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OF THE MENTAL HEALTH PROGRAMME EM/INT.GRP.MTG.DEV.MHP./14

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NATIONAL REPORT ON MENTAL HEALTH PROGRAMME

IN

YEMEN ARAB REPUBLIC

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NATIONAL REPORT ON MENTAL HEALTH PROGRAM IN YEMEN ARAB REPUBLIC

Yemen since evacuation of Turkish 1918, was rulled by Immam and his family. The country lived in isolation away from the twentieth century era, and modern life, poverty in all aspects of life, lack of physical structure, communication, difficiency among others in sanitation and health.

Health services were neglected and only reserved for privilged, where citizins were left to practices of religous, local healers and quacks. Until 1962 ~~after the~~ revolution announcement of the republic. Following settlement of the civil war, genuin efforts were made to repair the inherited damage, ambitious programs for a broad sociocultural and economic development were planned against immense difficulties and short comings.

Sociodemographic data:

Yemen according to 1981 cens. was populated with 8.783.084 persons. Out of these 4.752.890 were males, 3.783.084 were females. 29.2% were between 5-15 yrs. 20.1% over 65 yrs 49.1% under 65 yrs. Population destributed as 22% in towns - 88% in rural areas (villagers) with 35% density. Illetracy was 74.4% above 10 yrs. ~~97%~~ others with total 87%.-Ministry of health budget encreased to four falds between 1976-1980 with average of 3.73% of the total national budget (1980) equal to 6.93 Riyals/Capita.

Total hospital beds 4067 out of these no hospital psychiatric beds were available but only few beds were left for neurology in medieal wards.

Total Yemeny doctors 1981 were 300+333 expatriates. This number may doubled now. Medical assistants = 24 Yemenies + 7 non Yemenies. ~~Qualified~~ Specialized physicians = 16 Y. plus 5 non Y. also this number has been increased due to flow of qualified Y. doctors graduated during the last few years together with the inflow of expatriates.

Currenent Health Services:

The overall socio economic development of Y.A.R. during the past decade has been accampanied by a shift away from traditional indigenous medicine towards modern western style medicine practices, and by broad national concern for improvement of existing medical and health services with special attention to primary health care in terms of preventive and social sanitations, integrated with curative medicine.

Hospitals were formerly unevenly distributed and concentrated in the major governorates, but regently more services were extended to other governorats and rural ereas.

The total number of hospital beds was 4067 (1982 sen.) but has increased since 1983 and plans were drawn for further additions of hospital beds,as there is a numberof governorates still suffers inaquality.

Public health plans were raised to solve the inherited inadequacy of health services, preventive and curative. This is intended to be solved through primary health care extended throughout the country aiming to lead the population towards the target of health for all by the year 2000.

With these activities going on it is generally agreed that there is a great need for psychiatric services. But no surveys has been made to identify the true magnitude of the problem. Unfortunately mental health services remained laging behind, and were ignored in the 1st. and 2nd 5 years plan. But we can assure that there is relatively high percentage of mentally handicaps in Yemen compared to other Arab World due to rapid socio-ecomomical change during the past twenty years ~~and due~~ to xcaserbation in the hqbbit of Quat chewing, of high abitious desire for catching up the style of modern life and due to immigration of millions of Yemeny men for earning in other countries.

Early in 1982 the services were initiated in the governorates of Sana, a and Taiz with special care for custodial patients in prisons and improvement of the bad situation there. The units has access to impatient facilities and beds. Efforts were not reserved to expand the services to the governorate of Hodiada. Late on 1982 it became possible to establish a temporary unit of 60 beds capacity in Taiz. In a building donated by catholics four miles away from the centre of the town and is ment to face the increasing pressure by patients in need for hospital care. Meanwhile a 20 bed unit is planned at the Thawra hospital in Sana, a and for a unit in Hodaida. Within these units the care is ~~given~~ allowing participation of the patients relatives.

Rehabilitation care is introduced in simple activities due to lack of premisses and qualified personnel. No facilities are available at the time for day centres and the like.

Manpower: Before these services were initiated there was only one neurologist (Yemeny) interested in the field, was practicing in the old hospital of Sana,a. It became possible to recrute three medical officers now prepared for further study abroad. Another neurologist jionede the service, early this year a qualified Yemeny Psy. took work in the unit of Taiz. And another Yemeny psychologist.

Difficiency still exist inauxillary staff due to reluctancy to work in the field for low wages, and concern about future prospect. Only 11 nurses joined and are under training locally.

Services are introduce freely except for nominal donations giving by patients relatives.

Organization and Administration:

Mental health is in theory falling under the directory of curative medicine. It is proposed that a central organization body to be formed to shoulder responsibility of planning excuction, implimentation and follow up of the programme. It is suggest to involve relavant ministries of social wellfair, education, and ministry of information and interior.

Drugs:

Psychiatric drugs were not available before except for some of diazepines, chloropromazines and miner tranquilizers. After initiation of the service important psychotropic drugs were registered in the suprem board of drugs and allowed for importation and sale under regulations of the supremeboard. Ministry of Health provides only minor tranquilizers and anxyletic drugs. Prescription of these drugs is under restrictions and only prescribed by general practitioners.

Objectives:

Objective were drawn as:

a) Short term to meet the pressing present needs.
b) Long term objectives:
   1) Prevention and treatment of mental illness and neurological disorders.
   2) Development of implimentation of mental health service with proper utilization of the available local facilities, approprate skills and knowledage.

3) To involve the community to enhance the programme.

Strategy and policy:

That mental health should be incorporated with the country wide programme with the least burden over national finance and proper utilization of available resources.

Mental health services to be integrated with M.O.H. system involving health programme and primary health care at district and subdistrict level.

Development of man power, training and research.

Approprate knowledge and techology

The target is based on the pressing priorities:

a) Immediate care for the psycholocially disturb in prisons and custodial centres.
b) Strengthening the present facilities
c) Development of man power
d) Secure supply of drugs and equipments
e) Inforcement and extention of M.H. services in Sana'a, Taiz and Hodeidah
f) Initiation of central organization body in the M.O.H.
g) Extention of service to other governorates integrated with mental health and primary health care.

The future target is graded to re-inforce the present services and extent the programme to other areas to meet the growing needs.