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Rural Psychiatry: The Fayoum Experiment

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ABSTRACT

The WHO realizing the need to extend mental health care beyond the urban areas to the rural areas in developing countries, had offered chances for extending mental health care. The Egyptian governorate Fayoum was one of the many selected places to try a new decentralized approach for mental health care. The whole situation was appraised: the concomitant needs, the chances and way to fulfill them as well as the community attitude towards the services offered by the project.

It was found that after the establishment of the psychiatric services, the number of annual admissions coming from this governorate into the main mental hospitals, Abbasseya and Khanka, had dropped to almost one fourth. The offered mental services had substantially helped in the management of neuro-psychiatric patients but still there are cases who are inadequately dealt with. Long term objectives and targets of the project are looked for in order to treat the still prevailing mental health problems in the territory accordingly.

INTRODUCTION

In historical perspective, the development of modern psychiatric care seems to have passed through three clearly delineated phases. The first phase was characterized by a policy of custodial care and the development of large-size mental hospitals. This merged into the second phase of open-door policy, revitalization of the mental hospital and

more emphasis on the socialization and rehabilitation of chronic inmates. Along with this, a third phase developed of community psychiatry and decentralization of mental health care.

Despite the great advances in psychiatric technology, the introduction of potent psychotropic drugs and the development of more effective social and behavioural techniques, mental health care in many developing countries remained limited to major urban centres and served relatively few citizens, i.e. mainly city dwellers. This created a serious gap between urban and rural populations and called for new approaches to meet the growing needs at peripheral levels.

An attempt will be made in this paper to describe current efforts to develop a model rural psychiatry in Egypt in order to extend mental health care to the periphery and at primary health care level.

THE CUSTODIAL ERA

As in the case of several countries in Africa and the Middle East, towards the end of the nineteenth century Egypt inherited from Europe the large-size model of the mental hospital. Consequently, until the mid-fifties of this century, Abbasseya and Khanka mental hospitals constituted the main psychiatric facilities and consumed the bulk of available resources in the country. Over the years their capacity continually increased and their inmates exceeded the figure of 8,000. In these circumstances there arose the well-known problems of management, crowding, chronicity, social disability and maldistribution of resources.

The main psychiatric function during that custodial era seemed to revolve the strict social control of patients and was far from being an effective approach for dealing with the total needs of the mentally ill and their return to a state of normal living.

Obviously at that time psychiatry had a dismally low priority and the chances for proper development of mental health care within the context of institutional system were rather poor and remote.

THE EXTRA-MURAL ERA

As elsewhere appreciable developments in psychiatry took place in the wake of World War II and, more effective techniques and new approaches were introduced. By 1949 two outpatient clinics were established in Cairo and more attention was given to training in psychological medecine. Along with the new open policy and the advent of the phenothiazine group of drugs, more patients became amenable to treatment and efforts were made to reduce the population of the mental hospitals.

New models of institutional care, such as the Day Hospital (Okasha, 1964) were considered and the 1944 Mental Act was amended. Together with out-patient care, in-patient units were established in selected general hospital.

DECENTRALIZATION OF CARE

Since the early sixties a new policy of decentralization of health care in general has been implemented in Egypt. Along with this, psychiatric care in the form of small hospitals, in-patient units in district hospitals and out-patient services were extended to some of the main urban centres is selected governorates.

The present situation as summarized in Table No. 1 shows that there is approximately one psychiatrist per 200,000 of the population and one psychiatric bed per 6,000 of the population. The bed capacity of the mental hospitals varies from 50 to 2,500 and the in-patient units in general hospitals from 4 to 30. Significantly, the two large-size hospitals in Cairo and the neighbouring Qalyubiya Governorate share between them approximately two thirds of the total bed capacity.

TABLE I

Summary of Psychiatric Resources in Egypt

1.	One psychiatrist per 200,000 of population
2.	One psychiatric bed per 6,000 of population
3.	Psychiatric hospitals in six governorates
4.	Twenty in-patient psychiatric units in main general Hospitals

Briefly, it can be concluded that with the exception of four governorates there is a centrally-based psychiatric service at all provincial levels. Morevoer, there are centres of excellence in Cairo with adequate staffing and provision, were modern psychiatric technology is efficiently applied. However, the existing facilities are generally available to limited communities and a serious disparity still exists between urban and rural psychiatry.

Furthermore, in order to appraise the prevailing situation it seems important to point out the following:

a) That on the basis of the widely accepted estimate of one per cent as the prevalence of seriously disabling mental disorders in all communities (WHO, 1975), it can be assumed that there are approximately 400,000 psychiatric patients in Egypt and that for every working psychiatrist there are about 2,000 patients to care for. Although there is no accurate information regarding the optimal number of patients who should be seen by one psychiatrist in Egypt, the 2,000-patient load is clearly on the heavy side and almost eight times the number of new patients yearly seen by a consultant psychiatrist in some European countries (Hopkins, 1976).

b) On the other hand, obviously this load has to be shared by others. The educational background of the medical graduate in psychological medicine has been generally inadequate and the management of patients with psycho-social problems in the general health services is often inappropriate.

c) Yet, in view of cost/effectiveness and shortage of qualified personnel, it does not seem feasible to extend specialized psychiatric services to rural areas. The questions raised here are how to move out of this situation and resolve the discord between urban and rural psychiatry and how to meet the needs of the underserved population?

ALTERNATIVE APPROACH

In many countries similar to Egypt the need has been felt to extend mental health care beyond provincial hospitals and into rural communities. This has been reflected in WHO Reports dealing with organization of mental health services in developing countries (Baashar et al, 1975, 1978).

In response to this, WHO has given proper attention to the development of new and alternative approaches in the mental health programme and in close collaboration with various countries. This has recently resulted in the development of a collaborative study on strategies for extending mental health care (Harding, 1978).

At the start the WHO Collaborative Study was initiated in different Regions in four countries, namely Colombia, India, Senegal and Sudan. Later on, Brazil and the Philippines were included and in 1978 Egypt joined in this mutual effort. The study is designed to develop and evaluate alternative and low cost methods of mental health care at a primary care level (WHO, 1977).

Based on the agreement reached between Egypt and WHO, Senoris District, Fayoum Governorate, was selected as the proposed pilot study area for the development of an alternative approach in mental health care.

THE PROJECT AREA

Fayoum Governorate is situated 83 kilometres south-west of Cairo and covers a well-defined cultivable area which is irrigated by a branch of the Nile called Bahr Yousif. See Table No. 2.

TABLE II

Fayoum Governorate

Total population	= 1.25 million
Urban population (353.000)	= 28 per cent
Rural population (897.000)	= 72 per cent

This constitutes 3 per cent of the total population of the country.

Fayoum Governorate has a population of 1.25 million of whom 72 per cent live in rural areas.

Available health resources which are summarized in Table No. 3 seem to provide a reasonable coverage of preventive, curative and selected specialized general medical care in the general health field.

TABLE III

Available Health Resources, Fayoum

General health resources			
(A) Urban centres			
Hospitals			
General	2	District	4
Eye Diseases	1	Fever	1
Endemic Diseases	1	Chest Diseases	1
Maternity and child health cetnres			5
Health offices			7
School health units			6
(B) Rural areas			
Rural hospitals			3
Combined health units			24
Rural health units			66

TABLE IV

Psychiatric Resources, Fayoum

— One psychiatric unit (in main general hospital, Fayoum City)

— Number of psychiatric beds : 13
(3 per cent of the general hospital beds and 0.8 of the total beds of Governorate.)

The endemic health problems are mainly gastro-enteritis, upper respiratory tract infections, schistosomiasis, malnutrition, eye-diseases and a range of communicable diseases. These clearly reflect the level of rural socio-economic conditions and the psycho-social aspects of developing communities.

Table No. 4 shows a summary of the number of new attendants who reported to Fayoum psychiatric out-patient department in 1977 and indicates the broad categroies of neuro-psychiatric disorders seen in the clinic. From this table it can be concluded that there were four major groups of neuro-psychiatric disorders, namely neurotic states, functional psychoses, epilepsy and mental retardation.

TABLE V

Fayoum Psychiatric Out-Patient Department, 1977 — New Attendants

Psychiatric category	**Number**	**Approximate Percentages**
Neurotic states	367	40
Depressive disturbances	176	19
Epilepsy	137	15
Schizophrenic-reactions	137	15
Maniacal episodes	31	3
Mental retardation	27	3
Neurological conditions	19	2
Organic reactions	5	0.5
Psychopathic disorders	2	—
Others	26	3
Total	**918**	—

Though drug dependence does not feature as a major problem in psychiatric clinic records, police seizures of illicit drugs in Fayoum, mainly

hashish and opium, indicate the existence of the problem. In 1977, for example, 3.6 kg of hashish and 281 grm. of opium were seized compared to 5 kg and 336 grm respectively in 1966.

Again in 1977, it was reported that there were 489 juvenile delinquents compared to 420 in 1966.

After the establishment of psychiatric services in Fayoum in 1968, it was shown that the number of annual admission from this Governorate into the two main mental hospitals, Abbasseya and Khanka, had dropped to almost one fourth.

There is no doubt that the psychiatric services in Fayoum General Hospital have substantially helped in the management of neuro-psychiatric patients reporting for treatment. The fact, however, still remains that the great majority of patients attending the general health services and who may consult for psychological problems, which are estimated in other study areas at 10 to 15 per cent, are inappropriately dealt with because of inadequate knowledge, unskilfulness and lack of concern of the general health worker regarding mental health problems.

It is instructive to note that Fayoum Psychiatric Out-patient Department deals with 1.8 per cent of the total Governorate.

Regarding the community attitude towards psychiatric treatment, preliminary studies have shown that the Fayoum population can be divided into two broad classes :

a) The educated and high-income group seems to be generally well oriented about mental health problems and seeks advice and treatment either in the psychiatric unit in Fayoum or resorts to psychiatric services in Cairo.
b) The great majority of the population, who are illiterate and poor, seek the advice and invoke the help of sheikhs, traditional healers and Zar-practitioners. Among these communities psychiatric disorders are coloured by the local cultural background and may manifest themselves in various psychosomatic conditions.

OBJECTIVES AND TARGETS

The long term **objectives** of the study are :

1. To prevent or reduce mental morbidity and its consequences in the Fayoum area.
2. To promote mental health care through better management and more effective mobilization of health and other social resources.
3. To ensure awareness regarding mental health needs under the growing socio-economic changes and develop ways and means for meeting these needs.

Among the importatnt **targets** are the development of baseline studies designed to yield information on :

a) the knowledge and attitude concerning mental health among existing health staff in the study area;
b) the prevalence of mental disorders among patients seen in primary health care facilities and the detection rate by existing staff of such disorders;
c) the knowledge about and attitudes towards mental disorders in the community;
d) the level of disability resulting from mental disorder and the adverse effects on family life; and
e) the development of a plan of intervention according to an appropriate set of criteria and guidelines.

Based on the definition of prevailing mental health problems in the area, a set of priorities has to be drawn up and specific tasks have to be determined accordingly. Of particular importance is the development of educational objectives for each category of health worker on the basis of the envisaged task assignment. This would further entail the organization of brief and comprehensive training courses and the development of relevant and practical manuals.

Organizationally, the psychiatric team in Fayoum District Hospital should provide a system of support and supervision with close coordination with other health units, social services and community agencies.

Provisions, especially a regular supply of selected drugs, are essential elements of the intervention plan.

CONCLUSION

The expressed interest shown by the public health administrators in Fayoum, the presence of a viable and active psychiatric unit and the generally well-developed network of health facilities indicate the promising potentialities and augur well for the development of a mental health programme within the general health system.

The geographical features of Fayoum Governorate, the socio-demographic background and administrative set-up seem appropriate for initiating this study and evaluating the outcome of the programme.

It is hoped that the experience gained will provide essential clues for the development of countrywide rural psychiatry and meet the needs at peripheral levels.

REFERENCES

Baasher, T.A. *et al.* (1975) *Mental Health Services in Developing Countries.* Offset Publication No. 22. Geneva : WHO.

Baasher, T.A. *et al.* (1978) *Mental Health Services in Developing Countries.* Geneva : WHO.

Harding, T.W. (1978) Psychiatry in rural agrarian societies. *Psychiatric Annals,* **8** : 6

Hopkins, A. (1976) Consultant's workload. *Lancet,* **1** : 966–968

Okasha, A. (1964) Day hospital in psychiatry. *E.J.Neurol Psychiat. Neurosurg., Vol. V* : 105—113.

WHO (1975) *Technical Report Series* No. 564.

WHO (1977) *Report of Second Meeting of Investigators on Collaborative Study on Strategies for Extending Mental Health Care.* Geneva : WHO.

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الموجز

الطب النفسى الريفى : تجربة الفيوم

ان منظمة الصحة العالمية قد أدركت الحاجة الى توسيع نطاق الرعاية الصحية النفسية فى الدول النامية لتشمل المناطق الريفية بالاضـــافة الى المدن ، ولذلك فانها هيأت الفرص للدراسات التضامنية لاستراتيجيات توسيع نطاق الرعاية الصحية النفسية • ولقد اختيرت محافظة الفيوم ـ فى مصر ـ كاحدى المناطق لمحاولة تطبيق طريقة لا مركزية جديدة للرعاية النفســية • وفى بداية التجربة ، قيم الموقف من ناحية الاحتياجات المصـــاحبة وفرص وطريقة تحقيقها ، كذلك دخل فى الاعتبـــار موقف سكان المحافظة تجـاه الخدمات المقدمة من المشروع •

ولقد أدى تمكين الخدمات الطبنفسية فى المحافظة أنتقصت ـ الى الربع تقريبا ـ حالات الدخول السنوية ـ من هذه المحافظة ـ لمستشفى العباسـية والخانكة • كذلك ساعدت الخدمات الصحية النفسية ـ بصورة واضحة ـ فى علاج المرضى الذين يعانون من أمراض عصبية ونفسية ، ولكن ما زالت فى المحافظة بعض الحالات التى لم تعالج بطريقة مرضية ، وبالتالى فان الاهداف البعيدة للمشروع هى علاج المشاكل النفسية التى ما زالت سائدة فى المنطقة •

ABSTRAIT

La Psychiatrie Rurale : l'Expérience du Fayoum

Le WHO ayant réalisé le besoin d'étendre les soins de la santé mentale dans les pays sous-developés, au-delà des régions urbanes vers les régions rurales, des occasions en ont été offertes pour faire des études collaboratrices sur les stratégies de l'augmentation des soins de la santé mentale. Fayoum, une governorate égyptienne, a été choisie pour essayer une nouvelle approche de "décentralization" des soins de la santé mentale. Toute la situation a été êvaluê : les besoins actuels, les moyens de répondre à ces besoins ainsi que l'attitude de la communauté envers le projet.

L'étude a montré qu'après l'établissement des services psychiatriques locaux le nombre d'administrations des conditions mentales venant de Fayoum a diminué à peu près jusqu'au quart. Les services offerts ont aidé à soigner plusieurs conditions neuro-psychiatriques. Mais, il y en a encore des maladies mentales qui sont insuffisamment et imparfaitement pris, c'est pourquoi des objectives et des cibles sont visés pour traiter les problèmes qui sont encore envisagés.

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Addiction: Contribution of Psychodynamic Insights to Social Measures

By M. Shaalan

ABSTRACT

In case of addiction to obviously harmful substances as alcohol and tobacco, the persistence of the addictive behaviour is viewed by the author as incongruity akin to that in schizophrenia. A postulate of an underlying masochism in the consumer is forwarded to explain the addictive behaviour as an escape from a relatively undesirable sober state.

In case of addiction to hashish and marijuana, psychodynamic speculation in the behaviour of the decision makers is thought to accunt for failure of present measures to curb the problem by increasing penalization that make the addictive state more undesirable, rather than being attentive to measures to make the sober state less undesirable. An over-identification with a Western model coupled with an identity confusion in the face of social change makes the decision-maker's behaviour more understandable, though futile in the face of the problem. Deliberate failure to use the principle that learning is more effective by reward rather than punishment seems dictated by the psychodynamics of the decision making process.

Psychodynamic understanding of the addictive behaviour promise to not only break the vicious circle but also reverse it.

The Problem: Clinical versus Statistical Appraisal:

The problem of drug addiction remains one that perplexes the the politician as well as the physician. Despite the most complex measures aiming at prevention and cure, the phenomenon increases rather than decreases. Furthermore, despite obvious evidence of the harmfull-