ORLD HEALTH ORGANIZATION ORGANISATION MONDIALE DE LA SANTE

INTERCOUNTRY GROUP MEETING ON THE DEVELOPMENT OF THE MENTAL HEALTH PROGRAMME

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MENTAL HEALTH STRATEGIES IN KUWAIT

by

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MENTAL HEALTH STRATEGIES IN KUWAIT

1. INTRODUCTION

Adequate planning for mental health services should consider early diagnosis of mental disturbances, proper treatment including social care and rehabilitation and above all effective preventive measures for mental disorders. There were 37.5 thousand visits, new and follow-up, to the outpatient departments of psychiatric hospitals during the year 1980. More than a thousand visits were recorded at the school health clinics. In addition, there were some visits to the primary care clinics and those in the prison unit which are usually referred. All these account for about 3 visits per 1,000 population per year and 3.3 percent of visits to all specialty outpatient departments.

During the same year, hospital admissions exceeded 4 per 1,000 which is 3.8 percent of all hospital admissions. The bed occupancy rate was 82 percent and the average length of stay 41 days. It is further estimated that 10.4 percent of all hospital days are accounted for by psychiatric cases alone.

However, due to the prevailing attitude of the community towards mental illness, one can assume that the actual service utilisation represents only manifested cases, i.e. severe cases or chronic mental illness. To this extent the hospital beds for psychiatry which constitute 9 percent of all specialty beds caters to the needs of a small section of the population with mental illness. Thus the present provision is only a part of the health services requirement which should focus more on promotive and preventive services, identifying risk factors of mental illness. Greater attention should be given to changing community attitudes, increasing awareness and identification of mental illness at early stages.

2. OBJECTIVES

In conformity with the health policies and the national goals and targets for health care and also keeping in view the particular needs of Kuwait, planning for mental health aims at providing a rational framework to reduce the extent, severity and duration of mental disability in the population. The specific objectives of the plan are outlined as under.

2.1. Promoting mental well being as an integral component of health.

2.2. Lowering the incidence of psychiatric disturbances in the general population.

2.3. Decreasing the period of morbidity including early detection of mental disorders and provision of adequate treatment and services.

2.4. Raising the rate of rehabilitation.

2.5. Effecting overall improvements and provision of adequate mental health care services which include greater accessibility, comprehensiveness, continuity and quality.

3. STRATEGIES

The strategies for mental health services outlined in the National Health Plan for Kuwait are:

3.1. Emphasising prevention and recognising the importance of religion, strong family ties, supportive friends and community support systems.

3.2. Emphasising early detection of psychiatric disturbances through education of the public, changing their attitudes towards mental illness and the training of primary health workers for early identification of mental illness.

3.3 Keeping patients as close as possible to their families and the community, discouraging institutionalization, particularly long stay in hospitals, and promoting discharge of admitted cases, and prompt rehabilitation of patients both socially and occupationally.

3.4. Providing psychiatric clinics and psychiatric departments as an integral part of services in polyclinics and regional general hospitals and restricting referrals to the special psychiatric hospital to special types of cases.

4. THE EXISTING ORGANISATION

Within the overall system of health services in Kuwait, facilities for mental health care are at present available in the outpatient departments of selected hospitals and a few primary care clinics including school health services. Inpatient facilities are available only in the psychiatric hospital. Activities in the different facilities are described below.

4.1. Psychiatric Hospital

A 522-bed hospital in Suleibikhat with 18 wards. A new hospital is planned to be built (250 beds).

The outpatient department accepts cases relating to:

(a) general psychiatry
(b) drug dependence
(c) geriatric cases
(d) forensic cases, and
(e) long-stay patients

There are 37 physicians, 7 psychologists, 7 social workers, 291 nurses and 3 pharmacists.

4.2. Regional and Other Hospitals

(a) Outpatient services operate twice weekly at Mubarak, Adan, Farwaniyah as well as in the maternity hospital.

(b) Primary Health Care Centre at Shamiah: psychiatric services given two days a week.

(c) School Health Services - Psychiatric Clinic: operates three days a week for school students.

(d) Prison Psychiatric Unit operates once weekly: outpatient services are available for inmates of the prison.

5. PLAN OF ACTION

It is proposed to build psychiatric services in Kuwait at three levels:

5.1. At the District Level (Primary Health Care)

Every effort should be made to make the primary health workers aware of psychiatric problems so as to ensure early identification, referral, follow-up of ambulatory care, and treatment of simple ailments.

The following issues should be considered:

5.1.1. Organic link with the regional level through two way referral system. Patients should not be unnecessarily kept under the regional hospital and should be referred back to the primary health doctor.

5.1.2. Primary health physicians should have sessions and seminars at the regional level.

5.1.3. Consultants at the regional level should have sessions in polyclinics as a part of the policy for decentralisation of specialty clinics.

5.2. Regional Level

This should be the pivot of the whole system of psychiatric care. It should be built around the psychiatric department in the general hospital of the region. It should contain the following units.

5.2.1. Two twenty-bed nursing sections (ward).

5.2.2. Inpatient shared facilities with consulting and interview rooms.

5.2.3. Outpatient day hospital (community and family links suggested in strategy) and a Community Centre.

5.2.4. Rehabilitation and Recreation.

5.2.5. A two-way referral system with the national level should be ensured to allow organic connection with the national level. The consultant of the department of psychiatry at the regional level should have sessions at the national level.

5.3. National or Tertiary Level

The present psychiatric hospital should change its present role from an all embracing service to a centre for the care of some of the specialised types of patients. In addition, the short-stay psychiatric centre in the Sabah Medical Centre will provide the rest of the services at the national level. Thus the situation would be:

5.3.1. Short-stay psychiatric centre at Sabah comprising:

(a) Inpatient for about 250
(b) Outpatient
(c) Day Hospital and Community Centre
(d) Recreation and Rehabilitation

With the following activities:

(e) Treatment of special cases requiring special expertise
(f) Teaching and Research
(g) Psychiatric planning and administration

5.3.2. Present psychiatric hospital mostly for extended care services:

(a) Long-stay patient
(b) Forensic psychiatry
(c) Geriatric psychiatry

5.3.3. Additional Centre for 200 people for treatment of:

(a) Dependence on alcohol
(b) Hard narcotics
(c) Hypnotics
(d) Stimulated drugs
(e) Hallucinogens

6. MONITORING AND EVALUATION

At this stage, a few ancillary rates like crime rate, conviction for alcoholism and drug dependence, divorce rate, delinquency rate, suicide rate, admission rates of psychiatric cases, length of stay, etc. may be suggested as reflecting the mental health status in the community. Additional information would be collected for better planning of mental and psychiatric services, monitoring the progress and evaluation of the programme effectiveness.

SUPPLEMENT

SIGNIFICANT HEALTH DATA OF KUWAIT

General population	1982	1,565,121
Total number of doctors		2265
Number of primary care officers		425
Number of school health officers		57
number of psychiatrists		35
Number of consultant psychiatrists		10
Number of primary health care centres		55
Number of total students and pupils		322,512

The ten consultant psychiatrists are included among the 35.

Pop doctor	691
Pop/P.H.C. Officer	3684
School St./Sch. H. Off.	5658
Pop psychiatrist	44,746
Pop consultant psych.	156612

Psychiatric consultations/ 100,000 general population

1971	2719
1981	6408

The visit rate almost trippled in span of 10 years pointing out to the ever increasing need for mental care.

No of patients visits/primary health care centres in the year 1981

9,906.818

No. of visits/Primary health care Off./year	23310
No. of visits/Primary Health Care Off./day	80

In fact more than 30 % of those patients seen by all primary health care officer are presenting physical symptoms due to psychological and emotional stresses.

The number of all psychiatrists in the Country will not be sufficent alone to provide for all the required and ever increasing mental care consequently its imperative to involve other categories and levels of health care.

Primary health care and school health officers are most suitable for this purpose. At the primary care level, doctors can deal with cases of reactive depressions, situational reactions, reaction anxieties and family problems after receiving Ah proper training for their management.

An attempt at the training started 1978 by delivering theoretical lecture on symptomatology, particularly how could psychological disturbances present as physical symptoms . Lectures also included selected subjects such as anxiety and depression. The course was delivered to groups at Ah PHC administration. Practical experience gained through contact with mental health clinic integrated in our PHC centres and one polyclinic.

It is recommended that all 425 PHC officers should rotate for two months in Al Psychiatric Hospital to receive more instruction and training to cope adequately in AL their new role in mental health provision system. The same applies to school health officers for whom a training programme should be arranged during summer time when schools are closed to prepare theme for the provision of mental health education and to enable them to manage

of childhood and adolescence including delinquency and other negative and eventually avoidable side products of rapid socio-economic change.

This need for linkages calls for further research into issues of psychosocial factors. It is also important for the future development, that linkages with other sectors of the community be fostered like with housing; education, town planning, legal agencies, to enhance the total mental health care awareness as well as for the application of mental health skills and knowledge for all persons.

5.6. Mental Health Care Programme - The service component will include three sub-programmes, treatment, rehabilitation and prevention.

(1) Treatment : The focus of the treatment sub programme will be morbidity categories (1), (2) and (3), as outlined in section 2. Specified forms of treatment and of diagnostic work will be implemented by personnel at the following levels of the regional health care system.

(a) Primary Health Care at the village and Sub-Centre level :

Multi purpose worker (MPW) and Health Supervisors will be trained to deal with the following problems within his own community under the supervision and support of the medical officer. (1) management of psychiatric emergencies (e.g. acute excitement, crisis situations) through simple crisis-management skills and appropriate utilisation of specified medicines (2) administration and supervision of maintenance treatment for chronic psychiatric conditions in accordance with guidance by the supervisors (3) recognition and management of grandmal epilepsy (particularly in children) through utilisation of appropriate medicines under the guidance of medical doctors, (4) liaison with the local school teacher and parents in matters concerning the management of children with mental retardation and behaviour problems, (5) counselling in problems related to

mincr child mental health problems as well as to participate in prevention measures.

There is at present a training programme designed for the rotating post-graduate doctors of the Ministry of Health (pre-specialization doctor) of two-month duration in the Psychiatric Hospital until time of Abcorsetical lecture.

About 200 doctors passed through this programme. Some of them will be posted in primary health care centres and community medicine.

Mental Health Indictors :

Population under 15 years	45 %	
Population about 60 years	3.9 %	1957
	4.3 %	1975
marriage to divorce ratio	1. 0.2.	

consultation for drug abuse and addiction :

100,000	20	1971
	90	1982

crime rate/100,000

Felonies and misdeneamours :	600	1981

From these indicators, mental health programme should be directed towards the following areas :

1. Child and youth
2. Family
3. Drug abuse
4. psycho-geriatry
5. Research
6. Teaching

In fact it is hoped that mental health would become an integral part of all health and welfare endeavours in our country.

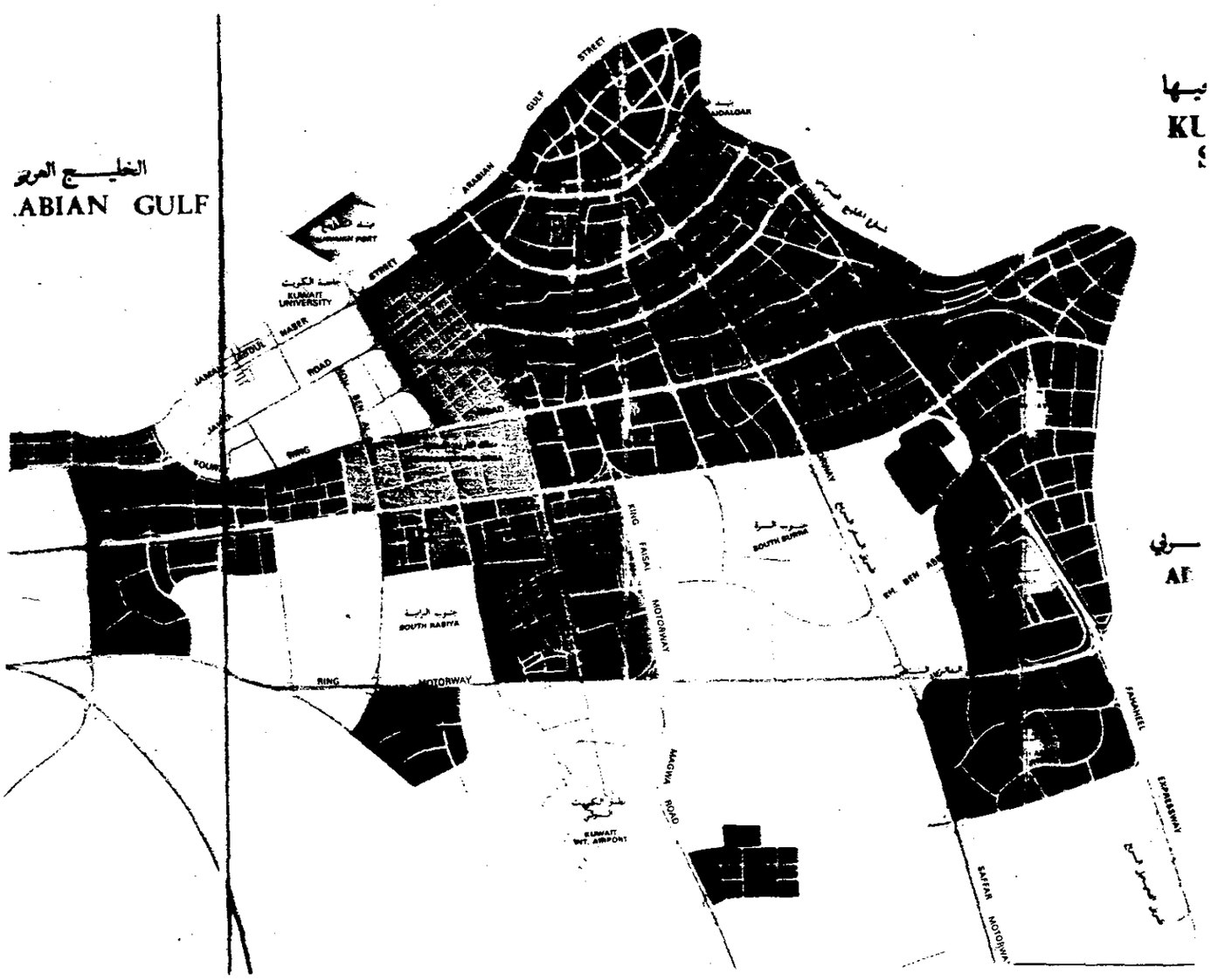
7.2. A strong linkage of the programme should be with Social Welfare. In fact, the split between agents of social welfare and mental health may have its roots in the artificial separation of psychological (i.e. intrapsychic) and social (i.e. communicative) phenomena. It would seem an innovative achievement if this traditional splitting of tasks could be overcome in India. The PHC physician, of the district psychiatrist would then do individual as well as social (e.g. marital) counselling, and would advise at the same time a rural development committee on questions relating to a nursery school or the opening of a liquor store in the village. A social worker could bring a destitute for psychiatric consultation and a psychiatrist would refer a "complainer" to a social worker for help in his social needs.

7.3 Social, behavioural and learning problems are manifesting themselves in schools. Addition of mental health inputs in the school health is likely to play a major role in their amelioration. Teacher's would therefore have to be given adequate orientation in early diagnosis of most of the common mental health problems.

7.4 Necessary links with the mental hospital and medical colleges have already been mentioned. They will be centres of referral for special cases as well as centres of various teaching activities. On the other side, it is hoped that the medical colleges will take advantage of the integrated mental health services to increase the community health component in their under and post-graduate training.

In addition, they will be actively participating with ICMR/other research organisations on various research projects in the field of mental health.

7.5 The central mechanism of this co-operation will be the National Advisory Group, the formation of which will be an integral part of the programme. It will consist of representatives of all States and of the Institutions and professions referred to above. It will


الخليج العربي
ABIAN GULF
ARABIAN GULF STREET
KUWAIT UNIVERSITY
JAHRA ROAD
RING MOTORWAY
SOUTH RABIYA
SOUTH SURRA
KING FAISAL MOTORWAY
MAGWA ROAD
KUWAIT INT. AIRPORT
FAHAHEEL EXPRESSWAY
SAFFAR MOTORWAY

Group would have the responsibility of regularly monitoring the progress of the programme.

8. LEGISLATIVE REQUIREMENTS

Appropriate legislation for better implementation of the National Mental Health would also have to be looked into.

9. RESEARCH

One basic feature of the programme will have to be a continuous monitoring through evaluative research. Very close links with the ICMR will thus be an integral part ofthe programme activities. There is already a considerable commitment on the part of the ICMR task forces in the field of mental health, in general, and especially towards issues related to service research. Such issues will need considerable strengthening. Research like the actually initiated study on determinants of the outcome of mental diseases, or an illness behaviour, have a direct bearing on service delivery. An additional focus will have to be on evaluative research on the effectiveness of the programme at its different levels of functioning, from the training of the different levels of workers to the mode of service delivery by these workers once trained.

In view of the severe scarcity of resources in India, the equilibirium between research and service efforts may have to be reconsidered. Modern research requires inputs from many sources. For a major national programme like this, there would be need for bilateral and multi lateral collaborative research between national and international groups.

Pursuing the rightful policy of creating a network of centres of excellence, and of research workers of excellence in the country, due consideration may have to be given to the orientation of such research efforts in the light of the overall health policy of the country which is directed towards health for all by the year 2000. Every system of medicine as practised in India should continue to conduct research in the field of mental health and exchange views and research data for the mutual enrichment & benefit.

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