

Mental Health Services in Yemen: Challenges and Possible Solutions

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Yemen faces a high prevalence of mental health issues exacerbated by over seven years of civil war and an ongoing humanitarian crisis. However, the country's underfunded healthcare system struggles to meet the growing service demand. Existing challenges include limited infrastructure and professionals, stigma, treatment shortages, and constraints from conflicts. Additionally, the current services provided by the government and NGOs are insufficient, particularly in rural areas. Multi-pronged solutions include community-based interventions, capacity-building strategies, and policy reforms. Community programs integrate care locally, whereas mobile and digital technologies overcome barriers to access. Training general healthcare workers and developing specialist expertise address workforce gaps. A supportive policy framework establishes ethical guidelines and advocates dedicated resources and international cooperation. The proposed solutions aim to strengthen Yemen's mental health care system sustainably and coordinatedly if implemented in a complex crisis context.

Keywords: mental health; challenges in mental health; mental healthcare services; Yemen.

Mental health is a critical component of overall well-being, yet it remains a neglected aspect of healthcare in many parts of the world, particularly in conflict-affected regions (Singh et al., 2021). Yemen, a country experiencing prolonged civil war, economic instability, and humanitarian crises, faces significant challenges in providing adequate mental health services to its population (Elnakib et al., 2021). Addressing mental health issues is important, as it is a growing public health concern globally, including in this war-torn nation (Alhariri et al., 2021). The ongoing conflict in Yemen has not only resulted in physical casualties but also caused severe psychological trauma to the population (Nuriasih & Arsika., 2020). The stress of living in a war-torn country, coupled with economic hardships and displacement, has led to a surge in mental health problems

among Yemenis (Alsabri et al., 2022). However, the country's healthcare system, which is already strained by years of conflict and underfunding, struggles to meet the growing demand for mental health services (Elnakib et al., 2021). The indicators of mental health problems or disorders in Yemen estimate that 25% of the total population is mentally ill and that the prevalence of mental disorders is likely to increase due to protracted conflict (Alhariri et al., 2021). The expected economic and social downturns due to COVID-19 are likely to trigger a new epidemic of mental disorders (Gong et al., 2022). Yemen has also been devastated by a conflict and humanitarian disaster that has contributed to a global epidemic of war-related mental disorders (Zaid et al., 2024). Increases in the cost of living have caused widespread hopelessness, despair, and

frustration among people (Bierman et al., 2023). Events such as the loss of loved ones, displacement, mass destruction of property, arrest, torture, and exposure to violence, suffering, and death are likely to contribute to a “perfect storm” for widespread mental health disorders such as depression and posttraumatic stress disorder (Butt et al., 2022). In addition, the war in Yemen affected individual households, cities, and villages through war-related symptoms (Abdulkader, 2023). Public mental health services, chiefly aimed at treating poorer sections of society, have not functioned properly, and there is a lack of basic and funded mental health services, especially in conflict-affected areas (Zimmerman et al., 2023). Yemen remains one of the poorest countries in the Middle East and North Africa region (Carter & Harvey, 2023). In 2019, the humanitarian crisis in Yemen reached unprecedented levels since the escalation of the conflict in March 2015 (Mousavi & Anjomshoa, 2020). As a consequence of the prolonged and severe nature of the hostilities, the populace of Yemen is progressively diminishing its capacity to endure the situation (Mohareb, 2019). Yemen faces unique challenges in addressing mental health needs because of factors such as poverty, conflict, limited resources, and cultural barriers (Alhariri et al., 2021). Mental health services and support in the country remain extremely limited, despite the pressing need for such care (Elnakib et al., 2021). This research aims to explore the current state of mental health services in Yemen, identify the key challenges hindering their provision, and propose possible solutions to improve mental health care in the country.

Overview of Mental Health in Yemen

Yemen has historically faced challenges in developing robust healthcare, including mental health services, due to its rugged terrain, scattered population, and limited resources (Miller et al., 2020). Mental health

has often been overlooked in favor of physical health issues (Alhariri, McNally & Knuckey, 2021). Yemen’s ongoing civil war, beginning in 2014, has exacerbated existing mental health issues and created new challenges (Butt et al., 2022). This conflict has resulted in widespread trauma from violence and loss, the disruption of social support systems, economic stress from unemployment and poverty, and greatly limited access to healthcare due to the destruction of facilities and the loss of professionals (Qirbi & Ismail, 2017). The available data suggest a high prevalence of mental health disorders among Yemenis. The WHO estimates that 25% of Yemenis suffer from mental health issues (Alhariri et al., 2021). PTSD rates are extremely high, potentially reaching 70% in conflict areas (Bethlehem et al., 2023). Depression and anxiety are also widespread, especially among internally displaced persons and those in conflict areas (Morina et al., 2018). The Arab Barometer Network explained quantitative research on the prevalence of mental health problems in the Middle East and North Africa region, as shown in Figure 1.

The youth population, which includes both children and adolescents, presents increased incidences of conflict-associated behavioral and developmental disorders (Kolaitis, 2017). A research investigation carried out in Yemen involving children aged 7 to 10 years revealed that 15.7% of the pediatric population experiences psychiatric disorders, as delineated by the DSM-IV criteria. Among these, anxiety disorders constituted the most prevalent category at 9.3%, followed by behavioral disorders at 7.1%, and attention-deficit/hyperactivity disorder (ADHD) at 1.3% (Alyahri & Goodman, 2008). This, in turn, indicates the necessity of providing mental health services. Mental health issues often face stigma as signs of weakness rather than

medical conditions (Mula & Kaufman, 2020). The collectivist culture emphasizes community support but can hinder professional help-seeking (Mohammed et al., 2023). Additional barriers exist for women and girls because social norms restrict mobility (Zaid et al., 2024). Yemen's mental health system is severely underdeveloped and overwhelmed (Zarmina et al., 2021). Few

psychiatric facilities are concentrated in cities (Alhariri et al., 2021). An extreme shortage of professionals results in fewer than 5 psychiatrists per 100,000 people (Alsabri et al., 2022). Services are not well integrated into primary care, limiting early intervention (Alhariri et al., 2021). Ongoing conflict has also led to shortages of essential psychotropic medications (Ibrahim et al., 2020).

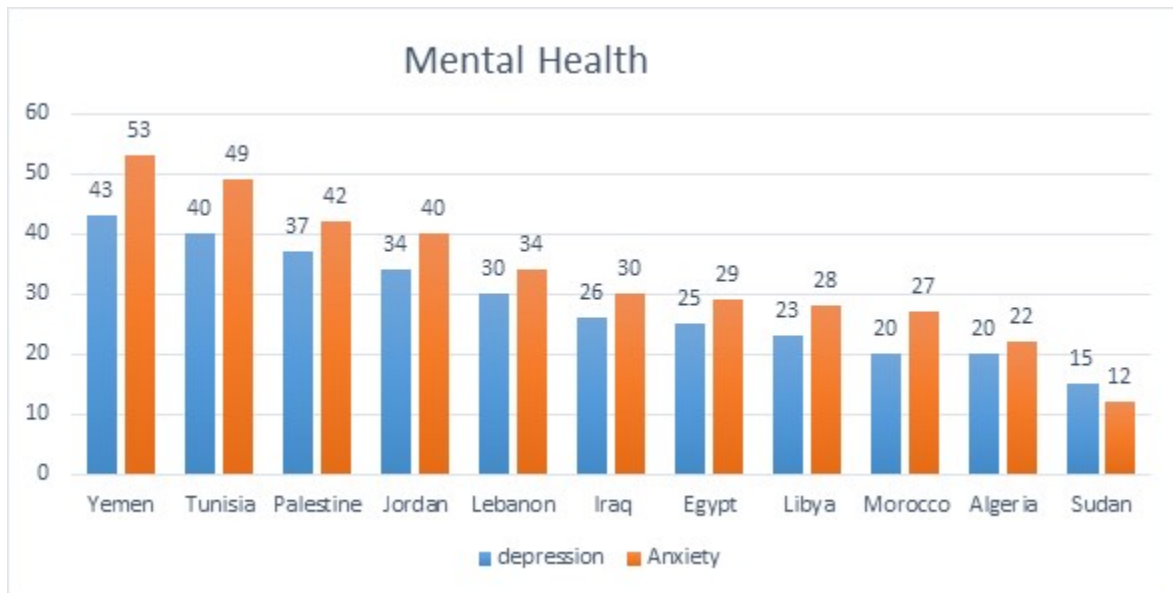


Figure 1. Prevalence of mental health problems in the Middle East and North Africa.

Source: (Arab Barometer, 2020)

Existing Mental Health Services in Yemen

Yemen has a few psychiatric hospitals, such as Al-Amal in Sana'a, Ibn Sina in Aden, and Al-Salam in Taiz (Alhariri et al., 2021). Furthermore, some general hospitals have psychiatric units that provide emergency and short-term care (Alsabri et al., 2022). Similarly, efforts have been made to integrate mental health into primary care; however, its implementation remains limited (Mukala et al., 2024). The WHO supports services through medication, training, and developing policies (Al et al., 2011). Correspondingly, MSF programs operate in conflict areas through

first aid, counseling, and training (Gulland, 2015). In addition, the ICRC provides psychological support and mental health services in some facilities (Gavlak, 2015). Moreover, UNICEF focuses on child and adolescent mental health through schools and teacher training (Javed & Imran, 2023). Additionally, some communities have established peer- and family-led support groups for specific conditions (Wang et al., 2021). Similarly, many Yemenis access culturally appropriate support from religious and traditional healers (Stambouli et al., 2023). Additionally, some initiatives have utilized mobile phones and online counseling (Ahmadzai et al., 2016). Similarly, various

organizations provide public education and training and awareness campaigns (Al et al., 2011; Gavlak, 2015). However, while essential, services face limitations such as gaps in rural access, capacity constraints, quality concerns, and sustainability issues

(Alhariri et al., 2021). Figure 2 shows the prevalence of mental health problems in rural and urban areas in the Middle East and North Africa. Additionally, the percentage of people saying they feel stressed and depressed often or most of the time is the highest.

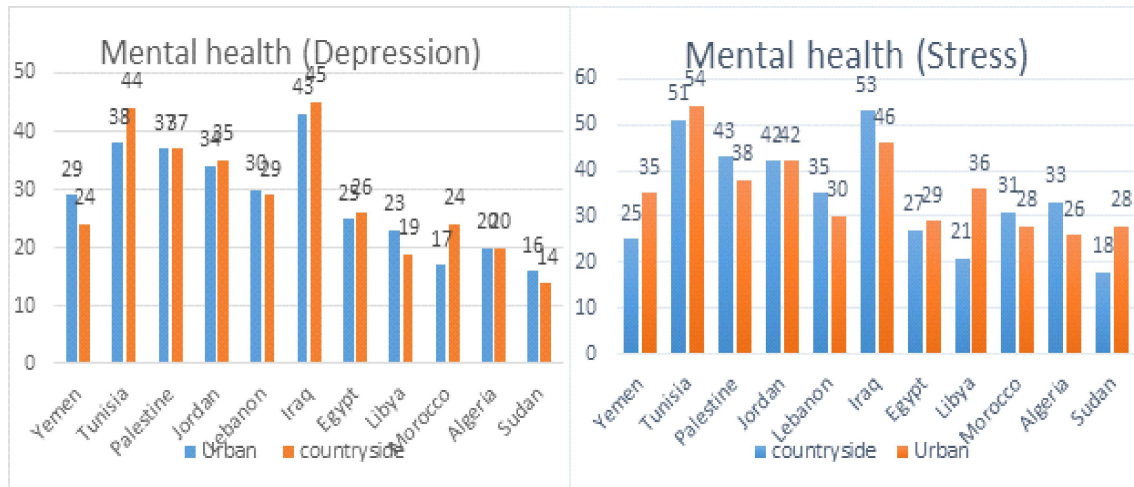


Figure 2. Prevalence of mental health problems in rural and urban areas.

Source: (Arab Barometer, 2020)

Challenges in Providing Mental Health Services

The Yemeni healthcare system suffers from chronic underfunding, which has been exacerbated by conflict through reduced government spending, the diversion of aid, and economic collapse (Dureab et al., 2021). Consequently, this lack of funding results in inadequate facilities, medication shortages, and limited professional training (Zagaria, 2017). Furthermore, Yemen faces a critical shortage of psychiatrists, psychologists, psychiatric nurses and social workers specializing in mental health, particularly in rural areas. Similarly, the conflict has further depleted professionals (Alnaqeb, 2023). In addition, Yemen has few specialized psychiatric hospitals, primarily located in urban areas, limited psychiatric units, and a lack of community centers (Alhariri et al., 2021). Existing facilities often lack essential supplies and equipment (Alsabri et al., 2021).

Moreover, mental health services are often not integrated into primary care, thereby resulting in missed opportunities for early intervention, increased stigma, and limited rural access (Mukala et al., 2024). Similarly, limited funding, challenges conducting research in conflict areas, and a lack of an information system hinder effective planning and resource allocation (Miller et al., 2020). Mental disorders face stigma as weaknesses, leading to reluctance to seek help and social isolation, especially in conservative areas (Yu et al., 2021). Likewise, some attribute mental issues to supernatural causes, preferring traditional help over medical assistance in ways that can delay treatment (Stambouli et al., 2023). Additionally, cultural norms create further barriers for women and girls through restricted mobility, societal expectations, and scarce female professionals (Alshebami & Alzain, 2022). Similarly, assessment tools and therapeutic approaches regularly fail to

consider Yemen's diverse dialects and languages, impeding diagnosis and treatment (Stambouli et al., 2023). In parallel, damage to facilities disrupts supply chains for medications and equipment, with some closing due to insecurity (Alsabri et al., 2022). Likewise, the conflict has led to widespread trauma, displacement, economic hardship and uncertainty, thus increasing needs when the system is least equipped (Qirbi & Ismail, 2017). Additionally, the conflict resulted in many professionals' departure or internal displacement, subsequently overburdening the remainder (AlMunifi & Aleryani, 2021). Similarly, this conflict creates security barriers and bureaucratic hurdles for mental health services organizations (Elnakib et al., 2021). Correspondingly, during crises, mental health receives less focus than do immediate needs such as shelter or physical health issues (DeLeo et al., 2022). Likewise, funding is also limited (Dureab et al., 2021). Consequently, the challenges are multifaceted and require comprehensive, context-sensitive solutions considering Yemen's unique circumstances and global best practices (Miller et al., 2020).

Possible Solutions

Effective solutions for Yemen's mental health system must be multifaceted, context specific, and face immense resource and security challenges (Miller et al., 2020). Community interventions offer culturally acceptable, low-cost options to expand care (Okoniewski et al., 2022). Likewise, integrating services into primary healthcare, education, and community settings targets early detection and widespread access (Lindholm & Modica, 2023). Mobile and digital solutions overcome Yemen's extreme urban rural disparities. In addition, peer support strengthens inadequate professional services (Miller et al., 2020). Training lived-experience peers establishes grassroots networks for guidance and social inclusion. Similarly, training primary care workers and

establishing referral pathways between basic and specialized services leverages community contact points (Freeman, 2022). Moreover, screening tools help detect issues promptly. Mental health education and counseling in schools involve at-risk youth. Additionally, teacher training bolsters capabilities in low-resource settings (Afshari et al., 2022). Similarly, localized mental health centers staffed by community health workers improve geographical access in underserved regions (Han & Ku, 2019). Mobile units deliver direct care and workforce training to marginalized areas, overcoming conflict-driven barriers. Similarly, telehealth, apps and SMS support overcome distance, connecting remote communities to specialists, self-help resources and follow-up amid connectivity challenges (Awad et al., 2022). Short- and long-term strategies strengthen human resources through training generalists in basic psychosocial care, developing specialist cadres, and engaging in exchanges with international partners (Farrenkopf & Lee, 2019). Correspondingly, integrated task-shifting protocols formalize expanded scopes of practice (Haan et al., 2019). Similarly, university programs and postgraduate specialization counter mental health workforce shortfalls through strengthened domestic training pipelines (Ghebrehiwet et al., 2023). Similarly, the reach of nonspecialist community health workers has increased under clinical supervision with standardized training, roles and referral pathways (Westgate et al., 2021). Furthermore, ongoing training updates professionals in evidence-based therapies and adapts sociocultural approaches to improve care quality (Hook et al., 2021). Additionally, mental health awareness training for teachers, religious figures and other groups enhances comprehensive community support systems (Matos et al., 2022). Partnerships with global institutions build evaluation capabilities to optimize programming through data (Sahroni,

2020). Additionally, a rights-based policy framework, public awareness campaigns, ethical guidelines, funding advocacy and international cooperation underpin services through enabling environments and mobilizing will/resources (Amon & Friedman, 202).

Conclusion

Yemen faces immense challenges in addressing its population's substantial mental health needs amid conflict and crisis. While community-based innovations show promise, weaknesses in infrastructure, stigma, lack of specialists, and instability severely constrain existing services. This paper has examined Yemen's current situation and proposed multipronged solutions. Community interventions integrate care within local structures to expand equitable access affordably. Mobile and digital technologies also help overcome barriers. Capacity-building programs address workforce gaps through training generalists and specialists. Bolstering education infrastructure strengthens long-term self-sufficiency. Integrating mental health securely and systematically into primary care multiplies detection opportunities. Supportive policies establish ethical, rights-based frameworks and dedicated funding. Public awareness reduces sociocultural stigmas, hindering help-seeking. Coordinated multisectoral cooperation optimizes services across education, social, and legal sectors. Research partnerships evaluate services and inform dynamic responses. International advocacy motivates crisis prioritization and resource mobilization. Implementation faces severe challenges requiring resourcefulness, coordination and sustained commitment. Prioritizing basic services in remote, conflict-stricken regions is urgent. Long-term workforce development remains paramount. Mental health must factor centrally in Yemen's recovery through

humanitarian and development agendas. Future research should evaluate solutions adapted to Yemeni refugees and internally displaced persons. Qualitative work involves understanding unique vulnerabilities. Comparative analysis identifies exemplary models transferable to Yemen. Hope exists through community empowerment, systems development and policy reform, although the path remains challenging. Mental health reinforces population well-being, rights, and postconflict social cohesion. With strategic multilevel action, Yemen's mental health care can realize gradual, meaningful improvement and progress in this vital dimension of human welfare.

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