



INTERCOUNTRY GROUP MEETING ON THE DEVELOPMENT
OF THE MENTAL HEALTH PROGRAMME

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PROBLEMS OF MENTAL HEALTH PROGRAMME DEVELOPMENT

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Introduction:

Psychiatric medicine as a multiple discipline involving different areas of sciences has developed through years, pacing with advancement of research and modern technology. Yet despite heaps of literature covering different themes and different schools of thoughts in attempt to uncover the mistry of mental illnesses and in an attempt to find the best way for cure and to solve the many questions and problems, for the welfare of the mentally ill, and elief of his sufferings. I feel as you may all feel, we are still lagging behind, despite all those endseavours, we still need to spend more time and more efforts to find a glimps of light to enlighten our way and solve the many questions awaiting. In our way through to achieve the goal cure the mentally ill, relief their pains, for all this, I feel we are all now gathering here.

It is inimaginable at the end of the twenty century, to find sectors of nations still deprived of the ~~last~~ facilities for medical care and sanitation, let alone mental health services, while in certain parts of the world, others are enjoying suffostication of modern technology and life. This is a true happening and reality in some underdeveloped countries where heritage of multiple and variant problems with deficiencies in every aspect of life caused by inherent poverty, illitracy, lack of physical structure ~~and~~ communication, and poor national economy. Health care was left for the traditional practicies of local healers and quacks against a ^{back}ground of mistical beliefs and posstions.

In situation like this, it is conceavable to find the authorities engaged in more than one field of development programs trying to catch up the modern style of life of the twenty century where pressing priorities consumes most of the limitted economics and time.

In such prevailing circumstances, and where no mental health

services exist, that we should think of adopting a practical realistic program to insinuate mental health services among the sociocultural set up, relevant to the growing needs within the context of local conditions, and available resources.

The experience is challenging particularly when one finds himself confronted with multiple constraints such as lack of finance, ~~absence defective~~ of administration and plans, lack of physical facilities, shortage in man power, deficiency in transport, lack of national ^{drug} ~~drug~~ policy, specialised drugs and overall big numbers of custodial left without care awaiting for urgent intervention.

Host of problems and constraints that needs an approach engendered and modified to suit the prevailing circumstances and withdrawn from the local set up utilising all possible available resources with possible involvement of local authoroties at ^{all} levels relevant to the program, using all powers of explanation and conviction to direct their efforts and experience, support. Data of sociodemographic nature inevetably will form the back ground at which the plans are withdrawn and helps in putting the target when objectives become clear. The question then is how to start initiation of services against a back ground of seen and unforeseen constraints. The answer will come from the practice in field.

Establishing the first unit of mental health services, will put all against a matter of fact situation where more demands will initiate more concern, and it will ~~be~~ ^{be} then possible to enhance drawing the efforts of national societies and local cooperatives, pools resources and get support of the public with involvement of patients and their relatives. Regardless the known hostility ^{due to unawareness} ~~unavailable~~, by some medical professionnals against psychiatry, one can employ efforts of those who shows interest and who can apply themselves to the program, and whose assistance is highly needed.

To set objectives of the program and put the strategy and policy, the availing circumstances should be taken into consideration. The program should be graded to serve the immediate needs and relief the pressing situation, and to strengthen the present facilities, with

A long term program to secure:

- 1) Development and implementation of the current services, and to meat the growing needs.
- 2) Prevention of mental and nervous disorders.
- 3) Securing skilled man power with training program within the locality.

- 4) Involvement of the community to enhance the services.
- 5) Graded plans to cover other districts.
- 6) Initiation of research, and Training programs

The policy should be linient to suit the prevailing situation, encorporating the program within the country wide program utilising available local resources, that services integrated with the general health system at all levels with especial emphasis on primary health care, with emphasis on development of human power and training within the local institute, and nursing schools. Also involvement of other medical professionals in the program through training sessions, lecturing demonstration in clinical mornings, and discussion.

Policy should take into consideration avoiding old fashion isolated mental hospitals, where simple out patient units with ascess to inpatient beds and facilities will be ideal, and less expensive.

Difficulties will arrise when the work is established, and more pressure will show e.g.:

- 1) Administration defficulties
- 2) Dêfficulty in supply of drugs and equipments
- 3) Dêfficulty in recruiting local staff
- 4) Difficulty in getting the staff to apply themselves to the work due to low wages and lack of incentives, and ^{concern for} ~~lack of~~ future security.
- 5) Constraints of transport
- 6) Financial difficulties

-To overcome administration difficulties, it is supposed that the doctor selected be in charge of the unit within the general hospital administration. Establishment of central administration body in the ministry of health to shoulder the responsibility of the services, encorporating with curative and preventive system of administration.

Drugs:

Absence of psychiatric services and of psychiatric personell invites mal use of drugs by non professionals and non experienced practitioners inviting hazards of drug complications and dependecy. Link is important with a body in the ministry of health, responsible for legeslation, regestration, import and sale of drugs. (e.g. board of drugs.) Distribution of such drugs should follow the board legeslations, and government regulations and only dispensed either in hospitals or in regestered pharmacies. Another important remark is that drugs of addictive nature should be dispensed within

hospitals and restricted to hospital use only. Also such drugs should not be extravagantly imported, but according to calculated needs.

Training:

Lack of skilled personnel in underdeveloped countries with poverty in education comprises another constraints, to solve this problem training program structured within the available local nursing schools, and institutes with emphasis to practical bed-side teaching will secure the initial man power needed to run the newly services. Meanwhile future plans are drawn for future expansions to meet the growing needs. Same applies for doctors where ^{no} medical schools exist otherwise the ^{best} way is to find scholarships for those candidates within the region.

Constraints:

From all that has been mentioned, it is clear that initiation of mental services where no such services exist and against a back-ground of poor socio-cultural and economic difficiencies, willface a host of constraints which can be summerised as follows:

- 1) Financial difficulties.
- 2) Lack of accomodation
- 3) Shortabe of skilled personnel
- 4) Shortage of drugs and equipment
- 5) Lack of transport means
- 6) Lack of initiative and enthusiasm and hostility towards mental illnesses expressed by some people.
- 7) Absence and difficiency of administration and particularly for mental health.
- 8) Isolation of the mental services from the general medical system.
- 9) Training difficulties, lack of litrature, reference and training equipment.

To overcome these constraints, the following are guide-lines: To be realistic and practical, work against a realistic plan aiming for a graded program towards a clear target and clear objectives.

Financial difficulties can be overcome by involving national cooperatives, social activities, by involving patients and their relatives by pooling donations.

Difficiency in man power can be secured by employing non-trained

paramedical staff to make run the services.

Training program planned carefully, ^{designed} and simplified with emphasis on practical side to meet the growing needs utilising the present facilities. Financial problems can be solved partially through involving national societies and ministries relevant to the program.

For mental health services to be of more wide and of national broad effect, it should be integrated with primary health care at all levels.

This will facilitate a wide national awairness of the problem.

Utilising the diffient means of media, T.V. Radio, etc. Health workers ^{participation} given treatment i.e. prevention, treatment, and follow up, and can be involved in health education care for mother, child.

They can act as asupport for the mentally ill-patient and his relative. Meanwhile they can act as acentre of referral. In this way, the services can be much economical hitting two targets at the same time.