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MENTAL HEALTH RESEARCH IN EASTERN MEDITERRANEAN REGION

by

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An attempt has been made in this paper to outline the studies in the mental health field which have been conducted by some countries in EMR, describe the regional research activities, highlight the co-ordinated research projects within WHO mental health programme and discuss future direction and technical options in mental health research.

Despite the inherent constraints, the regional programme has been instrumental in the development of research workers, improvement of methodology and in the collection of valuable information which have been generally helpful in planning and programming of the delivery and extension of mental health care.

Based on past experience, there is a wide range of possibilities for future actions and the development of the regional research programme in the mental health field. The technical options for epidemiological studies, for research in psychological determinant of health and behaviour, and for mental health services researches have been worked out and included in the text of this paper.

A set of future activities have also been proposed.

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TABLE OF CONTENTS

I INTRODUCTION

Mental health research is considered an important tool for the collection of information and decision-making regarding the proper planning of the delivery of mental health care and the appropriate evaluation of psychiatric services. Despite the important role of mental health research in the overall development of mental health care, limited use of the potentialities of this tool has been made by countries of the Eastern Mediterranean Region (EMR), mainly because of lack of support and the low priority accorded to the development of knowledge and skill in this field.

In this paper, an attempt will be made to describe the mental health research undertaken by countries in EMR, the recent efforts made at a regional level, the coordination with WHO global activities and future outlook for technical options.

National Studies

During the first half of this century, available information regarding the nature and extent of mental disorders in countries of the EMR was seriously lacking and often misleading. The scant knowledge, when available, was mainly based on inadequate statistical data collected from isolated mental hospitals, asylums or prisons.

More recently, however, during the last two decades, with the growing movement in the mental health field from protective and custodial care to community-based services, considerable interest has been generated to study the mass aspects of mental illness, and to develop research methodology in the psychiatric field. These methods have been gradually introduced into the countries of EMR and the application of psychiatric epidemiology has been usefully developed in a number of these countries.

Naturally, whenever and wherever resources and expertise are limited, the kind of mental health research to be undertaken has to be conceived within the existing practical possibilities. It is, therefore, not surprising that national studies have not aimed at intricate or complex psychiatric research, but rather opted for practical descriptive and clinical epidemiology. Examples of the research studies which have been conducted are summarized below

1. Population surveys Study of Mental Illness in Wadi Halfa [1], and Neuropsychiatric Disorders in Shiraz[2]

2. Surveys of special groups Study of the Mental Health of Student Communities[3] and Psychiatric Disorders of Sudanese Children[4]

3. Study of psychiatric disorders in out-patient and in-patient services patients attending a clinic in Cairo[5], patients contacting the mental health services in Qatar[6] and psychiatric disorders among patients admitted with physical illness [7]

4 Relation of physical illness to mental complications psychiatric complications due to anaemia in typhoid fever[8]

5 Studies of drug abuse in opium addiction[9], hashish consumption[10], socio-economic survey[11], etc

Although some of these studies may have been carried out through personal initiatives and in isolation from the overall planning system, the information was timely and generally useful for the better understanding of the mental health problems and for exploring possibilities to deal more appropriately with them This was clearly demonstrated in the National Workshop on the Development of the Treatment Programme of Drug Abuse, which was recently held in Sidu El Sharif, Pakistan (1979), and Luxor, Egypt (1980)

II REGIONAL ACTIVITIES IN MENTAL HEALTH RESEARCH

1 Possibilities and Constraints

In 1972, the WHO Regional Office initiated a survey which aimed at collecting information on the state of organization and administration, the resources, the current research and the future plans of mental health services.

The survey demonstrated the inequality in the provision for mental health care and the scarcity of trained personnel at all levels. It further showed that

(a) Basic information on the mental disorders is not readily available, even to health planners in many countries. The lack of such information may lead decision makers to underestimate the magnitude and severity of mental health problem.

(b) In countries where some statistical information about mental disorders and mental health care is being collected, its practical value is restricted by lack of adequate definitions for counting (e g categories of manpower, hospitals and beds), lack of information on private practice and clinics and the patients who attend these, lack of information on patients with mental health problems who receive treatment from general practitioners in general hospitals, health centres and dispensaries

(c) Research aimed at assessing the prevalence and incidence of mental disorders, or operational research aimed at evaluating the services, is very limited due to poor resources and lack of trained manpower.

The above findings and other relevant information were submitted to a Group Meeting on Mental Health[12] On reviewing the subject of mental health research, the Group at that time distinguished two major areas, namely

- Clinical research : dealing with the aetiology, pathophysiology, biochemistry and psychopathology of mental disorders, as well as the diagnosis, assessment of severity, the classification and the course of response to treatment of the diseases.

- Epidemiological research: Focussing not only on the epidemiological study of populations and their needs and attitudes, but also on the operation of existing mental health services, it tried to answer such questions as What kind of mental diseases are prevalent and which population groups are affected? What kind of people currently avail themselves of psychiatric help? In which way are services planned or organized, and which resources are available, for instance manpower and mental health facilities?

It was also made clear that the first area of research was more often of interest to the individual clinical worker, for example, in a university setting The second area was or should be the concern of health authorities interested in planning and developing mental health services on a sound basis

Furthermore, it was concluded that in setting objectives for epidemiological studies, careful consideration should be given to coping with the following constraints

(i) in most countries the estimates of neuropsychiatric morbidity are based on mental hospitals statistics which cover only a small proportion of the total morbidity,

(ii) only a small proportion of the people with mental disorders ever come into contact with a psychiatric service A number of them may be seen by general practitioners, traditional healers or may receive no care at all

(iii) there is little systematized knowledge about the specific influence which socio-cultural factors and the setting in the countries of the EMR have on the form, duration and severity of mental disorders.

2 Application of Psychiatric Epidemiology

In the light of the above, and in pursuing objectives for the promotion of mental health and for stimulating countries with regard to better

utilization of epidemiological methods and improving the system of data collection and information, WHO EMRO organized in 1975 a seminar on the application of Psychiatric Epidemiology

Psychiatrists, mental health administrators, and mental health statisticians from ten countries of EMR, together with the WHO Advisory Panel on Psycychiatric Epidemiology, participated in the Meeting. In essence, the Seminar was designed as an innovative activity, the main objective being to provide participants with up-to-date knowledge of epidemiological psychiatry, and help them acquire some basic skills in mental health research with due emphasis on epidemiological methods such as standardised diagnostic assessment of patients, use of the classification of mental disorders, collection of essential statistical information on patients and services and the utilization of statistical data in formulating plans for the development of mental health care. The programme of the Seminar included practical exercises in mental health research and field visits to areas where epidemiological studies had been conducted The problems which came out during the discussions were further explored in the practical exercises

In setting up a statistical system the following steps were stressed

(i) defining the goals and uses to which statistical data will be harnessed,

(ii) preparation of definition and classification for the items needed to meet the goals,

(iii) development of data collection sheets,

(iv) writing instructions for those who are to fill in the data sheets,

(v) undertaking a small pilot study to test the data sheets.

(vi) checking of the coding and data processing, preparing tabulation, etc..

On the basis of the discussions and as an outcome of the practical exercise, two data sheets for out-patient and in-patient services were prepared, as shown in Annexes I and II

Another practical exercise was the designing of a mental health programme and the possibilities for use of the epidemiological method in this process The participants, who met in small groups, were asked to draft a plan of activities for a particular country chosen as an example and the necessary background of demographic, socio-cultural information, etc against which a mental health programme has to be planned, was provided.

One of the important recommendations of the Seminar was that countries should strengthen and further develop manpower and other resources for the application of psychiatric epidemiology in order to provide better services As a follow-up of this recommendation, a series of WHO fellowships on psychiatric epidemiology for selected candidates from seven countries was organized. The training programme was essentially action-oriented and included field visits to research centres in developed and developing countries An encouraging outcome of these training courses is that some of the fellows were able to undertake important psychiatric studies, and keen interest was expressed by some countries to develop research centres.

III COORDINATION OF RESEARCH ACTIVITIES WITHIN WHO MENTAL HEALTH PROGRAMME

1. General Background

In historical perspective, it is instructive to note that on recognizing the immense magnitude of mental illness and for promoting more effective programmes of prevention and therapy, a WHO Scientific Group on Mental Health Research met in Geneva in April 1964 and due emphasis was given to the promotion of epidemiological research, operational research

in social psychiatry, studies of cultural and environmental factors, genetics and mental disorders and that the mental health of children and old people should be made the subject of more comprehensive and better directed research (13)

After reviewing the WHO mental health research activities by the ACMR in 1974, the World Health Assembly (1975) gave strong backing to the further stimulation and support of relevant work in this field (Resolution WHA28.84). Along with this policy and within the evolving WHO medium-term mental health programme(14), consultation and coordination between the countries, regional and central offices on research activities have been given a new impetus Possible areas for research were selected on the basis of their degree of seriousness as public health problems practical benefits to health programmes potential for finding solution to the problems and so forth.

Within the framework of the WHO MTP mental health programme, the activities have been designed to achieve:

(a) development of standardized, cross-culturally applicable instruments for mental health research,

(b) promotion of new knowledge regarding incidence, origin, course, outcome, etc. of mental and neurological disorders and of psychosocial problems,

(c) development and improvement of methods for proper prevention and appropriate treatment,

(d) development and assessment of new models for the organization of mental health services,

(e) assessment of the psychosocial aspects of general health care,

(f) research on high risk groups and conditions

Based on the above and as a result of mutual cooperation and close coordination, a number of research activities in the mental health field have been developed within the WHO mental health programme. Relevant to the topic under discussion a summary of the joint research activities in EMR in the last five years will be presented here. The thrust of the programme has been mainly geared towards the utilization of the potential forces of research to the better understanding of the nature and extent of mental illness and the development of proper ways and means of prevention and treatment measures. The major areas of studies included:

(i) strategies for extending mental health care,

(ii) monitoring of mental health needs;

(iii) psychosocial impairment and disabilities,

(iv) child mental health and psychosocial development.

These activities will be described here. There are other study areas, however, such as drug abuse and mental legislation [15], which deserve to be mentioned.

2. WHO Collaborative Study on Strategies for Extending Mental Health Care

The above study has been initiated in 1976 and is conducted in seven geographically defined areas: Brazil, Colombia, Egypt, India, Philippines, Senegal and Sudan. In general the aim of this research work is "to develop and evaluate alternative and low cost methods of mental health care".

In Egypt, Fayoum area, 83 kilometres south-west of Cairo, has been selected and the pilot study is carried out in Senoriss District. As pointed out elsewhere [16], the long-term objectives of the study are:

(a) To prevent or reduce mental morbidity and its consequences in the Fayoum area,

(b) To promote mental health care through better management and more effective mobilization of health and other social services;

(c) To ensure awareness regarding mental health needs under the growing socio-economic changes and develop ways and means for meeting these needs

Among the important targets are the development of baseline studies designed to yield information on:

(i) the knowledge and attitude concerning mental health among the health staff in the study area,

(ii) the prevalence of mental disorders among patients seen in primary health care facilities and the detection rate by existing staff of such disorders;

(iii) the knowledge about the attitude towards mental disorders in the community,

(iv) the level of disability resulting from mental disorder and the adverse effects on family life, and,

(e) the development of a plan of intervention according to an appropriate set of criteria and guidelines

Preliminary results from four countries including Sudan have clearly demonstrated the extent of mental disorders and indicated an overall-frequency of 13.9 per cent among patients presenting at the primary level of health care[17]. Other reports described the community reactions to mental disorders[18]. The final analysis of the collected information is underway The results which have been emanating from the study have been helpful in the selection of priorities and definition of tasks[19], particularly in defining the educational objectives for the training which each category of health personnel or community members should receive.

The study has also helped to set the priorities for management of mentally ill persons and the type of drugs to be provided at primary health level. The study has also explored possiblities of developing effective approaches for community participation and introducing relevant supervision and referral systems. Clearly there are so many "possible areas for intervention"[20].

In both Egypt and Sudan the study has been extremely useful in developing new strategies for extending mental health care to rural communities. A significant development is the enhancement of training of general health workers. In Egypt, for example, a three-month course for training of general practitioners on mental health has been initiated.

A review of the ongoing study is now underway and will be discussed in the WHO Advisory Group Meeting scheduled for September 1981. It is also envisaged that in the biennium programme 1982/83, a regional meeting will take place to discuss the outcome of this study, formulate plans for future activities and explore possibilities of other countries in EMR to benefit from the new knowledge gained on strategies for extending mental health care.

3 WHO Coordinated Project on Monitoring of Mental Health Needs

(a) General Background

The evolving psychiatric services in EMR, as previously stated, require new models of information support in order to promote the mental health programmes The traditional model in the majority of countries was custodial and included information on admission and discharge rates and on certain hospital functions (e g. equipment, finance). The new models of mental health care delivery include:

- in-and out-patient treatment in the mental hospitals,
- in-and out-patient psychiatric units in general hospitals,
- mental health care integrated within the general health services,
- mental health components in primary health care,
- collaboration between health, social and other services in the provision of care for the mentally ill (including drug-dependent persons and mentally-abnormal offenders). This should logically lead to new models for the collection of information and the development of a mental health component in the general health statistical system, as well as the inclusion of relevant items in related activities and services.

WHO is currently engaged in a global project including, in this Region, Kuwait, to assist countries to establish a basic recording system covering.

- patients with mental disorders, who are in contact with the existing health and social services, whether as in-, out-patient, or others
- facilities available for the treatment of mental disorders

Essentially the project aims at demonstrating ways in which mental health information can be used by those concerned with the provision, development and evaluation of mental health services

To achieve its objectives the research activities included a series of steps, notably identification of a study area, preparation of sociodemographic profile, listing of all facilities within the study which persons with mental health problems may contact, establishing a project team, collection of data concerning the characteristics of the services, tabulation and checking of the findings, developing a mechanism to provide feedback to the staff, etc The necessary data recording sheets were accordingly prepared, illustrative copies are attached (Annexes III and IV)

(b) Progress of study and outcome

The second phase of this project in Kuwait has now been finalized Useful data were collected regarding the mental health problems and available resources at national level The implications of findings emanating from this study which were discussed with the health authorities concerned, were envisaged to have insightful developments on the planning and programming of mental health delivery care For instance,

the analysis of results has generally shown that there was one person per approximately 1000 population in residential care because of psychosocial disabilities This should form a practical and rough index on the magnitude of the problem and in the assessment of future needs

The collected information on household size, nationality, religion and educational background highlited important psychosocial issues, which have important implications in dealing with the mental health problems and in the m n gement ol patients

The findings also showed that 30 per cent of the total in-patients spent more than five years under institutional care and that 26 per cent of out-patients had prolonged treatment This gave clues to the need for extending mental health care and for establishing a network of supporting facilities within the general health system and with close links to other related social services.

It also raised the issue of the need for introducing new approaches and practical programmes for productive rehabilitation and active socialization of patients

Importantly, the analysis of data demonstrated the need for the development of more appropriate facilities to deal with children and adolescent groups which form more than 45 per cent of the general population

The preparations for the third phase of the project are now underway and appropriate use will be made of the general socio-demographic data which should be available as an outcome of the National Census 1980.

The experience gained in Kuwait proved to be extremely valuable and the project area has therefore been recognized as a resource centre It is planned that selected mental health workers from other countries of EMR, namely Libya, Saudi Arabia and Sudan, and who have already expressed interest in the development of mental health information system, visit Kuwait and be acquainted with this study and become familiarized with its operational details.

It is also proposed that a national workshop with WHO inputs take place in 1981 in Kuwait to review the findings of the third phase and discuss the use of the new knowledge and information for the further development of mental health care

4 WHO Collaborative Study on the Assessment and Reduction of Psychiatric Disability

This activity was initiated in 1976 in seven countries namely Bulgaria, Federal Republic of Germany, Netherlands, Sudan, Switzerland, Turkey and Yugoslavia. The study aims at the development of scientifically reliable instruments for measuring psychosocial disability with the ultimate objective to prevent, contain or reduce psychiatric impairment.(21)

It is to be remembered that there are approximately 30 000 patients in countries of EMR under institutional care because of various social disabilities The situation in Kuwait has already been discussed

The seriousness of these conditions and the size of the problem can be further demonstrated, for example in Cyprus, where 46 per cent of all hospital beds are allocated to psychiatric patients and 85 per cent of the psychosocially disabled persons have been in the psychiatric Institutions for more than two years

The research work in the Sudan in connection with the above study has been satisfactorily carried out and use will be made of the ensuing findings and results in the development of practical and relevant programmes to deal more properly with psychosocial disability associated with mental illness It is also planned to organize a regional meeting in 1981/1982 to exchange views, share experience and draw up recommendations for future activities

5. Child Mental Health and Psychosocial Development

In 1977 research implications and priorities in the field of child health were carefully discussed by a WHO Expert Committee and the recommendations were generally endorsed by the Sixty-first session of the Executive Board. On the basis of these recommendations and within the overall mental health programme, a series of activities has been proposed which included·

a) Development and pilot testing in six countries(one in each of the six WHO regions)of an Outline for National Care Studies describing:

i) the size and nature of child mental health problems,

ii) available resources to deal with these problems, and

iii) suggest programmes and activities, the development of which would improve the prevention and treatment of childhood mental health problems and promote children's psychosocial developments.

Simultaneously, preparations for an expanded project would be undertaken.

In September 1979 during the third Coordinating Group Meeting for the WHO Mental Health Programme, a special Session which was attended by all WHO Regional Advisers in Mental Health was organized and the proposed activities were discussed.

Egypt was selected for pilot testing of this Study and several meetings with nationals concerned were held for this purpose.

The Coordinating Consultant of the global activities visited Cairo and Alexandria in November 1979 and discussed with the national teams the objectives and outline of the study and its implications for future development of child mental health.

Keen interest was shown by all the authorities concerned and the requested information within the framework of the proposed outline was collected on: the rates of emotional, behevioural and neuropoychiatric disorders; the type of problems commonly manifested, the main causes of child mental health problems in childhood reactions to stress, sociocultural and environmental factors; legislation, existing patterns for prevention and treatment, training, specific development and new programmes; suggestions for actions in the field of child mental health.

The initial results of this preliminary study proved promising, encouraging and relevant and practical recommendations for future activities have been made.

It is planned that a joint meeting with the Coordinating Consultant and WHO staff of the central Office and Regional Advisers will take place in October this year to discuss the findings and agree on future activities.

It is envisaged that in addition to Egypt, other countries from EMR will be involved in the expanded study and the collected information will be discussed and reviewed at a regional workshop. This would provide the necessary medium to assess the needs and resources and draw up plans for specific countries and intercountry activities.

IV FUTURE DIRECTIONS OF MENTAL HEALTH RESEARCH

1. Objectives and Priorities

Despite the general limitations and inherent constraints, the studies which have been conducted in the field of mental health in countries of EMR have usefully contributed in the promotion of new knowledge and the development of better approaches for dealing more appropriately with psychiatric disturbances, psychosocial disabilities and neurological disorders. The close collaboration of activities within WHO medium-term programme at various levels has proved its effectiveness in the sharing of experiences, consolidation of efforts and comparability of results.

While great technological advances and effective therapeutic modalities have been achieved, the field of mental health is still riddled with ignorance regarding the origin of serious mental disorders, such as schizophrenic reactions, manic depressive states etc. and suffers from shortage of resources and lack of appropriate technology to prevent, contain or reduce the wide range

of social disabilities, What to do and how to move from here depends on so many factors Essentially the future direction of research has to be conceived within the long-term objectives of the mental health programme and should aim at:

(a) prevention and treatment of specific psychiatric/neurological disorders of major health importance,
(b) development of mental health components and technologies to deal effectively with complex public health and social problems such as drug abuse, alcoholism, traffic accidents, psychosomatic diseases (e.g. hypertension, cardiovascular disorders),
(c) contribution to health programme activities aiming to improve the quality of life population (e.g fostering healthy development of children, dealing with problems of urbanization, etc.)

The basic criteria for determining the priorities have already been outlined and to facilitate the discussion, the solution regarding the mental health problems in countries of EMR has to be taken into consideration.

In brief, it is characterized by:

- high frequency of childhood emotional and behavioural disorders with estimated prevalence rate of 10 per cent in the age group below 15 years,
- with the growing socio-economic changes, problems such as mental retardation, bed-wetting, speech defects, etc. are becoming more evident,
- a wide range of psychiatric and neurological sequelae of cerebral infection and trauma, particularly traffic accidents,
- growing population with chronic psycho-social disabilities including schizophrenic reactions, vagrant psychiatrics, untreated epileptics, mentally abnormal offenders,
- huge percentage of patients (estimated at 15 to 20 per cent) with neurotic and psychosomatic conditions which present at the general health services but

often remain unrecognized and receive no appropriate treatment. (This clearly indicates the deficiency of knowledge and skill of the general health worker and may explain some of the problems seen in the general health services, such as over-prescribing)

- Significant problems of drug abuse with comparative high prevalence rates of opium-eating, hashish smoking and khat-chewing. There is also the growing problem of abuse of manufactured drugs.

- Accelerated pace of urbanization, industrialization, influx of migrant workers, detribalization, badly planned mass movements of populations associated with constructions of dams and new settlements.

While the problems are immense, in general, the available facilities and resources are inadequate and inappropriate.

2. Technical Options

(a) Epidemiological studies on priority mental health problems

(i) Support to the proposed expanded studies on child mental health and psychosocial development,

(ii) Surveys of mental health in samples of children, with special emphasis on problems like emotional and conduct disorders, bed-wetting and specific learning abilities.

(iii) Studies on the prevalence of psychiatric disorders in defined communities (including comparative investigations of rural and urban communities, one country has expressed interest in studiying bedouin communities).

(iv) Studies of patterns of illicit drug use in population samples, with emphasis on .

- groups, e.g.students, migrant workers, long-distance drivers, etc.

- psychosocial effects of specific drugs such as khat-chewing and cannabis smoking.

(b) Research on psychosocial determinants of health and behaviour

(i) Epidemiological surveys and social-psychological studies of

- migration process
- mass movement and human settlements
- refugees

(ii) Research on the mental health impact of modernization .

- family structure and functions
- mental health of youth, attitudes and aspirations
- mental health in industry.

(c) Mental Health Services Research

(i) Evaluation of approaches to the integration of mental health in primary health care with special emphasis on

- organizational framework
- role of primary health workers in the prevention and management of psychosocial disability associated with chronic psychoses and epilepsy.

(ii) Monitoring of mental health needs

Further support to be given to the ongoing studies in Kuwait and to the proposed activities to involve other countries from EMR.

(iii) Studies of psychosocial disabilities of long-stay patients

(iv) Follow-up studies of patients discharged from mental hospitals

- role of community, traditional practitioners, modern rehabilitation
- employment and work problems
- factors of re-admissions.

The past experience in EMR has clearly shown the complexity and difficulties in the promotion of research in the field of mental health. Some of the difficulties can be overcome and indeed the programme has been enhanced through the collaborative and coordinative working relationship at national, regional and central level. At national level, for example, Joint Steering Committees between the University, Ministry of Health and other related Ministries have often helped in the pooling of resources and consolidation of efforts towards more meaningful and action-oriented research work. Some of the proposed technical options e.g. (a), (i) and (ii) on children studies can be usefully linked with other public health topics and with activities of the school health services.

The training of personnel does not need further emphasis and more sustained support should be given to potential research workers and to selected centres in the Region.

V RECOMMENDATIONS

In view of the potentialities of mental health research and the promising outcome of the past activities, it is proposed that :

1. Further support should be given to the ongoing studies, particularly research strategies for the extension of mental health care and to the monitoring of mental health needs
2. Special efforts should be made to enhance relevant training programmes and development of mental health research workers.
3. Appropriate inputs should be provided to develop collaborative research centres in selected countries of EMR.
4. Mental health research should be carried out in the following areas:

a) Epidemiological studies

- studies on the prevalence of psychiatric disorders in defined communities (including comparative investigations of rural and urban communities, nomadic and settled populations, etc.)
- surveys of mental health in samples of children with special emphasis on emotional and conduct disorders and bed-wetting

b) Psycho-social studies

- studies of migrant labourers
- mass movement and human settlement

c) Mental health services research

- studies of long-stay patients
- determinations of admission and readmission into psychiatric institutions
- use of long-acting (depot injection) in the management of psychiatric patients

5. A Regional Scientific Group Meeting will take place in 1981 to review the programme and to further develop research and research training activities in the field of mental health in the countries of EMR.

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ANNEX I

OUT-PATIENT DATA SHEET

1. Patient's name and area of residence

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2. Registration No.:.....

3. Age.....years

4. Sex

1. Male
2. Female

5. Legal marital status

1. Single
2. Married
3. Widowed
4. Legally separated
5. Divorced
6. Not known

6. Date of first attendance.....

7. Date of last attendance.....

8. Number of attendances.....

9. Occupational status

1. Housewife only
2. Housewife and other work
3. Employed
4. Unemployed
5. Student
6. Retired

10. Previous psychiatric care

1. Yes: 2. No: 3. Not known:

11. Reason of referral (tick one or more)

1. Physical complaints and symptoms
2. Psychological complaints and symptoms

Behavioural problems relating to:

3. Family
4. School and work
5. Social environment, including legal offences
6. Other

12. Outcome

1. Died
2. Active treatment completed
3. Referred elsewhere
4. Withdrew
5. Not known

13. Diagnosis

.....

.....

I.C.D. Code Number(s)

COUNTRY USE ONLY

14. Nationality

15. Religion (Any other)

ANNEX II

IN-PATIENT DATA SHEET

1. Patient's name and area of residence

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2. Registration Number

.....

3. Age ..... years

4. Sex

1. Male
2. Female

5. Legal marital status

1. Single
2. Married
3. Widowed
4. Legally separated
5. Divorced
6. Not known

6. Date of admission .....

7. Date of discharge .....

8. Length of stay (days) .....

9. Occupational status

1. Housewife only
2. Housewife and other work
3. Employed
4. Unemployed
5. Student
6. Retired

10. Previous psychiatric care

1. Yes: 2. No : 3. Not known.

11. Reason of referral (tick one or more)

1. Physical complaints and symptoms
2. Psychological complaints and symptoms

Behavioural problems relating to :

3. Family
4. School and work
5. Social environment, including legal offences
6. Other

12. Outcome

1. Died
2. Active treatment completed
3. Referred elsewhere
4. Withdrew
5. Not known

13. Diagnosis

.....

.....

I.C.D. Code Number(s)

COUNTRY USE ONLY

14. Nationality

15. Religion (Any other)

ANNEX III

2. WHO COORDINATED PROJECT ON MONITORING OF MENTAL HEALTH NEEDS

DATA RECORDING SHEET FOR OUTPATIENT CENSUS

Ø	M	A	S	0	2	0	1	0	3	.									01-19

1. WHO Project identification 2. Country Code 3. Code for study area 4. Code for outpatient facility 5. Leave Blank 6. Leave Blank

7. Name of person who fills in this sheet .....

8. Date of census 20-25

day month year

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9. Patient's number 26-29

10. Place of residence 1. in study area; 2. outside study area 30

11. Sex 1. male; 2. female 31

12. Date of Birth 32-37

day month year

13. Age in years 38-39

14. Marital status 1. single; 2. married; 3. widowed 4. separated or divorced 9. unknown 40

15. Patient lives 1. alone; 2. with family 3. in institution; 4. other 9. unknown 41

16. Date of first attendance 42-47

day month year

17. Frequency of attendance - code times per month 48-49

18. Appropriate placement - use code as indicated on reverse side of this sheet 50-51

19. Diagnosis in terms used at facility

(a) primary psychiatric .....

(b) other significant mental or physical handicap .....

20. ICD code for

(a) primary psychiatric condition ☐☐☐☐ ICD 8th rev. ☐☐☐☐ ICD 9th rev. 52-59 (optional)

(b) other significant mental or physical handicap ☐☐☐☐ ICD 8th rev. ☐☐☐☐ ICD 9th rev. 60-67 (optional)

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21. Nationality 1. Kuwaiti, 2. Arab non-Kuwaiti ☐ 68
3. Asian non-Arab; 4. Europeans and Americans,
5. Others, 9. Unknown

22. Religion 1. Moslem, 2. Christian; ☐ 69
3. Hindu; 4. Others

23. Education 1. Non-literate; 2 Primary, ☐ 70
3. Secondary; 4. University; 5. Higher

24. Size of household 1. 1, 2. 2-5; ☐ 71
3. 6-10; 4. 11-15 5. Above 15

Appropriate Placement Category (item 18)

Definition the service which is considered the best possible for the client irrespective of whether or not it is available in the study area.

01 = No change
02 = Psychiatric hospital
03 = Psychiatric ward in general hospital
04 = Out-patient psychiatric care
05 = Out-patient medical care
06 = Chronic disease or geriatric hospital
07 = Acute general hospital
08 = Day hospital
09 = Night hospital
10 = Nursing home with strong psychiatric support mental nursing home
11 = Nursing home with strong medical support
12 = Half-way house
13 = Old People's Home
14 = Therapeutic community, etc
15 = Work village
16 = Residential school or training centre for the mentally retarded
17 = Hostel
18 = Boarded out in family care
19 = Living in own home with home help, "meals-on-wheels", etc
20 = Living in own home, independently
21 = Other, specify _____

ANNEX IV

WHO COORDINATED PROJECT ON MONITORING OF MENTAL HEALTH NEEDS

DATA RECORDING SHEET FOR INPATIENT CENSUS

1. WHO Project identification	2. Country Code	3. Code for study area	4. Code for residential facility	5. Ward Code	6. Leave blank	
Ø M A S O I O I	0 3					01-19

7. Name of person who fills in this sheet _____

8. Date of census ☐☐☐☐☐☐ 20-25
day month year

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9. Patient's number ☐☐☐☐ 26-29

10. Place of residence 1. in study area 2. outside study area ☐ 30

11. Sex 1. male 2. female ☐ 31

12. Date of birth ☐☐☐☐☐☐ 32-37
day month year

13. Age in years ☐☐ 38-39

14. Marital status 1. single 2. married 3. widowed 4. separated or divorced 9. unknown ☐ 40

15. Patient status 1. Voluntary 2. Detained 9. Unknown ☐ 41

16. Date of present admission ☐☐☐☐☐☐ 42-47
day month year

17. Admitted from use code as indicated on reverse side of this sheet ☐☐ 48-49

18. Appropriate placement use code as indicated on reverse side of this sheet ☐☐ 50-51

19. Diagnosis in terms used at facility:
(a) primary psychiatric _____

(b) other significant mental or physical handicap _____

20. ICD code for

(a) primary psychiatric condition ☐☐☐☐ ICD 8th rev. ☐☐☐☐ ICD 9th rev. (optional) 52-59

(b) other significant mental or physical handicap ☐☐☐☐ ICD 8th rev. ☐☐☐☐ ICD 9th rev. (optional) 60-67

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21. Nationality	1. Kuwaiti 3. Asian non-Arab 5. Others	2. Arab non-Kuwaiti 4. European and American 9. Unknown		☐ 68
22. Religion	1. Moslem 3. Hindu	2. Christian 4. Others		☐ 69
23. Education	1. Non-literate 3. Secondary	2. Primary 4. University	5. Higher	☐ 70
24. Size of household	1. 1 3. 6-10	2. 2-5 4. 11-15	5. Above 15	☐ 71

Admitted from (item 17)

Use the following codes

Code	Code
10 = self	60 = correctional agencies
20 = relatives and friends	61 = police
30 = employer	62 = court
31 = school	63 = other (specify)
32 = army	
40 = psychiatric agency	70 = welfare agency
41 = private psychiatrist	71 = missions
42 = mental health centre	72 = clergy
43 = general hospital psychiatric unit	73 = welfare
44 = psychiatric clinic	80 = anonymous
45 = other psychiatric facility	
46 = institution or facility for retarded	90 = other
	91 = government department
	92 = vocational rehabilitation
50 = medical (non-psychiatric) agency	93 = other public agencies
51 = other private physician	94 = other (specify)
52 = general hospital	
53 = nursing home	
54 = armed forces (hospital)	

Appropriate Placement Category (item 18)

Definition: the service which is considered the best possible for the client irrespective of whether or not it is available in the study area.

01 = no change	12 = half-way house
02 = psychiatric hospital	13 = old people's home
03 = psychiatric ward in general hospital	14 = therapeutic community, etc.
04 = out-patient psychiatric care	15 = work village
05 = out-patient medical care	16 = residential achool or training centre for the mentally retarded
06 = chronic disease or geriatric hospital	17 = hostel
07 = acute general hospital	18 = boarded out in family care
08 = day hospital	19 = living in own home with home help, "meals-on-wheels", etc.
09 = night hospital	20 = living in own home, independently
10 = nursing home with strong psychiatric support: mental nursing home	21 = other (specify) _____
11 = nursing home with strong medical support	_____