



## Mohammed Bin Rashid School Of Government

# POLICY BRIEF

Policy Brief No. 59

December 2021

### Summary

The increasing prevalence of mental health problems and other emotional well-being conditions related to the COVID-19 epidemics is becoming an alarm worldwide. According to recent studies from the UK, US, and many other countries, they strongly affect the world's population. The UAE is facing significant cases of anxiety and depression in its population, and it is creating pressure on the country's healthcare spending. Evidence shows that having positive psychological characteristics, quality and quantity of social relationships were associated with better protection of well-being and increased life satisfaction during the pandemic. On the contrary, pre-existing mental health conditions, loneliness, poor social support were associated with decreased life satisfaction.

The ultimate way of controlling the problem is to move forward and prioritize mental health education, improve social connectivity amongst different population groups, and offer sufficient and high-quality mental health support via different channels, including online services. Population happiness and well-being have been a critical area of focus for the Dubai government. It aligns with the Dubai health strategy 2031. Many initiatives have been currently implemented in the country. However, they might need to be united into one overarching policy that prioritizes mental health education and awareness for all and public health system ►►

## Post-COVID 19 Well-Being and Happiness Policy Implications in the UAE

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### Introduction

#### Understanding the policy problem and local context

##### *Policy Problem*

The COVID-19 outbreak that started in January 2020 has changed our society in many ways. Beyond the economic and health crisis happening, there are significant developments in the social and public life of people and societies overall. COVID -19 pandemic has revealed and sharpened some of our social issues (Abi Adams-Prassl et al. 2020, World Happiness Report, 2021). Long-term isolation and limited contact have increased loneliness, anxiety and decreased the social cohesion between people. It has changed values and the attitudes towards their social capital – relational goods and trust in institutions. For setting the context of this policy brief, the term, “Happiness is defined as an emotional state characterized by feelings of joy, satisfaction, contentment, and fulfillment”. The term well-being encompasses all how people experience and evaluate their lives positively. Furthermore, according to the World Health Organization (WHO, 2018), mental health is “a state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to his or her community”. In the article, ‘The How of Happiness’ (2007; 2013) by Sonja Lyubomirsky, states happiness as “the experience of joy, contentment, or positive well-being, combined with a sense that one’s life is good, meaningful, and worthwhile.”

## Summary

strengthening by integrating Mental health and psychosocial (MHPSS) into it, including emergency mental health services. Through the policy, the government needs to work with the private sector, NGOs, scientific society, and all other relevant parties that assist in educating and providing MHPSS and have a concern for the current problem. The policy brief focuses on three main targets, which are education about the importance of emotional well-being, making MHPSS services more accessible via promoting telemedicine/online counseling, and involving private sector (business structures, banks, insurance companies) in financing the mental health services expenses as well as improving social connectivity of people. Addressing the problem will take a population-based approach. Dubai government is required to assist in the facilitation of precise interventions. The stakeholders, including government, international organizations, civil societies and NGOs, private sector, schools, parents and guardians, children, health experts, community, and media, would cover all elements of influence and support. We expect that the policy intervention results would include reduced reported levels of anxiety, depression, and others, increased reported coverage and access to the online MHPSS, and the level of satisfaction.

According to a McKinsey report from June 2020, average life satisfaction in Europe, which has consistently led the world in well-being, fell to the lowest level since 1980. The drop in satisfaction is only partly explained by the losses people have experienced in their income or job security (McKinsey & Company, 2020). This report showed a large decline in life satisfaction due to wide-ranging restrictions on people's daily lives, the anxiety created by the health crisis and economic uncertainty, and the limited ability to stay close to friends and family due to physical distancing rules (McKinsey & Company, 2020). The calculated value of well-being losses in April 2020 was up to 3.5 times the losses experienced in GDP. A similar situation is reported in the US: a recent poll from the University of Chicago found that just 14% of Americans say they're very happy—the

lowest percentage recorded since the poll started collecting data in 1972.

Another team of researchers has shown that the COVID-19 pandemic has impacted people's mental health globally. The study indicated that the global prevalence of depression and anxiety during the COVID-19 pandemic was 24 percent and 21 percent, respectively. In addition, the majority in the general population of post-traumatic stress disorder (PTSD) has been ranging from 4% to 41%; the prevalence of major depression increased by 7% after the outbreak (Torales et al. 2020).

According to the BUPA's "Global Well-being Index report" issued in September 2020, 70% of global high-net-worth individuals (HNWIs) reported mental health symptoms since the start of pandemic, a third found it difficult to talk about their mental health (32%), and more than half reassessed their values and goals (56%). As for the UAE's HNWIs, a majority (95%) reported experiencing at least one symptom of mental ill-health during the pandemic — which is significantly higher than the global average (70%). The most commonly reported problems were sadness and anxiety (35%), mental exhaustion (28%), and mood swings (27%). Almost a quarter (24%) reported feeling helpless or hopeless, significantly more than the global average (15%). In addition, more than a quarter (28%) complained of burnout, compared to 17 percent globally. This data means that attention to well-being is mission-critical in any recovery plan for employers and policymakers. The countries' long-term prosperity depends on saving lives, sustaining livelihoods, and supporting quality of life. What's more, actions that boost well-being (Godchaux-Berezhnova & Moonesar, 2021), such as supporting mental health or job satisfaction, are often surprisingly simple and cost-effective.

## Rationale for Government Intervention

The COVID-19 pandemic has had a reflective impact on human lives and well-being. In the absence of a vaccine for the virus, many governments have implemented social distancing rules and protocols to curb the spread of the virus. These regulatory interventions, including national lockdowns, closure of non-essential workplaces and schools, and limiting daily movement and social gatherings, have disrupted day-to-day lives and activities. In addition to economic costs,

these social distancing measures have made significant negative impacts on well-being and mental health by increasing anxiety, depression, stress, and other negative emotions (Brooks et al., 2020; Holmes et al., 2020).

Previous research shows that if people's happiness is negatively affected, there are far-reaching consequences like the loss of social capital (unhappy people being less active, less creative, and engaged in risky behavior practices). They are less healthy and have a shorter life expectancy. Finally, they are less productive at work (Greyling et al., 2020a; 2020b).

As such, there are increasing calls to consider the impact of COVID-19 on people's psychological well-being and mental health in each of the governmental acts, regulations, or legislation (Brooks et al., 2020; Holmes et al., 2020). The governments should formulate their policy to maximize happiness or well-being, as is the main aim. This can be achieved by directing economic, social, political, and environmental policies to maximize well-being while acknowledging that norms, aspirations, feelings, and emotions are essential (Greyling et al., 2020a; 2020b). Thereby underscoring that understanding and measuring happiness should be an integral part of maximizing the quality of life.

## Policy Objectives

The objectives to achieve the goal of the proposed intervention to overcome the immediate and medium-term adverse health, social and economic consequences of the COVID-19 pandemic:

- To improve access to and provide sufficient coverage of mental, social, and psychological support (including free counseling, digital well-being application, and other resources to boost moods in helping people, etc.) to help overcome fear, anxiety, and depression caused by the crisis.
- To mobilize state insurance laws to ensure mental health parity for easier access to mental health and psychosocial support (MHPSS).
- To encourage employers to initiate corporate programs to support their employees psychologically and morally to enable workers to overcome stress.
- To bolster telehealth infrastructures making

services accessible for larger populations.

- To address needs amongst specific population groups who might experience barriers to accessing information, care and support or be at higher risk of infection.

The policy aims to overcome the immediate and medium-term adverse health, social and economic consequences of the COVID-19 pandemic within five years. For example, improving access and provision of the MHPSS and coverage of those services by insurances and private sectors employers. The policy will also aim to reach out to the risky groups – women, elderly persons, people of determination, and people who suffered from severe covid-19 infection. In addition, the policy will include an informational campaign on mental health and the provision of telemedicine consultation for all cases (Niklas et al., 2016; Sarracino et al., 2021).

## Policy Context

The impact of the COVID-19 pandemic on mental health and well-being is a concern in many countries; however, the statistical data are limited. The online survey conducted in April 2020 in UAE (Cheikh Ismail et al. 2021) showed that the impact of the COVID-19 pandemic on mental health is quite significant: levels of anxiety and depression were notably higher than those reported in previous (pre-pandemic) national studies. Nationwide cross-sectional study conducted in the UAE and published in May 2021 showed that almost three-quarters of respondents (71%) reported having anxiety, and 38% had moderate to severe level of it (Basema et al. 2021). Since the spring of 2020, the UAE government has been actively running the national online campaign on Mental Health support to cope with the psychological impact of the COVID-19 pandemic. This campaign offers online sessions with professionals, different awareness-raising materials, and online support groups. The measures implemented align with the National Well-being Strategy 2031, which focuses on happiness and well-being for all, including about 90 initiatives.

## Policy Scope

Policy instruments are the tools applied to overcome problems and attain objectives. Those that apply in the prevention and reduction of

social consequences of covid epidemics include laws and regulations on telehealth, mental health services provision, taxes and subsidies, and social marketing campaigns that impact the entire population. Such a policy may be only be implemented in Dubai for a start (as the first roll-out), after which could have the potential of expansion to the whole of UAE.

### High-Level Information Requirement

To implement the policy, we will need information about happiness and life satisfaction in the population overall and amongst different population groups by gender and age. In addition, as mentioned in the proposal, the work will require data about mental health and perceptions of mental health services and telehealth/medicine services.

### The causes of the policy problem

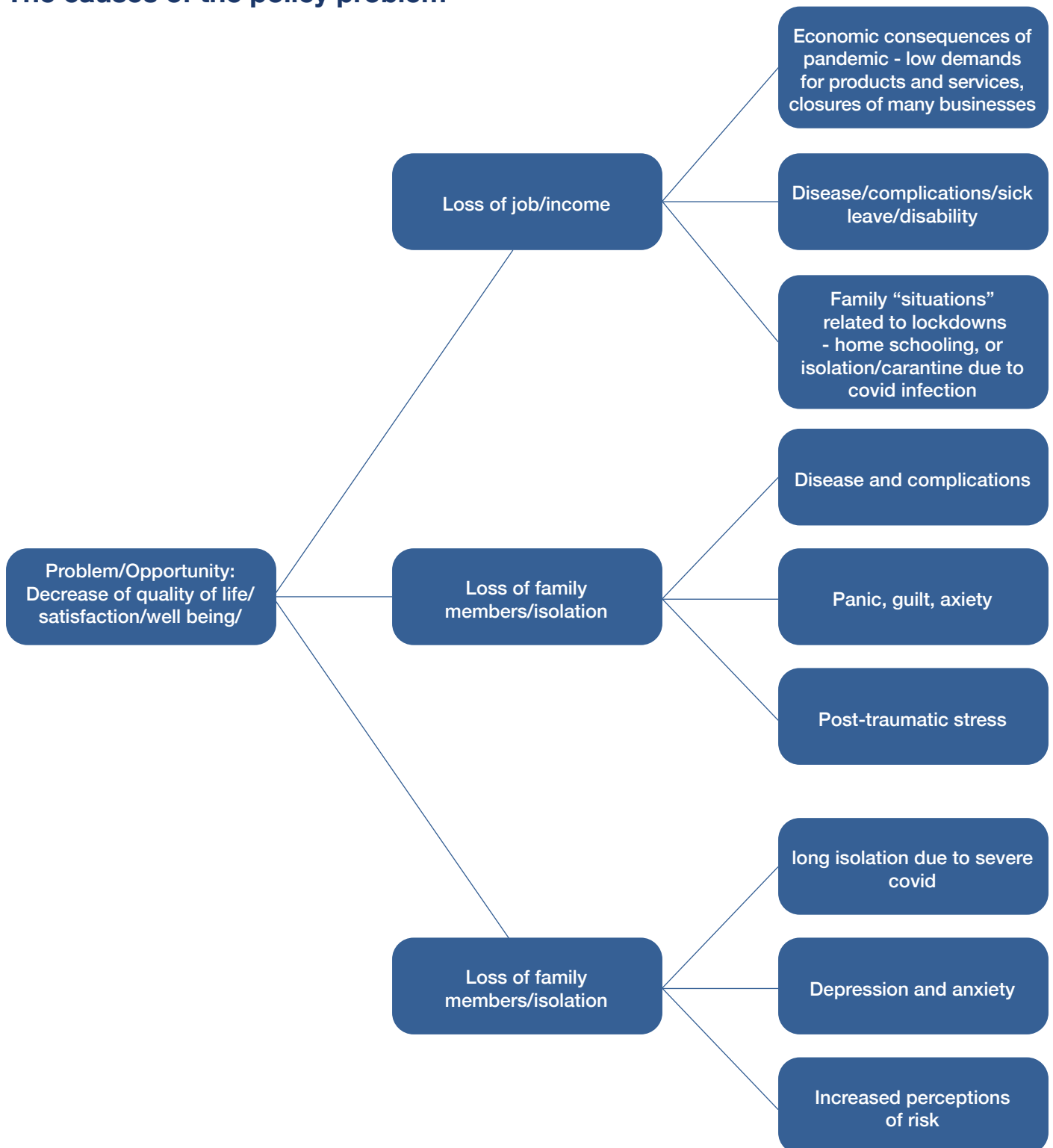


FIGURE 1: The understanding of the causes of the policy issue: 'decrease quality of life'

## Key Stakeholders

Key stakeholders from the government are the Dubai Executive Council, the Dubai Health Authority, SEHA, Ministry of Health and Prevention, Ministry of Education, Prime Minister's (PM) Office, Dubai's Supreme

Committee of Crisis and Disaster Management, Community Development Authority. In addition, impacted stakeholders are the general population, business / companies' owners, medical facilities, insurance companies, the scientific community, different NGOs.

## Stakeholder Identification, Analysis, and Participation Plan

### Stakeholder Identification & Analysis

Stakeholder Analysis			
Influence	High	<b>Manage (Keep Satisfied)</b> PM Office, Ministry of Happiness & Well-being	<b>Involve (Key Player)</b> Scientific Community, Business (employers, owners), banks, Insurance companies, Ministry of Health, Health Authorities
	Low	<b>Monitor (Minimal Efforts)</b> Medical facilities, population	<b>Acknowledge (Keep Informed)</b> Ministry of Education, NGOs, Media, Ministry of Community Development & Municipalities
		Low	High
	Support		

### Stakeholder Participation Plan

Stakeholder	Main message	Possible risks and solutions
Government	Importance of investing/developing/financing and popularizing mental health services can be proven by presenting cost-effectiveness studies of those interventions.	Miscommunication on the focus of the policy.
Population	Media campaigns on importance of mental health during covid epidemic as well as work and education about the epidemics/related stigma and necessity of vaccinations.	Time - and money-consuming intervention. Results are not immediate.



## Stakeholder Participation Plan

Stakeholder	Main message	Possible risks and solutions
Ministry of Health and Prevention/ SEHA/DHA	Training and education of health managers, doctors, all medical staff on covid patients management/ stigma discrimination/tele-consulting.	Costs related to the IT services, platforms development, etc.
Hospitals/clinics etc	The development of additional services and online consultations can help bringing profit during the crisis.	Funding and co-funding can be done in collaboration with insurance companies.
Civil Societies and NGOs	This policy offers an opportunity for an improved society due to better mental health and happier lives.	They may take control. Explain management levels to prevent problems on policy ownership.
Private Sector	This is an opportunity to support a cause that will improve the community's lives and increase people's productivity during the covid-crisis.	Resistance. Provide clear evidence on the importance of the policy to gain support, and proceed with it.
Ministry of Education	Training and education for the students/medical student. Moving forward Research and Development.	Can be financed from pharmaceuticals/insurance companies.
Health Experts/ Scientific Community	Will work to explore the impact of COVID-19 epidemic on mental health and emotional well-being in different population groups, communicate the finding with other stakeholders.	Confusion on their role. They present a role of experts. They must only advise when consulted.
Media	As the mirror of society, this policy will help educate and improve the quality of people's lives.	Loss of ad business. They need to understand the bigger picture and its importance to the community.

## The Theory of Change for this Policy

The policy problem is COVID-19 related decrease in the quality of life (particularly happiness and well-being) in the UAE population. The proposed solution is to offer a sufficient level of psychological and social support to people in crisis by increased coverage of available help and counseling and simplifying access by mobilizing /bolstering telemedicine resources and related insurance parity and making special attention to the groups

of high-risk individuals (IMF, 2020; IASC, 2020; Juliann, 2015; Justin et al., 2020; Mughal et al. 2021). To achieve this objective, it is required to involve different level stakeholders – governments, businesses (employers), insurances, NGOs/civil society, and the scientific community. As the impact and the outcomes of the proposed interventions, we expect a decrease in self-reported cases of anxiety or/and depression.

It is critical to provide sufficient coverage of mental, social, and psychological support

(including free counseling, digital well-being application, and other resources to boost moods in helping people, etc.) to help overcome fear, anxiety, and depression caused by the crisis (IMF, 2020; IASC, 2020; Juliann, 2015; Justin et al., 2020; Mughal et al. 2021). In order to mobilize state insurance laws to ensure that mental health parity. In addition, they are encouraging employers to initiate corporate programs to support their employees psychologically and morally to enable workers to overcome stress and bolster telehealth/telemedicine infrastructures.

Input	Activities	Output	Outcome	Impact
<b>Objective 1: To provide sufficient coverage of mental, social, and psychological support to individuals</b>				
<b>Funding</b>	Training & other capacity-building activities for the health, social welfare, protection and education staff and volunteers	Increase in capacity, human resources, knowledge and skills, and ability to identify and treat mental health issues	Mental health is of higher priority and at the top of the agenda (Political will for mental health services at all levels)	Reduced prevalence of mental health and psychological problems amongst general population
<b>Trained Staff</b>				
<b>Partnerships</b>	Development and advancement of partnerships between different services/sectors	Increase of quality of MHPSS	Leadership and governance advanced for mental health at all levels and across sectors	Increased prevalence of people reporting happiness
	Scaling up of the Mental health and psychosocial support (MHPSS)	Improved access and coverage of the mental health and psychological services		
	Meaningful dialogue between user groups and decision-making bodies and service providers. Including health, education, judiciary, social sectors, rights and disability bodies. Including mental health into the national frameworkers & SDGs National plans	Developed and integrated approach to mental health and social care across services (Including integration into health systems, maternal health, education, early childhood, development, youth services and gendre-based violence services)	Mental health and psychosocial support (MHPSS) prioritized in preparedness, response and recovery in emergencies and fragile and conflict-affected situations	

**Objective 2: To encourage employers to initiate corporate programs to support their employees psychologically and morally in order to enable healthcare workers to overcome pandemic - related stress**

Input	Activities	Output	Outcome	Impact
<b>Materials</b>	Develop SCR responsible business conduct models to avoid or address negative impact of covid	Coverage of mental health and psychological services for employees increased	Provision of information on the general business development support programs available as well as guides on how to address COVID-19 as employers	Increased prevalence of people reporting satisfaction with services
<b>Experts</b>	Development and implementation of the information campaigns about risks and prevention methods etc.	Business structures are engaged in MHPSS		Increased self-reported use of mental health services
<b>Funding</b>	<p>Training and post-disaster interventions to help employees exposed to traumatic interventions</p> <p>Development and implementation of paid sick leaves programs etc. Bank - debts restructuring programs</p> <p>Insurance - include post-covid and covid - related mental health services and psychological support</p>			



**Objective 3: To bolster tele-health infrastructures**

Input	Activities	Output	Outcome	Impact
<b>Funding</b>	Telemedicine pilot, involving the provision of software, strengthening of the hardware base, staff training, and public awareness	Roadmap for scaling up elaborated, pilot results widely communicated, and public awareness on the access to telemedicine strengthened;	Increased usage of telemedical services	Self-reported use of telehealth mental health services  Reduced prevalence of mental health problems
<b>Experts</b>	Methodological guidance on telemedicine, including standards of services and guidance on psychological aspects, for health staff, developed			

**Objective 4: To address needs amongst specific population groups who might experience barriers to accessing information, care and support or be at higher risk of infection**

Input	Activities	Output	Outcome	Impact
<b>Funding/ trained staff</b>	Resilience training to health professionals  Identification and mapping of the vulnerable population groups - women, elderly, etc  Combatting stigma and discrimination against patients with covid - Health education online platforms to address social fear related to COVID-19, stigma, and discrimination to work on the feelings of uncertainty in a period of social crisis.	Awareness of the general population and media professionals raised on stigma and discrimination	Most vulnerable populations are reached and protected by ensuring the continuity of services in fragile settings	Increased use of mental health services amongst vulnerable population groups  Reduced prevalence of mental health and psychological problems amongst vulnerable population groups

## Identifying and Appraising Policy Recommendations

Policy instruments	Policy tool 1	Policy tool 2	Policy tool 3	Policy tool 4	Policy tool 5
<b>Brief description of the policy tool</b>	Standard-setting regulations - on Telehealth services / and insurance parities	Population campaign on covid & associated mental health problems, and importance to seek for MHPSS	Governmental financial support or grant (could be done via a tender competition) to select the best provider of counseling services / doing outreach activities in the different communities	Subsidies to the responsible business structures with CSR programs to support people with covid/ mental health consequences	Law/legislations to ensure mental health parity (to cover MHPSS for all patients suffering from covid infection consequences & crisis)
			Financial support or grant (could be done via a tender competition) to select the best provider of counseling services / doing outreach activities in the different communities		
			NGOs that provide outreach/counseling to vulnerable groups (seniors, women, or patients who had severe infection with complications)		
<b>What type of instrument is it?</b>	Regulations and standards on Telehealth/ medical consultations to follow by all medical facilities, medical insurance companies, etc. Rules & Guidelines to follow by all medical universities to adjust the curricula for students on how to provide tele-consultations	Informational campaign for the general population (radio / TV / Internet) about the importance of emotional well-being & mental health; mental health education for schoolchildren	Governmental financial support or grant (could be done via a tender competition) to select the best provider of counseling services / doing outreach activities in the different communities	Economic measures - taxes or other benefits, so the enterprises could use those funds on investments in employees emotional well-being, mental health services	Legislation to regulate insurance parity

Policy instruments	Policy tool 1	Policy tool 2	Policy tool 3	Policy tool 4	Policy tool 5
<b>How will it achieve the policy intended results?</b>	By increasing availability and access to the psychological & mental health services available also online	Will increase the awareness and facilitate the demand for the well-being	The policy will increase the outreach and availability of community support / social care to the individuals	More working / employed individuals will receive support and help from the private sector	Medical / mental / psychological health & consultations made online can be covered by medical insurance
	<b>How can it be implemented?</b>	Implementation & Inspections / Enforcement mechanisms	By changing people's beliefs, knowledge, attitudes, and practices	Via training and employing consultants who can run the counseling	By changing people's beliefs, knowledge, attitudes, and practices
<b>How can it be monitored?</b>	Governmental / official statistics / reports	Pre-and post-campaign survey to evaluate the results / effectiveness:	Monitoring can be done by filling the clients' feedback forms -		
	Number and % of facilities that use telehealth (before and after intervention);	significant changes in attitude and behaviour towards well-being & mental health aspects	Number of people who are reached covered by the services		
	Clients' satisfaction with telehealth services provided;		Level of satisfaction by the level of provided services	Polls	Polls
	Number of practitioners who were trained in telehealth;				
	Number or % of students trained in tele-health				
<b>Initial high-level cost estimate</b>	Training / hiring experts;	Media campaign expenses - development, placement, applied research	Hiring specialists / training costs	Subsidies / vouchers	Legal and tax experts from the government
	Purchase of programs / apps / platforms	News and social media			
	Equipment; Marketing costs	Print publications cost			

## The Way Forward: Policy Options & Recommendations

Policy instruments	Policy option and rationale
<p><b>Policy Option 1:</b> Standard-setting regulations - on Telehealth services / and insurance parities</p>	<p>Development and implementation of the Tele-Health standards / regulations is a cost-effective measure that will speed up and increase access and coverage of the different health care services, including mental and psychological health services.</p>
<p><b>Policy Option 2:</b> Population campaign on covid&amp; associated mental health problems, and importance to seek for MHPSS</p>	<p>Population campaign on the importance of emotional well-being and coping is a very effective tool that can help individuals change their beliefs, knowledge, attitudes, and behavior towards mental health' &amp; well-being aspects.</p>
<p><b>Policy Option 3:</b> Governmental Subsidies &amp; vouchers to NGOs that provide outreach / counseling to vulnerable groups (seniors, women, or patients who had severe infection with complications)</p>	<p>Stimulating community and civil society support development to the people in need / vulnerable situations related to covid. Cost-effective measure. Increases coverage of the social care and support services to the population.</p>
<p><b>Policy Option 4:</b> Subsidies to the responsible business structures with CSR programs to support people with covid / mental health consequences</p>	<p>Stimulates business CSR programs, facilitates the provision of psychosocial support for the employees.</p>
<p><b>Policy Option 5:</b> Law / legislations to ensure mental health parity (to cover MHPSS for all patients suffering from covid infection consequences &amp; crisis)</p>	<p>Assuring the insurance parity will help cover the psychological and mental health services, also related to covid-cases.</p>

## References

1. Abi Adams-Prassl & Teodora Boneva & Marta Golin & Christopher Rauh, 2020. "The Impact of the Coronavirus Lockdown on Mental Health: Evidence from the US," Working Papers 2020-030, Human Capital and Economic Opportunity Working Group. Retrieved from: <https://www.repository.cam.ac.uk/handle/1810/310906>
2. Armbruster, Stephanie; Klotzbücher, Valentin (2020) Lost in lockdown? COVID-19, social distancing, and mental health in Germany, Diskussionsbeiträge, No. 2020-04, Albert-Ludwigs-Universität Freiburg, Wilfried-Guth-Stiftungsprofessur für Ordnungs- und Wettbewerbspolitik, Freiburg i. Br. Retrieved from: <https://www.econstor.eu/handle/10419/218885>
3. Bao, K. J., & Lyubomirsky, S. (2013). The rewards of happiness. *The Oxford handbook of happiness*, 12, 119-133.
4. Basema Saddik, Amal Hussein, Ammar Albanna, Iffat Elbarazi, Arwa Al-Shujairi et al. "The psychological impact of the COVID-19 pandemic on adults and children in the United Arab Emirates: a nationwide cross-sectional study. *BMC Psychiatry*, 21 (224) 2021. Retrieved from: <https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-021-03213-2>
5. Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*, 395(10227), 912-920. Retrieved from: <https://www.sciencedirect.com/science/article/pii/S0140673620304608>
6. BUPA Global Well-being Index report, September 2020. Retrieved from: <https://www.bupa.com/~media/files/site-specific-files/newsroom/news/2020/bupa-global-wellbeing-index-2020.pdf>
7. Cheikh Ismail, L., Mohamad, M. N., Bataineh, M. F., Ajab, A., Al-Marzouqi, A. M., Jarrar, A. H., Abu Jamous, D. O., Ali, H. I., Al Sabbah, H., Hasan, H., Stojanovska, L., Hashim, M., Shaker Obaid, R. R., Saleh, S. T., Osaili, T. M., & Al Dhaheri, A. S. (2021). Impact of the Coronavirus Pandemic (COVID-19) Lockdown on Mental Health and Well-Being in the United Arab Emirates. *Frontiers in psychiatry*, 12, 633230. <https://doi.org/10.3389/fpsyt.2021.633230>
8. Godchaux-Berezhnova, I. & Moonesar, I.A. (2021). Using Global Practices & Policies to inform the UAE Quality of Life & Well-being in the 21st Century. Policy no. 56 Mohammed Bin Rashid School of Government, Dubai, United Arab Emirates, January 2021. Retrieved from: <https://www.mbrsg.ae/home/research/social-policy/using-global-practices-policies-to-inform-the-uae>
9. Greyling, T., Rossouw, S., & Adhikari, T. (2020a). A tale of three countries: How did Covid-19 lockdown impact happiness? (No. 584). GLO Discussion Paper. Essen. Retrieved from: <https://www.econstor.eu/handle/10419/221748>
10. Greyling, T., Rossouw, S., & Adhikari, T. (2020b). Happiness-lost: Did Governments make the right decisions to combat Covid-19? (No. 556). GLO discussion paper. Retrieved from: <https://www.econstor.eu/handle/10419/217494>
11. Holmes, E. A., O'Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arseneault, L., ... & Bullmore, E. (2020). Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. *The Lancet Psychiatry*, 7(6), 547-560. Retrieved from: <https://www.sciencedirect.com/science/article/pii/S2215036620301681>
12. Inter-Agency Standing Committee (2020). IASC reference group on mental health and psychological support. Operational Considerations for multi-sectoral mental health and psychological support programs during the covid-19 pandemic. July 2020. Retrieved from: <https://interagencystandingcommittee.org/iasc-reference-group-on-mental-health-and-psychosocial-support-in-emergency-settings>
13. International Monetary Fund (2020). Policy responses to COVID-19. Retrieved from: <https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19>
14. Julianne Holt-Lunstad, Timothy B. Smith, Mark Baker. Loneliness and social isolation as Risk Factors for Mortality: A Meta-Analysis Review, 2015. Retrieved from: <https://pubmed.ncbi.nlm.nih.gov/25910392/>
15. Justin Thomas, Mariapaola Barbato, Marina Verlinden, Carl Gaspar, Mona Moussa, Jihane Ghorayeb, Aaina Menon, Maria J. Figueiras, Teresa Arora, and Richard P. Bentall. Psychosocial Correlates of Depression and Anxiety in the United Arab Emirates During the COVID-19 Pandemic. *Front Psychiatry*. 2020:11. Retrieved from: <https://pubmed.ncbi.nlm.nih.gov/33240122/>



16. Mc Kinsey & Company (2020). Allas, T., Chinn, D., Pal, E. S., & Zimmerman, W. (2020). Well-being in Europe: Addressing the high cost of COVID-19 on life satisfaction. Retrived from: <https://www.mckinsey.com/~media/McKinsey/Featured%20Insights/Europe/Well%20being%20in%20Europe%20Addressing%20the%20high%20cost%20of%20COVID%2019%20on%20life%20satisfaction/Well-being-in-Europe-Addressing-the-high-cost-of-COVID-19-on-life-satisfaction.pdf>
17. Mughal F, Hossain M Z, Brady A, Samuel J, Chew-Graham C A. Mental health support through primary care during and after covid-19 BMJ 2021; <https://www.bmj.com/content/373/bmj.n1064>
18. Niklas K Steffens, Tegan Cruwys, Catherine Haslam, Jolanda Jetten, S Alexander Haslam. Social groups memeebrships in retirement are associated with reduced risk of premature death: evidence from a longitudinal cohort study, BMJ Vol6-2. 2016.
19. Sarracino, Francesco; O'Connor, Kelsey J. (2021): Neo-humanism and COVID-19: Opportunities for a socially and environmentally sustainable world, GLO Discussion Paper, No. 825, Global Labor Organization (GLO), Essen.
20. Sustainable Development Solutions Network. World Happiness Report, 2021. ISBN 978-1-7348080-1-8 Retrieved from: <https://worldhappiness.report/ed/2021/>
21. Torales, J., O'Higgins, M., Castaldelli-Maia, J. M., & Ventriglio, A. (2020). The outbreak of COVID-19 coronavirus and its impact on global mental health. *International Journal of Social Psychiatry*, 66(4), 317-320. <https://doi.org/10.1177%2F0020764020915212>
22. White & Case LLP (2020). COVID-19UAE's Government Financial Assistance Measures. Retrieved from: <https://www.whitecase.com/publications/alert/covid-19-uaes-government-financial-assistance-measures>
23. World Health Organisation (2018). Mental health: strengthening our response. Retrieved from: <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

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The views expressed in this report are those of the author(s) and do not necessarily reflect those of the trustees, officers and other staff of the Mohammed Bin Rashid School of Government (MBSRG) and its associated entities and initiatives.

## Acknowledgements

The author(s) wish to express personal appreciation to the following individuals for their input to the different stages of producing this working paper and for providing essential input and assistance into the report and its related materials:

**Engy Shibl | Shuaib Kunnoth | TABEER.NET**

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## The Mohammed Bin Rashid School of Government

The Mohammed Bin Rashid School of Government (formerly Dubai School of Government) is a research and teaching institution focusing on public policy in the Arab world. Established in 2005 under the patronage of HH Sheikh Mohammed bin Rashid Al Maktoum, Vice President and Prime Minister of the United Arab Emirates and Ruler of Dubai, in cooperation with the Harvard Kennedy School, MBSRG aims to promote good governance through enhancing the region's capacity for effective public policy.

Toward this goal, the Mohammed Bin Rashid School of Government also collaborates with regional and global institutions in delivering its research and training programs. In addition, the School organizes policy forums and international conferences to facilitate the exchange of ideas and promote critical debate on public policy in the Arab world. The School is committed to the creation of knowledge, the dissemination of best practice and the training of policy makers in the Arab world. To achieve this mission, the School is developing strong capabilities to support research and teaching programs, including:

- applied research in public policy and management;
- master's degrees in public policy and public administration;
- executive education for senior officials and executives; and,
- knowledge forums for scholars and policy makers.

**The MBSRG Research Department focuses on the following seven priority policy areas:**

1. Future Government and Innovation
2. Education Policy
3. Health Policy
4. Public Leadership
5. Social Policy, Wellbeing and Happiness
6. Sustainable Development Policy
7. Economic Policy

For more information on research at the Mohammed Bin Rashid School of Government, please visit: <http://www.mbrsg.ae/home/research.aspx>

## HEALTH POLICY

The health policy research area aims to explore healthcare policy and policy for health in the UAE. It also addresses the health policy the policy implications, needs and challenges related to the provision of health services in accordance to the UAE National Agenda.



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