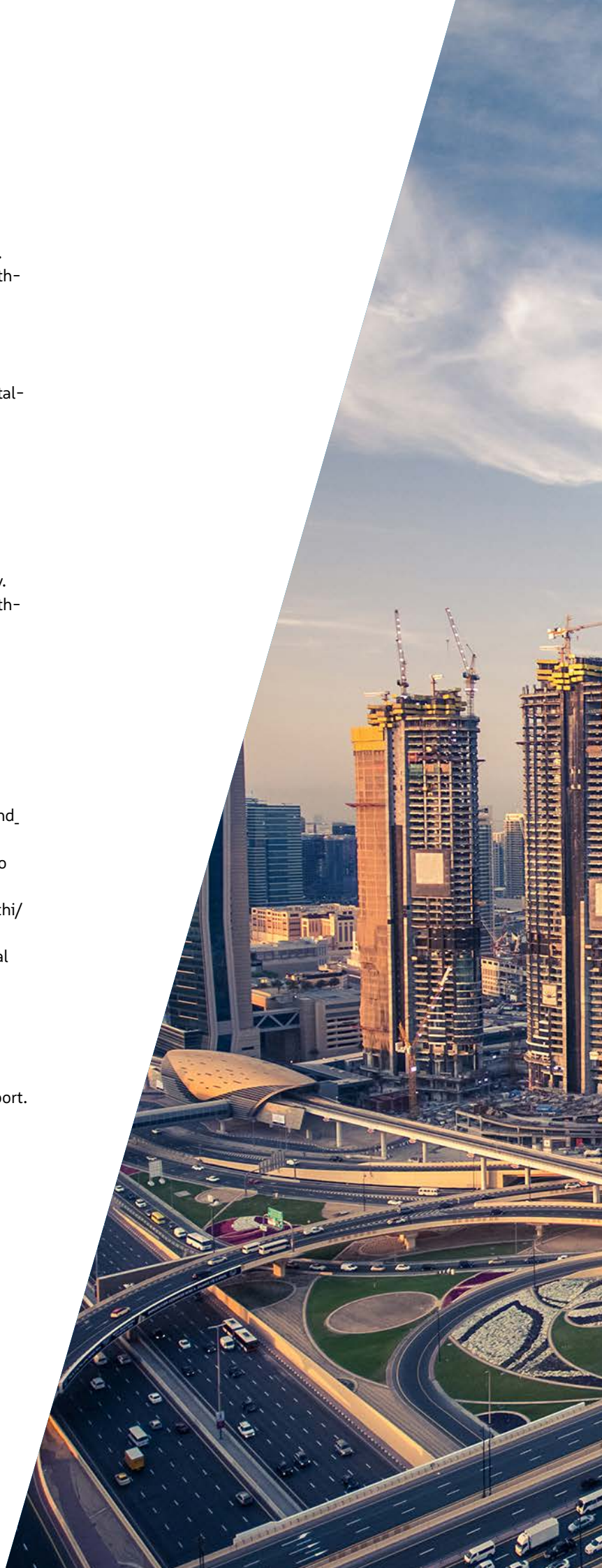
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