WHO-AIMS

WHO-AIMS REPORT ON

MENTAL HEALTH SYSTEM

IN Kingdom of Bahrain

World Health Organization

Together for Better Life

MINISTRY OF HEALTH
KINGDOM OF BAHRAIN

WHO-AIMS REPORT ON
MENTAL HEALTH SYSTEM

IN THE KINGDOM of BAHRAIN

A report of the assessment of the mental health system in the kingdom of Bahrain using the World Health Organization - Assessment Instrument for Mental Health Systems (WHO-AIMS).

Manama, kingdom of Bahrain

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World Health Organization

Together for Better Life

Ministry of Health
Kingdom of Bahrain

WHO, Bahrain office
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The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) has been conceptualized and developed by the Mental Health Evidence and Research Team (MER) of the Department of Mental Health and Substance Abuse (MSD), World Health Organization (WHO), Geneva, in collaboration with colleagues inside and outside of WHO.

Please refer to *WHO-AIMS* (WHO, 2005) for full information on the development of WHO-AIMS at the following website:
http://www.who.int/mental_health/evidence/WHO-AIMS/en/index.html

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Executive Summary

The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) is a tool used to collect essential information on the mental health system of a country or region. It was developed to assess key components of a mental health system and thereby provide essential information to strengthen systems. The tool was used to collect information on the mental health system in the Kingdom of Bahrain to develop information-based mental health plans with clear base-line information and targets.

The Kingdom of Bahrain's mental health policy was formulated in 1993 and the mental health plan in 1997. The country is currently in the process of revising and updating the mental health policy and plan and a Mental Health Act is awaiting approval.

There is one mental hospital available in the country providing 20.6 beds per 100,000 population. Four outpatient mental health facilities and two day treatment facilities are available: one for adults and the other for children and adolescents. Community-based psychiatric inpatient units and community residential facilities are not available.

All primary health care (PHC) clinics are physician-based, with access to least one psychotropic medicine of each therapeutic category all year round.

The total number of psychiatrists working in mental health facilities per 100,000 population is 5.6, with the majority (83%) working only for government administered mental health facilities. Two psychiatrists and 13 nurses with at least 1 year training in mental health care graduated last year from academic and educational institutions. Three user/consumer associations and one family association are involved in community and individual assistance activities. The government provides economic support to both consumer and family associations.

The Ministry of Health is the coordinating body to oversee public education and awareness campaigns on mental health and mental disorders. Both governmental and non-governmental agencies have promoted public education and awareness campaigns in the last five years. There is no legislation on provision for employment, discrimination at work or financial provisions for housing specifically for people with mental disorders. A monthly social welfare aid (50 BD) through the Ministry of Social Development is given to those with disabilities, including mental retardation and autism, according to specific criteria. A formally defined list of items that ought to be collected by the mental hospital exists, including the number of beds, inpatient admissions, days spent in hospital and diagnoses given.

Introduction

The Kingdom of Bahrain is a country with an area of 741.4 square km and a population of 1,039,297. The majority of the population is Muslim and the official language is Arabic. Other spoken languages include English, Farsi and Urdu. The largest ethnic group is Arab. The country is considered a high income group country based on World Bank 2004 criteria (WHO Mental Health Atlas 2005).

Twenty one point one percent of the population is below 15 years of age and 2.5% are above 65. The life expectancy at birth is 72.1 years for males and 74.5 years for females and the healthy life expectancy at birth is 64 years for both males and females (WHO Mental Health Atlas 2005). The literacy rate is 91.5% for men and 84.2% for women (WHO Mental Health Atlas 2005).

The proportion of health budget to GDP is 4.1%. The per capita total expenditure on health is 664 international $ and the per capita government expenditure on health is 458 international $ (WHO Mental Health Atlas 2005). The Bahraini government is committed to the Health for All initiative and 100% of the population has access to local health services and essential drugs. The health service is delivered through a chain of primary health care centres and governmental hospitals distributed through the 5 governorates, and through private hospitals and clinics. All the governmental health services including the medication is free for all citizens and subsidized for residents. There are 196 hospital beds per 100,000 population. Sixteen percent of all hospital beds are in the private sector. There are 2227 physicians in Bahrain; 41% of them work in the private sector. In terms of primary health care, there are 0.2 Primary Health Care Units and Centres per 10,000 population and 280 general practitioners are distributed on 23 governmental health centres. There are no non-physician based primary health care clinics.

This study was carried out by Dr. Sharifa Bucheeri: the Mental Health Coordinator for Primary Health Care, from the Department of Primary Health Care in the Ministry of Health. Technical support was provided by WHO Mental Health Evidence and Research Team in Geneva, Dr Jodi Morris.

The preparation of this study would not have been possible without the collaboration of the Ministry of Health, Ministry of Work, Ministry of Social Development, Ministry of Education, Arabian Gulf University, Royal College of Surgeons Ireland (RCSI) Bahrain and College of Allied Health Sciences.

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Data were collected in 2008 and are based on the year 2007.

1. Policy and Legislative Framework

1.1 Policy, plans, and legislation

The Kingdom of Bahrain's mental health policy was formulated in 1993 and includes the following components: (1)developing community mental health services, (2)downsizing large mental hospitals, (3)developing a mental health component in primary health care, (4)human resources, (5)involvement of users and families, (6)advocacy and promotion, (7)human rights protection of users, (8)equity of access to mental health services across different groups, (9)financing, (10)quality improvement and (11)monitoring systems.

The mental health plan was formulated in 1997. This plan contains the same components as the mental health policy but it also includes reforming mental hospitals to provide more comprehensive care. In addition, a budget, timeframe and specific goals are identified.

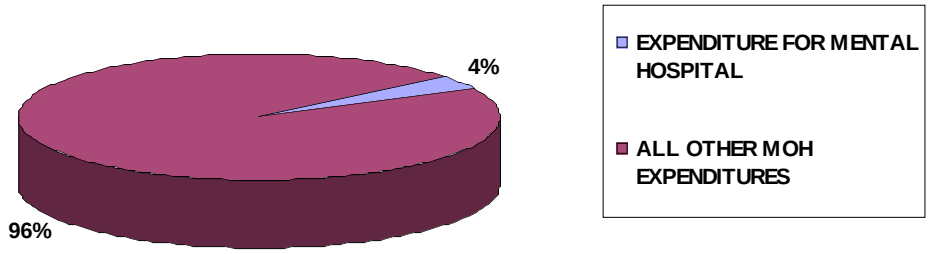
In addition, a list of essential medicines is present. These medicines include: (1)antipsychotics, (2)anxiolytics, (3)antidepressants, (4)mood stabilizers and (5)antiepileptic drugs. There was no emergency/disaster preparedness plan for mental health in 2007.

Regarding legislation on mental health, only the following components are covered: rights of mental health service consumers, family members and other care givers are covered as part of health legislation in Bahrain’s constitution adopted by the MOH, competency, capacity and guardianship issues for people with mental illness are partially covered by the civil and criminal law. Finally, law enforcement and other judicial system issues for people with mental illness are part of criminal law. A Mental Health Act is currently awaiting approval.

1.2 Financing of mental health services

Three point seven percent of health care expenditure by the government health department is directed towards the sole mental health hospital which is the main provider of mental health services in the kingdom. In terms of affordability of mental health services, 100% of the population has free access to essential psychotropic medicines. It is difficult to estimate the amount directed toward mental health outside of the psychiatric hospital, as the expenses are lumped for all health services including that for mental health.

GRAPH 1.1 MENTAL HEALTH EXPENDITURE TOWARDS MENTAL HOSPITALS



1.3 Human rights policies

No national human rights review body exists in the kingdom. The mental hospital has no regular review/inspection of human rights protection of patients and no mental hospital or inpatient psychiatric unit staff had had any type of training on human rights in the year of assessment.

2. Mental Health Services

2.1 Organization of mental health services

The Ministry of Health represents the national mental health authority, which provides advice to the government on mental health policies and legislation. It is also involved in service planning, service management and coordination and monitoring and quality assessment of mental health services. Mental health services are organized according to the health centres catchment areas as the health centres are the entry point to the mental hospital.

2.2 Mental health outpatient facilities

There are four outpatient mental health facilities available in the country, of which 25% are reserved for children and adolescents only. Twenty five percent of outpatient facilities provide follow-up care in the community through the mobile community team in the mental hospital . One hundred percent of mental health outpatient facilities had at least one psychotropic medicine of each therapeutic class (anti-psychotic, antidepressant, stabilizer, anxiolytic, and antiepileptic medicines) available in the facility or a near-by pharmacy all year round.

2.3 Day treatment facilities

There are two day treatment facilities available in the country through the mental hospital; one is reserved for children and adolescents only.

2.4 Community-based psychiatric inpatient units

There are no community-based psychiatric inpatient units in the country.

2.5 Community residential facilities

There are no community-residential facilities in the country.

2.6 Mental hospitals

There is one mental hospital available in the country for a total of 20.6 beds per 100,000 population. The number of beds has increased by 6% in the last five years. The hospital is organizationally integrated with mental health outpatient facilities. Six percent of the beds in the mental hospital are reserved for children and adolescents only. The patients admitted to mental hospital belong primarily to the following two diagnostic groups: schizophrenia, schizotypal and delusional disorders (39%), followed by mood (affective) disorders and mental and behavioral disorders due to psychoactive substance use (both 20%).

Based on admissions, the number of patients in the mental hospital is 107 per 100,000 population. The average number of days spent mental hospitals is 74.7 days. The mental hospital has at least one (2-5 of each group) psychotropic medicine of each therapeutic class (anti-psychotic, antidepressant, mood stabilizer, anxiolytic and antiepileptic medicines) available in the facility.

2.7 Forensic and other residential facilities

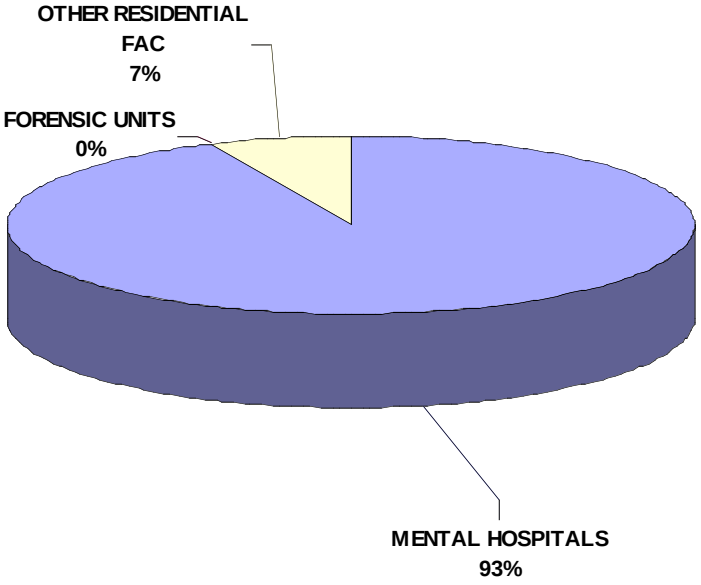
In addition to beds in mental health facilities, there are also 18 beds for people with mental disorders in forensic inpatient unit. The forensic unit is located within the mental hospital. There is also a unit specifically for those with substance misuse problems in the mental hospital, with 26 beds. A residential facility with 15 beds for children with mental retardation is available under the Ministry of Social development.

2.8 Human rights and equity

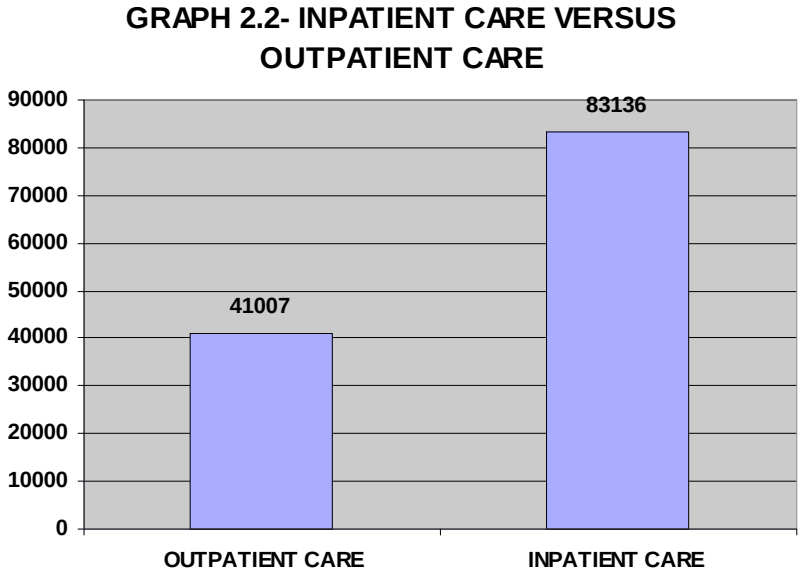
No data are available on the proportion of admissions to the mental hospital that are involuntary. The sole mental hospital in the country is situated in the capital. There are no rural areas in Bahrain. Inequity of access to mental health services for minority users is not an issue in the country.

Summary Charts

GRAPH 2.1 - BEDS IN MENTAL HEALTH FACILITIES AND OTHER RESIDENTIAL FACILITIES



The majority of beds in the country are provided by the mental hospital. The residential facility refers to the 15 beds for children with mental retardation under the ministry of social development. Within the mental hospital, 8% are assigned to forensic unit and 12% to substance misuse.

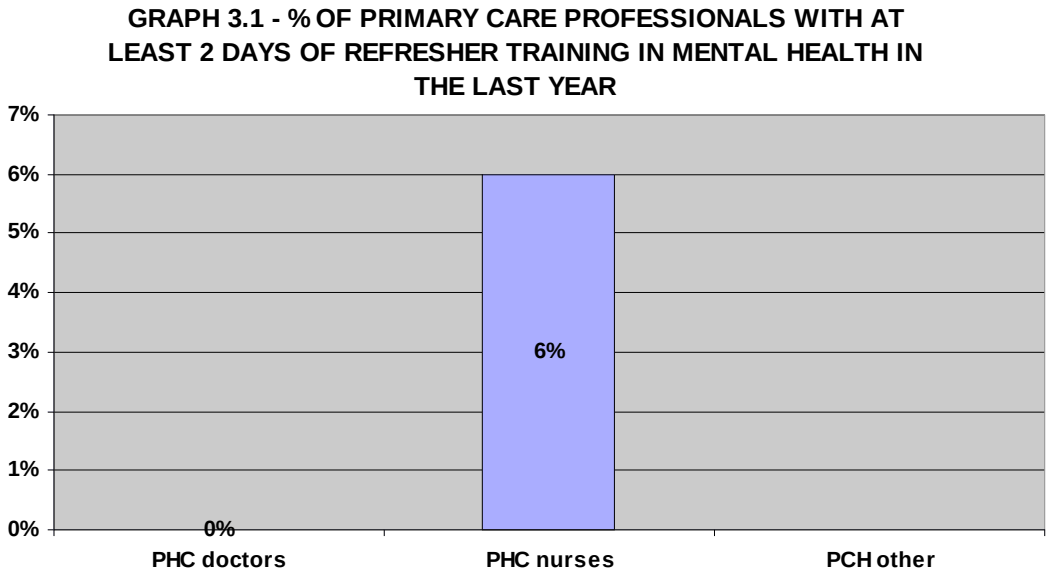


The ratio between the days spent in inpatient facilities (the mental hospital) and outpatient/day care contacts is 2:1. This indicates a need to expand the community services to reduce the need for hospital admissions.

3. Mental Health in Primary Health Care

3.1 Training in mental health care for primary care staff

Based on the Royal College of Surgeons Ireland (RCSI) 5 year training program, 7-8% of this training for undergraduate medical doctors is devoted to mental health. No such data are available for nurses or non-doctor/non-nurse primary health care workers. In terms of mental health refresher training within primary care, while 6% of nurses have received at least two days of refresher training in mental health in the last year, no primary health care doctors have received such training. It is unknown what proportion of non-doctor/non-nurse primary health care workers received this training.



3.2 Mental health in primary health care

All primary health care (PHC) clinics in the country are physician based; none have assessment and treatment protocols for key mental health conditions available. Between 21 - 50% of primary health care doctors make on average at least one referral per month to a mental health professional. It is not known how many primary care doctors have interacted with a mental health professional in the last year. Furthermore, no information is available on the interaction between PHC facilities and mental health facilities with a complimentary/alternative/traditional practitioner.

3.3 Prescription in primary health care

Nurses and non-doctor/non-nurse primary health care workers are not allowed to prescribe psychotropic medications in any circumstance. Primary health care doctors are allowed to prescribe but with restrictions in the form that certain medications which are not on the primary care list can be prescribed only for patients referred from the psychiatric hospital. As for availability of psychotropic medicines, all of the PHC clinics have at least one psychotropic medicine of each therapeutic category (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic) available in the facility or in a nearby pharmacy all year long.

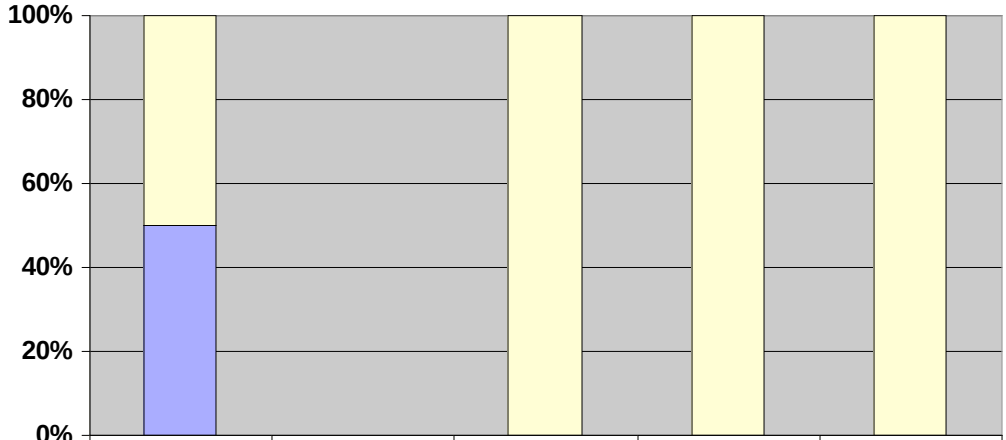
4. Human Resources

4.1 Number of human resources in mental health care

The total number of psychiatrists working in mental health facilities or private practice is 58 giving a rate of 5.6 per 100,000 population. Eighty three percent of psychiatrists work only for government administered mental health facilities, 14% work only in private practice, while 3% work for both sectors. There are no available data on total number of other professionals (including other medical doctors, nurses, occupational therapists, social workers, psychologists or other health or mental health workers) in all mental facilities.

There are 49 psychiatrists working in the mental hospital: all of them cover inpatient and outpatient facilities. Thus there are 0.23 psychiatrists per bed. There are 0.93 nurses per bed in the mental hospital. Twenty two psychosocial staff (psychologists, social workers and occupational therapists) work in the mental hospital. Two physiotherapists also work in the mental hospital. As there are no rural areas in Bahrain, most of the mental health staff are working in or around the largest city.

GRAPH 4.1- STAFF WORKING IN MENTAL HEALTH FACILITIES
(percentage in the graph, number in the table)



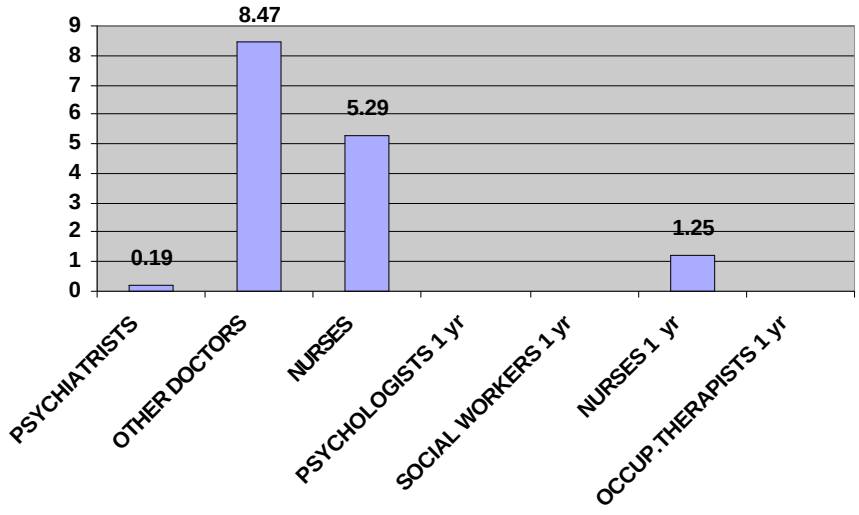
	PSYCHIATRISTS	OTHER DOCTORS	NURSES	PSYCHOSOCIAL STAFF	OTHER M.H. WORKERS
MENTAL HOSPITALS	49	0	199	22	2
INPATIENT UNITS	-	-	-	-	-
OUTPATIENT FAC.	49	-	-	-	-

4.2 Training professionals in mental health

The number of professionals who graduated last year in academic and educational institutions per 100,000 general population is: 8.47 medical doctors (not specialized in

psychiatry), 5.29 general nurses (not specialized in psychiatry), 0.19 psychiatrists, 1.25 nurses with at least 1 year training in mental health care and 0 social workers with at least 1 year training in mental health care. There are no data available on the numbers of psychologists or occupational therapists graduating. No psychiatrists have emigrated to other countries within five years of the completion of their training. No data are available on the numbers of mental health care staff receiving refresher training in the rational use of drugs, psychosocial interventions and child/adolescent mental health issues.

GRAPH 4.3- PROFESSIONALS GRADUATED IN MENTAL HEALTH (rate per 100.000 population)



4.3 Consumer and family associations

The government provides economic support to both consumer and family associations. However, there are no data on the numbers of users/consumers that are members of consumer associations or family members that are members of family associations.

There are 3 user/consumer associations and one family association involved in community and individual assistance activities. The extent of the involvement of consumer and family associations in the formulation or implementation of mental health policies, plans and legislation in the past two years is unknown.

Mental health facilities had some interaction with consumer associations in the last year but there was no such interaction with a family association. In addition to consumer and family associations, there is one other NGO in the country involved in individual

assistance activities such as counselling, housing and support groups for domestic violence victims.

5. Public education and links with other sectors

5.1 Public education and awareness campaigns on mental health

The Ministry of Health is the coordinating body to oversee public education and awareness campaigns on mental health and mental disorders. In addition to government agencies such as the Ministry of Health, NGOs and professional associations have promoted public education and awareness campaigns over the last five years. These campaigns have targeted the general population and the following groups: children, adolescents and women. There were no public education and awareness campaigns targeting professional groups.

5.2 Legislative and financial provisions for persons with mental disorders

Legislation on provision for employment or discrimination at work and legislative or financial provisions for housing specifically for persons with mental disorders do not exist. There is legislative provision concerning a legal obligation for employers to hire a certain percentage of employees who are disabled without specifically pertaining to mental disorders, although this legislation is not enforced.

A monthly social welfare aid (50 BD) through the Ministry of Social Development is given to those with disabilities, including mental retardation and autism, according to specific criteria. 43% of people who receive social welfare benefits (in the form of a disability grant) do so for a mental disability, mental retardation or autism.

5.3 Links with other sectors

In addition to legislative and financial support, there are formal collaborations between the government department responsible for mental health and the departments/agencies responsible for primary health care/community health, HIV/AIDS, reproductive health, child and adolescent health, substance abuse, child protection, education, employment, welfare and the elderly.

In terms of support for child and adolescent health, none of the primary and secondary schools have either a part-time or full-time mental health professional but some (21-50%) primary and secondary schools have school-based activities to promote mental health and prevent mental disorders.

Data are not available on the proportion of prisoners with psychosis or mental retardation, the presence of mental health activities in the criminal justice system or the mental health care of prisoners. Data are also lacking on the participation of police officers, judges and lawyers in educational activities on mental health.

In terms of financial support for users, no mental health facilities have access to programs outside the mental health facility that provide outside employment for users with severe mental disorders.

6. Monitoring and Research

A formally defined list of individual data items that ought to be collected exists only for the mental hospital. This list includes the number of beds, number of inpatient admissions, number of days spent in hospital and the diagnoses given. Based on these data, a report was published by the government health department over the last year but did not include comments.

Although the exact proportion of indexed publications that are on mental health in the last five years is unknown, the research has focused on epidemiological studies in community and clinical samples, non-epidemiological clinical/questionnaire assessments of mental disorders, services research, psychosocial/psychotherapeutic interventions, in addition to pharmacological, surgical and electroconvulsive interventions.

Strengths and Weaknesses of the Mental Health System in the Kingdom of Bahrain

The Kingdom of Bahrain has a well established health system providing a wide range of primary, secondary and tertiary services including mental health services. Primary health care plays a major role in the delivery of services and works as a gatekeeper to secondary care. It consists of an easily accessible network of 22 health centres distributed in the 5 governorates. Most of the primary care physicians are well trained family physicians. All health care is free of charge including medication. A mental health policy and plan have been available since 1993 and 1997 respectively and mental health has recently been included as a component of the primary health care strategy. In addition, the mental health sector has formal links with other relevant sectors including health, education, criminal justice and social development.

Unfortunately, mental health services are still mainly provided through the country's only psychiatric hospital located in the capital. The country has limited availability of community based mental health services. There is also no Mental Health Act nor human rights inspections of the hospital. Most of the statistics on mental disorders are based on admissions to the hospital which may not reflect the magnitude of the problem in the community. The role of user/consumer and family associations is limited with limited interaction with mental health facilities.

Despite the weaknesses and barriers to development, including budget constraints and the need for more trained workers, progress has been made in improving the mental services at both the primary and secondary levels.

Next Steps in Strengthening the Mental Health System

Based on WHO/AIMS data, the following mental health actions should take place:

- To update of the mental health policy and plan.
- To accelerate the approval of the Mental Health Act.
- To strengthen the mental health component in PHC through provision of training to all PHC professionals including doctors, nurses and social workers.
- To improve the consultation time in PHC.
- To increase the number of mental health staff, including community psychiatric nurses, clinical psychologists and social workers.
- To improve mental health information systems.

The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) tool was used to collect information on the mental health system in the Kingdom of Bahrain. The goal of collecting this information was to improve the mental health system and to provide a baseline for monitoring the change.

The mental health policy was formulated in 1993 and the mental health plan in 1997. The country has one mental hospital and four outpatient facilities. There are no community based inpatient or residential units. The majority of the psychiatrists work in the mental hospital which is the main provider of mental services. All PHC clinics are run by qualified family physicians and are provided by psychotropic medications from each therapeutic category.
In general, the report highlights the presence of free of charge services and the absence of inequity in the accessibility.

In addition to the strengths, the report also points to several weaknesses including the absence of a Mental Health Act, limited community based services and limited data on mental health disorders.

Action needed for improvement of the mental health system includes: updating of the mental health policy and plan, strengthening the mental health component in PHC through provision of training to all PHC professionals including doctors, nurses and social workers and improving the consultation time, accelerating the approval of the Mental Health Act, increasing the numbers of mental health staff including community psychiatric nurses, clinical psychologists and social workers and improving the mental health information system.