

Egypt

General Information

Egypt is a country with an approximate area of 1001 thousand sq. km. (UNO, 2001). Its population is 73.389 million, and the sex ratio (men per hundred women) is 100 (UNO, 2004). The proportion of population under the age of 15 years is 34% (UNO, 2004), and the proportion of population above the age of 60 years is 7% (WHO, 2004). The literacy rate is 67.2% for men and 43.6% for women (UNESCO/MoH, 2004).

The country is a lower middle income group country (based on World Bank 2004 criteria). The proportion of health budget to GDP is 3.9%. The per capita total expenditure on health is 153 international \$, and the per capita government expenditure on health is 75 international \$ (WHO, 2004).

The main language(s) used in the country is (are) Arabic. The largest ethnic group(s) is (are) Arab. The largest religious group(s) is (are) Sunni Muslim (nine-tenths), and the other religious group(s) are (is) Coptic Christian.

The life expectancy at birth is 65.3 years for males and 69 years for females (WHO, 2004). The healthy life expectancy at birth is 58 years for males and 60 years for females (WHO, 2004).

Epidemiology

Ghanem et al (2004) conducted a national household survey of prevalence of mental disorders in 5 governorates, using the Mini International Neuropsychiatric Interview-Plus (MINI-Plus). Almost 17% (11% to 25.4% in different governorates) of adults had mental disorders, with the common ones being mood disorders (6.4%), anxiety disorders (4.9%) and somatoform disorders (0.6%). Psychoses were seen in 0.3% of the population. Mental disorders were associated with gender (female), marital status (widow, divorced), occupation (housewife, unemployed), education (illiteracy), housing (overcrowding) and physical illnesses. Okasha et al (2001) assessed a sample of students, selected through multistage stratified random sampling with the General Health Questionnaire, the Arabic Obsessive Scale for obsessive traits and the Yale Brown Obsessive Compulsive Scale. They found that psychiatric morbidity was present in 51.7% and obsessive compulsive disorder (ICD 10) in 19.6%. Girls, younger adolescents and first-borns were likely to be affected to a greater extent. In a study on University students, Okasha et al (1985) found that almost 14% of students faced academic difficulties. Psychiatric disorders were diagnosed in 42% of male students with academic problems, compared to 9% of students with no such problems, with neuroses accounting for nearly half of the cases and schizophrenia for a quarter. Farrag et al (1988) examined 2000 elderly (above 60 years) subjects from a region in a 3-phase population-based study using a modified version of the MMSE and a standardized protocol for those who screened positive (MMSE score of 21 or below). The prevalence of dementia was 4.5% with Alzheimer in 2.2%, multi-infarct dementia in 0.9%, dementia of mixed type in 0.55% and secondary dementia in 0.45%. Age-specific prevalence tended to double every 5 years. Soueif et al (1982, 1990) reported on psychoactive drug use in a nationally representative sample (n=14 656) of male secondary school students, using standardized questionnaires. They found that between 8% (for alcohol) and 21.4% (for synthetic drugs) of experimenters continued their drug use and that the age of onset was between 12-16 years. A greater proportion of urban students used tobacco, alcohol and cannabis, and delinquency was associated with drug use. In another sample (n=5530), they noted that consistently more arts

stream students in comparison to science stream students were immersed in the drug culture. In similar studies, Soueif et al (1986, 1987) examined the non-medical use of drugs among university students (n=2711), using standardized tools. They found that university students were more likely to use stimulants and continue with drug use (10%-31% for different drugs) compared to male secondary school students, but the age of starting drug use was later in this sample. In comparison to male university students using drugs, female university student (n=2366) who used drugs came from a higher socioeconomic background. They were less likely to use stimulants and narcotics or to smoke, and they started drug use later (usually after 16 years). Their preferred drugs were hypnotics, tranquilizers and alcohol. Nasser (1986, 1994) found lower rates of abnormal eating attitudes in college students in Cairo (12%) in comparison to those in London (22%). In the earlier study, no Arab student fulfilled criteria for an eating disorder, but in the later studies he found a prevalence rate of 1.2% for bulimia and 3.4% for partial syndrome of bulimia (Russel's criteria). Okasha and Lotaif (1979) estimated the rate of suicide attempts in Cairo to be 38.5/100 000 population based on their assessment of admissions for attempted suicide in one hospital. Among suicide attempters, those in the age group of 15-44 years and students were overrepresented. Depression, hysterical reactions and situational reactions were common psychiatric conditions associated with suicide. Overdosing was the commonest method (80%) used. Temtamy et al (1994) administered the Stanford-Binet test to 3000 randomly selected community subjects. The prevalence of mental retardation was 3.9% (higher rates were reported in rural areas). Parental consanguinity was established in 65%. Farrag et al (1998) assessed 2878 children from the 2nd and 3rd grades in elementary schools for their reading ability by means of standardized tests for linguistic ability and rate of letter identification. The 84 children (3%) with IQ 90 or more and no evidence of sensory or motor impairment identified as backward in their reading ability at this stage were reassessed after 3 years. Thirty seven (1%) children, who did not attain satisfactory reading skills even at this stage, were diagnosed to have specific reading disability. The male to female ratio was 2.7 to 1. Abou et al (1991) administered the Arabic version of the Children's Depression Inventory to 1561 preparatory school children selected through stratified random sampling and found the rate of depression to be 10.3%. Further testing in sub-samples revealed that depression scores were predicted by neuroticism, introversion, relationship with fathers, sibs and peers, scholastic performance and mothers' depression scores.

Mental Health Resources

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1978.

The components of the policy are promotion, prevention and treatment. The objectives of the policy are to provide a basis for improving mental health and well-being of the population through provision of services to the population at risk, community care and family support.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1986. A President's Decree has established a National Fund for the Control of Drug Addiction and Abuse. The supreme Council for the Control of Drug Addiction and Abuse is chaired by the Prime Minister. Laboratories for detection of addictive substances in biological secretions have been established in most regions. The policy direction is towards harm reduction policy.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1986.

A new mental health programme was adopted in 2002. The programme aims to integrate mental health into community care, develop health recording and information gathering

system, provide essential drugs and develop human resources. The other areas earmarked for development are quality assurance, development of intermediate and alternative systems of providing mental health care, developing child and adolescent psychiatry services, analysing the role of NGOs, increasing awareness about mental health problems among the population and promoting mental health and preventing mental disorders.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. Details about the year of formulation are not available.

Mental Health Legislation

There is a Mental Health Act from 1940's, that is being revised. There is also a more recent law on narcotics which was formulated in 1989. Currently, efforts are made to upgrade the law.

The latest legislation was enacted in 1944.

Mental Health Financing

There are budget allocations for mental health.

The country spends 9% of the total health budget on mental health.

The primary sources of mental health financing in descending order are tax based, out of pocket expenditure by the patient or family, social insurance and private insurances.

The country has disability benefits for persons with mental disorders.

Mental Health Facilities

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Psychiatry has been integrated in the primary health care services in line with the Health Reform adopted by the Ministry of Health. A system for referral between the different levels of care has been established.

Regular training of primary care professionals is carried out in the field of mental health. In the last two years, about 639 personnel were provided training. Manuals for mental health care for primary care physicians and basic health care units are available. Training facilities are present. Training courses have been organized for general practitioners, maternal child health physicians, social workers and nursing staff working at basic health units. Training courses have also been held for trainers. Evaluation of training programmes for general practitioners showed significant improvement in attitudes, knowledge and skills regarding mental disorders and drug misuse and their management.

There are community care facilities for patients with mental disorders. Intermediate services were started for both patients with chronic mental disorders and drug use disorders. Large mental hospitals are trying to place long-stay patients in and follow them up in the community.

Psychiatric Beds and Professionals

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| Total psychiatric beds per 10 000 population | 1.3 |
| Psychiatric beds in mental hospitals per 10 000 population | 1.1 |
| Psychiatric beds in general hospitals per 10 000 population | 0.1 |
| Psychiatric beds in other settings per 10 000 population | 0.1 |
| Number of psychiatrists per 100 000 population | 0.9 |
| Number of neurosurgeons per 100 000 population | 0.2 |
| Number of psychiatric nurses per 100 000 population | 2 |
| Number of neurologists per 100 000 population | 0.5 |
| Number of psychologists per 100 000 population | 0.4 |
| Number of social workers per 100 000 population | 0.1 |

There are few occupational therapists. Almost four-fifths of psychiatric beds are in Cairo. Beds for treatment of drug abusers and forensic patients are available. Specific allocations of beds have not been made for child and adolescent mental health. In an effort to provide quality assurance in big mental hospitals, standards have been developed and quality assurance teams have been deployed. Most psychiatrists have their own private clinics. There is a permanent training centre for continuous in- service training of mental health professionals, particularly nurses, psychologist and social workers employed in mental health facilities.

Non-Governmental Organizations

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention and rehabilitation. The Child Mental Health Prevention Association, an NGO, was established in 1995, to spread the concept of mental health among families. There are also guidance and counselling centres at different governorates.

Information Gathering System

There is mental health reporting system in the country.

The country has no data collection system or epidemiological study on mental health.

A new National Health Information System for Mental Health was developed by the Ministry of Health and Population. The General Secretariat of Mental Health is piloting a data collection system.

Programmes for Special Population

The country has specific programmes for mental health for disaster affected population, elderly and children.

Outpatient clinics and day care centres for children and adolescents are present in some mental hospitals. Clinics for school and university students are available in 4 centres. Eight special schools for education and rehabilitation of mentally retarded children are available. Of these, one caters to girls. Under the aegis of the school mental health programme, training programmes for school teachers, school physicians and school supervisors are undertaken, orientation courses for adolescents are held and special clinics at district levels are conducted in the area of mental health and drug misuse.

Therapeutic Drugs

The following therapeutic drugs are generally available at the primary health care level of the country: phenobarbital, amitriptyline, diazepam.

Imipramine is available in primary health care (commonest strength: 25 mg, approximate cost for 100 tablets: 9.45 USD).

Other Information

Finland has provided support to the mental health programme in Egypt since 2002. The Programme addresses five main components: human resource development, functional development, structural development, community development and mental health prevention and promotion. UNODP supports some activities for improving treatment services and rehabilitation of drug abusers.

Additional Sources of Information

•Abou Nazel, M. W., Fahmy, S. I., Younis, I. A., et al (1991) A study of depression among Alexandria preparatory school adolescents. *Journal of the Egyptian Public Health Association*, 66, 649-674.

•Daoud, R., Atallah, S., Loza, N. (2002). Psychiatric services in Egypt - an update. *International Psychiatry*, 2, 12-14.

•Farrag, A. F., el Behary, A. A., Kandil, M. R. (1988) Prevalence of specific reading disability in Egypt. *Lancet*, 2, 837-839.

•Farrag, A., Farwiz, H. M., Khedr, E. H., et al (1998) Prevalence of Alzheimer's disease and other dementing disorders: Assiut-Upper Egypt study. *Dementia & Geriatric Cognitive Disorders*, 9, 323-328.

•Ghanem, M., Gadallah, M., Mourad, S., et al (2004) National Survey of Prevalence of Mental Disorders in Egypt. WHO sponsored study (under publication).

•Mental Health Programme in Egypt (2003) Country profile for mental health services. Mental Health programme in Egypt : heshmat1@egymen.com.

•Mental Health Programme in Egypt (2003) Master plan for provision of mental health services in Egypt. Mental Health programme in Egypt : heshmat1@egymen.com.

•Nasser, M. (1986) Comparative study of the prevalence of abnormal eating attitudes among Arab female students of both London and Cairo universities. *Psychological Medicine*, 16, 621-625.

•Nasser, M. (1994) Screening for abnormal eating attitudes in a population of Egyptian secondary school girls. *Social Psychiatry & Psychiatric Epidemiology*, 29, 25-30.

- Okasha, A. (1999) Mental Health in the Middle East: An Egyptian Perspective. *Clinical Psychology Review*, 19, 917-33.
- Okasha, A., Fahmy, M., Haggag, W. et al. (2002) A psychiatric training programme for general practitioners in primary health care in Egypt. *Primary Care Psychiatry*, 8, 9-16.
- Okasha, A., Kamel, M., Khalil, A. H., et al (1985) Academic difficulty among male Egyptian university students. I. Association with psychiatric morbidity. *British Journal of Psychiatry*, 146, 140-144.
- Okasha, A., Lotaif, F. (1979) Attempted suicide. An Egyptian investigation. *Acta Psychiatrica Scandinavica*, 60, 69-75.
- Okasha, A., Ragheb, K., Attia, A. H., et al (2001) Prevalence of obsessive compulsive symptoms (OCS) in a sample of Egyptian adolescents. *Encephale*, 27, 8-14.
- Soueif, M. I., Darweesh, Z. A., Hannourah, M. A., et al (1986) The extent of drug use among Egyptian male university students. *Drug & Alcohol Dependence*, 18, 389-403.
- Soueif, M. I., el Sayed, A. M., Darweesh, Z. A., et al (1982) The extent of nonmedical use of psychoactive substances among secondary school students in Greater Cairo. *Drug & Alcohol Dependence*, 9, 15-41.
- Soueif, M. I., Hannourah, M. A., Darweesh, Z. A., et al (1987) The use of psychoactive substances by female Egyptian university students, compared with their male colleagues on selected items. *Drug & Alcohol Dependence*, 19, 233-247.
- Soueif, M. I., Youssuf, G. S., Taha, H. S., et al (1990) Use of psychoactive substances among male secondary school pupils in Egypt: a study on a nationwide representative sample. *Drug & Alcohol Dependence*, 26, 63-79.
- Temtamy, S. A., Kandil, M. R., Demerdash, A. M., et al (1994) An epidemiological/genetic study of mental subnormality in Assiut Governorate, Egypt. *Clinical Genetics*, 46, 347-351.
- WHO, EMRO (1995) Intercountry Meeting on the Evaluation of the Progress of National Mental Health Programmes in the Eastern Mediterranean Region. World Health Organization, Regional Office for the Eastern Mediterranean.
- WHO, EMRO (1997) Intercountry Consultation on Mental Health Legislation in Different Law Traditions. World Health Organization, Regional Office for the Eastern Mediterranean.
- WHO, EMRO (1997) Intercountry Meeting on the Mental Health Needs Assessment at the Community, Health Services and Policy Levels in the Countries of the Eastern Mediterranean Region. World Health Organization, Regional Office for the Eastern Mediterranean.