

# NATIONAL **Mental Health** Strategic Action Plan

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2025-2029

**Endorsement Number**

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**Endorsed by:**

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Permanent Secretary

23rd February 2025

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Ministry of Health  
Republic of Maldives

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# Foreword by Minister of Health



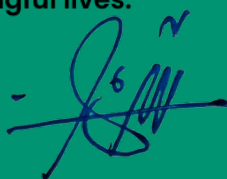
The National Mental Health Strategic Action Plan 2025–2029 reaffirms the unwavering commitment to enhance the mental well-being of the people of Maldives. Grounded in the core values of equity, dignity, and inclusion, it envisions a society where every individual can achieve their full potential and actively contribute to the nation's progress. As a cornerstone of overall health, mental well-being is essential for fostering resilient individuals, supportive families, and thriving communities.

Over recent years, the Maldives has made significant strides in raising mental health awareness and expanding services, with notable achievements across various sectors.

However, challenges persist in ensuring equitable access to care, addressing stigma, and strengthening community-centered approaches. This Strategic Action Plan provides a comprehensive roadmap to tackle these issues, emphasising the integration of mental health services into primary healthcare, capacity building, improved governance, and fostering multi-sectoral collaboration. Its focus on prevention, rights-based approaches, and community engagement underscores the vision for a mental health system that leaves no one behind.

I extend my heartfelt appreciation to the World Health Organisation Maldives Country Office for their invaluable support in the development of this Strategic Action Plan. My deepest gratitude also goes to the dedicated stakeholders, technical experts, and contributors from various sectors who participated in the consultative and validation processes. The collective effort, collaboration, and unwavering commitment by all relevant national stakeholders have been instrumental in shaping this ambitious plan and moving it toward realisation.

I am confident that the National Mental Health Strategic Action Plan 2025–2029 will serve as a transformative framework for strengthening mental health services and ensuring access to mental health care for all citizens of the Maldives. The Ministry of Health remains steadfast in its leadership role, working collaboratively with health partners, government bodies, and other stakeholders to align strategies and achieve shared objectives. Together, a robust, inclusive mental health system could be created, which not only addresses the challenges of today but also meets the aspirations of tomorrow. Through this collective effort, we can nurture a society that prioritises mental well-being, eliminates stigma, and empowers individuals to lead fulfilling and meaningful lives.



**Abdulla Nazim Ibrahim**  
Minister of Health

# Foreword by WHO Representative



WHO defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Therefore, Mental Health is fundamental to this holistic definition of health. It is a basic human right and it is crucial for personal, community and socio-economic development. There is no health without Mental Health.

Globally, mental disorders account for 1 in 6 years lived with disability. People with severe mental health conditions die 10 to 20 years earlier than the general population. People with mental health condition experience stigma, discrimination and human rights violations.

This National Mental Health Strategic Action Plan 2025–2029 represents a significant milestone in our collective journey towards prioritizing and strengthening mental health in Maldives. It demonstrates the commitment of Ministry of Health and Government of Maldives in delivering comprehensive and accessible mental health services to its people. The plan envisions a future where mental health is valued, promoted, and protected for all Maldivians, contributing to the nation's overall well-being.

The plan was developed through an extensive consultative process engaging a broad range of stakeholders, including individuals with lived experience, families, healthcare professionals, community leaders, and representatives from various organizations. This inclusive approach ensured that the plan included the diverse needs and perspectives of the Maldivian population and is firmly rooted in local realities. The Action Plan lays out a comprehensive and strategic framework for strengthening mental health services nationwide. It focuses on key areas such as promoting mental well-being, preventing mental health conditions, ensuring access to quality mental health care, combating stigma and discrimination, and building a stronger mental health workforce. Critically, the plan emphasizes integrating mental health into primary healthcare and other relevant sectors, acknowledging that mental health is not solely a health issue but a broader societal concern impacting all aspects of an individual's well-being.

WHO is committed to supporting the Government of Maldives in implementing the National Mental Health Strategic Action Plan. We believe that through strong leadership, collaboration, and investment, we can make a real difference in the lives of people affected by mental health conditions and create a more inclusive and supportive society for all. We are confident that this plan will serve as a powerful tool to drive positive change and improve the mental health and well-being of the people of Maldives.

A handwritten signature in black ink, appearing to read 'Payden'.

Ms Payden

WHO Representative to the Maldives



# Foreword by UNICEF Representative



It is with optimism that I present the National Mental Health Strategic Action Plan 2025–2029 for the Maldives. This comprehensive plan marks a significant milestone in our efforts to enhance mental health services and support, particularly for children and adolescents.

Mental health is a critical component of overall well-being, yet mental health services, especially for young people in the Maldives, remains under recognized and under resourced. Addressing this issue through a long-term Strategic Action Plan is a crucial step forward.

This plan prioritizes early detection and intervention, acknowledging that many mental health disorders begin during adolescence. By integrating mental health services into primary health care and establishing dedicated facilities such as Child Development Centers, we will ensure timely and effective support for children and adolescents in need.

A key strength of this plan is its multi-sectoral approach, recognizing that mental health cannot be addressed by a single institution or agency. Collaboration among families, schools, healthcare providers, social services, and policymakers is essential to creating an environment where young people feel safe, supported, and empowered.

The plan also emphasizes the importance of safe schools and mental health education, advocating for the integration of mental health topics, such as self-care and positive coping, into school curricula and the training of school counselors and teachers.

Furthermore, community-based services and prevention programs, such as Helping Adolescents Thrive (HAT) and the national mental health communications campaign 'Kihineh,' reinforce our commitment to fostering a supportive environment.

By working closely with civil society and other stakeholders, we aim to build a resilient, inclusive, and sustainable mental health system that reduces stigma and enhances quality of life for all.

UNICEF is proud to support the Maldives in this endeavor, reaffirming our commitment to strengthening mental health systems, expanding access to quality services, and breaking down barriers of stigma.

Let us work together to ensure this Strategic Action Plan is not just a document but a commitment to transformative change in the well-being of children and communities.

A handwritten signature in black ink, appearing to read 'Edward Addai', with a horizontal line underneath.

**Dr. Edward Addai**

**UNICEF Representative to the Maldives**

# Executive Summary

The National Mental Health Strategic Action Plan 2025–2029 represents the Maldives' commitment to advancing mental health as a critical component of overall well-being. Building on prior efforts and aligned with international best practices, this plan sets forth a roadmap to address the growing mental health needs of the nation, with a vision of fostering a resilient, inclusive, and sustainable mental health system.

## The National Mental Health Strategic Action Plan 2025–2029 is anchored in four strategic objectives to address systemic gaps and emerging challenges:

### Strengthening Governance and Leadership:

This objective focuses on building robust governance structures, fostering multi-sectoral collaboration, and ensuring dedicated resources for mental health. It aims to enhance leadership capacity, promote accountability, and integrate mental health into national policies to secure long-term sustainability.

### Mental Health Promotion and Prevention:

This objective prioritizes reducing stigma, raising awareness, and fostering community resilience. Through national campaigns, school programs, and workplace initiatives, it aims to empower individuals, encourage early help-seeking, and create a supportive environment for mental well-being.

### Enhancing Service Delivery:

By integrating mental health services into primary healthcare and strengthening regional and community-level facilities, this objective seeks to improve access and equity. Key actions include establishing referral systems, training healthcare providers, and ensuring continuity of care across all regions.

### Building Capacity for Research and Evidence:

Strengthening information systems and prioritizing research will support data-driven decision-making and policy development. This includes implementing surveillance systems, conducting baseline surveys, and creating guidelines to improve the quality and effectiveness of mental health services.

Guided by the principles of equity, dignity, and inclusion, the plan prioritizes early intervention, community-based care, and human rights-focused approaches. Notable targets include integrating mental health services into 70% of primary healthcare facilities, training 90% of primary healthcare providers, implementing national mental health promotion campaigns, and reducing stigma by 20% by 2029. These efforts aim to address existing gaps in service accessibility, workforce capacity, and societal attitudes toward mental health.

The National Mental Health Strategic Action Plan 2025–2029 was developed through extensive consultations with stakeholders, including government agencies, non-governmental organizations, healthcare providers, and community representatives. This collaborative approach ensures the plan reflects the diverse needs of our communities and aligns with global mental health objectives, including the Sustainable Development Goals.

Through the National Mental Health Strategic Action Plan 2025–2029, the Maldives aims to create a comprehensive, people-centered mental health system that empowers individuals, supports families, and strengthens communities, paving the way for a mentally healthy and thriving nation.

# ABBREVIATIONS

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<b>AHP</b>	Analytical Hierarchy Process
<b>CDC</b>	Child Development Centre
<b>DHIS</b>	District Health Information System
<b>HPSN</b>	Home for People with Special Needs
<b>HRCM</b>	Human Rights Commission of the Maldives
<b>IGMH</b>	Indira Gandhi Memorial Hospital
<b>MBS</b>	Maldives Bureau of Statistics
<b>MCDA</b>	Multi-Criteria Decision Analysis
<b>MH</b>	Mental Health
<b>MoH</b>	Ministry of Health
<b>MHA</b>	Mental Health Act
<b>NCMH</b>	National Centre for Mental Health
<b>NMHD</b>	National Mental Health Department
<b>NGO</b>	Non-Governmental Organization
<b>NSAP</b>	National Strategic Action Plan
<b>PHC</b>	Primary Health Care
<b>SMHS</b>	Specialist Mental Health Services
<b>UNICEF</b>	United Nations Children's Fund
<b>WHO</b>	World Health Organization

# POLICY STATEMENT

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In Maldives, the mental wellbeing of people will be fostered with emphasis on addressing mental health disorders. People with mental health disorders and their families will be treated with dignity and have access to quality care to promote recovery and flourish in the community, free from stigma and discrimination.

To ensure that all people living in the Maldives enjoy positive mental health and well-being, the government is committed to fostering a resilient mental health system that meets the needs of all citizens. Addressing mental health challenges and strengthening national leadership and inter-sectoral coordination are crucial to achieving this goal.

Mental health services will be integrated into primary and tertiary healthcare as part of a strategic shift toward community-based care and human rights. Emphasis shall be given to implement mental health promotion and prevention strategies central to reduce stigma, raise awareness, and encourage early intervention. There is a crucial need for early detection intervention for child and adolescent mental health since most onset is during adolescent age. The Maldives' strategic direction for mental health emphasizes moving away from institutionalized care to community-centered service delivery; evidence-based interventions, focusing on prevention and rehabilitation. This approach prioritizes the development of rehabilitation unit(s) linked to psychiatric services, supporting individuals within their communities rather than in isolated institutions. This further shall be incorporated into sectoral policies given the structural and social determinants of mental health.

Protection of mental health rights shall be assured through the enactment of a Mental Health Act. This legislative framework will ensure a rights-based approach, safeguarding the dignity and autonomy of individuals with mental health conditions and reinforcing our commitment to ethical and compassionate care, ensured through systematic capacity building and continuous quality improvement and monitoring of services will be in place to ensure that the best of services reach to the people.

Finally, strengthening information systems, research, and evidence generation to support informed decision-making and track progress will be prioritized.

It is expected that this comprehensive and progressive approach to mental health in the Maldives will lay the groundwork for a comprehensive and resilient mental health system.

# USE OF PERSON-CENTERED AND INCLUSIVE LANGUAGE

Mental ill-health has historically been one of the most stigmatized health conditions, and despite progress, stigma remains a significant barrier to care in our communities. The language used in public discourse, media, workplaces, and homes plays a pivotal role in shaping attitudes toward mental health. Stigmatizing language not only perpetuates harmful stereotypes but also contributes to internalized stigma, or self-stigma, which discourages individuals from seeking help. By adopting person-centered language in the national Mental Health Action plan, we can foster a culture of empathy and respect, reduce stigma, and encourage individuals to access the support they need.

Preferred	Instead of
<b>A person 'living with' or 'has a diagnosis of' mental illness/ Person with lived experience/Mental health challenge/ crisis</b>	Mental patient/Mentally ill
<b>A person with a 'diagnosis of' or 'is being treated for' or 'is living with' schizophrenia</b>	Victim/suffering from/affected with a mental illness
<b>A person with 'diagnosis of' or 'is being treated for' schizophrenia</b>	A person is a schizophrenic/ anorexic/ Depressed
<b>Individual/Service Recipient/Consumer/Survivor</b>	Patient/Client/Case
<b>Person/people who use drugs/substances/ person living with SUD</b>	Addict/Substance abuser
<b>Died by suicide / lost to suicide</b>	Committed suicide/Successful suicide
<b>A person with schizophrenia or a person with psychosis</b>	Schizophrenic/psychotic
<b>'Survived a suicide attempt' or 'fatal suicide attempt / non-fatal suicide attempt' or 'fatal self-harm' or 'non-fatal self-harm'</b>	Successful/unsuccessful - suicide attempt

# CHAPTER

# 01

# Introduction

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The purpose of the National Mental Health Strategic Action Plan (NMHSAP) emphasizes the establishment of a robust and sustainable mental health framework to address the increasing burden of mental health disorders and the need for mental health promotion, prevention, and treatment. This plan provides strategic directions for the mental health system in the Maldives for the next five years. The provision of drug rehabilitation and community integration services and psychosocial support through state care institutions are not covered in this plan, as there are separate national action plans for these areas. The importance of integrating mental health services into primary healthcare and ensuring accessibility for all population groups is central to this plan. Key strategies include developing national mental health policies and guidelines, building the capacity of healthcare workers, and reducing stigma surrounding mental health issues. It sets out priority actions that need to be implemented to accelerate the promotion of mental health and the provision of essential mental health services for the resident population of Maldives.

This document is organized into five chapters. Chapter 1 provides the background and describes the current situation and mental health service delivery in the country. Chapter 2 presents the methodology adopted and the process followed in developing this NMHSAP 2025–2029 including the prioritization criteria for identifying actions and the action plan are provided. Chapter 3 briefly presents the findings of the review of key documents on mental health developed in recent years. Chapter 4 presents the NMHSAP 2025–2029 with its goals, strategic objectives, and actions. Chapter 5 presents the Action Plan to implement NMHSAP 2025–2029 with a timeline and priority assigned. The monitoring and evaluation framework in Appendix 1 and Appendix 2 presents costing of the actions set out in the action plan.

Mental health is a vital component of overall well-being, defined by WHO as

## Background

“*a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn effectively, work productively, and contribute to their communities.*”

It extends beyond the mere absence of mental health conditions, encompassing the capacity to engage meaningfully with others, contribute to society, and fulfil one's potential. Achieving good mental health requires prevention and promotion programs at the primary care level, task shifting, access to quality treatment options, and adopting a life span approach.

Globally, mental health disorders are on the rise, and they are a leading cause of disability. 'Common mental health disorders, such as depression and anxiety disorders, often contribute more to the disease burden than severe mental illnesses like schizophrenia and bipolar disorder due to their higher prevalence' (Yang Wu et al., 2023). In 2019, depression and anxiety disorders alone accounted for over 970 million prevalent cases worldwide. Notably, common mental health disorders such as anxiety and depression among young people contribute to 40% of global mental health disorders (Madhurima et al., 2023). The onset of most mental health disorders occurs during adolescence, which is acknowledged to be a challenging stage of life. Suicide is identified as the fourth leading cause of death among 15–29-year-olds by WHO. People with severe mental health conditions, such as schizophrenia, experience premature mortality, often up to two decades earlier than the general population, due to preventable physical conditions (WHO, 2023). Despite the escalating prevalence of mental health disorders, they disproportionately affect vulnerable populations, and treatment coverage remains low on a global scale (Moitra et al., 2023).

If we look at the South Asia region, it accounts for around one-fourth of the world population and one-fifth of psychiatrically ill patients in the world (Trivedi et al., 2007). It is estimated that total number of mentally ill people in the region will be 150–200 million. The estimated prevalence in the region is 13.2%, which is equivalent to 260 million people living with some form of mental health condition (WHO, 2022). The burden of mental, neurological and substance use disorders and self-harm (MNSS) among children aged 5–14 years was significant and, compared with that of other health conditions, mental health conditions accounted for 25% emphasizing the need for prioritizing interventions for this age category (WHO, 2023).

Comprehensive research to study the prevalence and causes of mental health conditions among the Maldivian population has not been carried out so far. However, studies carried out on social issues such as substance abuse and domestic violence indicate a rising trend and could be a contributing factor among many others, to deteriorate mental health.



A mental health survey conducted by the Ministry of Health in 2003 revealed that 29.10% of the sample population suffered from mental health conditions, with women being twice as likely as men to experience depression, anxiety, and somatic symptoms (Niyaz & Naz, 2003). The National Drug Use Survey in 2011 indicated that about 15% of drug users in the capital city, Malé, and 9% in the Atolls had been diagnosed with a psychological disorder, often accompanied by eating and sleeping problems (UNODC, 2013). The Global School Health Survey conducted in 2014 revealed that among 13-15-year-olds, 16% had seriously considered attempting suicide in the last 12 months, 15% had survived a suicide attempt in the same period, and 9.6% reported having no close friends (WHO, 2019).

Table 1 presents the number of cases in the National Disability Registry with a diagnosis of neurodevelopmental disability (intellectual disability, psychological disability, autism). Data provided by NSPA on 9.10.2023.

**Table 1: Number of cases in the National Disability Registry with a diagnosis of neurodevelopmental disability**

Disability Type	Female	Male	Grand Total
Multiple Disability	806	1576	2382
Intellectual Disability	991	1282	2273
Autism	127	491	618
Psychological Disability	250	324	574
Total	2174	3673	5847

Source: National Social Protection Agency

Maldives Demographic and Health Survey 2016-17 highlighted that while disabilities were relatively rare in the country, most common disabilities were attributed to mental illness, with approximately half of those affected receiving government allowances (MoH, 2016-2017).

National Center for Mental Health reports that their consultation numbers have increased from 7,246 in 2019 to 17,708 in 2020 and it continues to increase since then. Indicating that mental health awareness has increased, and people seeking support and treatment has increased since the COVID-19 pandemic.

Research made by the Human Rights Commission of the Maldives in 2023, reports that under Aasandha over the past 5 years 26,627 people have accessed Aasandha for mental health related treatment and 63% of them live in Greater Male' Area (HRCM 2023). This reports further states that 54% of person(s) with lived experience/ who have received mental health related medication from Aasandha in the past 5 years are females. The number of people who have taken mental health related medications for the first time increased from 203 in 2017 and 9,163 in 2021 (MBS, 2021).

To address this situation, the Mental Health Policy 2015-2025 was launched in 2017 and a Strategic Action Plan was developed for 2016-2021. The Central and Regional Mental Health Services Development Plan 2022-2025 was developed in 2022, and a Framework and Roadmap for Strengthening Mental Health Services was prepared in 2023. A draft Mental Health Act is being developed by the Attorney General's Office.

The government manifesto calls for enhancing mental health services by strengthening the National Mental Health Department, the National Center for Mental Health, and integrating mental health services into primary healthcare. It also outlines plans to establish a dedicated mental health hospital or mental health rehabilitation facility as recommended in this plan, ensuring a seamless and comprehensive mechanism for delivering mental health services across all population groups. Furthermore, the manifesto emphasizes the development of specialized facilities for women and children, including those with disabilities and enhanced geriatric services to meet the needs of the aging population. These initiatives aim to provide accessible, equitable, and high-quality healthcare for all.

## Mental Health System in the Maldives

Maldives is a small island nation in the Indian Ocean with a current population of 525,994 as of 2023 with a projected increase of 12% to 589,962 by 2050 (WHO 2022). Capital city Male' is heavily populated as many migrate to Male', seeking better opportunities in education, housing, and employment.

Most healthcare services in the Maldives are provided by the public sector which consists of 192 government health facilities, out of which 184 facilities are in atolls and the rest in the Greater Male' Region. Health care delivery system of Maldives is organized into a three-tier system with island-level primary care centers, a higher level of health facilities with respect to the provision of maternal, newborn care and specialty care at the atoll/regional level and tertiary care at central/regional level (MoH 2020). Specialty care is provided depending on the grading of the health facility.

All regional hospitals offer psychiatric consultations, and a few offers inpatient psychiatry services and other mental health services with a multidisciplinary team. The National Center for Mental Health (NCMH) at Indira Gandhi Memorial Hospital (IGMH) was opened in 2019 with a multidisciplinary team and their inpatient psychiatry unit with 9 beds was opened in 2022. Apart from NCMH, Hulhumale Hospital offers mental health services via its Mental Health Center and Child Development Center offering services in the Central Area. Ungoofaaru Regional Hospital recently opened a four-bed inpatient psychiatric unit with two psychiatrists and a psychologist. Apart from the Government stakeholder agencies, non-governmental organizations and private sector hospitals and clinics play a crucial role in delivering mental health services.

**Table 2: Human resource in mental health professionals available across the country in 2021**

Center	Area	Staff
NCMH at IGMH	Male'	4 psychiatrists 5 psychologists 2 social workers 2 counselors 5 speech therapists (outside NCMH, within IGMH)
Addu Equatorial Hospital	S	2 psychiatrists, 1 speech therapist
Kulhudhuffushi Regional Hospital	HDh	2 psychiatrists, 1 speech therapist
Ungoofaaru Regional Hospital	R	2 psychiatrists 1 psychologist
Dr Abdul Samad Memorial Hospital	GDh	2 psychiatrists
Gan Regional Hospital	L	2 psychiatrists

Source: Central and Regional Mental Health Services Development Plan

The only residential facility for people living with major mental health disorders, Home for People with Special Needs (HPSN), is in K. Guraidhoo, which also houses people with disabilities, and geriatric Person(s) with lived experience/ where, as of December 2024 there were total 212 (Male: 129, Female: 83) residents, out of which 178 (Male: 105, Female: 212) are living with mental illness.

There are no rehabilitation programs ongoing at present although some work has been carried out in this aspect. HPSN has been changed to the Ministry of Health from the Ministry of Social and Family Development in 2024.

Child and adolescent specific mental health (CAMH) services are scarce in the Maldives. There are a few private services such as Maldives Autism Association and Care Society which provides services for children with neurodevelopmental challenges and other private clinics which provides services in Occupational Therapy, Behaviour Therapy and Speech Therapy. A Child Development Center was opened in Hulhumale Hospital in 2021 and in Addu Equatorial Hospital in 2022 to cater to children with mental health issues below the age of 15 years with a multidisciplinary team. The services are centered in Male' city, and the long wait list, service is not accessible to remote islands. However, a national mental health helpline 1677 was established in 2024, and as end of December 2024, 2032 calls were received by this helpline.

Although Maldives has made significant progress in providing mental health services especially after the COVID-19 pandemic, it continues to struggle to provide equitable care across the nation.



**CHAPTER**

**02**

# Methodology

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The process to develop the new National Mental Health Strategic Action Plan (NMHSAP) 2025–2029 involved three stages; situation update through stakeholder consultations and document review, developing the strategic action plan with M&E framework for the action plan and costing the action plan, and validation through consultative meetings. All stages involved engagement with a small group of experts and staff of NMHD and wider consultation for validation of the action plan.

# Action Plan Development

A critical part of action plan development in 2024 involved using a prioritization matrix to evaluate potential interventions. This structured approach ensures that the most effective and high-impact actions are selected to align with national mental health goals. By employing this matrix, stakeholders can prioritize initiatives that maximize resources and improve mental health outcomes across the country, while promoting sustainable and accessible mental health services for all.

The WHO emphasizes that effective prioritization in mental health planning is essential for addressing diverse and competing demands within a resource-constrained environment (WHO, 2013). This involves identifying key mental health challenges, assessing the health system's capacity, and aligning strategic actions with broader public health goals and socio-political contexts (Patel et al., 2018). By systematically evaluating mental health needs and potential interventions, national plans—such as this Plan of Action 2025–2029—can better address the burden of mental health disorders, promote mental well-being, and improve overall public health outcomes. This prioritization process is guided by evidence-based criteria, including disease burden, cost-effectiveness, feasibility, and alignment with national and international health priorities (Murray et al., 2012). This approach ensures that Mental Health Activities are not only responsive to current needs but also sustainable and scalable, contributing to long-term health system strengthening.

When aligning mental health service prioritization with existing high-level policy frameworks, evaluating different prioritization matrixes becomes essential for optimizing resource allocation to achieve the best health outcomes. Tools like the Eisenhower Matrix, Multi-Criteria Decision Analysis (MCDA), and Analytical Hierarchy Process (AHP) offer structured approaches to compare and rank mental health interventions based on specific criteria. The Eisenhower Matrix focuses on urgency and importance, making it ideal for immediate decision-making but less effective for addressing complex mental health needs. MCDA allows for a more nuanced assessment by incorporating multiple factors such as cost-effectiveness, feasibility, equity, and impact. AHP further refines decision-making by breaking down complex issues into a hierarchy of manageable sub-problems, enabling a more detailed analysis. While each matrix has inherent limitations due to the subjective judgments required, the choice of prioritization methodology should be tailored to the context, ensuring that selected interventions address public health needs while aligning with the overarching goals of the existing policy framework, including the National Mental Health Plan of Action 2025–2029 of the Maldives.

# Activity Prioritization

The activity prioritization grid provides a structured approach to aligning Mental Health Activities with political priorities while ensuring that public health needs are effectively addressed. By scoring activities across multiple criteria, stakeholders can make informed decisions that balance political realities with the need to improve mental health outcomes. This approach not only supports the successful implementation of the Action Plan but also ensures that mental health remains a key priority within the broader political and public health agenda.

An activity grid is designed to help prioritize activities within an Action Plan by evaluating them against key criteria that align with a political manifesto. Each activity is scored based on its relevance to the criteria, and the total score helps determine its priority level. Based on prioritization, the Action Plan was developed with timelines and expected outputs.

## The criteria for prioritization are:

### 1 Political Alignment:

How well does the activity align with the political manifesto's priorities?

### 2 Public Health Impact:

What is the potential impact of the activity on mental health outcomes?

### 3 Feasibility:

How practical is it to implement the activity given current resources, infrastructure, and political will?

### 4 Cost-Effectiveness:

Does the activity provide a good return on investment in terms of health outcomes relative to its cost?

### 5 Equity:

Does the activity address the needs of marginalized or vulnerable populations?

### 6 Sustainability:

Can the activity be maintained over the long term without requiring excessive additional resources?

### 7 Stakeholder Support:

Is there broad support for the activity among key stakeholders, including the private sector, NGOs, and the community?

## Developing Activity Targets

Setting targets and indicators for monitoring is critical for tracking the effective implementation and allocation and mobilization of resources. This informed the development of the Monitoring and Evaluation (M&E) framework.

## Costing the Action Plan

The action plan was costed using a mix of activity-based unit costing and item-based unit costing reference developed locally. Activity-based costs included the unit cost of activities such as meetings, consultancy, supervision trips, and training workshops. Item-based unit costs were used for initial investment cost of establishing facilities, and new professional staff costs.

## Validation

The NMHSAP was validated with two consultation meetings; one with policy and decision-makers and one with technical and wider stakeholders that provided the opportunity for getting comments on the draft plan, as inter-sectoral collaboration was a critical element in the implementation of the plan.





**CHAPTER**

**03**

# Findings from Review of Key Documents

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# National Mental Health Policy

The National Mental Health Policy 2015–2025 outlines the policy priorities as mentioned below. The following is a review of the key actions mentioned in the policy.

- a.** Leadership and coordination– The establishment of the Department of Mental Health with a designated budget did bring mental health leadership to the forefront. However, much needs to be done to attain coordination and improvement of the mental health system.
- b.** Financing mental health– apart from a designated budget allocation to NMHD, mental health services are covered under Aasandha the universal health care program and disability allowance is provided for people living with severe mental health conditions by the National Social Protection Agency.
- c.** Mental health promotion and prevention of mental disorders– recently activities have begun under the ‘Kihineh’ campaign aimed to increase individual resilience and stigma reduction through social media awareness, community engagement, and training directed at mental health professionals and laymen.
- d.** Developing comprehensive mental health services– mental health services available have increased in the past five years, however, we are far from establishing a comprehensive mental health service system. Community mental health services are nonexistent, and very limited services are available at the primary level. Furthermore, there are even fewer services catering specifically to children and adolescent mental health issues. There is public frustration around the accessibility of services as most such services are concentrated in the capital. There are limited human resources available at the atoll and regional levels to provide holistic mental health services. This poses the need for budgeting and a national plan for capacity building in this sector.
- e.** Addressing drug addiction– The Drug Act itself poses a lot of challenges in its implementation. The National Drug agency is unable to cater to the changing patterns of drug use and the rise in demand for different types of rehabilitation treatment opportunities. Services are provided haphazardly and not well coordinated. Treatment is still more oriented towards heroin addiction and specialized services are absent for people with dual diagnosis. ‘The recent assessment of drug treatment facilities in Maldives in 2022 revealed that despite progress in the establishment of these facilities, there were many gaps in their functioning due to inadequate resources, information systems, supportive mechanisms, supervision, and monitoring; all contributing to deficient quality services’ (Gururaj, 2023).
- f.** Advocacy and legislation– The Mental Health Act was drafted in 2022, and Attorney General’s Office is working with stakeholders to finalize it before sending it to parliament in 2025.
- g.** Human resources and training– There is a draft Health Human Resource Plan and the three-year training requirement for health is updated annually and this includes increasing the capacity of mental health professionals. While human resources are the main resources required to provide mental health services, there is a need for systematic long-term planning to build capacity and recruitment of mental health professionals.
- h.** Quality improvement and monitoring– Assessment of guidelines has been initiated in 2024 to ensure quality service is provided.

# Central and Regional Mental Health Service Developmental Plan 2022–2025

This plan was endorsed in 2022 with a key focus on the integration of mental health service delivery into primary care level mental health services and establishing multidisciplinary teams in regional hospitals. The proposed model includes organizing service delivery through four levels; Island level, Atoll level, and Tertiary hospital services at regional level, and Central level and proposed a referral pathway system. The services outline for different levels are summarized below.

## Services planned for the island level include:

Promotion of general mental health and prevention of mental ill health of the island population.

Integrated mental health services at the primary care level. Patients can be admitted if required until shifted to the atoll or regional level for specialist care.

Support with treatment adherence and support to be active in the community.

## Services planned for the atoll level include:

Psychological and social work services

Physical and online outreach clinic

2 beds allocated for the admission of patients

## Services planned for tertiary hospitals at the regional level include:

Full multidisciplinary services and OPD services

Inpatient unit with 4 beds

Outreach services to atolls

## Services planned for tertiary hospitals at the central level include:

Full multidisciplinary services and OPD services

Inpatient ward with 9 beds

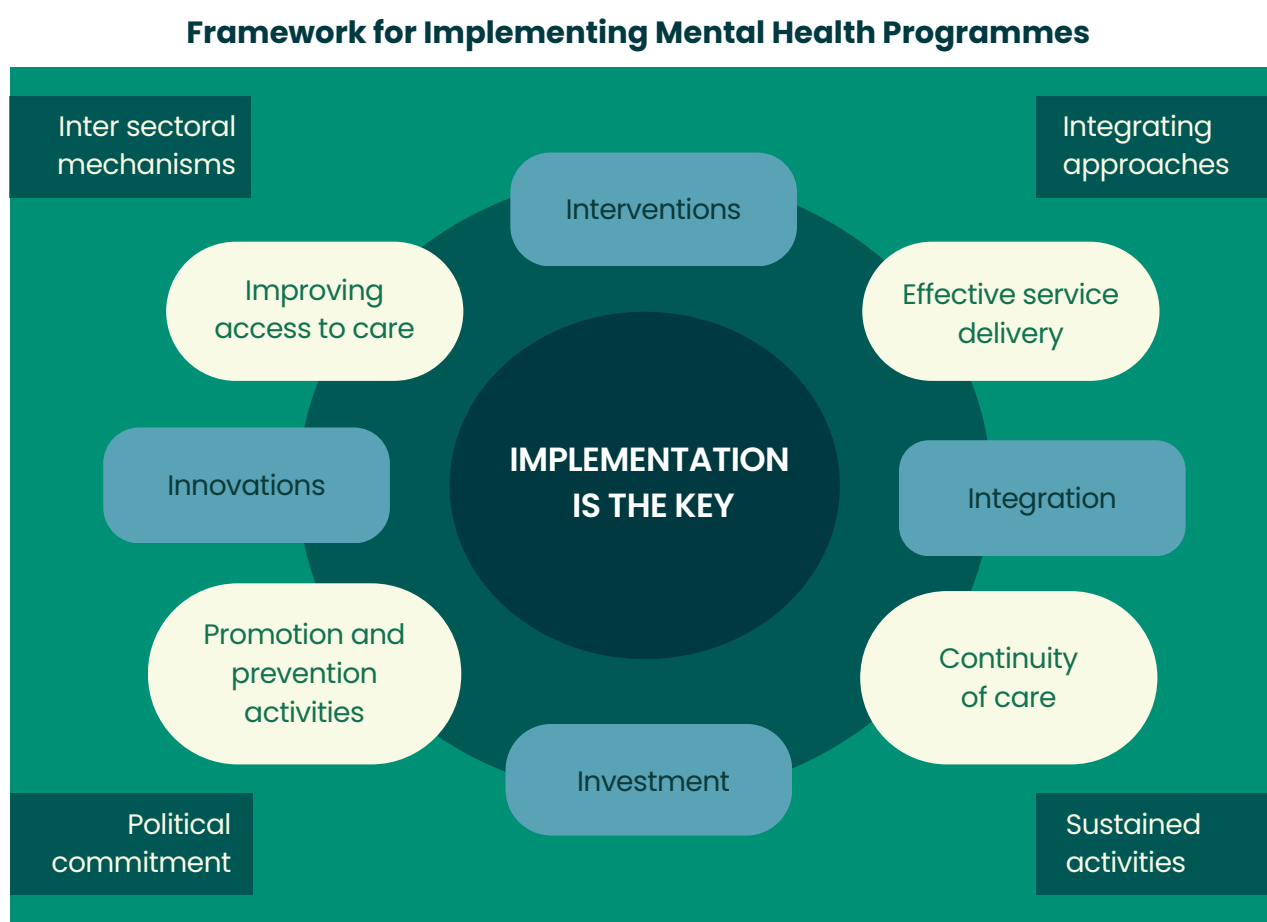
Primary care services through Urban Care Centers /Dhamanaveshi

As of now only Ungoofaaru Regional Hospital has established a four bed-mental health center according to this plan. Ungoofaaru Regional Hospital reports that they conduct outreach visits to the islands in the region. They have two psychiatrists and a psychologist in the team.

# Framework and Roadmap for Strengthening Mental Health Services in Maldives

The framework developed in 2022 by Professor G. Gururaj outlines several steps toward building a mental health system in the Maldives. The proposed framework included Implementation measures—choosing right interventions—integration of various programs and activities—investments in critical areas and required innovations. Professor G. Gururaj noted that there is a 'large unmeasured treatment gap in mental health care along with low emphasis on prevention of mental health conditions and promotion of mental health in populations. Figure 1 below shows the framework proposed by Professor Gururaj in his report.

**Figure 1: Framework for Mental Health Systems**



The implementation guidance for strengthening mental health services in the Maldives outlines recommendations across 13 domains at the national, regional/atoll, and primary health care levels. Some key achievements suggested in this report that have been attained include the establishment of the National Mental Health Department under the Ministry of Health, with a dedicated budget and staff; the formation of a National Technical Advisory Group comprising local experts, WHO, and UNICEF; and the regular conduction of Mental Health Gap (mhGAP) training in various atolls.

# National Strategic Action Plan 2024–2028

The Government National Strategic Action Plan 2024–2028 (NSAP) emphasizes improving mental health system, establishing comprehensive mental health services in primary health care setting, mental Health and Rehabilitation Therapy, strategies to address child and adolescent mental health and to increase the number of mental health professionals in mental health sector. As per the draft of the NSAP 2024–2028, under Policy 8: Develop and Implement a Comprehensive National Mental Health System to Foster a Mentally Healthy Society in the Maldives following indicators are to be achieved over the next 5 years.

The NSAP of the current government includes several key initiatives to enhance mental health services across the Maldives. It outlines the introduction of a Mental Health Bill to create a legal framework for mental health care. The plan focuses on increasing access to services by establishing a tiered system, including a mental health hospital for severe cases, mental health centers for moderate and mild cases at regional/tertiary levels, and integrating mental health into primary healthcare. While increasing accessibility to mental health services is highly needed, Central and Regional Mental Health plan suggests a more decentralized, bottom-up approach to primary care services where a community-based model is adopted. Building a mental health rehabilitation facility specifically for mental health could lead to institutionalization of Person(s) with lived experience/ and against current global best practices. WHO recommends that mental health services be integrated into primary care services and Person(s) with lived experience/ are treated in community where their functionality and productivity remain relatively stable.

The NSAP also emphasizes expanding the mental health workforce to improve service availability, creating a surveillance mechanism to track mental health issues. Additionally, it prioritizes mental health promotion and prevention efforts across sectors and encourages multi-sectoral collaboration for the management, promotion, and prevention of mental health disorders.



**CHAPTER**

**04**

# **National Mental Health Strategic Action Plan 2025–2029**

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# Guiding Principles

The guiding principles for the National Mental Health Strategic plan are derived from the National Mental Health Policy 2015–2025 and the WHO’s Comprehensive Mental Health Plan 2013–2030

- 1. Evidence-based Care with Professionalism:** Mental health strategies and interventions for treatment, prevention and promotion need should be based on scientific evidence and/or best practice, taking socioeconomic and cultural considerations into account.
- 2. Life course approach and engagement of caregivers:** Policies, plans and services for mental health to consider health and social needs at all stages of the life course, including infancy, childhood, adolescence, adulthood, and older age.
- 3. Multi-sectoral approach:** A comprehensive and coordinated response for mental health requires partnership with multiple public sectors such as health, education, employment, judicial, housing, social, and other relevant sectors as well as the private sector, as appropriate to the country's situation.
- 4. Empowerment of persons with mental health disorders and psychosocial disabilities and their families:** Persons with mental health disorders and psychosocial disabilities should be empowered and involved in mental health advocacy, policy, planning, legislation, service provision, monitoring, research, and evaluation.
- 5. Universal health coverage:** Persons with mental health disorders should be able to access essential health and social services that enable them to achieve recovery and the highest attainable standard of health and wellbeing.
- 6. Community-based service, people-centered least restrictive care:** Encouraged community-based service delivery for mental health needs, involving treating people with mental health disorders in the community, in the least restrictive environment, closer to their homes and minimizing institutional care.
- 7. Accessible and affordable Mental Health Care systems:** Reorientation of health care services is required for mental health promotion, prevention, early detection, and integrated care, particularly at the primary care level.
- 8. Gender Equality, Human Rights and Disability (GEHRD) approach:** Mental health strategies, actions and interventions for treatment, prevention and promotion must be compliant with the Convention on the Rights of Persons with Disabilities and other international and regional Gender Equality and Human Rights instruments.

# Goal

To promote and enhance mental health and wellbeing through mental health promotion and prevention of mental health disorders, early identification, equitable and rights-based care, reducing the burden, morbidity and mortality associated with mental health disorders.

## Strategic Objectives

### Objective 1

To strengthen national capacity, leadership, governance, structure and multi-sectoral action and partnership for mental health with adequate financing for implementation of the strategy.

### Objective 2

To integrate quality mental health services into the existing health care system through a community-based primary health care approach along with a strong multi-sectoral referral mechanism.

### Objective 3

To implement strategies for the promotion of mental health and prevention of mental ill health across the life course.

### Objective 4

To strengthen information systems, evidence, and research for mental health.

## Strategic Actions

The strategic priorities of the Maldives' NMHSAP 2025–2029 are rooted in a collective goal for mental health, driven by the need for coordinated, robust action to address mental health challenges. Described below is a summary of the strategic actions for each objective. The specific strategic actions are presented in the action plan.

### Objective 1

Strategic actions to achieve this objective include building national capacity, leadership, and governance, with an emphasis on establishing strong multi-sectoral partnerships and securing adequate financing. This will lay a solid foundation for mental health initiatives, and emergency response ensuring they have the resources and cross-sector support needed for sustainable impact.

## Objective 2

Strategic actions for this objective include integrating quality mental health services within the existing healthcare system through a community-based primary health care model, supported by a strong multi-sectoral referral system and mental health workforce development. This approach will improve accessibility and continuity of care, making mental health services more readily available and connected to other health services.

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## Objective 3

The strategic action of this objective focuses on implementing mental health promotion and prevention strategies centric to reduce stigma, raise awareness, and encourage early intervention through community engagement and implementation of social and behavior change interventions.

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## Objective 4

Strategic actions for this objective are around strengthening information systems, research, and evidence generation, which will guide informed decision-making and enable effective monitoring of progress.

Together, these strategic actions are designed to achieve the strategic goal on this NMHSAP.

# The Theory of Change

The Maldives NMHSAP 2025–2029 envisions a resilient, inclusive, and sustainable mental health system that effectively meets the diverse needs of Maldivian communities. This transformation will be achieved through a multi-pronged approach focusing on four strategic objectives:

- 1. Strengthening National Capacity, Leadership, and Governance:** By building robust governance structures, fostering leadership, and enhancing multi-sectoral partnerships, we aim to create a solid foundation for sustainable mental health initiatives. This will involve policy development, leadership training, and cross-sector collaboration to secure resources, expertise, and support.
- 2. Integrating Mental Health Services into Primary Health Care:** By embedding mental health services within the primary healthcare system and establishing a strong referral network, we aim to improve access to comprehensive, community-based mental health support. This integration will ensure early intervention, continuous care, and more accessible mental health services across all regions.
- 3. Promoting Mental Health and Preventing Mental Illness:** Through public awareness campaigns, community advocacy, and preventive programs, we seek to reduce stigma, increase mental health literacy, and encourage early help-seeking behaviors. Promoting positive mental health across communities will foster a supportive environment and empower individuals to prioritize their mental well-being.
- 4. Strengthening Information Systems, Research, and Evidence Generation:** By establishing reliable data systems and prioritizing mental health research, we aim to create a strong evidence base to inform decision-making, track progress, and adapt strategies to emerging needs. This data-driven approach will enable continuous improvement in mental health services and policy effectiveness.

## Assumptions:

- Sufficient funding and resources will be available for all strategic objectives.
- There will be active participation and collaboration across sectors, including government, non-profits, and community groups.
- Cultural acceptance of mental health interventions will increase as awareness grows.

## Risks

- Limited financial or human resources could slow implementation.
- Stigma and cultural barriers may hinder community acceptance of mental health initiatives.
- Potential lack of coordination between sectors could weaken multi-sectoral actions.

## Intended Impact:

- There will be active participation and collaboration across sectors, including government, non-profits, and community groups.

# Multi-Stakeholder Engagement and Accountability

The successful implementation of the National Mental Health Strategic Plan requires a whole-of-government approach and robust multi-stakeholder collaboration to address the national mental health burden effectively. Multi-sectoral collaboration is essential to achieve a people-centered mental health care system, as highlighted by the World Health Organization (WHO, 2016). Inter-sectoral collaboration involves building partnerships between the health sector and other sectors to tackle mental health issues in a more effective, efficient, and sustainable manner than the health sector could achieve alone (WHO, 1997). In the Maldives, however, inter-sectoral collaboration remains limited. According to the WHO Mental Health Atlas (2017), there is currently no formal collaboration with service users, family members, or caregiver advocacy groups in the country. To strengthen the national mental health response, it is crucial to integrate and coordinate holistic care across sectors, focusing on the recovery and support needs of individuals with mental health disorders. This includes establishing financial mechanisms that facilitate collaboration and inter-sectoral joint service planning. Key strategies should also involve forming inter-sectoral coordinating committees, fostering interagency agreements, training staff, and providing joint services in areas such as employment, education, housing, criminal justice, drug rehabilitation, physical health, disability, emergency, and aged care services.

**Table 3: Role of key ministries and stakeholders**

#	Ministry/Agency	Potential roles in Mental Health
1	President's Office/Social Council	Provide National Policy directions and funding for Mental Health
2	Ministry of Social and Family Development	Promotion, awareness, and community reintegration work Work with the departments and specialized agencies under the Ministry
3	Ministry of Education	Establish a whole-school system approach for mental health in school, ensuring mental health promotion is embedded in all aspects of the education system, including culture, leadership, curriculum and learning environments.
4	Ministry of Youth Empowerment, Information and Arts	Youth mental health intervention; Create awareness and youth-friendly services for mental health
5	Ministry of Homeland Security and Technology	Inclusion of mental health in the sectoral policies and plans

#	Ministry/Agency	Potential roles in Mental Health
6	UN Agencies	Accelerate mental health and psychosocial well-being in programmatic areas
7	Ministry of Cities, Local Government and Public Works, City/Atoll/Island Councils	Support community-based mental health services
8	Media Organisation	Mass media intervention on Mental Health Awareness, promoting mental health and reducing social stigma and discrimination
9	NGOs/CBOs	Community-based services, Advocacy and promotion of Mental Health services, health education and peer outreach
10	Department of Juvenile Justice	Screening and assessment for adolescents and youth in the juvenile justice system
11	National Drug Agency	Advancing Prevention, Treatment, and Recovery Support Services for Substance Use
12	Academia	Build research capacity for mental health
13	Maldives Police Service	Capacity building programs for officers on mental health
14	Private Sector	Assert corporate social responsibility by promoting Mental Health at the workplace, creating stigma and discrimination-free environment
15	Ministry of Construction, Housing and Infrastructure	Planning and construction of mental health facilities and planning green spaces in land use planning of cities, atolls, islands and Greater Male' Region
16	Ministry of Higher Education, Labor, and Skills Development	Mobilize and provide higher education opportunities for MH teams



**CHAPTER**

**05**

# Action Plan 2025 – 2029

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The Action Plan for implementing the NMHSAP 2025–2029, focuses on systematically prioritized key actions to achieve strategic objectives. All strategic objectives and priority actions outlined in this plan have been developed with careful consideration for the needs of children, adolescents, women, the elderly, migrants, people with disabilities and other vulnerabilities. Ensuring equitable access to services and support for these groups remains a key priority throughout the implementation of this plan.



## Objective 1:

To strengthen national capacity, leadership, governance, structure and multi-sectoral action and partnership for mental health with adequate financing for implementation of the strategy.

### Outcome /Target: By 2028,

- 1 • Functioning National Mental Health multi-sectoral Committee (Policy level) with Terms of Reference (ToR) and roles collaborating and addressing bottlenecks/solving problem-solving.
- 2 • Mental Health Technical Advisory Group (MHTAG) functioning and providing technical guidance
- 3 • Governance manual for Mental Health Technical Advisory Group and MHTAG developed and used in the service.
- 4 • Mental Health Act (MHA) ratified by the President

**Indicators:** See M&E framework

Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025-2029)					Lead Agency	Responsible Agencies	Milestones / Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
1.1 Establish a National Mental Health Advisory Board with experts in relevant fields and policy makers. The board shall advise the government on all matters relating to mental health care and services including policy, plan, program, and legislative work related to mental health	1.1.1 Mental Health multi-sectoral Committee (Policy level) established, with a ToR, roles clearly defined. To ensure inter-sectoral collaboration, and support address bottlenecks/problem solving.	Policy level multi-sectoral structure not in place	X					NMHD	MoH	Policy level multi-sectoral committee established by the end of 2025 and at least 2 meetings per year. over 2026-2029	High

Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025–2029)					Lead Agency	Responsible Agencies	Milestones/ Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
	1.1.2 Mental Health Technical Advisory Group (MHTAG) to provide technical guidance to the NMHD established with a ToR, roles clearly defined, and active with regular meetings (to include people with lived experience as members of the committee)	Semi-formal, technical advisory group established and functional		X				NMHD	-	Formalized by 2025, and MTAG at least 1 held meeting per quarter. 2026–2029.	High
	1.1.3 Governance manual for MHMSC and MHTAG developed.	No governance manuals/ guidelines are currently available.		X				NMHD	-	Governance manuals endorsed through a formal process and published online by the end of 2025.	High

Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025–2029)					Lead Agency	Responsible Agencies	Milestones/ Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
	1.1.2 Mental Health Technical Advisory Group (MHTAG) to provide technical guidance to the NMHD established with a ToR, roles clearly defined, and active with regular meetings (to include people with lived experience as members of the committee)	Semi-formal, technical advisory group established and functional		X				NMHD	-	Formalized by 2025, and MTAG at least 1 held meeting per quarter. 2026–2029.	High
	1.1.3 Governance manual for MHMSC and MHTAG developed.	No governance manuals/ guidelines are currently available.		X				NMHD	-	Governance manuals endorsed through a formal process and published online by the end of 2025.	High

Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025–2029)					Lead Agency	Responsible Agencies	Milestones / Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
1.2 Develop, strengthen, and implement, national policies, strategies, programs, laws, and regulations relating to mental health within all relevant sectors, including codes of practice and mechanisms to monitor the protection of human rights and implementation of legislation	1.2.1 Ratify by the president and gazette the Mental Health Act	Drafting is in progress, the consultative process is completed.		X				MoH	NMHD/ MHTAG	MH act ratified by the President by the end of 2026.	High
1.3 Strengthen the National Mental Health Department (NMHD) and mental health workforce to lead the National MH programme across the country.	1.3.1 Structure of the MH department fully implemented by maintaining an adequately staffed team, including induction/specialty training	1 Programme coordinator  3 Public Health Officers		X	X	X	X	MoH	MOH/NMHD/ MoF/CSC	70% of the positions of the NMHD staff structure are filled.	Medium

Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025-2029)					Lead Agency	Responsible Agencies	Milestones / Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
	1.3.2 Online Induction training modules developed and online certification as a module of the overall HR system used by MOH (Module development and Consultancy, 20 working days, review every year)	Training manuals are not available.	X					NMHD	MOH/NMHD/ MoF/CSC	3 Training modules/ package developed and available for reference.	
	1.3.3 MH training conducted, 3 days training, 2 trainings per year for continued capacity building (includes regional MH team members)	No staff trained	X	X	X	X	X	NMHD	MOH/NMHD/ MoF/CSC	90% of staff team members have completed the induction training within the first three months of appointment.	

Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025–2029)					Lead Agency	Responsible Agencies	Milestones/ Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
1.4 Ensure NMHD engagement with Ministry the of Finance, MoH and PO to allocate the annual budget, across all relevant sectors, with adequate human resources requirement to implement agreed-upon mental health plans and actions	1.4.1 Conduct a Mental Health Financing Profile for Maldives as part of the national health accounts, to establish a baseline for mental health spending across all sectors (MoH to implement as part of the National Health Accounts (NHA) – Mental Health Accounts)	NA		X					MoH/WHO/ MoF	Mental Health financing profile available for the Maldives.	Medium
	1.4.2 Budget for mental health allocated within all sectors	NA			X	X	X	NMHD	MoH/WHO	10% in the approved budget for mental health programs and services  90% of the annual mental health budget utilized (across all sectors)	Medium

Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025–2029)					Lead Agency	Responsible Agencies	Milestones/ Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
1.5 Strengthen multi-sectoral collaboration with non-governmental organizations (NGOs) working in the mental health sector, creating a platform for shared learning and joint action; Create a platform to empower and collaborate with NGOs	1.5.1 Mechanism established with stakeholders to effectively advocate for strengthening services, and increased resource allocation for mental health including through investment cases for mental health.	0 meetings held with NGOs		X	X	X	X	NMHD	MHTAG/ NGOs	A collective impact platform established in 2025 and at least 1 stakeholder meeting conducted during each year	High
1.6 Mental Health Care and support is coordinated at all levels.	1.6.1 Develop multi-sectoral mental health referral pathways with clear mechanisms for managing emergencies, including urgent patient transfers	Number of referral pathways with all required documents developed and in use. (baseline 0).		X	X	X	X	NMHD	MoH/NCMH/ UNICEF	Platform established in 2025 and at least 1–22 meetings of stakeholders conducted during each year	High

Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025–2029)					Lead Agency	Responsible Agencies	Milestones/ Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
1.7 Conduct an external midterm review of the National Mental Health Programme to assess progress, identify gaps, and provide evidence-based recommendations for improving implementation and achieving strategic objectives.	1.7.1 External, midterm review of the National Mental Health Programme	NA				X		MoH	NMHD/WHO /UNICEF/ MHTAG	Report on the external review of the joint review of the national programme available, with recommendations for improvement	Medium
1.8 Increase and strengthen national mental health Workforce Capacity to effectively respond to national needs; Increase the number of mental health professionals, including psychologists, psychotherapists, counsellors, and social workers, to ensure adequate staffing and accessibility of mental health services nationwide.	1.8.1 MH specialist trained in the country and international centers.	5 specialists		X	X	X	X	MoH	MHEL& SD/WHO	2025 Target: 10 professionals trained (cumulative). 2026 Target: 15 professionals trained (cumulative). 2027 Target: 20 professionals trained (cumulative). 2028 Target: 25 professionals trained (cumulative).	High



Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025–2029)					Lead Agency	Responsible Agencies	Milestones/ Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
	1.8.2 Relevant training conducted to produce pool of trained PHC staffs to ensure integration of Mental Health at PHC level	XX mhGAP		X	X	X	X	MoH	WHO	2025: 90% of target PHC staff trained each year 2029: 90% of all PHC workers trained	Medium
1.9 Strengthen and empower people with mental health disorders and psychosocial disabilities and their organizations.	1.9.1 An advocacy group consisting of People with lived experience and psychosocial disabilities are embedded in MH governance, formed, and engaged in all related discussions and policy decisions	No organized advocacy group established.		X				MOH/ NMHD	NCHM/ CSOs	2025 Target: 1 advocacy group (50%) formed and actively engaged	High

## Objective 2:

To integrate quality mental health services into the existing health care system through a community-based primary health care approach and along with a strong referral system.

### Outcome /Target: By 2028,

- 1 • 60% of the schools have class teachers delivering suicide prevention package at schools
- 2 • Youth Mental Health Services (YMHS) established in 4 sites in the country, with Youth peer support network to work as volunteers at YMHS
- 3 • Community-based mental health programs (MHD) initiated in 6 selected regions
- 4 • Crisis intervention teams and a mechanism developed and implemented for transferring violent mental health cases to health care facilities.
- 5 • A dedicated Mental Health Rehabilitation Unit with modern facilities established and fully operational with trained staff in 6 regions, linked with the psychiatric unit with specialist Mental Health Services (SMHS) with multidisciplinary teams
- 6 • Mental health services integrated in the primary health care services

**Indicators:** See M&E framework

Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025–2029)					Lead Agency	Responsible Agencies	Milestones / Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
2.1 Develop and execute a national suicide prevention framework, focusing on reducing the prevalence of suicide through evidence-based interventions, public awareness campaigns, and multi-sectoral collaboration.	2.1.1 National suicide prevention strategy, developed, endorsed, and implemented		X	X	X						

Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025–2029)					Lead Agency	Responsible Agencies	Milestones/ Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
	2.1.2 Conceptualize and develop a school-based suicide prevention package.	0 schools with integrated mental health education in the curriculum.		X				MOH/ NMHD	NCMH/TAG/ WDC/Local and city Councils/ MOE	The prevention packaged finalized and available by 2025	Medium
	2.1.3 Training of school counsellors, health focal points, nurses and LTs on delivering suicide prevention package at schools (ToT, 5 days, 1. every 2 years)	0 Trainings		X	X	X	X	MOH/ NMHD	NCMH/TAG/ WDC/Local and city Councils/ MOE/UNICEF	2025: Train 60 staff.  2026: Train 120 cumulative staff.  2028: Train 240 cumulative staff.	Medium

Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025–2029)					Lead Agency	Responsible Agencies	Milestones/ Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
	2.1.4 Review/ implement/disseminate media guidelines on mental health reporting to ensure accurate and responsible coverage.	0 reviews		X				MOH/ NMHD	NCMH/TAG/ WDC/Local and city Councils	Media guide reviewed by 2025, and new guideline available with updated terminologies.	Medium
	2.1.5 Develop a communication strategy on suicide prevention and support (media plan implementation at national level) including social media content development.	The concept being developed in Kulhudhufushi City was initiated by the Council		X	X	X		MOH/ NMHD	NCMH/TAG/ WDC/Local and City Councils/ UNICEF	Communication strategy developed.	Medium

Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025–2029)					Lead Agency	Responsible Agencies	Milestones/ Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
2.2 Developing Youth Mental Health early intervention services	2.2.1 Youth mental health services established in 4 sites (Concept e.g., Headspace, Australia)	Concept being developed in Kulhudhufushi City initiated by the Council	X	X	X	X	X	NMHD/ Ministry of Youth/ Youth networks	NCMH/ MHTAG	One YMHS facility established each year 2026–2029	High
	2.2.2 Pilot play-based interventions programs for children and adolescence	0 programmes		X	X	X		NMHD/ Ministry of Youth/ Youth networks /MoE	NCMH/ MHTAG	Piloted in 10 schools, Preschools, 5 high schools, 1 university by 2028	High

Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025–2029)					Lead Agency	Responsible Agencies	Milestones/ Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
	2.2.3 Youth peer support network established, to work as volunteers at youth mental health centers	0 formal peer networks		X	X	X		NMHD/ Ministry of Youth/ Youth networks	NCMH/ MHTAG	4 youth peer support networks established with trained volunteers in 4 regions of the country by year 2027	High
2.3 Build community-based mental health services for people across the life-course, through outreach services, home care and support, primary health care, emergency care, and community-based rehabilitation and strengthen mental health resource building activities for formal and informal settings.	2.3.1 Community-based mental health programs (MHD) initiated in 6 selected regions	0 sites		X	X	X	X	MOH/ NMHD	NCMH, RAHS, WHO, UNICEF	2026: programme piloted in 2 regions (2/6, 30%) 2028: MH programs established in 6 regions (6/6, 100%)	High

Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025–2029)					Lead Agency	Responsible Agencies	Milestones/ Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
2.4 Strengthen mental health preparedness in crises, disasters, and emergencies: Build national capacity to respond to mental health emergencies and include mental health in national disaster response plans, to improve access to safe and supportive services, including services that address psychological trauma and promote recovery and resilience	2.4.1 Review of national policies, guidelines, and SoPs to include MH in emergencies (Disaster/crises). Including Stakeholder meeting to finalize the review and incorporation of MH into the relevant documents (Review of national policies, guidelines, and SoPs to include MH in emergencies (Disaster/crises))	0 national-level reviews			X			MOH/ NMHD	EMS/NCMH/ MRC/NDMA	Develop and Finalized the document available by mid-2025, Suggestions from review report incorporated into National Health Emergency Operations Plan by 2027.	Medium

Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025–2029)					Lead Agency	Responsible Agencies	Milestones/ Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
	2.4.2 Mental Health Cluster included and activated during emergencies and crises situations (National, and local level)	Unofficially active, at the operational level.			X	X	X	MOH/NMHD	NDMA	MH cluster included on the NEOP structures by 2028	Medium
	2.4.3 Mental health and psychosocial support response teams, including training of teams.	Individual organizations such as MRC have teams in their response; however, a national structure needs to be established		X	X	X		MOH/NMHD	NCMH/MRC/NGOs/Dham anaveshi/Hulhumale Hospital	<p>PSS rapid response teams are established, and active.</p> <p>Target 2026: guideline finalized</p> <p>Target 2026; training provided in 2 regions</p> <p>Target 2028 training provided in 5 regions</p> <p>Target 2028: 80% of patients with severe mental illness attended by a person trained in crisis management</p>	Medium



Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025–2029)					Lead Agency	Responsible Agencies	Milestones/ Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
	2.4.4 Strengthening the 24-hour dedicated mental health helpline and crisis intervention teams to provide immediate support and respond to mental health emergencies (Basic counselling skills and trained in PSS, MHGaP)	Call center was established in NNMHD in 2024.	X	X	X	X	X	NMHD	EMS/NCMH/MRC	Call center service improved and operational  15 staff trained each year	High

Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025–2029)					Lead Agency	Responsible Agencies	Milestones/ Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
2.5 Develop Specialist Mental Health Services (SMHS) with multidisciplinary teams in five regional hospitals and semi-multidisciplinary mental health services at the atoll level	2.5.1 Specialist Mental Health Services (SMHS) including services for children and adolescents with multidisciplinary teams established in 6 regions (substance use disorder included)	<p>5 regions (AEH, KRH, ASMH, URH, GRH) have psychiatrists</p> <p>Ungoofaru Regional Hospital has a psychiatrist and a psychologist and 4 bedded unit with a MH center</p> <p>CDC in Addu Equatorial Hospital and Kulhudhuffushi Regional Hospital</p> <p>CDC in Hulhumale Hospital</p> <p>MHC in Hulhumale Hospital</p>	X	X	X	X	X	HR, MoH	NMHD/ NCMH	<p>Target 2026: 30% of patients with severe mental illness receive MHS in the region.</p> <p>SMHS with MDT staff established in 2 regions</p> <p>Target 2028: 60% of patients with severe mental illness receive MHS in the region</p> <p>SMHS with MDT staff established in 5 regions</p> <p>Target 2029: 80% of patients with severe mental illness receive MHS in the region</p>	Medium

Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025–2029)					Lead Agency	Responsible Agencies	Milestones/ Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
	2.5.2 Crisis intervention teams to respond to mental health emergencies (MHD) established, operational with regular drills (central Level), including training)	No mechanism in place.				X		HR, MoH	NMHD/ NCMH	Target 2028: A CIT operational working in line with emergency services.	Medium
2.6 Establish a dedicated Mental Health Rehabilitation UNITS/ equipped with modern facilities and specialized care services to provide comprehensive, high-quality treatment and support for individuals with severe mental health conditions. Including acute care, at tertiary hospitals.	2.6.1 Dedicated Mental Health Rehabilitation Units with modern facilities established and fully operational with trained staff, linked with the psychiatric units of major/tertiary level health facilities/hospitals, including the development of standards and protocols for short-term and long-term rehab services	Currently no units are available				X		Admin, MoH	NMHD/ MoC&I/ TAG	Target 2028 1 rehabilitation facility established	High

Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025–2029)					Lead Agency	Responsible Agencies	Milestones/ Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
	2.6.2 Policy advocacy meetings to advocate for rehabilitation units linked with community-level structures to ensure rehabilitation services are offered close to where people reside.	Records of advocacy meetings are available, but no annual planned activities are tied to a results framework.		X	X	X		Admin, MoH	NMHD/ MoC&I/TAG	Advocacy meetings recorded and results linked with progress.	High
2.7 Ensure the availability of quality psychiatric medications at pharmacies at all levels under the universal health insurance	2.7.1 Quality psychiatric medications available at pharmacies at all levels under the universal health insurance (Aasandha)	Selected new medications not available and not covered by Aasandha; with stock-outs		X	X			MoH	STO/RAHS/M FDA/NNCMH	90% of the regions have at least 1 pharmacy with the new MH medicines without stock out during the year	Medium

Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025–2029)					Lead Agency	Responsible Agencies	Milestones/ Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
2.8 Deinstitutionalize HPSN, and Enhance rehabilitation services at HPSN by strengthening therapy programs and reintegration initiatives to support individuals in their recovery and successful transition back into society/families	2.8.1 Develop guidelines to Introduce social work and case management services and rehab services at HPSN, therapy and re-integration services	Currently the average stay is high without an established target stay-targets			X	X	X	MoH	NMHD	Target 2029: >50% of patients at HPSN are fully deinstitutionalized, and average patient stay remains below the target duration set by the mental health advisory group	Medium

Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025–2029)					Lead Agency	Responsible Agencies	Milestones/ Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
2.9 Rollout integration of Mental Health into the primary health care roll out in the regions.	2.9.1 Mental health services integrated in the primary health care services, at all atoll level	MH integrated into Primary Health Care in Faafu Atoll in 2023	X	X	X	X	X	NMHD	NCMH/ WHO/ UNICEF/ MoH/HPA	<p>MH services are integrated and reviewed after 1 year of service delivery.</p> <p>Target 2027: 50% of level 3 and 4 PHC centers have integrated MH into PHC</p> <p>Target 2029: 80% of all atoll hospitals have integrated MH into PHC</p>	High

Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025–2029)					Lead Agency	Responsible Agencies	Milestones/ Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
	2.9.2 Integrate mental health considerations into other health programs, such as child and maternal health, adolescent health, and non-communicable disease prevention, to address mental health holistically.	Child Health Record has incorporated early identification of development delays and neurological difficulties.			X			NMHD	NCMH/WHO/UNICEF/HPA	Target 2028: MH integrated into 2 national public health programs	High
	2.9.3 Review of related program strategies and plans to map integration MH in service delivery of respective programme - with a list of recommendations to include in the plans.			X	X			NMHD	NCMH/WHO/UNICEF/HPA		High

Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025–2029)					Lead Agency	Responsible Agencies	Milestones/ Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
	2.9.4 Bidirectional participation of the MH team during the review/development of strategies and plans into related to other relevant public health programs.			X	X	X		NMHD	NCMH/ WHO/ UNICEF/ HPA		High
2.10 New technology to empower and increase the functionality of people : introduce technological advancements and innovation to enhance patient and care experience.	2.10.1 Introduce/pilot new and advanced treatments not available in the community e.g., ECT and medications Pilot new technologies and innovations for Person(s) with lived experience/ to empower people to take charge of their recovery/healing process; track the progress of recovery, and to track the severity of illness	No plans in place		X	X			NMHD	WHO/ UNICEF/ MHTAG	At least 1 modern/advanced tech innovation piloted among a selected group/learning site (If research-based, then with approval from National health Research Council and if new service-based, then with approval from QAID of MOH)	Low



### Objective 3:

To implement strategies for promotion and prevention in mental health.

#### Outcome /Target: By 2028,

- 60% of the targeted schools have integrated mental health education into their curricula
- 240 school staff (schoolteachers, counsellors, health assistants) trained in early detection and referral for mental health care.
- 240 primary healthcare providers trained in early detection and referral.
- 90% of targeted institutions (workplaces) conduct screenings
- 100% of planned outreach visits conducted (624 contacts – check-ins with identified patients/clients)
- 3 campaigns conducted

**Indicators:** See M&E framework

Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025–2029)					Lead Agency	Responsible Agencies	Milestones / Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
3.1 Strengthen Prevention and Early Intervention: Develop and implement early identification and intervention programs to address mental health issues proactively	3.1.1 Integrate Mental Health Education in Schools by introducing mental health education in school curricula to teach students about emotional well-being and recognizing early signs of mental health challenges – Linked to HA, Implement universal preventative programs and targeted programs for children, adolescents and young people.	0 schools with integrated mental health education in the curriculum .	X	X	X	X		NMHD	MoE/MoSFD/ UNICEF/WHO/MNU/Private colleges and universities, MOE	2025: 10% of targeted schools. 2026: 30% of targeted schools. 2028: 60% of targeted schools	High

Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025–2029)					Lead Agency	Responsible Agencies	Milestones/ Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
	3.1.2 Train school counsellors, health assistants and teachers in early detection, identification of early symptoms, provide brief interventions, and refer for appropriate higher-level mental health care	0 staff trained.			X	X	X	NMHD	MoE/MoSFD/ UNICEF/WHO/ MNU/Private colleges and universities, MOE	2025: Train 60 staff.  2026: Train 120 cumulative staff.  2028: Train 240 cumulative staff	High
	3.1.3 Revise / incorporate a mental health module in tertiary level curriculum for related health + psychosocial fields and broader areas e.g., HR (civil service)	0 Curriculum		X				NMHD	MoE/MoSFD/ UNICEF/WHO/ MNU/Private colleges and universities	Mental Health curriculum incorporated into tertiary education	High

Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025–2029)					Lead Agency	Responsible Agencies	Milestones/ Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
	3.1.4 Revision of teacher training curriculum to include addressing mental health within school settings.	0 Curriculum		X				NMHD	MoE/MoSFD/ UNICEF/WHO/ MNU/Private colleges and universities	Mental Health curriculum incorporated	
	3.1.5 Train (including in-service training) Primary Healthcare Providers, teachers, and other related staff (care/case workers) in other sectors in Early Detection and Provide specialized training for healthcare workers to identify early symptoms and refer identified people for appropriate mental health care	0 Trained staff (with newly developed curriculum)	X	X	X	X	X	NMHD	MoE/MoSFD/ UNICEF/WHO/ MNU/Private colleges and universities	2025: Train 60 staff. 2026: Train 120 cumulative staff.	High

Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025–2029)					Lead Agency	Responsible Agencies	Milestones/ Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
	3.1.6 Specialized / tailored mental health and psychosocial training  Sexual Harassment and Grievance committees and other related committees in civil service and private sector	NA	X	X	X	X		NMHD	MoE/MoSFD/ UNICEF/WHO/ MNU/Private colleges and universities/ CSC	2025: Train 60 committee members  2026: Train 120 cumulative  2028: Train 240 cumulative	High
	3.1.7 Develop a tool for identification and intervention for geriatric mental wellbeing and incorporate in the service delivery charters.	No locally validated tool is available now	X	X				NMHD	MoE/MoSFD/ UNICEF/WHO/ MNU/Private colleges and universities	Early identification tool developed, validated, and translated with a user guide.	High
	3.1.8 Develop a Mental Health Screening Programs and Implement regular mental health screenings in schools to identify at-risk individuals early on.	MoE conducts mental health screenings for all children in grade 7 as part of the school health screenings conducted annually.	X	X	X	X	X	NMHD	MoE/MoSFD/ UNICEF/WHO/ MNU/Private colleges and universities	A national screening program is developed and incorporated into the school and safety programme.	High

Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025–2029)					Lead Agency	Responsible Agencies	Milestones/ Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
	3.1.9 Develop Mental Health Screening Programs Implement regular mental health screenings in workplaces to identify at-risk individuals early on.	0 Programs	X	X	X	X	X	NMHD	MoE/MoSFD /UNICEF/WHO/MNU/Private colleges and universities /CSC	<p>2025: 20% of targeted institutions conduct screenings.</p> <p>2026: 50% of targeted institutions conduct screenings.</p> <p>2028: 90% of targeted institutions conduct screenings.</p>	High
	3.1.10 Establish outreach programs to provide education and early intervention for at-risk individuals. (Trained PSS workers/volunteers, coordinated by the outreach manager at the NMHD)	0 visit records		X		X		NMHD	MoE/MoSFD /UNICEF/WHO/MNU/Private colleges and universities	<p>2025: 50% of planned outreach visits conducted (Conduct 312 (contacts – check-ins with identified patients/clients))</p> <p>2026: 75% of planned outreach visits conducted, Conduct 468 (contacts – check-ins with identified patients/clients)</p> <p>2028: 100% of planned outreach visits conducted Conduct 624 (contacts – check-ins with identified patients/clients)</p>	High

Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025–2029)					Lead Agency	Responsible Agencies	Milestones/ Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
3.2 Launch nationwide campaigns to raise awareness, reduce stigma, and promote early detection of mental health issues in schools, workplaces, and communities.	3.2.1 Review, develop and implement nationwide mental health communication strategy to raise awareness, reduce stigma, and improve mental health literacy.	2 campaigns ongoing. Kihineh campaign by MoH–UNICEF and Aharumen Emmen by MoE–UNICEF	X	X				NMHD	WHO/UNICEF	2025: Communication strategy finalized.  2026: Conduct 1 mental health campaign.  2028: Conduct 3 campaigns (cumulative).	Medium
	3.2.2 Conduct a national survey to establish a baseline for mental health literacy and stigma (Stigma index as part of the survey) can be part of STEPS/DHS/MHS.	0 Baseline surveys	X	X				NMHD	WHO/UNICEF	Baseline of knowledge and attitude measured through a nationwide survey (Stand alone or integrated into another related survey)	High

## Objective 4:

To strengthen information systems, evidence, and research for mental health.

**Outcome /Target:** By 2028,

- 1 • Research agenda in mental health developed and promoted through stakeholders' consultation
- 2 • A mental health surveillance and monitoring mechanism to identify trends and risk factors; DHIS" module developed and integrated into the existing system, at least 2 years data available
- 3 • National research capacity strengthened and academic collaboration on national priorities for research in mental health improved
- 4 • National mental health survey implemented.
- 5 • SoPs and guidelines for quality assurance reviewed and quality of services assessed

**Indicators:** See M&E framework

Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025–2029)					Lead Agency	Responsible Agencies	Milestones / Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
4.1 Develop and promote prioritized and funded research agenda in the area of mental health, based on stakeholder's consultation	4.1.1 Research agenda in the area of mental health developed and promoted through stakeholders' consultation	None	X	X				NMHD	Academia, MNU, VC/HIMR/ NCMH	MH research agenda finalized by mid-2025	Medium

Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025–2029)					Lead Agency	Responsible Agencies	Milestones/ Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
4.2 Establish and operationalize a comprehensive mental health surveillance and monitoring system to identify trends, risk factors, and emerging mental health issues.	4.2.1 Implement a mental health surveillance and monitoring mechanism to identify trends and risk factors; DHIS module developed and integrated into the existing system, at least 2 years of data available (routine collection and reporting (at least every two years) of a core set of identified and agreed indicators for child, adolescent, and psychosocial wellbeing and development by age group, gender, and disability)	Assessment of MH data landscape completed  MH module for DHIS ongoing	X	X	X	X		NMHD	MoH/WHO	2026: MH module integrated into DHIS  2027: MH DHIS module rolled out in all atolls  2028: 90% of government health facilities entering data into MH module of DHIS	Medium



Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025–2029)					Lead Agency	Responsible Agencies	Milestones/ Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
4.3 Improve research capacity and academic collaboration on national priorities for research in mental health, particularly operational research with direct relevance to service development and implementation and the exercise of human rights by persons with mental health disorders	4.3.1 Research capacity and academic collaboration on national priorities for research in mental health.	No formal network	X	X	X	X	X	NMHD	Academia, MNU, VC, NCMH/HIMR	2025: network established and 2026–2029: At least one abstract/article on MH National priority areas submitted to conference/journals	Medium
	4.3.2 Establish a network of local, regional, and international researchers including annual meetings.	0 networks		X	X	X	X	NMHD	Academia, MNU, VC, NCMH/HIMR	1 network established by 2026, with annual meetings	Medium

Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025–2029)					Lead Agency	Responsible Agencies	Milestones/ Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
	4.3.3 Develop abstracts based on secondary data to be submitted to conferences, at least 1 per year.	0 published	X	X	X	X	X	NMHD	Academia, MNU, VC, NCMH/HIMR	At least 1 abstract submitted every year	Medium
	4.3.4 Implement national mental health survey, and report published.	A Committee to oversee the National MH survey has been established	X	X	X			NMHD	Academia, MNU, VC, NCMH/HIMR /WHO/UNICEF	2025: Ethical approval obtained 2026: Survey field work completed 2027: Research report published	Medium

Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025–2029)					Lead Agency	Responsible Agencies	Milestones/ Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
4.4 Formulate comprehensive guidelines for clinical management and quality improvement to standardize care and enhance the effectiveness of mental health services.	4.4.1 Establish mechanisms for periodic review, and mapping of existing guidelines and identify gaps in clinical and implementation guidelines.	0 mechanism 0 reviews	X	X		X		NMHD	NCMH/ MHTAG/ NMHD	2025: a mechanism for quality reviews established  Gaps in clinical and implementation guidelines identified  2026–2029: Number of reviews done on MH services in Maldives	High
	4.4.2 Develop guidelines on clinical management	0 guidelines	X	X				NMHD	NCMH/ MHTAG/ NMHD	Clinical management guides available	High
	4.4.3 Develop quality assurance/monitoring tools	0 QA tools on MH	X		X		X	NMHD	NCMH/ MHTAG/ NMHD	QA tools available to assess MH services	High

Strategic Objective	Priority Actions	Current Status	Planned Timeframe (Year: 2025–2029)					Lead Agency	Responsible Agencies	Milestones/ Output	Priority Level (Low, Medium, High)
			2025	2026	2027	2028	2029				
	4.4.4 Conduct regular monitoring of services	Psychiatric OPD and medicine availability monitored	X	X	X	X	X	NMHD	NCMH/ MHTAG/ NMHD	At least 50% of service providers assessed quality every year	High
	4.4.5 Joint external review of MH services in the country including mapping of services for children and adolescents	0 reviews			X	X		NMHD	NCMH/ MHTAG/ NMHD	A joint external review conducted.	High

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