Mental Health Services in Bahrain. Current Structure and Future Directions

M.K. Haddad and Charlotte Kamel

A review of the current psychiatric services in the state of Bahrain is made with an attempt at projecting the necessary increase in the number of psychiatrists, psychiatric nurses and inpatient beds as well as the necessary services to meet the increased population by the year 2000 using the guidelines of the Royal College of Psychiatrists White Paper (1977) coupled with W.H.O. projections (1979). It is recommended that the number of psychiatrists doubled, while an 80% increase in the number of psychiatric nurses is deemed necessary, the number of beds has to increase by 200. In addition, psychiatric training of family physisians and expanding psychiatric services at the primary care level is needed. Development of Bahraini nursing staff and other allied health care staff level as social workers is planned.

The plan for meeting such demands and an alternate route for future developments is discussed.

(Egypt. J. Psychiat.,1995, 18: 115-121).

Introduction

The provision of free and comprehensive health care for all the residents of the state of Bahrain is an established tradition in spite of the absence of such committement in the national charter. The Government is fully committed to the declaration of ALMA -ATA and the concept of health for all by the year two thousand (World Health Organization, 1984). As an important part of holistic health care the psychiatric services was started in 1932, when only custodial help was available .Through the years psychiatric care has evolved tremendously, and currently an increasing emphasis is placed on the integration of mental health, primary care, and school health. In addition, since 1974 psychiatric community health services was begun Bagraub (19980-1993) Mental health issues including psychological development have also been introduced in the educational curriculae of secondary schools and colleges. But inspite of these developments, it is expected that continual expansion of existing and new services will be required to meet future increases in demand.

The aim of this study is to estimate the projected psychiatric population by the year 2000 and the corresponding number of staff and services needed to meet such demands.

Material and Method

The size of the current psychiatric hospital population, its demographic variables and diagnostic categories as well as the number of the manpower and available services is drawn from the psychiatric hospital annual statistics (Annual Reports 1980-1993). A medium range projection of the general popula-

M.K. Haddad, FRC Psych. Chairman of Psychiatric Hospital, Ministry of Health Bahrain.

Charlotte Kamel, MRC Psych. Consultant Psychiatrist.

tion growth by the year 2000 as laid out by the central statistics organisation was used (Central Statistics Organization, 1991). The projected numbers of the current psychiatric population and that in the year 2000 as well as the corresponding services and manpower requirement is made following guidelines laid out by the White Paper of the Royal College of Psychiatrists (White Paper, 1977) and W.H. O. projections World Health Organization (1978). The year 1993 is the year quoted for all current statistics.

Results

1- General Population

Table 1 shows total population and the age distribution of the 1993 general population as well aas those projected for the year 2000.

Table 1

Medium Projection of the Population in Bahrain Till Year 2000

According to Age and Nationality
(Central Bureau Statistics, 1991)

YEAR	Population	19- 65 yrs	Less than 19 yrs	Above 65 yrs
1993	561.633 (Tot)	289.120 (Tot)	247.244 (Tot)	252.69 (Tot)
	382.919 (Bah)	160.841 (Bah)	160.841 (Bah)	191.58 (Bah)
2000	667.488 (Tot)	330.151 (Tot)	330.151 (Tot)	38.366 (Tot)
	468.539 (Bah)	197.240(Bah)	197.240 (Bah)	23.647 (Bah)

Tot = Total; Bah= Bahraini

Table 2

Current Distribution and Future Projections of Beds
(White Paper of the Royal College of Psychiatrists)

Category	Current No. of Beds	Future Projections
Adult short stay	0.15/1000(65)	0.5/1000
Adult long stay	0.09/1000(67)	0.5/1000
Acute Psychogeriatr	0.08/1000(3)	1.5/1000
Long stay psychogeriatr	0.05/1000(20)	3.0/1000
Severe mental retard.	0.05/1000(20)	0.75/1000
Substance Abuse	1.04/1000(12)	NA
Children & Adolescents	0.05/1000(14)	NA
Total	201 beds	

2- Psychiatric Hospital Population:

The 1993 psychiatric hospital annual statistics yields a figure of 843 of adult psychiatric inpatients while the total number of psychiatric inpatients since the establishment of the psychiatric hospital is 5343 patients i.e. 0.95% of the total population .The W.H.O. projection for those with severe mental disorders is 1% of the population i.e. 5616 people.

The total number of adults attending the psychiatric outpatient clinic is 18.853. those attending the day hospital is 80 and those visited by the community nurses in their homes are 200, totalling 19133 patients. The total psychiatric out- patients constitute 3.4% of the total population , while the W.H.O. projection is for 10% (56163) with mild mental disorders and a further 15% (67395) with psychosomatic disorders.

The total number of children and adolescents attending the Psychiatric Outpatient Clinic in 1993 is 6400 i.e. 3.5% of the total child and adolescent population on the island while the corresponding figure in the United Kingdom is 11% (Wilkinsen, 1986).

3- Hospital Beds :

The total number of psychiatric beds on the island is 201 i.e. 0.5 beds /1000 of population. The corresponding figures in Ireland is 5.9/1000 and that of Cyprus is 1.3/1000 population Table (2) shows the current distribution and percentage of beds/1000 population against the recommendation of the White Paper (1977).

4- Out - Patient Clinics:

There are 17 out - patient clinics/ week with an average attendance of 3 clinics/100.000 population, the corresponding figures in Ireland is 6.9 clinics/ 100.000 (Wilkinson, 1986).

5- Manpower

A-Psychiatrists :

Out of total number of 800 physicians working on the island the number of psychiatrists is 24 constituting 3% of the total physician population while the corresponding figure in the United Kingdom is 11% (Wilkinson, 1986 and Ahmed, 1987) .The ratio of senior to junior staff in Bahrain is 1: 3 and that of consultant / adult patient population is 0.25 : 44.000; the White Paper recommends a ratio of 1: 44.000 for adult psychiatry and 1: 1 sensior to junior staff .

All psychiatrists working at the hospital are either Bahrainis or Arab nationals.

B- Nurses :

The current number is 160 registered nurses constituting 28.4/100.000 population of which only 18% have post basic psychiatric qualification .The White Paper recommends 100 psychiatric nurses /100.000 population and 60% of them should have training in the speciality (Bahrain 1980-1993).

C- Budget :

The total budget for the Ministry of health is 44 million B.D. (16.7 million U.S. dollars), out of that 2.4 million B.D. (5.4%) is allocated to the psychiatric hospital while the corresponding figure in the United Kingdom is 12% of the total health expenditure (Wilkinson, 1986 and Ministry of Health Annual Reports 1993-1995).

Discussion

By the year 2000 the population of Bahrain is expected to increase by over 100.000, mostly in the younger and adult age groups as shown in table I. The total child and adolescent population below the age of 18 is projected to be 45% of the population, while adults of 25- 34 years of age will constitute 40% of the total population. This skew towards a younger population necessitates that future services be directed mainly to this age category.This is further supported by the study of the profile of the psychiatric population which has shown that the highest psychiatric morbidity was at the age group of 25-34 years with a preponderance of males (70.5%) .Males because of their breadwining status, find their way for hospital care and admission more readily than their female counterparts (Al-Hadad et al, 1991).

The W.H.O. estimates the number of patients with severe mental disorders as 1% of the population, while the psychiatric in- patient population of severe disorders who needed admissions over the years is 5343 (0.95%) .Both figures are very close, probably reflecting the relative ease of admission of patients to the psychiatric hospital. The small size of the island and increased awareness to mental health are other contributing factors.

The W.H.O. projects the number of patients attending for mild disorders as 10% and psychosomatic disorders as 15% of the total population (Al-Hadad, 1995) .The number of patients attending the psychiatric out- patient for follow up constitute only 3.4% of the total population (Psychiatric Hospital Annual Reports, 1980-1993). One can assume that many patients in both categories attend their family physicians in the primary care health centres .

In a study of the psychiatric morbidity at primary care it was reported that 45.1% of the patient population had

psychiatric disorders (Al-Hadad 1995). This nonetheless contrasts with the small percentage of referrals from the health centres to the psychiatric hospital. In 1993 out of a total number of over 2 million patient visits to 22 health centres, only 143 patients were referred to the psychiatric hospital and there was no record of the psychiatric cases seen at the primary care. Hence, it is difficult to judge whether psychiatric cases are detected and treated at the primary care and/ or possibly go undetected . In the study profile of the psychiatric population in Bahrain, the majority of cases seen at the Psychiatric Hospital (53.1%) were self referred, while those referred from health centres was 0.5% only (Annual Reports of Primary Health Care, 1987 - 1993). This unusual trend exists either because of easy access to the psychiatric hospital, of specific problems in the referral system of the health centres, or the inability of the family physicians to diagnose and refer those with psychiatric problems.This illustrate the need for further training and development of skills of the family physicians and also the use of psychiatric tests and tools necessary for detection of psychiatric illness at primary care level.

The White Paper estimates a need for a 200 bed increase by the year 2000 to 401 beds . However, our current statistics show our bed occupancy to be at an average of 80%, hence no further bed increase is planned. Further expansion and strentgthening of the community services by more manpower development is in progress as an alternative to increasing beds .These services include crisis intervention, day hospital facilities, and sheltered workshops. Out- patient clinics run at 3 clinics/ 100.000 population while the Irish figure is 6.9 clinic/ 100.000. We feel that an increased number of psychiatric clinic consultations should indeed be available, but in the health centres, where the vast majority of psychiatric patients are seen . Davidian (1987) reported that 80% of the first psychiatric consultations go to their general practitioners while 16% go to specialists other than psychiatrists; only 4% go to the psychiatrists from the outset.The need for further training of family physicians has already been stressed .

The current number of psychiatrists constitutes 3% of the total physician population compared to 11% in the United Kingdom (Greg, 1986); also the ratio of senior to junior staff is 1:3 while the recommendation of the white paper is 1:1.The case for increasing the ratio of the senior to junior staff can be argued on the basis that the psychiatric hospital in Bahrain is a teaching hospital .A further increase in the senior staff ratio will not only help the training of medical school students and post- basic Arab board psychiatric training, but will also be another contributing factor for research development. A similar argument for increasing the number of psychiatrists to reach the level of United Kigdom can not be argued. A cost - effective and practical solution would be training of trainers for family physicians working at primary care who would shoulder more responsibility for diagnosis and management of psychiatric patients in the future. The psychiatric hospital has already started a three- years training program for family physicians working at primary care who would shoulder more responsibility for diagnosis and management of psychiatric patients in the future. The psychiatric hospital has already started a three- years training program for family physicians whereby family physicians are trained on their out- patient population at health centers in order to be able to detect early signs of psychiatric problems including those of psychosomatic illness. Trainers from the family physicians program are being prepared to

eventually take over the total program from psychiatrists.

The number of psychiatric nurses are 28.4% per 100.000 population of whom only 18% have psychiatric training, this contrasts with the recommendation of the White Paper of 100 psychiatric nurses/ 100.000 population with 60% having psychiatric training of nurses.This has been planned in two phases: (a) training of new and young graduates in post- basic psychiatric Diploma courses run at the college of health sciences in Bahrain with an average of 4-5 nurses/ year being graduated , (b) on - the - job training of all other nurses.An in- service training nursing officer position was created in 1987, and continuous development and evaluation of the training is being supervised and monitored by the training directorate in the Ministry of Health. The problem of expatriate nurses working with mainly Arab patients has long been recognised , Arabic classes for expatriate nurses have been held since 1980. Those who do well are rewarded by an incentive .Although the vast majority can communicate with the patients, this can by no means suffice. There is a great need for trained nurses who do not only speak the language but also understand cultural norms and values and communicate at ease with the patients.Unfortunately, the number of Arabic speaking psychiatric nurses is a rare commodity in the Arab world and the present program of gradual replacement by Bahraini nurses a rare commodity in the Arab world and the present program of gradual replacement by Bahraini nurses is the only feasible solution in the foreseeable furture. The relative shortage in the number of nurses is compensated for by providing more training opportunities for the nurses both locally and abroad .Many psychiatric nurses work as nurse therapists in the hospital, and short of prescribing medications, they are involved in all types of psychological, behavioral, and social therapy alongside their psychiatric colleagues. A further increase in the number of nursing staff is planned to support the community team and the day hospital staff. Likewise, plans for development of other staff categories including psychologists, occupational therapists, and social workers have been implemented through collaboration with the W.H.O. and the training Directorate at the Ministry of Health. The above mentioned categories of staff have since been involved in all treatment modalities in the hospital.

The budget of 2.4 millions B.D.(6.4% of the total should put us at an envious position compared to many of the third world countries, but not if compared to United Kingdom (11%) or other European or North American countries (Wilkinson, 1978, and Ministry of Health Annual Reports, 1985 - 1993). However, because of centralization of budget and the way it is distributed, currently 80% is consumed by staff salaries and 15% for domestic services and only 5% is left for development of new projects. This, however, is changing since the Ministry of Health has started a decentralization program with the creation of independent units each responsible for development, planning, and management of its own budget which would give more freedom for the hospital board for development of new programs.

Conclusion

Planning health development programmers necessitates analysis of the national health problems, the structure and function of the health care system, the local sociopolitical environment, and the demographic structure of the population at large.

Alternative approaches should be developed by taking advantage of the existing expertise and involving representatives from various professional groups at

all levels .Health research, field research, operation costs, and training of local staff are all essential components of a health program. Assistance from international agencies such as W.H.O. can be directed towards establishing and strengthening of such plans.

References

Ahmed A. A. (1987) How many doctors do we need, Bahrain Medical Bulletin, 9: 106- 108.

Al- Haddad, M.K., Kamel.C. Horn. D. (1991): Profile of Psychiatric inpatient population in Bahrain 1983 - 1987. Bahrain Medical Bulletin, **13:** 25- 29.

Al- Haddad (1995) Psychiatric Morbidity in General Practice, Personal Communication.

Annual Reports of Primary Health Care in Bahrain, (1987- 1993).

Bahrain, Psychiatric Hospital Annual Reports (1980- 1993).

Central Statistics Organization Statistical (1991) Abstract. Baharin No.80 pp. 51.57.

Davidian, H. (1987) Referrals of Psychiatric Patients in General Practice. Psychiatric News.

Intercountry Meeting on National Programs of Mental Health (1985). Damascus (November 1985, WHO).

Ministry of Health Annual Reports (1985-1993) Ministry of Health, State of Bahrain.

White Paper U.K. (1977) Royal college of Psychiatrists.

Wilkinson G. (1986) The provision of Mental Health Services in Britain.The Way Ahead. The Royal College of Psychiatrists.

World Health Organization (1979) Formulating strategies for health for all by the 2001, WHO, WA 540.1 W927f.

World Health Organization (1984) National Health System and their Reorientation Towards Health for all. Guidance for Policy - Making WHO. Geneva, series no. 77, PU 542.

World Health Organization, (1987) Report on the Co- ordinating Group Meeting on Mental Health WHO, 1978, EM/ MENT/ 90.

Les services de santé mentale à Bahrain. Structure actuelle et orientations futures

Nous avons passé en revue l'état actuel des services de soins psychiatriques dans l'état de Bahrain. Le but était d'établir un projet précisant les besoins en psychiatres, infirmières psychiatriques et en lit d'hospitalisation ainsi que l'évolution des services de soins qui devrait satifaire la croissance de la population vers l'an 2000. Les plans pour satisfaire ces demandes ainsi que differentes alternatives pour les developpements futurs sont présentés.

خدمات الصحة العقلية فى البحرين

البناء الحالى والإتجاهات المستقبلية

تناقش هذه الدراسة الخدمات الطبنفسية المتاحة فى دولة البحرين كخطوة أولى للتوصل إلى المتطلبات الصحية لزيادة أعداد الأطباء النفسيين والممرضات النفسيات والأسرة الداخلية اللازمة لمقابلة الزيادة المرتقبة فى إعداد السكان حتى عام ٢٠٠٠، وذلك باستخدام إرشادات الكلية الملكية للأطباء النفسيين (الورقة البيضاء)، بالإضافة إلى توقعات منظمة الصحة العالمية.

وتلقى هذه الدراسة الضوء على الحاجة للتدريب الطبنفسى لأطباء الأسرة لزيادة مدى الخدمات الطبنفسية المقدمة على مستوى الرعاية الصحية الأولية، وكذلك تنمية القوى البشرية العاملة فى مجال الخدمات الصحية والاجتماعية.