



EH/INT. GRP. HFG. DEV. MHP/26

INTERCOUNTRY MEETING ON THE DEVELOPMENT  
OF THE MENTAL HEALTH PROGRAMME

Amman, 24 - 28 September 1983

MENTAL HEALTH SERVICES

IN

THE KINGDOM OF SAUDI ARABIA

by

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Introduction :

Saudi Arabia is populated with approximately 10 million. These were served by 1900 doctors and 4234 qualified nurses, 3526 medical assistants. The total number of psych. beds is 1636 distributed between Taif and Medina Centers. Twelve out-patient clinic were scattered over Riyadh, Abbha, Ghassim, Tabuk, Damam and Hail.

The Taif Centre was opened in 1959 with a capacity of 100 beds increased gradually to accommodate 1600 beds where the Director, Dr Osman Al Tawil has made a lot of changes improvements in the Hospital services and administration.

The Medina Centre was opened on 1975 as one room as a clinic in the General Hospital of the King where it was extended to accommodate 100 beds - where the Director, Anwar Gabarti has taken special care and where services were planned to extend 200 beds in the coming five years (five-year plan).

His Majesty, King Fahad gave due concern and gave his royal decree to improve and implement and extend the mental health care in the Kingdom. The Minister of Health, H.E. Dr Ghosi Al Gosiabi was given the free hand and made a lot of improvement in the services and the status of the personnel working in the mental health services by increasing their salaries up to 30 to 100 % per annum to encourage more improvement in quality of services and the units were equipped with necessary and modern equipment.

- Decentralization of services was carried out by his Excellency The Minister, Dr Ghosi Alghosaibi where legibility was given to directors of each hospital in the Kingdom for independent administration in collaboration with the Ministry. Total attendants 15952 among which 70 % were schizophrenic. 85 % were Saudi, 15 % non Saudi.

Difficulties that faces the services are :

1. Length of treatment
2. Dependency by some patients for certain psychotropic drugs
3. Lack of confidence by some patients in the local ~~Saudi~~ doctors
4. Some patients loose contact with their families and hence are prove to institutionalization
5. Drug addiction is another problem which needs more investigations
6. practices by local traditional healers with five ironing

The Policy of the Kingdom is to implement and extend the services to other areas where plans are put for extension of Medina Hospital to 200 beds (five-year Plan) and also for extension of services in Taif to 200 beds.

Training :

Taif Center trains local personnel and trains the psychiatric nurses while a local diploma for Saudi doctors takes place. Some Saudi doctors were sent abroad for higher qualifications,

Drugs :

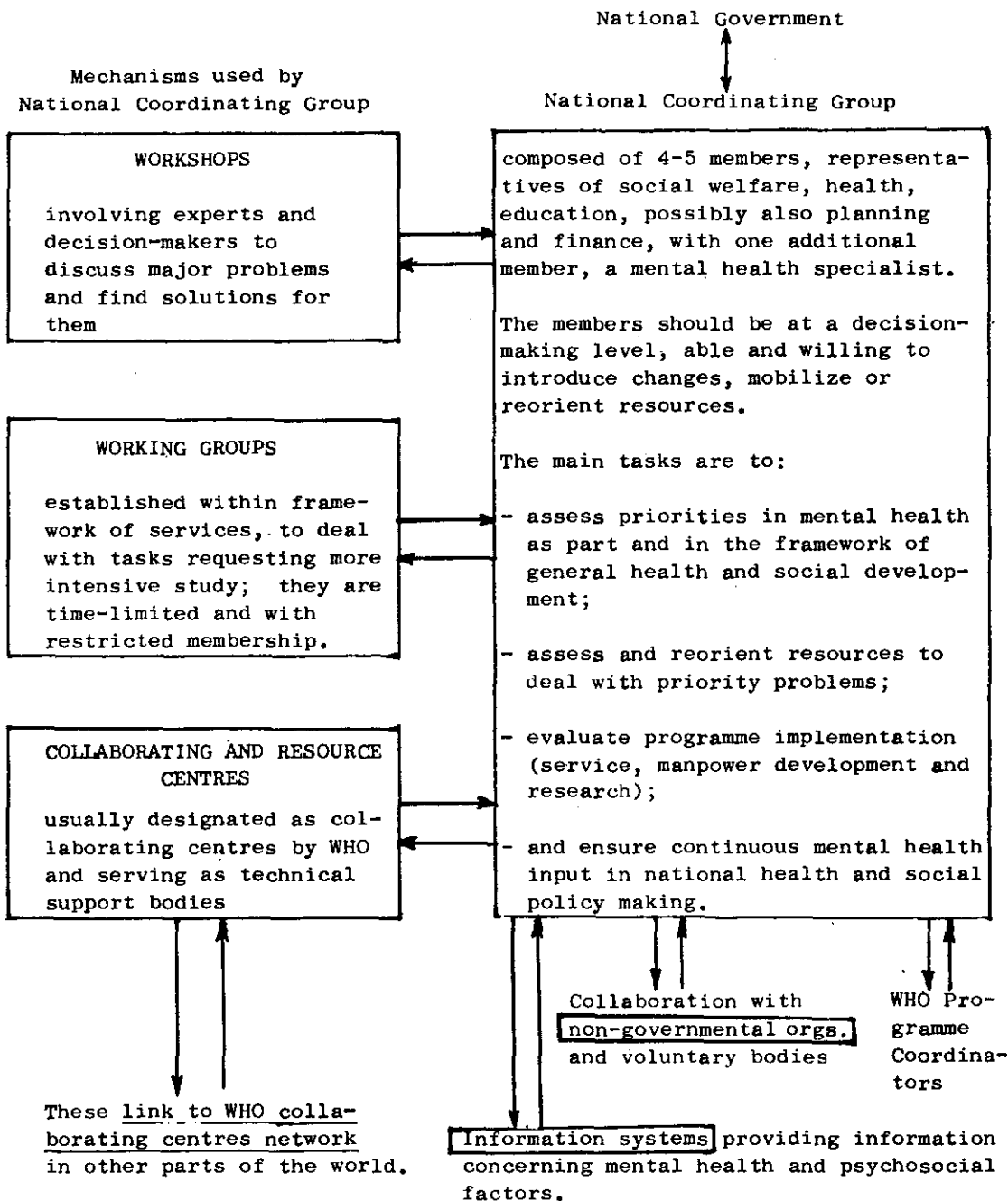
Treatment is mainly given in the form of drugs - like psychotropic pherothiajms. Hollegendol and anti-depressant tricyetic drugs and anaxycotic drugs - also patient are given of occupational therapy, recreational sessions and rehabilitation.

Legislation :

There is no acts in the legislation except for local orders to assure that relative should receive the patient after discharge and only for medicolegal responsibility.

ANNEX 2

LINKAGES OF A NATIONAL COORDINATING GROUP





Sixty-ninth Session

EB69.R9

22 January 1982

ACTION IN RESPECT OF INTERNATIONAL CONVENTIONS  
ON NARCOTIC AND PSYCHOTROPIC SUBSTANCES

The Executive Board,

Having examined the reports of the Director-General,<sup>1</sup> and appreciating the work done;

Recognizing the responsibility assigned to WHO by the Single Convention on Narcotic Drugs, 1954, as amended by the 1972 Protocol, and the Convention on Psychotropic Substances, 1971;

Recognizing the objective manner in which WHO has fulfilled its important role in making recommendations on international control of narcotic drugs and psychotropic substances under the Conventions;

Wishing the Executive Board to be kept fully informed of the activities of WHO in regard to this important function;

1. REQUESTS the Director-General:

- (1) to continue to work with the Secretary-General of the United Nations to devise methods of informing governments in an effective way about the forthcoming activities of WHO in connexion with its obligations under the Conventions (concerning its recommendations on scheduling, rescheduling, descheduling, and the handling of exemptions from control), and to invite governments both to provide data and documentation summarizing their experiences with the substances under review and to make their views on medical and scientific matters available to WHO;
- (2) to continue to provide drug manufacturers and other interested parties with appropriate opportunity to make written and oral presentations on medical and scientific matters to WHO concerning drugs for possible control under the Conventions;
- (3) to continue to convey to the United Nations as soon as possible after completion of the work of the review group a full assessment of the substance for any formal WHO recommendation for international control;
- (4) to report annually to the Executive Board regarding any activities of WHO in respect of the Conventions, including the Organization's plans to review drugs and recommendations it has made concerning control, and to make available to the Executive Board the reports of the review group;
- (5) to intensify efforts aimed at improving prescription, delivery and utilization practices regarding psychoactive drugs, through educational programmes for physicians and other health workers, and other measures, seeking the cooperation of medical educational institutions, medical associations, the pharmaceutical industry and others in this endeavour;

<sup>1</sup> Documents EB69/21, EB69/21 Corr.1 and EB69/21 Add.1.

(6) to pay special attention to the further strengthening of cooperation in this respect with the developing countries, where facilities are limited and urgent action is needed;

(7) to intensify cooperation with Member States in drafting national legislation concerning drugs covered by the Conventions;

2. URGES Member States which have not yet done so to become Parties to the Conventions at the earliest possible time;

3. URGES Member States, drug manufacturers and other interested parties to give full cooperation and support to WHO in its efforts to fulfil its obligations under the Conventions.

Seventeenth meeting, 22 January 1982  
EB69/SR/17

**COUNTRY**

Please provide your estimates in percentage of the population

URBAN

RURAL

1. Patients are seen by a qualified person within the day they request it (or the family requests it)

2. The necessary treatment can be obtained without major sacrifices by patient or family

3. The family/community can be given the support which they require to cope with the patient

4. Patients without family and with serious disability/impairment are taken into rehabilitation programmes

CIRCLE ONE

5. Preventive measures of proven effectiveness and of a favourable cost/benefit ratio are applied (include primary and secondary prevention)

Always

Sometimes

Not at all

Advice from Mental Health/behavioural experts is sought in :

6. A.Planning of major development projects

Always

Sometimes

Not at all

7. B.Revision of civil laws e.g. on divorce, child custody

Always

Sometimes

Never



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CIRCLE ONE

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There are organized (even if occasional) assessments of satisfaction of the population with :

- |  |        |           |            |
|--|--------|-----------|------------|
| 8. a) General Health Care  | Often  | Sometimes | Never      |
| 9. b) Mental Health Care   | Often  | Sometimes | Never      |
| 10. Training on psychosocial aspects of health care is provided in schools of health personnel | Always | Sometimes | Not at all |

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11. There are in existence :

- |   |     |    |
|---|-----|----|
| - A national mental health coordinating group               | Yes | No |
| - A mental health Act/Law and a mechanism to revise it      | Yes | No |
| - Mechanisms to support research in the mental health field | YES | NO |

PERSON WHO  
FILLED -IN FORM