

Foreign report

Psychiatry in Egypt

A. OKASHA, Professor and Chairman, Department of Neuropsychiatry, Faculty of Medicine, Ain Shams University, Cairo, Egypt

Herodotus in the 5th century BC expressed his admiration for the health of the Egyptians, saying that they were the healthiest in the world, that “Egyptians are different from other people . . . they take their meals outside their homes, while they attend to their needs inside”. Diodorus Siculus in the first century BC stated that, “the whole manner of life of the Egyptians was so wholesome, that it would appear as though it had been arranged according to the rules of a learned physician rather than those of a legislator” (Ghaliongui, 1963, 1983).

One psychotherapeutic method used in Ancient Egypt was the “incubation” or “temple sleep”. This was associated with the name of Imhotep, the earliest known physician in history. I.m.ho.tep, “He who comes in peace” was the physician vizier of Pharaoh Zoser who built the Saqqara pyramid, 2980–2900 BC. He was worshipped at Memphis and a temple constructed in his honour on the island of Philae. The temple was a busy centre for sleep treatment. The course of treatment depended on the manifestations and contents of dreams which were highly affected by the psycho-religious climate of the temple, the confidence in the supernatural powers of the deity and the suggestive procedures carried out by the divine healers (Baashar, 1975).

The first mental hospital in the world was built in Baghdad, Iraq in 705 AD. This was followed by hospitals in Cairo (800 AD), Damascus (1270 AD), and Aleppo in Syria. At the time, mental patients were being burnt, condemned and punished in Europe.

The 14th century Kalaaon Hospital in Cairo had sections for surgery, ophthalmology, medical and mental illnesses. Contributions by the wealthy of Cairo allowed a high standard of medical care and provided for patients during convalescence until they were gainfully occupied (Baashar, 1975). Two features were striking: the care of mental patients in a general hospital, and the involvement of the community in the welfare of the patients, and foreshadowed modern trends by six centuries.

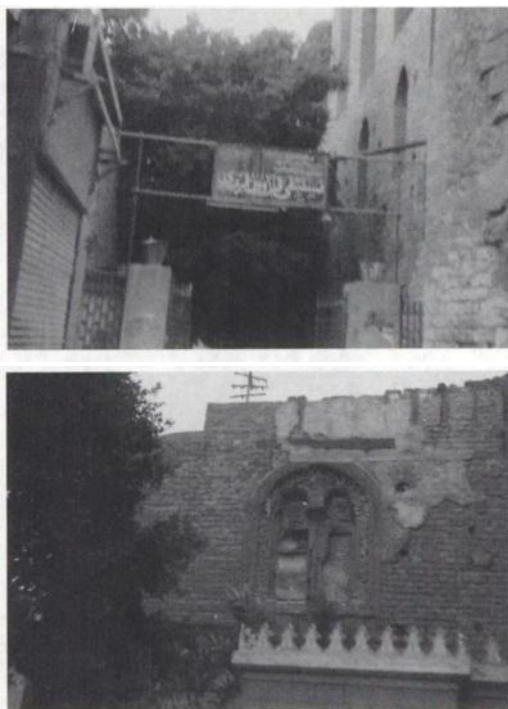
In the early 19th century, during the French occupation of Egypt, the director of medical services in the Egyptian Armed Forces, a French physician



The ancient Egyptian sleep temple.

named Claude, approached the Egyptian ruler regarding the appalling state of mental patients in Cairo. At that time all medical hospitals were under military auspices, so mental patients in Cairo were transferred to a military hospital in the middle of the city (Al Azbakia). After a few years, they were transferred to a nearby independent building in Boloaque. In 1980, a fire destroyed one of the Royal palaces except for a two-storey building. This was painted yellow and became the first mental hospital in Cairo in 1883. It was called the Yellow Palace. At that time it was situated in Abbassia, a remote desert suburb of Cairo. Now it is in the middle of an expanded, overcrowded city and there are plans for its demolition. In 1912 another state mental hospital was built in Khanka. It occupied about 300 acres, including a large plantation, and was situated several kilometers to the north of Cairo. In 1967 a third mental hospital was established in Alexandria, in 1979 another was founded in Helwan and in 1990 yet another near the airport.

Abbassia and Khanka mental hospitals had British directors from the beginning until the early 1930s. A report dating back to 1920 regarding the psychiatric services in Egypt was signed by John Warnock and H. W. Dudgeon, the Directors of Abbassia and Khanka mental hospitals respectively. The contents



Kalaoun Hospital. Built 600 years ago, it was the first general hospital with a psychiatric ward.

include a list of the causes of prevalent psychiatric diagnoses at that time which in decreasing frequency, were adolescent insanity, pellagra, alcohol, syphilis, congenital abnormalities, old age, hashish and epilepsy. A number of causes contributed to a lesser extent, like fevers, cocaine, puerperium and moral causes such as grief and loss. Yet the majority of cases were listed as of unknown aetiology (Warnock & Dudgeon, 1920).

In 1920 Egypt has 12 psychiatric beds for every 100,000 population as compared to England (250/100,000) and India (3/100,000). In 1992 Egypt had a ratio of 14 psychiatric beds:100,000 population, taking into consideration that Egypt's population in 1920 was 15 million, and in 1992, 57 million.

Starting from 1949, out-patient facilities have been extended to central hospitals in almost all governorates of Egypt. There are 13 medical schools in Egypt and each has a psychiatric unit with in-patient and out-patient psychiatric services. For the last 55 years Egypt has had a diploma in psychological medicine, and for 35 years a master's and doctorate degree in psychiatry. Egypt is the only Arab country with its own postgraduate degrees and education in psychiatry.

The largest mental hospital, Abbassia, is more than 100 years old and Khanka about 80 years old.

They are facing great difficulties regarding care, finances, treatment, and rehabilitation while accommodating about 5,000 patients. The new policy of deinstitutionalisation and provision of community care may reduce the number of psychiatric in-patients but will not solve the problem (Okasha, 1988).

In spite of rapid social changes in Egypt, the majority of people, especially in rural areas, belong to the extended family hierarchy. It is considered shameful to care for an elderly demented person away from family surroundings. The parents of retarded or hyperkinetic children feel a primary responsibility towards them rather than having them looked after in an institution.

In rural areas, community care is implemented without the need for health careworkers. Egyptians have a special tolerance to mental disorders and an ability to assimilate chronic mental patients. These patients, and those with mild or moderate mental retardation, are rehabilitated daily by cultivating and planting the countryside along with, and under supervision of, family members.

Community care in the form of hostels, day centres, rehabilitation centres and health visitors is only available in big cities. A good example in applying community care is in the prevention of drug abuse. There has been an increase in the abuse of heroin and other narcotics since the early 1980s. The media, legislative acts, anti-narcotic squad seizures of traffickers, initiation of centres all over Egypt and deployment of social workers, religious people, and politicians to educate the masses about the hazards of drug abuse, have triggered an interest in psychiatry and mental disorders. Although community care started in the 1960s, active participation of the community exploded with the increase of drug abuse among young people.

The priorities for community health care services in Egypt are not for mental health, but rather bilharziasis (schistosomiasis), birth control, infectious diseases in children, and smoking and illicit drug abuse. The programmes for community care in big cities take the form of out-patient clinics, hostels for the elderly, institutions for the mentally retarded, and centres for drug abuse, school and university mental health.

The new national health programme will focus on decentralisation of mental health care and community care in different governorates. Emphasis is on recruiting mental health teams, especially psychiatric nurses, psychiatric social workers, occupational therapists and clinical psychologists.

We have had a Mental Health Act in Egypt since 1944, which regulates the admissions and rights of mental patients. Probably we are the only Arab country which has had such an act so long. This act is centralised in that all involuntary admissions of

mental patients should take place in Cairo. A new Act is going through Parliament currently which will decentralise psychiatric services, giving governorates full responsibility.

Current mental health services

The population of Egypt now is 57,000,000. There are about 100,000 doctors, one for every 570 citizens. There are about 450 psychiatrists, one for every 127,000 citizens. There are about 8,000 psychiatric beds, one bed for every 7,000 citizens, i.e. 14 beds/100,000 population (Table I). The number of psychiatric beds in Egypt constitutes less than 10% of the total hospital beds.

Egypt is divided into 24 governorates, 19 with psychiatric clinics and out-patient units and five with no psychiatric services. The latter include Matrouh, Red Sea, New Valley, and North and South Sinai.

Egypt has about 250 clinical psychologists, with hundreds of general psychologists working in fields unrelated to the mental health services. There are many social workers practising in all psychiatric facilities, but unfortunately they are generic social workers with minimal graduate training in psychiatric social work. In 1960, there was an attempt to educate psychiatric social workers at the Institute of Social Services in Cairo. It lasted for only two years because of a shortage in applicants.

There are four Higher Institutes of Nursing in Egypt, equivalent to medical schools, and graduate highly qualified psychiatric nurses. Unfortunately, the majority leave the country to work in the petrodollar Arabian gulf states with their high salaries. The majority of nurses working in mental health facilities are general nurses with minimal psychiatric training. Psychiatric nurses graduate from nursing schools, but in insufficient numbers to cover psychiatric services.

Traditional and religious healers play a major role in primary psychiatric care in Egypt. They deal with minor neurotic, psychosomatic, and transitory psychotic states using religious and group psychotherapies, suggestion, and devices such as amulets and incantations (Okasha, 1966). In one study it was estimated that 60% of out-patients at the university clinic in Cairo serving low socio-economic classes have been to traditional healers before coming to the psychiatrist (Okasha *et al.*, 1968). Aftercare services in Egypt are still limited due to poor understanding of most people for the need for follow-up care after initial improvement.

The National Mental Health Programme, 1991–1996, for Egypt, emphasizes the role of primary health care in looking after 80% of psychiatric patients. Apart from the implementation of intensive psychiatric courses in medical schools, a system

TABLE I
Distribution of psychiatric beds in Egypt

City	Hospital	Number of Beds
Cairo	Abbassia	2500
	Khanka	2500
	Helwan	600
	Airport	150
Alexandria	Maamoura	650
Dakahlia	Harbit	50
Asyout		50
Beds in general hospitals		400
Beds in private hospitals		1000
Institute of Psychiatry Ain Shams University		100
Total		8000

of updating psychiatric care in primary health physicians in all governorates through education, workshops, and tuition in the main localities has already started.

In the summer of 1990 a model psychiatric centre, based on the psychiatric team concept, was opened in Ain Shams University as a prototype for other governorates in Egypt. The centre was initiated by charities and later financed by the government. It serves 100 in-patients and includes sections for substance abuse, child psychiatry and geriatric psychiatry. The emphasis is out-patient services where 50 patients can be examined daily. The involvement of psychiatric social workers, psychiatric nurses, and clinical psychologists with the psychiatrists in giving a comprehensive service to patients will be an example for other centres. It liaises with the higher institute of nursing, nursing schools, faculties of social welfare, and psychological departments of universities to train graduates in the multidisciplinary approach to psychiatric disorders. The centre emphasises that any psychiatric disorder is a psycho-socio-biological entity and, unless the patient is approached in the history-taking, aetiology and management with these three dimensions taken into consideration, the approach will be faulty (Okasha, 1991). Recently the centre has been acknowledged as a WHO collaborating centre for training and research in mental health. A preliminary overview of the diagnoses given to the 800 admissions in 1991 reveals the following disorders: mood disorders (18.3%), schizophrenia (16%), somatoform disorders (9.5%), substance use



Institute of Psychiatry, Ains Shams University. Established in 1990.

disorders (8.5%), disorders of infancy, childhood and adolescence (8.2%) and anxiety disorder (7.9%).

The future policy of psychiatric services in Egypt is to build medium stay hospitals of 600 beds, which will serve three neighbouring governorates and short stay hospitals of 100 beds. The encouragement of intensive psychiatric out-patient treatment in all general hospitals is proposed.

References

- BAASHAR, T. (1975) The Arab countries. In *World History of Psychiatry*. (ed. T. G. Howells). N.Y.; London: Churchill Livingstone.
- GHALIONGUI, P. (1963) *Magic and Medical Science in Ancient Egypt*. Hodder & Stoughton.
- (1983) *The Physicians of Pharaonic Egypt*. Al Ahran Center for Scientific Translation, Cairo.
- OKASHA, A. (1966) A clinical study of El Zar Cult in U.A.R. *British Journal of Psychiatry*, **112**, 639.
- , KAMEL, M. & HASSAN, A. (1968) Preliminary psychiatric observations in Egypt. *British Journal of Psychiatry*, **114**, 494.
- (1988) *Clinical Psychiatry*. General Egyptian Book Organization. Cairo.
- (1991) Mental Health Services in Egypt. *Journal of Sociology and Social Welfare*, **XVIII**, 75–87.
- WARNOCK, J. & DUDGEON, H. W. (1920) *Report for the Year 1920*. Ministry of the Interior, Egypt, Lunacy Division, Government Press, Cairo.