

# Yield to Points of Information

## Interview with an Specialist

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### **Dr. Justin Thomas**

Professor

PhD Experimental Psychology (University of Manchester, UK)

TOPIC SOC II: "Formulating ways to increase access to mental health care resources, with a focus on treatment for post-traumatic stress disorder related cases of people from zones of conflict."

#### **1. Could you start by giving a brief overview of mental healthcare in the Arab region?**

The Arab region or MENA is more heterogeneous than some people imagine. From Casablanca to Abu Dhabi you have a lot of diversity in terms of dialect, custom, culture and religious interpretation. Healthcare is similarly diverse. From very sparse provision to state of the art super hospitals it would be hard to characterize the healthcare of the region. Most of my time has been spent in the UAE, where per-capita healthcare spending is high. One commonality across the Arab region in terms of mental health care, however, is a belief and reliance on traditional healers and the opinion (held by some) that mental health problems can have their origins in supernatural/non-physical beings known as the Jinn. Accessing traditional healers for mental health problems is not uncommon in many nations across the MENA.

#### **2. Are there any mental health emergencies in the Arab region that students should be aware of?**

Anywhere where there is war and carnage PTSD (anxiety) and mood disorders will follow. In those nations that have experienced war and population displacement, the prevalence of such disorders is high. The ability to undertake formal epidemiological studies is difficult, but those studies that have looked at PTSD and depression among refugees, for

example, find unsurprisingly high levels of such psychiatric morbidity. Similarly, in Arab nations that have witnessed rapid social and economic transition fuelled by oil revenues, we can also see the emergence of lifestyle disorders (diabetes), mood disorders and especially eating disorders. Transition often brings tensions between old and new ways, which can be stressful for some.

**3. Many of the students taking part in Model Arab League come from western societies, how should they modify their views of mental health to better understand societal norms and perspectives in the Middle East?**

Psychopathology is pathoplastic, its symptoms, expression and course can be profoundly shaped by sociocultural context. Understanding this context can lead to a better understanding of mental health in the context of an Arab nation.

**4. What demographic is most at risk of mental health issues in the Arab World?**

Globally, mental health problems are such an economic burden because they have an early age of onset. Around 50% of all MH issues have their roots in childhood and adolescence. For prevention the youth are the key demographic

**5. What are current roadblocks keeping the Arab region from addressing mental health issues?**

Stigma stigma and stigma. Other issues include the fact that our record for “curing” “mental illness” is very poor. For example, the outcomes for heart disease are much better if you are treated in the US or UK, but the outcomes for depression or schizophrenia are not. Some studies even suggest worse outcomes in "developed" nations. Mental health is not just like physical health. We, the Arab world included, need to look for new models of treating and preventing MH problems.

**6. How would a country of limited resources or experiencing internal conflict address mental healthcare?**

I'm a great advocate of using lay health workers, lay psychotherapists, people from the community who receive training in a simple evidence based intervention, for example, behavioral activation for depression. This is the only way to realistically meet the demand for psychological therapies. Mass medication (psychopharmacological therapies) is a cheap and unacceptable alternative which is less efficacious and involves more side-effects in the treatment of some common disorders

**7. Explain 2 policy recommendations you would give to the Arab League in regards to this topic?**

- (1) Improve access to psychological therapies by training a new breed of para-professionals and lay psychotherapists while also harnessing information technology (online training, online help).
- (2) Commit resources to the development and implementation of evidence based preventative initiatives, ensuring these too are culturally adapted where necessary.

## **Biography**

Justin Thomas earned his PhD in experimental psychology from the University of Manchester, UK. He also has professional postgraduate qualifications in health psychology and cognitive therapy. He is a chartered health psychologist with the British Psychological Society and is presently also a professor of psychology at Zayed University, where he directs the Research Cluster for Culture Cognition and Wellbeing. Justin publishes extensively on topics related to culture and psychological wellbeing, and psychopathology. His most recent book is, *Psychological Wellbeing in the Gulf States: The New Arabia Felix*. Justin is also a great believer in promoting the public understanding of science and writes extensively for the popular press, makes regular media appearances and gives public lectures and workshops on a variety of topics related to psychology.