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Review Article

Expanding Mental Health Services in Oman: Current Outlook, Challenges, and Future Perspectives

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A B S T R A C T

Mental health services in the Sultanate of Oman have undergone substantial development over the past four decades, reflecting the country's broader achievements in healthcare. The establishment of specialized psychiatric facilities, expansion of child and adolescent mental health services, development of geriatric psychiatry, and strengthening of psychiatric education have significantly improved mental healthcare delivery. Despite these advances, challenges persist, including workforce shortages, unequal geographic distribution of services, stigma associated with mental illness, limited community-based care, and the absence of dedicated mental health legislation. This article reviews the current state of mental health services in Oman, highlights epidemiological trends, examines educational and training initiatives, and discusses future directions necessary to meet the growing mental health needs of the population.

Keywords: Mental health, Psychiatry, Oman, Mental health services, Psychiatric education, Community mental health

Introduction

The Sultanate of Oman occupies approximately 309,500 km² in the southeastern region of the Arabian Peninsula and is considered one of the rapidly developing nations in the Gulf region. Since the 1980s, substantial improvements in socioeconomic conditions and healthcare infrastructure have contributed to enhanced quality of life and health outcomes among its population. Mental healthcare has similarly evolved, with expanded service capacity, improved public awareness, and gradual reductions in stigma associated with mental illness.

Oman's population exceeded five million for the first time in 2023, with Omani nationals constituting approximately 58% of the population. Nearly 65% of residents are younger than 29 years, creating a demographic profile that places increasing demands on healthcare services, including mental healthcare. The concentration of specialized psychiatric facilities in Muscat, however, presents significant

accessibility challenges for individuals residing in rural and remote regions.

Methodological Note and Scope

This paper is structured as a narrative review synthesized from available published literature, institutional reports, and regional health data. While narrative reviews provide a comprehensive qualitative overview of a specific health domain, they inherently lack the exhaustive and reproducible search methodologies of systematic reviews or the statistical pooling of meta-analyses. Furthermore, this study does not incorporate primary data collection through original surveys, qualitative interviews, or experimental interventions. Consequently, the findings rely on existing published evidence, which carries potential publication bias toward reported findings and may possess limited generalizability outside the Omani context due to unique cultural, economic, and systemic structures.

Mental Health Status in Oman and Epidemiological Trends

Mental health disorders have become an increasingly recognized public health concern in Oman. Regional studies report prevalence rates of depression and anxiety ranging from 11.5% to 33.7%, particularly among adolescents, university students, and clinical populations. Despite growing awareness, help-seeking behaviors remain limited due to social stigma, with approximately 64% of affected individuals identifying it as a major barrier to accessing professional care.

Among university students, a study conducted at Sultan Qaboos University reported a depression prevalence of 33.7%, with higher rates among female students and those residing on campus. Mental health challenges among healthcare professionals have also become more apparent, particularly following the COVID-19 pandemic, with reported prevalence rates of anxiety (34.1%), depression (32.3%), stress (23.8%), and insomnia (18.5%).

Analysis of Stigma and Sociocultural Causes

Social stigma in Oman is deeply rooted in traditional explanatory models of mental illness, where symptoms are frequently attributed to supernatural phenomena, the evil eye, magic, or jinn possession rather than biological or psychological etiologies. This framing often generates profound social shame, family concealment, and fear of marital or employment discrimination. Consequently, affected individuals frequently turn to traditional or spiritual healers prior to engaging with biomedical professionals. While cultural and spiritual frameworks offer communal comfort, this delay prolongs untreated morbidity and worsens clinical prognosis. Interventions to address stigma must move beyond passive awareness campaigns to include community-engaged psychoeducation involving religious and tribal leaders, school-based mental health literacy programs, and targeted anti-stigma campaigns integrated into primary healthcare settings.

Mental Health Infrastructure and Service Delivery

Oman's public healthcare system provides comprehensive healthcare services free of charge to citizens. The country received international recognition for healthcare performance, ranking first among 191 World Health Organization (WHO) member states in a comparative assessment of health systems in 2000 and among the leading nations globally for improvements in public health in the United Nations Human Development Report 2010. When compared internationally and regionally across Gulf Cooperation Council (GCC) nations, Oman demonstrates robust universal healthcare coverage, though resource allocations per capita for specialized mental health infrastructure mirror wider regional dependencies on centralized tertiary care models rather than decentralized community models.

Despite these achievements, psychiatric services remain limited relative to population needs. The Ministry of Health employs approximately 60 psychiatrists, while an additional 13 psychiatrists work in other governmental and private institutions. Government institutions also employ 17 psychologists and 28 social workers dedicated to mental health services.

Current mental health resources include:

- **Tele-Psychiatry and Remote Care**: To combat pandemic-related access barriers, the MOH integrated standardized digital psychiatric practices.[14] To address cultural expectations and reduce stigma, these specific tele-health SOPs enforce strict regulations regarding identity verification, secure electronic prescribing lines, and mandatory private environments to protect patient confidentiality.[9,14]
- **Institutional Safety & Continuity of Care**: Operational guidelines within specialized tertiary psychiatric units standardize internal risk management.[9,24] The SOPs mandate continuous post-diagnosis suicide risk assessments and outline strict behavioral de-escalation protocols that limit physical restraint or seclusion to emergencies. Furthermore, standardized discharge templates legally enforce comprehensive care-transition plans and structured primary care follow-up intervals to prevent clinical relapse.[24]
- **Private Sector Oversight**: The expansion of psychiatric care includes stringent regulations managed by the Directorate General of Private Health Establishments.[23]

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Private practices are subject to specific licensing, safety, and scope-of-practice requirements.[23,25] Routine audits ensure that private clinics maintain the same clinical quality, risk management, and prescribing safety standards enforced in public hospitals.All polyclinics are offering everyday MH services through psychiatrists and trained GP,and health centers once in a week .

- **Standing operative procedures for Mental Health**: The Ministry of Health (MOH) in Oman standardizes mental health operations through its Approved Documents Portal, implementing structured frameworks like the Mental Health Management Guidelines in Primary Health Care and the Guideline for Regulation and Management of Psychiatry Services.

Al Masarra Hospital

Established in 2013, Al Masarra Hospital serves as Oman's primary tertiary psychiatric institution. The hospital has a capacity of 245 beds and provides multidisciplinary care through psychiatrists, psychiatric nurses, psychologists, pharmacists, social workers, occupational therapists, physiotherapists, and speech therapists.

Services offered include:

- General adult psychiatry
- Child and adolescent psychiatry
- Geriatric psychiatry
- Consultation-liaison psychiatry
- Addiction treatment services
- Forensic psychiatry

Sultan Qaboos University Hospital

Sultan Qaboos University Hospital functions as a major tertiary referral center and teaching hospital affiliated with Sultan Qaboos University. Its psychiatric department provides inpatient and outpatient services, with specialized programs in child and adolescent psychiatry, geriatric psychiatry, consultation-liaison psychiatry, and neurology.

Specialized Subspecialty Services

Child and Adolescent Mental Health Services

Child and adolescent mental health (CAMH) services were introduced in the late 1990s at Sultan Qaboos University Hospital. Over time, these services evolved into a multidisciplinary model providing both inpatient and outpatient care.

The inpatient unit represents the first dedicated psychiatric service for children and adolescents in Oman and accommodates urgent admissions on a 24-hour basis. A distinctive feature of the program is the requirement for a caregiver to remain with the child throughout hospitalization, reflecting culturally sensitive family-centered care. Al Masarra Hospital also provides comprehensive CAMH services. Nevertheless, ethical challenges related to involuntary admissions and treatment decisions for minors continue to present complexities for practitioners.

Geriatric Psychiatry

Recognizing the growing elderly population, Oman established specialized geriatric psychiatry services at Sultan Qaboos University Hospital in 2011. These services provide memory assessments, neuropsychological evaluations, dementia diagnosis, and management of age-related psychiatric conditions. Regular training workshops for primary healthcare physicians have enhanced the early recognition of cognitive impairment and increased referrals to memory clinics. Public awareness campaigns addressing Alzheimer's disease and dementia have further strengthened service utilization.

Mental Health Education and Training

Undergraduate Education

Medical education in Oman spans seven years, including four preclinical years and three clinical years. Behavioral sciences are introduced during the second and third years, emphasizing cultural and social determinants of health. Psychiatry is formally introduced during an eight-week clinical clerkship in the sixth year, during which students participate in lectures, clinical interviews, case discussions, and patient assessments.

Postgraduate Education

The Oman Medical Specialty Board (OMSB), established in 2006, oversees postgraduate medical education. The psychiatry residency program received Accreditation Council for Graduate Medical Education International (ACGME-I) accreditation in 2017.

The five-year residency program includes rotations in:

- General adult psychiatry
- Child and adolescent psychiatry
- Geriatric psychiatry
- Addiction psychiatry
- Consultation-liaison psychiatry

Graduates may subsequently pursue two-year international fellowships at accredited institutions. Since the program's inception, approximately 75 psychiatrists have completed specialist training.

Substance Use and Addiction Services

Oman faces increasing challenges related to substance misuse, partly due to its geographic proximity to major drug trafficking routes. Rising rates of drug-related crimes and overdose deaths have increased demand for addiction treatment services. To address this issue, specialized

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addiction services have been incorporated into Al Masarra Hospital. Nevertheless, substance use disorders remain a complex public health challenge requiring integrated prevention, treatment, and rehabilitation strategies.

Mental Health Legislation and Policy Gaps

Currently, Oman does not have a dedicated Mental Health Act. Mental healthcare practice is governed through the Public Health Law, Ministry of Health regulations, and broader legal frameworks.

Efforts are underway to develop comprehensive mental health legislation that will address:

- Patient rights and protections
- Involuntary admission procedures
- Forensic psychiatric services
- Human rights safeguards
- Community-based mental healthcare frameworks

The proposed legislation aims to align Oman's mental healthcare system with international standards while respecting cultural and social contexts.

Challenges, Implementation Barriers, and Future Perspectives

Although significant progress has been achieved, several systemic challenges and implementation barriers impede optimal service delivery:

- **Workforce Shortages**: Severe deficits in specialized personnel, including psychiatrists, clinical psychologists, and psychiatric nurses, restrict patient-to-provider ratios.
- **Geographic Disparities**: Urban-rural inequalities limit access for populations outside the capital region of Muscat.
- **Infrastructure and Financial Constraints**: Limited budgetary allocations constrain the expansion of community-based facilities, digital health architectures, and specialized regional clinics.
- **Service Delivery Model Limitations**: Heavy reliance on institutionalized tertiary care rather than integrated primary care and community mental health networks.
- **Sociocultural Stigma**: Persistent social attitudes that deter early medical help-seeking.
- **Demographic Pressures**: Growing epidemiological demand driven by population growth, aging, and rising rates of substance misuse.

Specific Future Priorities

To overcome these barriers, future strategic initiatives must implement actionable measures:

- **Decentralization of Care**: Transition from hospital-centric models to community-based mental health teams integrated directly into regional primary healthcare centers.
- **Workforce Expansion**: Scale up training positions within the Oman Medical Specialty Board and expand nursing and psychology specialization pathways.
- **Legislative Enforcement**: Expedite the formal ratification and implementation of a dedicated Mental Health Act to secure structural human rights protections and stable funding.
- **Digital Health Integration**: Deploy telepsychiatry infrastructure to bridge geographic access gaps for remote and rural communities.

Discussion

The present narrative review demonstrates that mental health services in Oman have undergone substantial development alongside the broader expansion of the country's healthcare system. The establishment of specialized psychiatric institutions, development of child and adolescent and geriatric psychiatry services, and strengthening of undergraduate and postgraduate psychiatric education indicate a progressive transition from limited psychiatric provision toward a more structured and multidisciplinary mental healthcare system.[1,20–22] However, the expansion of services has not completely eliminated important gaps in accessibility, workforce availability, community-based care, and mental health legislation.[1,20,22] These findings suggest that the future development of mental healthcare in Oman should focus not only on increasing specialist services but also on improving the distribution, integration, and continuity of care.

The epidemiological findings presented in this review indicate that depression and anxiety represent important areas of concern, particularly among younger populations and university students. Reported prevalence estimates ranging from 11.5% to 33.7% demonstrate considerable mental health needs within specific population groups.[16,17] The reported prevalence of depressive symptoms among university students further emphasizes the importance of addressing mental health within educational institutions.[16] Similarly, the prevalence of anxiety and depressive disorders among adolescents indicates that early identification and intervention during adolescence should remain an important component of national mental health planning.[17] Mental health challenges among healthcare professionals have also become increasingly recognized, particularly following the COVID-19 pandemic, with substantial levels of stress, depression, anxiety, and sleep disturbance reported among healthcare workers.[19] These observations support the need for early identification and accessible psychological support across educational, occupational, and healthcare settings rather than restricting mental health services to individuals who reach specialist psychiatric facilities.

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Stigma remains an important barrier to effective mental healthcare utilization in Oman. Previous research has demonstrated that perceptions and attitudes toward mental illness can substantially influence help-seeking behavior.[18] In addition, cultural and religious explanatory models may influence how psychological symptoms are understood within Arab societies.[11,12] Mental health problems may sometimes be attributed to supernatural explanations, including the evil eye, magic, or jinn possession, which can contribute to social shame, concealment of illness, and delayed engagement with professional mental healthcare.[11–13] Such culturally embedded explanations should be approached sensitively rather than being dismissed, because spiritual and traditional frameworks may have an important social role for individuals and families. However, when these beliefs result in delayed professional assessment or concealment of illness, opportunities for early intervention may be lost.[11–13] Community-based psychoeducation involving trusted community, religious, and tribal leaders may therefore provide a culturally appropriate approach to improving mental health literacy and reducing misconceptions.[12,13] Integrating such initiatives with primary healthcare and educational programs could potentially encourage earlier recognition and appropriate help-seeking.

The distribution of psychiatric resources also presents a major challenge. Although Oman has developed a comprehensive public healthcare system, specialist mental health resources remain limited in relation to population needs.[1,14,20] The concentration of specialized psychiatric services in Muscat may create difficulties for individuals living in rural and remote regions.[1,20,22] This geographic imbalance is particularly relevant because accessibility is an important component of effective mental healthcare delivery. Strengthening regional mental health services and integrating mental health professionals into primary healthcare facilities may therefore help reduce dependence on centralized tertiary institutions. Such decentralization would also be consistent with the broader movement toward community-oriented mental healthcare and improved continuity of care.[1,14]

Al Masarra Hospital represents an important component of Oman's psychiatric infrastructure, providing tertiary psychiatric services across several areas of specialization.[1,22] The multidisciplinary composition of psychiatric care reflects the increasingly complex nature of mental healthcare, in which psychiatric treatment frequently requires psychological, social, occupational, nursing, and rehabilitative interventions.[1,22] Sultan Qaboos University Hospital similarly contributes through specialist psychiatric care, teaching, and referral services.[1,21,22] Nevertheless, the presence of strong tertiary institutions should be complemented by intermediate and community-level services to ensure that patients can receive appropriate care closer to their homes and maintain continuity following specialist assessment.[1,20]

The development of child and adolescent and geriatric psychiatry is another important strength of the Omani mental healthcare system. Child and adolescent mental health services have developed into multidisciplinary programs providing inpatient and outpatient care, while family involvement reflects the importance of culturally sensitive approaches to psychiatric treatment in younger patients.[1,7] At the same time, ethical considerations surrounding involuntary admission and treatment decisions for minors require appropriate safeguards and clear legal frameworks.[7] Geriatric psychiatric services, including memory assessment, neuropsychological evaluation, dementia diagnosis, and collaboration with primary healthcare professionals, represent another important area of specialization.[1,21] The continued development of age-specific mental health services will become increasingly important as demographic changes alter the population's healthcare requirements.[3,4]

Mental health education represents a further area of progress. The inclusion of behavioral sciences within undergraduate medical education and structured clinical exposure to psychiatry provides medical students with opportunities to develop knowledge and clinical competencies in mental healthcare.[1,21] At the postgraduate level, the Oman Medical Specialty Board has established structured psychiatry residency training covering several major psychiatric subspecialties.[8,15] The development and accreditation of postgraduate psychiatric training represents an important contribution to national workforce development.[8,15] Nevertheless, continuing shortages of psychiatrists, psychologists, and other mental health professionals indicate that expansion of training opportunities should remain a strategic priority.[1,14] Increasing specialist training capacity while simultaneously strengthening pathways for psychology, psychiatric nursing, and allied mental health professionals could contribute to a more sustainable multidisciplinary workforce.

Substance use and addiction represent an additional area requiring sustained attention. Oman has developed specialized addiction services within its psychiatric infrastructure in response to the increasing demand for treatment and rehabilitation.[9] However, substance use disorders require more than hospital-based treatment and should be addressed through coordinated prevention, early identification, treatment, rehabilitation, and follow-up.[9] Integrating addiction-related screening and interventions into primary healthcare and community programs could facilitate earlier identification of individuals at risk and

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reduce exclusive dependence on tertiary psychiatric services.

The absence of dedicated mental health legislation represents an important policy gap.[1,20] Although mental healthcare is currently governed through broader public health legislation and Ministry of Health regulations, dedicated mental health legislation could provide clearer protections concerning patient rights, involuntary admission, forensic psychiatric care, and community-based treatment.[1,20,22] Such legislation is particularly relevant as mental healthcare expands beyond institutional settings and increasingly incorporates community-based and digital approaches. International experience also emphasizes the importance of legal and policy frameworks in protecting the rights and dignity of people receiving mental healthcare.[14] Consequently, the development and implementation of comprehensive legislation should be accompanied by appropriate clinical guidance, professional training, monitoring mechanisms, and safeguards for patients and families.

The findings collectively indicate that Oman is at an important stage in the evolution of its mental healthcare system. The country has established important specialist institutions and educational structures, but future progress will depend increasingly on decentralization and integration of services.[1,20–22] Community mental health teams, regional psychiatric clinics, mental health services within primary healthcare, and telepsychiatry could collectively improve accessibility for populations outside Muscat.[1,14] Digital health approaches may be particularly valuable for addressing geographic barriers, although they should complement rather than replace face-to-face services when direct clinical assessment is required.

A further consideration is the relationship between demographic change and future mental health service requirements. Oman's population growth and changing demographic structure are likely to increase demand for healthcare services, while the growing proportion of younger individuals creates a continuing need for adolescent and young-adult mental health services.[3,4] At the same time, increasing life expectancy and population aging may increase the need for geriatric psychiatry, dementia assessment, and long-term psychosocial support.[4] These demographic trends indicate that mental health planning should anticipate future demand rather than respond solely to existing service utilization patterns.

The findings should also be interpreted in the context of the limitations of the present review. This article is a narrative review and does not employ the exhaustive and reproducible search methodology characteristic of a systematic review. It also does not include primary data collection, statistical pooling, or meta-analysis. Consequently, the conclusions depend on the available published literature, institutional reports, and regional health information. The available evidence may be influenced by publication bias, differences in study populations, and variations in study methodology. Furthermore, findings from individual institutions or population groups may not necessarily represent the entire population of Oman. These limitations are consistent with the methodological scope of a narrative review and should be considered when interpreting the findings.

Overall, the evidence indicates that Oman has made considerable progress in establishing specialist psychiatric services, developing subspecialty care, and strengthening psychiatric education.[1,8,20–22] The next phase of development should emphasize equitable access, workforce expansion, culturally appropriate anti-stigma interventions, community-based mental healthcare, digital health integration, and comprehensive legislative protection.[1,14,20] A coordinated model linking tertiary psychiatric institutions with primary healthcare, educational institutions, families, and community organizations may provide a more sustainable approach for addressing the evolving mental health needs of the Omani population.

Conclusion

Mental health services in Oman have experienced remarkable growth since their inception in the early 1980s. The establishment of specialized psychiatric hospitals, development of subspecialty services, and strengthening of psychiatric education have significantly enhanced mental healthcare delivery. Nevertheless, challenges related to accessibility, structural implementation barriers, stigma, workforce limitations, and community service development remain substantial. Continued governmental commitment, legislative reform, workforce expansion, and targeted community engagement will be essential to meet the evolving mental health needs of Oman's growing and diverse population.

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