

With modernisation, the social status of Omani individuals has undergone some notable changes. These have been brought about by unprecedented prosperity, expansion of educational opportunities and, most importantly from the point of view of psychiatry, an increased preference for an individualistic rather than the traditional collectivistic mind-set and social behaviour.

attribute ill-health to external agents has two particular implications for psychiatry. When a social impropriety occurs, an individual is likely to attribute his or her difficulty to external forces like *jinn*, the 'evil eye' or witchcraft. It is not surprising, therefore, that many psychiatric problems are first brought to the attention of traditional healers. The second implication is that distress in Oman is not perceived in psychiatric parlance, as intra-psychic conflict. A psychiatric attempt to heal the 'self' is always going to be difficult in a society where development of the self is not lauded.

A survey of Oman's trainees' interest in psychiatry (Al-Adawi et al., 2006) has suggested that the attitudes towards psychiatry and psychiatric services appear to be positive. However, there is little interest in psychiatry as a career. Within the context of increasing mental health problems, this is likely to represent a challenge for the country. At the moment, overseas psychiatrists are filling the gap. However, expatriate health personnel may not be well versed in local traditions and languages.

Unless the profession institutes mechanisms to decode local idioms of distress rather than adhering to biomedical models of mental illness (Littlewood & Lipsedge, 1997), psychiatry is likely to be perceived as medicine for 'crazy people'.

Despite these caveats, within the last two decades, rapid acculturation has occurred in Oman. With modernisation, the social status of Omani individuals has undergone some notable changes. These have been brought about by unprecedented prosperity, expansion of educational opportunities and, most importantly from the point of view of psychiatry, an increased preference for an individualistic rather than the traditional collectivistic mind-set and social behaviour. With these expected changes, psychiatry will have fertile ground on which to flourish.

References

- Al-Adawi, S., Burjorjee, R. N. & Al-Issa, I. (1997) Mu Ghayeb: a culture-specific response to bereavement in Oman. *International Journal of Social Psychiatry*, **43**, 144–151.
- Al-Adawi, S., Ghassany, H., Al-Naamani, A., et al (1999) Sub-clinical eating disorders: preliminary study of students in Muscat. *Oman Medical Journal*, **15**, 29–29.
- Al-Adawi, S., Salmi, A., Martin, R. G., et al (2001) Zar: group distress and healing. *Mental Health, Religion and Culture*, **4**, 47–61.
- Al-Adawi, S., Dorvlo, A. S. S., Al-Ismaily, S. S., et al (2002a) Perception of and attitude towards mental illness in Oman. *International Journal of Social Psychiatry*, **48**, 305–317.
- Al-Adawi, S., Dorvlo, A. S., Burke, D. T., et al (2002b) A survey of anorexia nervosa using the Arabic version of the EAT-26 and 'gold standard' interviews among Omani adolescents. *Eating and Weight Disorders*, **7**, 304–311.
- Al-Adawi, S., Dorvlo, A. S. S., Bhaya, C., et al (2006) Withering before the sowing? A survey of Oman's tomorrow's doctors' interest in psychiatry. *Education for Health* (in press).
- Al-Harhi, A. & Al-Adawi, S. (2002) Enemy within? The silent epidemic of substance dependency in GCC countries. *SQU Journal for Scientific Research: Medical Sciences*, **4**, 1–7.
- Al Lawati, J., Al Lawati, N., Al Siddiqui, M., et al (2000) Psychological morbidity in primary healthcare in Oman: a preliminary study. *Journal for Scientific Research: Medical Sciences*, **2**, 105–110.
- Al-Nami, A. K. (1971) *Studies in Ibadism*. Cambridge: Cambridge University Press.
- Al-Sharbaty, M. M., Al-Hussaini, A. A. & Antony, S. X. (2003) Profile of child and adolescent psychiatry in Oman. *Saudi Medical Journal*, **24**, 391–395.
- Chand, S. P., Al-Hussaini, A. A., Martin, R., et al (2000) Dissociative disorders in the Sultanate of Oman. *Acta Psychiatrica Scandinavica*, **102**, 185–187.
- Kenue, R. K., Raj, A. K., Harris, P. F., et al (1995) Cytogenetic analysis of children suspected of chromosomal abnormalities. *Journal of Tropical Pediatrics*, **41**, 77–80.
- Littlewood, R. & Lipsedge, M. (1997) *Aliens and Alienists: Ethnic Minorities and Psychiatry* (3rd edn). London: Routledge.
- Ministry of Education (2002) *Evolution of Educational Statistics in the Sultanate, 1970–2001*. Muscat: Ministry of Education.
- Sulaiman, A. J., Al-Riyami, A., Farid, S., et al (2001) Oman family health survey 1995. *Journal of Tropical Pediatrics*, **47** (suppl 1.), 1–33.
- World Health Organization (2005) *Mental Health Atlas*. Geneva: WHO.
- Zaidan, Z. A., Burke, D. T., Dorvlo, A. S., et al (2002) Deliberate self-poisoning in Oman. *Tropical Medicine and International Health*, **7**, 549–556.

COUNTRY PROFILE

Psychiatry in Qatar

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The State of Qatar is a peninsula overlooking the Arabian Gulf, with an area of 11 400 km². The Al Thani family has ruled the country since the mid-1800s. The population of just over 860 000 is of a multi-ethnic nature, and predominantly resides in the capital, Doha. Only about 20% of the population is Qatari. Around 73% of the population are between the ages of 15 and 64 years. Life expectancy at birth is 74.8 years for

males and 73.8 years for females. The literacy rate is 94.9% for men and 82.3% for women. Arabic is the official language and English is a common second language. The economy is dominated by oil and natural gas, and the country has one of the highest per capita incomes in the world. The per capita government expenditure on health is \$574 (international dollars), which is among the highest in the region.

Historical background

In the Arab world, and Qatar is no exception, the belief in possession by a spirit (*jinn*), the evil eye and sorcery or witchcraft as the cause of mental disorders was quite strong. The notion continued from pre-Islamic into Islamic periods. These beliefs, and a lack of proper psychiatric care, constituted fertile ground for native and traditional healers (*Motawwa*) to dominate the scene and become the sole source of care for those who were suffering from emotional and behavioural problems.

The first general hospital (Doha Hospital) in Qatar was built in 1948 and it accepted psychiatric patients. In 1956, another general hospital (Rumailah) was built and there general practitioners looked after psychiatric patients. Before their management in Doha Hospital, people with a psychosis used to be restrained at home or in prison, according to their family's status and resources. Some of them were sent abroad for treatment, especially to Egypt or Lebanon.

Modern psychiatric services were established in 1971, shortly after the country's independence. They were based at Rumailah Hospital. In 1994 the department moved to its current position, at the old Women's Hospital, which is a separate building away from the general hospital that has been specially adapted for the purpose.

Service provision

The psychiatry department is the main provider of mental health services for the entire population of Qatar. It works with three other psychiatric services, those of the school health system, the armed forces and the police force. The service provides in-patient, out-patient and community care. The emphasis is on general adult psychiatry. However, subspecialties are gradually expanding.

Liaison services are covered on an on-call basis. The psychiatry department is located at a distance from the general hospital, which hinders the development of separate liaison psychiatric services.

Drug dependency is dealt with by the general psychiatric service. There is a plan to establish a purpose-built drug dependency unit for detoxification and rehabilitation. Alcohol dependency is the commonest substance misuse problem and its prevalence is rising.

Child and adolescent psychiatry is provided by the school health system, which has its own child psychiatrists. The psychiatry department functions as a tertiary service, receiving referrals of more difficult cases.

Forensic psychiatry is another independent area, provided by psychiatrists at the medical division of the Ministry of Interior, who work in close collaboration with the department's forensic psychiatrist. Referrals to the department are often for admission, or for the provision of medical reports at the request

of the courts, the Attorney-General or the police. The service also provides expert witnesses for relevant authorities. The lack of a medium-secure unit is hampering the delivery of high-quality care for this cohort of patients.

In addition, there are satellite clinics located at other hospitals, namely psychosomatic, dermatology, psycho-oncology and psychogeriatrics.

A recently opened hospital in the north of Qatar has one consultant psychiatrist and a specialist providing the care required.

There is a specialised centre for children and adolescents with learning difficulties and autism. Adults with the same conditions come under general psychiatry.

There is a small private sector, with just four clinics, either stand-alone or within a private hospital setting.

Community psychiatry

Day care psychiatric services were initiated in 1998, as part of occupational therapy services. Before that, a single nurse was responsible for conducting all home visits and crisis intervention, at an informal level. Community care as a separate entity started in 2001. It includes day care, home visits and crisis intervention. The service has proved invaluable to patients and relatives. The focus is on rehabilitation. Crisis intervention has been introduced more recently, delivered through a multidisciplinary team. Crisis intervention work is currently limited to office hours, although there is an intention to make it a 24-hour service. Several obstacles prevent this service achieving its full potential, stigma being one of the main barriers.

Resources

The Hamad Medical Corporation, the primary healthcare provider, employs five consultant psychiatrists. This amounts to one consultant psychiatrist per 170 000 population. The total number of non-consultant medical staff is 21. The services are based on a multidisciplinary approach; there are seven psychologists (one based at the oncology hospital), two mental health occupational therapists and three occupational therapy technicians. There is a significant shortage of staff in the social services, with only two social workers for the entire service.

The in-patient bed capacity is currently 56 in total, with separate wards for male and female patients. This is set to increase by 20. The number of out-patient visits per day fluctuates between 70 and 120.

Training and education

The residency training programme has been focused on the Arab Board examination. It is a 4-year

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programme, aimed at achieving parts I and II of the Arab Board examination in psychiatry. It started in Qatar in 1994.

Until 2004, there was no medical school in the country. Students were sent abroad on government scholarships, or at their own expense, to study medicine. Weill Cornell Medical College, based at New York, opened its Qatar branch, and the medical programme started in the autumn of 2004. Hamad Medical Corporation became affiliated with the College, and there were subsequent changes in both the undergraduate and the postgraduate training programmes. Although the specialist qualification remains that of the Arab Board, the programme needs to reflect the requirements for the examination and adhere to the College's postgraduate training requirements. This has been rather a challenge. The department will start having a regular influx of medical students on clinical and pre-clinical attachments.

As part of the training programme, regular bedside teaching, weekly case presentations and journal clubs are held, in addition to symposia, often in collaboration with other medical specialties.

Mental health legislation

The National Mental Health Programme was introduced in 1990. It focuses on raising awareness of mental illness at the levels of legislation, counselling programmes, family involvement and primary health-care. The Mental Health Policy and Substance Misuse Policy were both formulated in the 1980s.

However, there is no Mental Health Act as yet. The extended family influence minimises the need for compulsory admission and treatment. It is of great interest to note that even those who are mentally ill respect family authority to a large extent. This system relies on psychiatrists to do their best in working with families in order to admit those who need to stay against their will. There have been serious discussions over the past 2 years to have a Mental Health Act that will be applicable to the six Gulf Cooperation Council countries (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates).

At present some mentally ill offenders can be kept in the psychiatric in-patient unit for 2–6 weeks, based on a written order from the Attorney-General. Patients with drug dependency problems can also be admitted for treatment by court order.

Research

The psychiatry department at Rumailah Hospital gives special consideration to research. Epidemiological studies that produce prevalence data are the greatest priority and this is the current focus of research.

Prospects

Qatar is rapidly growing in terms of its economy, population and infrastructure. There is already a shortage of psychiatric hospital beds and this is expected to rise acutely in the near future. A plan to build a new hospital to reflect this rapid growth is in progress. Attempts are also being made to incorporate psychiatric wards within general hospitals. Fortunately, there has been increasing focus on psychiatry from the Corporation's management. This has resulted in the expansion of the existing structure, as a short-term measure to regulate the services and prevent a bed crisis. Community care has been a focus for improvement, with an ongoing plan to expand services and to build larger facilities to accommodate the growing demand. There is also a plan for a new drug dependency unit.

The Corporation as a whole is working towards accreditation with the Joint Commission on Accreditation of Healthcare Organizations. The process has proved very costly and time and energy consuming, but should ultimately result in medical practice being at an internationally accredited standard.

Web sources

Further information on Qatar is available at two websites of the World Health Organization:
<http://www.emro.who.int/MNH/WHD/CountryProfile-QAT.htm>
http://www.who.int/mental_health/evidence/atlas/index.htm

African psychiatry

During recent years, the World Psychiatric Association (WPA) and College members have done much to facilitate the organisational representation and structures of African psychiatry. The WPA Congress in Cairo in September 2005 with its 6000 attendees was the first to be held on the African continent. The Association of African Psychiatrists and Allied Professions (AAPAP) has been holding annual conferences in different countries for the past 4 years. This year it was held in Addis Ababa and next year it will be hosting the WPA Regional Conference in Nairobi, Kenya, 21–23 March 2007 (contact [fnjenga@africaonline.co.ke](mailto:fjnenga@africaonline.co.ke)) and it is hoped that there will be many participants from the College and its African International Division.

Hosting conferences plays an important part in facilitating the development of effective networks and there is now early discussion of how networks can be more active in leaning on governments to develop effective mental health policies.

The College has its own African International Division for College members residing in Africa. The Division intends to work closely with the AAPAP, and Division members have contributed actively to two important recent books on African psychiatry: *Essentials of Clinical Psychiatry for Sub-Saharan Africa*, edited by Dr Frank Njenga *et al*; and *The African Textbook of Clinical Psychiatry and Mental Health*, edited by Professor David Ndetei *et al*.