



INTERCOUNTRY GROUP MEETING ON THE DEVELOPMENT OF A NATIONAL MHP. / 16
OF THE MENTAL HEALTH PROGRAMME

Accra, 21 - 28 September 1968

NATIONAL MENTAL HEALTH PROGRAMME

II

AFRICA DEMOCRATIC REPUBLIC OF GHANA (F.D.R.G.)

NATIONAL MENTAL HEALTH PROGRAMME IN THE PEOPLE
DEMOCRATIC REPUBLIC OF YEMEN.(P.D.R.Y)

Introduction.

Demographic Information.

The P.D.R.Y has the population of 2,100,000 since the last estimation of 1983. The probable increase rate is about 2.6%.

4% of the population is above the age of 65 and 42.5% is below 15
7% lives in the towns.

Historical Information.

Before 1966 all mental patients who were found or accused of making problems were kept in Aden prison. In 1966 a place in SHEIKH OTHMAN area was opened to separate the mentally ill from other prisoners, and in the early time after independence in 1967 that place started to be as a closed mental hospital under the name of ASSALAM CLINIC with 300 in patients.

Since then a new hospital for mentally ill patients was on demand, until 1977 the new hospital of 220 beds was put in the programme of the country and attached to the old mental hospital.

By now the new Hospital is almost ready and will be opened probably next year 1984.

The National Mental Health Policy.

From the introduction above we can conclude that there was a programme progress in the Mental Health services.

Starting from the prison to the new Modern Hospital next year. During that period an out patient clinic in Al Gamhuria Hospital (A general Central Hospital in the Capital) was functioning since 1980 the early of the seventies. There are also regular visits of a psychiatric team to the further governorates (HADRAMOUT) every three months for a period of a month in every visit.

In our programme we are going to open in every Central Hospital in the Capitals of the Governorates A Psychiatric Unit.

These will start as out Patient Clinics in the beginning.

And then will include Inpatient Clinic of about 30 Beds in these Hospital

We will start this in MUKALLA Central Hospital in the end of this Year or early 1984. (Everything is settled to start this)

After that the other Governates will have Psychiatric Units in the Central Hospitals.

We are also aiming through the general practitioners, Qualified Medical Assistants and regular visits of a Psychiatric medical team to spread the Mental Health Services to cover wider rural areas of the country on our way to intergrate the Mental Health services with primary health care to all levels.

Concerning the Manpower in the Mental Health Services, so far we have the following .

2. ~~I~~. Local Psychiatrists.
3. 2. Recruited Psychiatrists
5. Non specialised Doctors.
10. Psychiatric Nurses.
1. Clinical Psychologist.
5. General Psychologists.
1. Social Worker.
45. General Nurses.

Organization of Mental Health Services.

The M.H.S in our country follows directly to the Ministry of Health, Finance, Supervision administration is provided from the Ministry through the director and the Hospital board.

Coordination with other departments in dealing with mental cases in present. eg, The Police, the Prison, ^{and} Court in dealing with accused mental patients .

The Manpower Institute in dealing with the ~~students~~ studies, Programme and teaching of the medical assistants, Nurses, ect, especially in concern of Psychology ^{category} and Psychology ^{studies} teaching .

The Medical Collage in certain combined ^{university} researches and teaching purposes. Local ~~g~~ governors, certain peoples, ect.

Whenever psychiatric collaboration or advices needed to solve ~~by~~ psychiatric or social problems, this may include a speech through the

T.V . Radio, Magazines and so on.

Legislation.

So far we are still depending on the other civil and local acts. Concerning the pure mental problems we deal with them depending on the above and the mental act of 1938 (To a certain limited degree)

There is however a new local mental act the study and these items of which have already been put . This act may start functioning in the very near future

M.H.S is free in our country as well as other health services Since the early days of the independence the Health services were declared to be free, in the hospitals, but there were some private clinics the patient should pay, but in 1972 these private clinics were changed into peoples clinics and since then all health services from all levels -(Units, Centers, Clinics, Hospitals general and specialized) are free of charge.

Rehabilitation Centers.

Until now we don't have these centers mainly because of the shortage of the qualified persons who could deal with such centers.

Linkage to primary health care service.

So far no linkage but we are aiming of making collaborative linkage in the future on our way to integrate the two .

Training.

So far no post graduate training for Doctors locally. All of them had or should have their post graduate studies abroad.

Concerning other workers there is the Manpower Institute which graduate every year a number of medical assistants, professional nurses Practical Nurses, Laboratory, X ray, Pharmacy Technicians, Midwives, and Medical Inspectors. The majority of these groups do learn lessons in Psychiatry and Psychology.

We have special concern on the medical assistants (Three-Years Course) . The Professional Nurses (Three Years) and the Practical Nurses (Two Years) in giving them more lessons in Psychiatry and Psychology as well as other medical and surgical lessons

In the near future there should be special courses of Psychiatric Nursing, Psychiatric Medical Assistants with more ~~expands~~ Psychiatric knowledge which will enable them to cover Psychiatric Health services in the ~~low~~ levels. (The Health Units in the rural areas)

There are 2 main sources. ~~of~~ drugs

(a) Free charge drugs, these include the majority of the drugs which we name them as standard drugs.

(b) Other drugs are available in the Private and national drugs company Pharmacies.

These Drugs the patient should pay for them.

Please see enclosed Table for details.

With regards and thanks...

STANDARD PSYCHOTROPIC DRUGS (FREE OF CHARGE)

Group	Drugs Available	Oral	Injection	Remarks
Anti Psychotics	Chlorpromazine Thioridazine Trifluoperazine Fluphenazine Dec. Haloperidol	+ + + + +	+ + + + +	These Drugs are available continuously.
Anti Anxiety	Diazepam Chlordiazepoxide Lorazepam	+ + +	+ + -	The first two are available continuously.
Anti Depressants	Imipramine Amitriptyline Phenelzine	+ + +	+ + -	These drugs are available continuously
Anti Epileptics	Phenobarbiton Phenytoin Sodium Primidon Ethosuximide	+ + + +	+ + + -	Available continuously.
Anti Parkinsonism Anti Tremor	Benzhexol Levodopa Benzotropin	+ + +	- - +	Available continuously Occasionally available " "
Hypnotic	Nitrazepam	+	-	Available continuously