

WORLD HEALTH  
ORGANIZATION

Regional Office  
for the Eastern Mediterranean



ORGANISATION MONDIALE  
DE LA SANTÉ

Bureau régional  
pour la Méditerranée orientale

COORDINATING MENTAL HEALTH  
GROUP MEETING

Alexandria, 22 - 25 November 1978

Development of the Mental Health  
Programme in Lebanon

by

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THE LEBANON HOSPITAL FOR MENTAL  
AND NERVOUS DISORDERS

ASFURIYEH, near BEIRUT, LEBANON P. O. B. 92  
Phone : 451200 - 451401 - 451602  
362909 ( Beirut Clinic )

I. H. 7

المستشفى اللبناني للأمراض العقلية واليصبية

المصفوية ، قرب بيروت - لبنان صندوق البريد ٩٢

تلفون : ٤٥١٦٠٢ - ٤٥١٤٠١ - ٤٥١٢٠٠

( عبادة بيروت ) ٣٦٢٩٠٩

Development of the Mental Health

Program in Lebanon

It may sound irrelevant to be writing about Mental Health planning in Lebanon when there is so much urgent need for security, reconstruction almost on a country wide scale, economic revival, social organisation, etc.... to mention only a few of them. I feel, however, that the organisation, or should I say the creation, of a sound mental health program will contribute to and even facilitate the progress along all these various aspects of national revival and development.

The present report should be considered as a genuine effort at recommending what I believe is of top priority at national level. Some of these comments may sound too elementary. But, my comments refer to the situation in Lebanon and plans for organisation of mental health services in Lebanon.

A. Historical background:

At present there is no organised mental health service in the proper sense of the term. There are several hospitals and institutions - some qualified, others not qualified-; as well as several medical officers - again some qualified others not qualified who administer treatment to the psychiatric casualty. In other words, mental health care and administration as it is to day in Lebanon consists of "treating" the psychiatric casualty by more or less qualified institutions and/or medical officers. The function of the Ministry of Health consists in giving an inadequate financial help if and when possible.

There have been several attempts at organising mental health associations; mental health services at the Ministry of Health; coordination of the mental health program of the various institutions. They have all suffered the same fate of still-birth. So long as the Ministry of Health continues not to appreciate the importance of mental health planning in medical, social, educational, political, economic and other fields of the Lebanese Community, we are not likely to make any progress in mental health service; and this lack of progress will be at the expense of the welfare of the Lebanese citizen.

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B. Mechanism and coordination of the program

With this short historical back-ground of the status of mental health in Lebanon, let me suggest some of the steps which should be taken in the organisation of mental health in Lebanon.

1. General Policy: Mental Health is too important and too inclusive a problem to be left to private organisations; even less to voluntary charitable organisations as is the case in Lebanon. These organisations can bring their contribution in many ways. But, mental health of the citizen should be the responsibility of the government if it is to be given the importance which it deserves and if it is to function efficiently.

The modern trend in psychiatric care, treatment and prevention, puts more emphasis on out-patient treatment, domiciliary care and even psychiatric services in general hospitals. For the future readaptation of the patient it is far better to treat him in his own environment without uprooting him from his family, unless there are serious social factors or family conflicts.

In spite of active out-patient services the rôle of the psychiatric hospital will remain in a limited sense and with a new meaning and context. The psychiatric hospital will essentially be a relatively small unit where all facilities for a full and intensive diagnostic investigation are available, e.g. qualified full time psychiatrists, clinical psychologists, social workers, occupational therapists, electro-encephalography, X-Ray, good laboratory, etc.... After the diagnostic procedures are over, the patient receives multidisciplinary intensive treatment (electro-convulsive therapy, chemotherapy, behaviour therapy, individual or group psychotherapy, etc.....) for a period of four to eight weeks; certainly not longer than six months in exceptional cases. At the end of this period the patient is either ready for discharge to his own environment to continue out-patient treatment; or he is transferred to one of the regional hospitals near his home where maintenance chemotherapy is given in addition to work therapy and social therapy with the aim of an ultimate reintegration into society if possible.

2. Complete Department of Mental Health in the Ministry of Health

The first practical and effective step to break the dead-lock is to organise a Department of Mental Health at the Ministry of Health with its own Director and Specialists in different fields of mental health as consultants. Until this happens, it is not likely that any progress can be made in the improvement of the mental health of the Lebanese citizen.

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3. In consideration with the above points, the following plan is proposed:

- a. a 300 bedded central hospital for acute psychiatric adult and adolescent (not children) emergencies covering all groups of psychiatric disturbances.

This unit should be an active centre for:

- (i) Intensive diagnosis and treatment
- (ii) Teaching
- (iii) Research when possible

The centre should have:

- (i) Three fully qualified full time psychiatrists
- (ii) A team of selected fully qualified psychiatrists as consultants with admitting privileges. The number will depend on the availability of the specialists.
- (iii) Three full time residents who will work under the supervision of the specialists.
- (iv) The following departments with their appropriate consultants:
  - Electro-encephelography
  - X-Ray
  - Fully equipped laboratory
  - Dental clinic
- (v) One full time clinical psychologist
- (vi) Two social workers with their assistants
- (vii) A complete standard nursing and administrative establishment for a 300 bedded acute psychiatric hospital.
- (viii) Teaching facilities. This is an indispensable part of the centre comprising:
  - School of psychiatric nursing which has a full time team and is fully equipped to teach its own students and students from affiliated general nursing schools to give them adequate experience in psychiatric nursing and mental health problems. This school will also contribute in relieving the shortage of nursing staff.

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- Residency program for the teaching of psychiatry to qualified physicians who want to take up psychiatry as a specialty. It is now generally accepted that specialties like psychiatry should be taught in the culture in which the specialist is ultimately going to practice. This program will also be helpful in the psychiatry clerkship of the medical students in its modified form.

- (ix) Vocational guidance specialists.  
This specialist is an essential member of the therapeutic team which is going to handle the problems of the patient and give the necessary guidance at time of discharge concerning the future program of professional and social activities of the patient so as to help him make the best use of his personality possibilities and potential, thereby making him a better citizen in efficiency and contentment.

b. Regional psychiatric centres. These centres are important in many respects:

- (i) They should be distributed in different regions of the country. This will make them more accessible to the patients for follow up consultations by the specialists. By virtue of their distribution in the various parts of the country, there is greater possibility of having patients nearer their families who can keep closer contact with the patient and cooperate with the medical officer in contributing to the resocialisation of the patient. It is preferable that one such centre be located in each Mouhafazat and one in Beirut.
- (ii) They should receive patients as referrals from the acute psychiatric hospital. These patients require longer periods of treatment and resocialisation and will have all the advantage of being near to their homes.
- (iii) These centres should also serve as regional consultation and follow up centres which can be used by mobile psychiatric teams and/or consultant psychiatrists.

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(iv) The size of these centres will depend upon the facilities and the requirements for the number of cases needing help. We can start with 300 bed units. Each centre will have the following minimum establishment:

- A resident physician
- A part-time psychiatrist
- Assistant nurses to supervise and carry out maintenance chemotherapy.
- Different tradesmen like carpenters, tailors, mechanics, farmers, etc..... These are often qualified and skilled workers near retirement age. They will be acting as instructors in initiating and teaching patients a suitable trade. The aim here is rehabilitation through financial and social independence. The "work therapy", as it is called, should be on realistic grounds. Patients should be activated with proper remunerations on the basis of their productivity and quality of work. Ultimately some of the patients could have independent existence outside the centre when they learn to give such work as society and industry needs.

The employment of patients in society will not depend on charity; but rather on job competence and job competition on the labour market.

c. Out-patient clinics. This should be an integral part of the Central Emergency Hospital as well as of the Regional Psychiatric Centres. They serve many needs, such as:

- (i) The diagnosis and treatment of patients who are referred and who do not require admission to psychiatric hospitals. At present a lot of these patients are being needlessly admitted to psychiatric hospitals because of the lack of organised out-patient facilities.
- (ii) Follow up of patients who are discharged from hospitals. This is an essential part of the treatment of a psychiatric patient and helps him to continue his activities in the normal society.

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- (iii) Counselling and guidances for families, representatives of different disciplines and organisations who are interested in the mental health and welfare of citizens.
- (iv) Functioning as teaching centre in mental health to the population of the area. This will be a positive contribution to the understanding of mental health problems and the mentally sick patient. To be affective and useful, these clinics should be able to dispense drugs free of charge to the needy.

### d. Psychiatric services in general hospitals.

Such a service has been in use in many countries and has been found to be a useful complement of the general hospital. The number of beds allocated to the psychiatric section averages about 10% of the total number of beds of the hospital. It serves the function of:

- (i) Giving hospital treatment facilities to those patients **who are suffering from acute emotional disturbances**, but who do not require admission to psychiatric hospital.
- (ii) Such a psychiatric service in the general hospital will be useful for psychiatric consultations and/or management of general hospital patients who have developed psychiatric symptoms and/or who require psychiatric help in addition to their general medical or surgical treatment.
- (iii) Offer teaching facilities to the medical and nursing students in the management of emotionally disturbed patients.

These centres to be effective must have the following set up:

- (iv) Be architecturally planned in a manner compatible with the medical and nursing service requirements for management of psychiatric patients.

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- (v) Be adequately staffed by psychiatrists, psychiatric nurses and other para-medical staff trained in mental health. As these are in very short supply in Lebanon at present, it would be wiser to make use of their services in psychiatric hospitals and in psychiatric regional centres and out-patient clinics.

Unless these two conditions can be satisfactorily completed, I feel the psychiatric section in the general hospital will not be able to serve a useful purpose, and I dare say, may even be harmful. The patients requiring psychiatric consultations can be handled by a consultant psychiatrist and be given first aid psychiatric treatment pending a more thorough treatment program. In case they require more serious psychiatric treatment, they should be transferred to a psychiatric hospital when their general medical or surgical condition permits.

C. Legislation and Regulations of Mental Health Management.

Legislation concerning "mental health management" requires to be brought up to date. This is putting the whole situation in a nut-shell. The Ottoman law governing "Insane Asylums" dates from 1876 (Ottoman period). Various other laws from the period of the French Mandate are still practiced such as, any medical officer who has practiced in a psychiatric hospital for two years is legally recognised as psychiatrist and is allowed to practice. Several attempts have been made and continue to be made to bring legislation up to date.

D. Training Program for Various Professional and Auxiliary Personnel.

In this field Lebanon shows a remarkably up to date program. The Lebanon Hospital for Mental and Nervous Disorders has been a pioneer in these branches.

1. School of Psychiatric Nursing has been functioning since 1948. Appendix A shows the program of teaching of the full diploma course in psychiatric nursing.  
In addition, the school runs the following courses:
  - a. Post-graduate psychiatric nursing course of one year to candidates who have a diploma in general nursing.
  - b. Diploma of nursing tutor course of one year to candidates who have a diploma in general or psychiatric nursing.
  - c. Assistant nurse in psychiatry course of two years.



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2. Residency program in psychiatry. Appendix B shows the program. The Lebanon Hospital for Mental and Nervous Disorders has been recognised by the Conjoint Board in London for the Diploma in Psychological Medicine (D.P.M.) since 1956. Many of the fully qualified psychiatrists practicing in Lebanon have had their training in this hospital. At present negotiations are continuing for affiliation with the Royal College of Psychiatry for the Membership course.
3. There are no organised programs for satisfactory training of para-medical mental health personnel. The best that can be given at present is "in service" training under the supervision of qualified staff.

E. Research

It will be an overstatement to say that serious research is being carried out in mental health. There have been individual publications based on clinical data obtained from records of the various hospitals and clinics dealing with psychiatric cases in Lebanon. The National Council of Scientific Research has shown certain interest in encouraging research. However, we are handicapped by the absence of qualified staff as well as the scientific and financial facilities.

As I mentioned at the beginning of this paper, some of the material may sound elementary. My only justification for this is that I am submitting the A.B.C. of a Mental Health Program to make at least a start in Lebanon.

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THE SCHEME OF TRAINING  
IN ASFOURIYEH SCHOOL OF NURSING

To this scheme a detailed time table is attached as an example for the first year of training.

It will be noted that some periods are attached to private study to help the student nurses to become self reliant in this respect.

We proposed that the subjects of some of the discussion periods have been or will be left to the choice of the students, and should cover a wider range than those presented by the curriculum.

Introductory Block - 8 weeks

1st - 2nd - 3rd weeks: Five days weekly in the school the student nurses will be introduced to the Hospital, the patients and the staffs. As well as an introduction to study.

This introduction will include visits to various departments, talks, discussion and lectures by various personnel such as Matron, Medical Officer, Administrator, Charge Nurse, Sisters, Laundry Manageress and the Tutors.

3rd to 7th weeks: Three days weekly will be spent in the school of nursing, during the remaining days the students will be assigned to the wards for ambulant patients, the purpose is gradual absorption into the wards teams.

8th week: It is planned to give the students a written test and a practical test in the ward (The practical test will be done by C/N nominated by the Matron or the Tutor or both. The assessments will take into account the written reports of the nurses in charge of the wards.

1st year contd

9th - 14th weeks: It is hoped that the student nurses will continue to work on the same wards. There after approximately twelve weeks will be spent in the various wards with one of this period are night duty until the 40th week.

During this period the student nurse will not be asked to attend the school, but the tutors will visit the wards for ward discussions and supervisions of practical work done by the students.

40th - 43rd weeks: Study block of four weeks period in the school - the curriculum as laid down.

49th week: It is proposed to give the student a written test and an oral test.

### 2nd Year

1. Ten study days: The students will attend the school for one full day a week for a total of ten - these study days will be given during the first half of the second year, (4th - 13th week).
2. Two weeks Block: The students will attend the school during the 44th and 45th weeks.
3. During the 50th week: It is proposed to give the student a written and an oral test. A practical test will be conducted in the ward.

### The Third Year

1. Ten Study Days: As in the second year the student will attend the school for one full day a week for a total of ten. These will commence the 4th week until the 13th.
2. Three Weeks Block: The student will attend the school for the final blocks the 46th to 48th weeks.
3. It is proposed to give the final examination during the 49th or 50th week so that examination results may be published in the first week after the students terminate their 3rd year.
4. During the third year the student nurses will be attached to A.U.B, Hospital (General Hospital) for a period of 3 months.

Annual Leave: This will be arranged when the student nurses are not undertaking any arranged program of tuition in connection with the school.

The syllabus proposed will cover the following subjects:

#### Part One

1. An introduction to the study of the mind and body under the following section:
  - a) Human biology - anatomy and physiology, nutrition.
  - b) Human development and behaviour within the family and society.
  - c) An introduction to psychological concepts.
  - d) Psycho-physical disturbances and physical illness.
  - e) Human behaviour in relation to illness.
  - f) Bacteriology - hygiene and preventive medicine.

#### Part Two

2. Principal and practice of nursing, mental and general, under the following sections:
  - a) Introduction
  - b) Ward management
  - c) General care of patient
  - d) Nursing care in relation to psychiatric treatment.
  - e) Nursing procedure
  - f) First aid treatment in emergencies and applied anatomy.

Part Three

3. Include concepts of mental illness, psychiatry, psychopathology and pharmacology under the following sections:
- a) The background of mental illness.
  - b) Psychopathology, psychiatry, psychiatric treatment and pharmacology.
  - c) Administrative aspects.

Detailed Hours of Subjects

Introduction	20 hours
Human development	12 hours
Behaviour in family and society	12 hours
Psychology and introduction to psychological concepts	24 hours
Human biology	46 hours
Human behaviour in relation to illness	12 hours
Psycho-physical disturbances & physical illness	36 hours
Ward management	16 hours
General care of patients	32 hours
Nursing care in relation to psychiatric illness	50 hours
The background of mental illness	16 hours
Psychopathology, psychiatry and psychiatric treatment	50 hours
Administrative aspects	10 hours
Practice in school	90 hours
Study, discussion, visits etc.	48 hours
Sociological aspects	14 hours
Observation and field work	1500 hours approx.
TOTAL	<u>2000 hours</u>

THE LEBANON HOSPITAL FOR MENTAL AND NERVOUS DISORDERS

SCHOOL OF NURSING

VERIFICATION OF TRAINING

To be completed by the head of the Training School.

Name of applicant .....

Date of Training .....

I hereby declare that the above person received training in the following branches of nursing during the time he/she was in training at the above named school.

<u>HOURS</u>	<u>HOURS</u>
Human biology.....	Communicable disease.....
Psychology.....	Neurosurgical nursing.....
Personal & Communal health.....	Genito urinary nursing.....
Nutrition.....	Mental deficiency nursing.....
First Aid.....	Psychiatric nursing.....
Fundamentale nursing.....	Others.....
Medical nursing.....	.....
Surgical nursing.....	.....
Pharmacology.....	.....
Rehabilitation.....	.....
<hr/>	
<u>Clinical Practice</u>	<u>In months, weeks, Days, HOURS</u>
<u>Care of the mentally ill.</u>	
1. Short stay in Hospital.....	4. Children in Hospital.....
2. Long stay in Hospital .....	5. In Occupational, Social and
3. Elderly in Hospital .....	diversional Therapy unit.....
	6. In the community.
<hr/>	
<u>Summary</u>	
Theoretical Instruction	Clinical Instruction
Total .....	Total .....

I hereby declare that the particular given by me on this form are in every respect complete and true.

Signature.....

Official Stamp.

Position and authority for signing .....

Address.....

Date:.....