Mental health and psychiatry in the Middle East: historical development

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ABSTRACT A brief account is given of attitudes towards mental health and the development of psychiatry in the Middle East from an historical perspective. The Middle East is considered as a cultural entity and the influence of the beliefs and practices of ancient times on the collective mind of the people of the Region is discussed.

Introduction

The "Middle East" is the region of great religions and civilizations with patient and proud people who have endured wars, upheavals and calamities. The people of this area have been among the torchbearers of science, philosophy, poetry, medicine and art. With the current conflicts and the difficult road to development on the one hand, and the rich historical heritage on the other, the people of this area have to reconcile the image of a glorious past with the realities of an increasingly difficult present and an uncertain future.

Formal and accepted references define the area as "the countries of South-west Asia and North Africa extending from Libya to Afghanistan" [*1*]. This geographical definition does not truly reflect all the different and at times complex issues associated with the term when used in different contexts. In the West, the term "Middle East" is usually associated with a history of Islam, sometimes viewed without deep insight and mixed with preconceived notions. The legend of Sheharezad in the tales of the Arabian nights and Omar Khayam's poems, stories of rich oil fields and embargoes, displacements, conflicts, particularly the one associated with decades of aggression against the Palestinians and the human suffering caused by this aggression, and links with terrorism are what the Middle East is often associated with in the western mind. Here again what is understood as the Middle East is biased and does not reflect the reality. These stereotyped views have been the cause of much misunderstanding and do not represent the people of this region at all.

The term Middle East in this paper does not correspond to this conventional geographical use. It is mainly chosen as a familiar, unifying term to address certain similarities [*2*]. These similarities exist in people living over a vast area, starting from northern India, Pakistan, Afghanistan, the Islamic Republic of Iran and Iraq in the east, including even some parts of central Asia and Turkey, and extending to countries like Jordan, Lebanon, Saudi Arabia, Sudan, Syrian Arab Republic, and the North African countries like Egypt, Libyan Arab Jamahiriya, Morocco, Algeria and Tunisia.

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Objective evaluation of the development of mental health and psychiatry in the past and planning of sustainable, realistic and improved systems for the future require knowledge of both the differences and similarities. In this context, the Middle East cuts across civilizations and cultures far greater than the geographical definition. Naturally, people and lands of such a vast area have as many differences as they have similarities, if not more. These differences are in areas of history, geography, economic conditions, art, culture, concepts of health and illness and the like. However, if one looks closely, there are also important unifying characteristics that one can use to group these peoples together as a mega entity. Of these, two seem to be most important.

The first is religion. The region is the cradle of three of the most important religions practised in the world today. These are Christianity, Islam and Judaism. Other faiths such as Manicheism and Zoroastrianism also started in this region and faiths like Buddhism and Hinduism have influenced it. All these religions have been important factors in shaping the way of life in the region. However, one religion, Islam, is part of the region's common identity. Islam is not only the religion practised by more than 90% of the people in the countries of the region, it is also a way of life that unlike some other religions has clear and earthly regulations for many aspects of the personal, family and social activities of believers. Needless to say, in different countries of the region, the national cultures and traditions have influenced the practice of Islam. However, it gives all of them a certain common identity in many spiritual and everyday aspects of life.

The second is the opportunity for equal exposure to the intuitive, holistic philosophies of the East on the one hand, and the objective, pragmatic, fact-oriented philosophies and methodologies of the West on the other. This circumstance had both positive and negative effects. On the one hand, it has provided us with the possibility of looking at things from two different points of view; as parts of a whole, not understandable without understanding the whole, or as separate entities through which larger systems can be understood by analysis. On the other hand, it has confused us as to the real meaning and purpose of science and art and our place and role in nature and the universe.

In the reality of today's world, countries are also grouped together for different purposes. Parallel to the geographic and cultural Middle East, there is a Middle East of international health — the World Health Organization's (WHO's) Eastern Mediterranean Region (EMR). The geographic boundary of this region corresponds roughly to the accepted geographic definition of the Middle East and the two terms can be used almost interchangeably. The main thinking behind this paper is based on the Middle East as a cultural entity.

Before Islam, Byzantine, Christian, Egyptian, Iranian (Persian), Indian, Jewish Mesopotamian and Phoenician influences existed in different parts of the Middle East. There were also the pre-Islamic Bedouin Arab cultures, later called *jahilieh* (era of ignorance) by Muslims. Whatever the reasons, it is a fact that one of the first examples of a true synthesis of many different doctrines, faiths and cultures took place in this part of the world. Medicine in general, and that part of it that later on was called psychiatry and mental health in particular, was also naturally influenced by this synthesis. What follows is just a glimpse at some of the most important and

relevant historical events and beliefs in this region, which have a bearing on the development of people's collective mentality and unconscious. As the great teacher Karl Gustav Jung has taught [3], remnants of the past are strong determining factors of reaction patterns to stresses, symptomatology of mental illnesses and the way a people look at disease, treatment, life, death, human emotions and the like. History and mythology are living determinants for psychiatry and mental health. They continue their real, dynamic life in our minds. They are as real as biological, psychological and sociological factors in creating the complex creature called a functioning human being in health or disease.

The past

From antiquity to the seventh century (pre-Islamic era)

Ancient Egyptians thought that diseases were either due to evil spirits or the wrath of the gods. Organic causes were also described. The ancient Egyptians' central philosophy of life and death evolved from the idea that they were part of a continuous cycle. Therefore, they believed in the actual physical continuation of life after death. Within this belief much attention was given to the psychology of the deceased and the personality thereafter. The individual was conceived to be composed of three integral parts: the *khat* that represented the body, the *ka* that was known as the double and had the role of protecting the body and the *ba* that was thought to be a flying bird carrying the key to eternity. The art of healing was considered a part of religious practices. Some psychotherapeutic methods were used in ancient Egypt, noteworthy of which is "incubation" or "temple sleep" [4,5]. The therapeutic effectiveness was due to a mixture of the temple atmosphere and the effect of suggestion by the religious deities. It is interesting that the reliance on shrines and temples for healing still continues in Egypt, Sudan, many other parts of Africa, the Arab world, the Indian sub-continent and the Islamic Republic of Iran. Although modern medicine is the by-product of many influences, it is generally believed that its very first origins are connected to Egyptian medicine, which influenced Greek medicine more than the other traditions.

In ancient Mesopotamia, diseases were blamed on pre-existing spirits and ghosts. Each disease was attributed to one certain spirit. As such, medicine was a part of magic. There were two distinct types of medical practitioner. One called *ashipu* who is identified as a sorcerer in older accounts. He was the diagnostician who determined which spirit and/or sin had caused the illness. He then could refer the case to a healer (*ashu*) who was a specialist in herbal medicine [6]. In clay tablets discovered from different Assyrian and Babylonian eras, references are made to prescriptions for diseases of the head. Dream interpretation was also a way to understand and affect the human mind. In addition, certain numbers, for example the number 7, were believed to have therapeutic effects and particular rituals were practised to elicit these effects.

The official religion of pre-Islamic Iran was Zoroastrianism, one of the first monotheistic religions, with the dualistic approach of a constant struggle between good and evil that will end with the victory of good. The religion is still alive and has followers mainly in the Islamic Republic of Iran and India. Iranian ideas regarding the human being and his/her mind should be searched for in the texts of the Zoroastrian

religion and also in Iranian mythology[1], immortalized in *Shahnameh* by the great Iranian epic poet Ferdowsi [*8*].

In ancient Iran, medicine was being practised and even different specialties existed. Physicians (*durustpat*) functioned as masters of health. There were healers of the body (*tan-pezeshk*) and healers for the psyche (*ravan-pezeshk*), who were the equivalent of today's psychiatrist. There was a system of registration, and non-registered practitioners were considered quacks or charlatans. Medicine was a separate profession from priesthood, but medical students were selected from the highest class of Iranians and they studied both the ology and medicine. After finishing their studies they would become either a priest (*magi*) or a doctor *(athravan.)*. Psychiatric diseases were taught to the students in Jondi Shapur University during the Sasanide dynasty [*9*]. Treatment methods included psychotherapy (H. Davidian, personal communication, 1996). Belief in talismans and amulets in relation to causes and treat ments of diseases also existed. In some rural parts of the Islamic Republic of Iran, people still wear amulets to counteract evil. Belief in the effects of the evil eye is still quite strong among some sections of the population. In southern parts of the country, the practice of *zar* exists.

Indian concepts and ideas have been very influential in shaping Middle East thoughts. Several systems of Indian philosophy regard the mind as one of the sense organs, an inner instrument for perception [*10*]. This organ was thought to have sensory and motor elements and can be taken roughly as corresponding to the brain and the nervous mechanisms associated with its function. More than anywhere else, the origins of a holistic approach to the mind can be traced to Indian philosophy and the *sankhai* school. According to this school of thought, life and personality are compared to a field, within which different forces are always at work. These forces are of the physical (*tamas)*, physiological *(rajas)* and psychological *(sattva)*, and life is viewed as a web of forces. Disturbance occurs if one of these forces grows out of proportion and at the expense of the other two. It is through the unity of these three forces that life comes into being and is maintained. It is the equilibrium, or homeostasis, between these forces that is essential for health. The ultimate aim of any treatment should be maintain and restore this equilibrium. What is important in this system is the emphasis on the inter-relationship between the subsystems and not treating each as a distinctly separate domain, unrelated to the others. *Ayurveda* (life knowledge), which is the traditional Indian medicine, is based on this holistic principle and its aim is the maintenance of a state of health, or equilibrium, by prescribing diet, medicine and suggested codes of behaviour.

[1] *Students of anthropology and psychology will find the myth of creation in Iranian mythology quite interesting. According to this myth, the sperm of the first man on earth was cleaned by the sun, impregnated an angel and remained inside the earth for 40 years and then* mashi'e *and* mashianeh, *representing man and woman, were born from it in the form of one plant. The two (man and woman) then were joined in the form of one plant and the soul (psyche) was between them [7]. It was believed that the psyche was created innocent and clean, but became sinful under the influence of evil (*ahriman*). The equal participation of light, warmth, earth, and time in a harmonious, systematic way in creation is also of interest.*

Seventh century (beginning of Islam) to the thirteenth century Mogul invasion

General concepts

Islam is the youngest of the major monotheistic religions of the Middle East. It began in the seventh century in the Arabian peninsula. When Islam appeared, different countries of the Middle East had different religious and cultural identities. Persian and Byzantine empires were the major powers of the time, each with its own cultural identity, which had contributed to science, philosophy, religion and medicine. Christianity, Judaism, Zoroastrianism and some other faiths were being practised in different parts of the region. Internal disorganization, oppressive class structures and the corruption of the existing governments facilitated the spread of Islam, while the simplicity of the faith and the hope of equality that it brought to the masses sustained its spread. Whatever the reason, the armies of Muslim faithful conquered almost all major countries in the region and beyond, and gradually a new cultural identity began to emerge, which had its roots in all different civilizations that together had become a new Islamic empire. The beliefs and practices of the cultures of the countries that were conquered had a bearing on the new faith. The laws and the lifestyle of the new faith in turn influenced these cultures. After a period of wars and insecurity, and when the foundations of governance were laid down properly, an era of intense learning began. Many books were translated to the language of the new faith (Arabic), and scholars of all kinds from different origins appeared in different corners of the vast Islamic empire. There was progress in philosophy, medicine, science, literature and architecture. However, for the purpose of our discussion, the greater importance of religion and other shared cultural values is their long-term effect on the collective mind of a people. It is through such effects that the senses of enjoyment, guilt, self-appraisal and self esteem develop in a person; needless to say, these are extremely important elements in mental health. As such, many aspects of the new faith were important in the formation of individual, family and social relations, again all important elements of mental health.

Islam is an elaborate spiritual system that, more than Christianity and more similar to Judaism, also provides clear regulations for everyday living [*11*]. It deals with the mundane and practical aspects of life, is more oriented towards deeds and provides a legal as well as a spiritual code. The way Islam treats sexual relations is an example. Although certain sexual acts are deemed strictly forbidden and punishable, the attitude towards permitted and lawful sex in Islam is tolerant and even encouraging, and celibacy is not considered an accepted practice. Another example is the existence of clear provisions for children, the elderly, the ill and the insane. In the theory of Islam, although not practised in many Islamic countries, there is a balance between individual rights and the rights of the community. No individual right is permitted at the expense of the community rights. The community also cannot take away the legitimate rights of an individual.

According to Islamic thought, the process of human mental and spiritual development is a constant evolution from a purely self-gratifying stage (*nafs i ammareh*) to a stage of inner peace and self-assuredness (*nafs i mutma'enneh*). In this journey of evolution, the person passes through periods of self-doubt, self-accusation and self-acceptance. There are also ways of helping people reach better levels of inner calm and peace. All of these, al-

though perhaps not understood in depth by all, are important elements of the common culture and a part of the collective beliefs that cannot be neglected if useful, acceptable mental health services are to be planned for a community.

Adaptation to Islam and adjustment of the local cultures to the Islamic way of life developed differently in different countries. Through the process of this adaptation, different schools of thought, and social and ideological movements were initiated that strongly influenced the cultural development of Islamic countries. There was also the influence of existing cultures and religions. Christianity, Indian philosophy, Judaism and Zoroastrianism affected Islam in different parts of the Middle East. Over the centuries, this process of adaptation has undoubtedly helped form a number of collective personality traits, approaches and skills to deal with life events. Such developments should always be borne in mind when dealing with different aspects of psychiatry and mental health. Perhaps one of the most important of these adjustments was the incorporation of a holistic world view into the body of Islamic thought. The origins of this view of humans and their world were in Indian philosophy and Muslim mystic thinkers developed it further. In this system of thought, the human mind is regarded as a complex, multifaceted entity that is the product of continuous interaction of many inter-related spheres. These spheres are body, soul, society, the past (history), and even the collective memories in mythology [*12*]. This is what in modern psychiatry has found a simpler but ironically less comprehensive synonym in the term "bio-psycho-social".

Psychiatry and mental health

Like everywhere else, in the beginning, medicine and magic were perhaps one and the same in the Middle East and mental conditions were explained through superstition. Anthropological studies and some of the still-practised customs of the people attest to this fact.

The history of medicine in the post-Islamic Middle East is associated with a number of cities: Baghdad, Cairo, Cordoba, Damascus and Judi Shapur are the main ones, but other places like Bokhara, Marv, Rey and Shiraz also deserve mention. During the most glorious days of the Islamic empire and before the beginning of the decline of the East, many medical, philosophical, historical and other books were translated into Arabic from Greek, Persian, Sanskrit, Hindi and other languages. This period of enlightenment, facilitated dialogue between many civilizations, which undoubtedly had an influence on Middle East medicine. Many physicians of different faiths and origins contributed to the exciting era of Middle East medicine. Most of the writings of these physicians were in Arabic, which, like today's English, was the language of science, literature and philosophy at the time. The most important names among these physicians are Avicenna, Al-Kindi, Jorjani, Maimonides, Rhazes and Tabari. The great philosopher Ghazali, who can be regarded as one of the founders of psychology, and the great scholar Farabi, an early sociologist, also need mention. Psychological studies of that time are also associated with the names of Ibn Zahu, Ibn Rushd, Ibn Hazm and Ibn Khaldoun [*13*]. Philosophical thinking and views on the human mind were also influenced by scholars like Ibn Arabi, Rumi, Hallaj and other so-called mystic thinkers in this part of the world.

Avicenna and Rhazes were famous for applying psychological methods and a kind of psychotherapy in treatment. Avicenna's book of medicine called *Al-qanun fi al-tibb*

(*Canon of medicine*) was translated to Latin and was the major textbook of medicine in Europe for centuries. Rhazes' *Kitab al-hawi fi al-tibb* (*Comprehensive book of medicine*) and Jorjani's *Zakhireh e kharazmshahi* (*Thesaurus of the Kharazmshah era*) were also major works. Jorjani's description of psychiatric symptoms, such as delusion, hallucination and affective conditions, is still valid. He is also believed to have been the first to attribute exophthalmia to goitre [*9*].

One major observation of that time is that the requirements to become a doctor were not only studying medicine. Students were educated in a wide variety of other sciences and arts and crafts, ranging from astrology to music. Doctors were called *hakim*, meaning the wise, learned man or the philosopher who can see things as a whole. Therefore, the foundations of a holistic approach were laid from the very beginning of their training. Clearly it was not the scientific medicine of today, but undoubtedly it was superior in the area of doctor–patient relationship.

Around the ninth and the tenth century, the first humane psychiatric hospitals and even psychiatric wards in general hospitals were built in the Middle East; that was 300 years before the first such institutions appeared in Europe [*14*]. The most important of these hospitals existed in Baghdad, Damascus and Cairo. The first hospital was built in Damascus during the reign of the Omaiite Khalif El Waleed ibn Abdel Malek [*15*]. Then a number of hospitals were built in Baghdad, such as the Azudi hospital, a large and, by the standards of the times, modern facility with a psychiatric ward [*9*].

The methods of mental health treatment in this period were a mixture of psycho therapy, reassurance and support. The common belief was based on the close relationship between psychological set-up, mood and the body. Avicenna used a combined method of persuasion, psychotherapy and pharmacotherapy in the form of different remedies. The Greek concept of attributing different diseases to different temperaments was also important, both in understanding the diseases and in devising treatments. Music was a very important part of treatment of mental illnesses and was used in many places, particularly in Fez.

Thirteenth to nineteenth centuries

Thus the seeds of enlightenment were sown in the Middle East. It is not an exaggeration to say that long before the renaissance in Europe, the theoretical foundations of inner freedom and the dignity of human kind, and also the philosophical systems of clear thinking were laid down in the East. Unfortunately, many internal and external events stopped its development there. Despotism of the rulers in some parts of the region facilitated the Mogul invasion, which was, and remains still, one of the greatest turning points of human history. This invasion undid the achievements of centuries, caused the deaths of millions of people, destroyed cities and centres of civilization and, in short, radically changed the development of the East.

After the Mogul invasion, and as the fruits of enlightenment began to emerge in Europe, decline ensued in many parts of the Middle East. It is true that the Ottoman Empire in Turkey and Safavid dynasty in Iran were able to maintain a sense of central power, and in the case of Ottomans they even expanded their empire considerably. However, it is equally true that neither in these two countries nor elsewhere was the Middle East able to take part in the in-

dustrialization process and the development of new methods of production.

There was little evidence of care and achievement in any medical area, including psychiatry and mental health, during this period. Except for some missionary or philanthropic groups and activities related to the armies, no account of any meaningful system for care of ordinary people exists from this era. Different healing practices, keeping patients restricted and chaining them were perhaps common. For example, in Iran during the Qajar dynasty between the 17th and late 19th centuries, there was an era of unprecedented decline and ignorance. Magic, superstition and a fatalistic, rather hopeless, attitude replaced the scientific approach to health and disease. It seems that the condition in Egypt was more or less the same [*15*].

Late nineteenth century to the present

Modern medicine entered the Middle East in the 18th and 19th centuries. The doctors in European missions and colonial armies were perhaps the first ones who brought modern medicine to the region. Later on, some enlightened leaders of the Middle East like Seyed Jamal Asad Abadi (Afghani), Mohammad Abdoh of Egypt and Amir Kabir of Iran encouraged the development of science and technology through a constructive and dignified exchange with the West. It was their vision that started the new universities and introduced modernity and new science to this part of the world.

It would be inaccurate to talk about modern psychiatry in the Middle East without mentioning the development of psychiatry in Canada, Eastern Europe and Russia, different countries of western Europe and the United States of America. Schools of thought and models of care in each of these countries in one way or another contributed to the development of psychiatry in the different countries of our vast region. However, as talking about psychiatry and mental health in all these countries is beyond the scope of our discussion, we will try to give a general and very brief image of the most important and relevant developments.

Psychological medicine of the Renaissance did not produce an influx of new ideas as we find in other disciplines, such as surgery and anatomy. Nevertheless, it did ask basic questions [*16*]: What is madness? How does one become insane? Attempting to answer questions of this type in nineteenth century Europe resulted in, in practical terms, the establishment of a more humane and understanding way of dealing with mental illness and the mentally ill. Thus the new psychiatric hospitals, qualitatively different from the older institutions that were based on a punishing attitude to mental illness, began to appear in Europe. The supremacy of superstition was over; mental illness was a legitimate subject for science and medicine.

The first modern psychiatric hospitals in the Middle East were modelled after the 19th century European hospitals, but none of the institutions of that kind were good models of decent psychiatric care.

In Egypt, with about 60 000 000 people, Abbasieh hospital was the first, opened in 1880. Another hospital, Khanka, was built in 1912. Both hospitals are still functioning and although increasing attention is being paid to them, they are basically institutions for chronic patients. Later other hospitals were built. There are about 9000 psychiatric beds in total in Egypt. Psychiatric training is given in major medical schools and certification is given through national examination and the Arab Board of Psychiatry. The Institute of Psychiatry at Ain Shams University, a WHO Collaborat-

ing Centre, offers training in child psychiatry. Training in psychiatric nursing and clinical psychology also exists. Until recently the number of psychiatrists practising in Egypt was reported to be about 500; more recent figures put this number at about 1000 [*15*]. However, the total number of Egyptian psychiatrists is far greater. They work throughout the Arab world, in Europe and the United States.

The population of the Islamic Republic of Iran is also about 60 000 000. At the turn of the 19th century, a few so-called hospitals for lunatics existed in places like Teheran, Isfahan and Hamadan, but these were very primitive. The first real modern psychiatric hospitals were Razi, which opened in the 1940s and Roozbeh, which opened in 1951. There are 9200 psychiatric beds in the country. Psychiatric training in the Islamic Republic of Iran developed rapidly. At present 10 universities offer specialty training in psychiatry. Certification is given through the Iranian Board of Psychiatry. Like Egypt, the number of psychiatrists working in the country is about 1000 and, like Egypt, Iranian psychiatrists working abroad are more than the ones inside the country. Master degrees in psychiatric nursing, clinical psychology, occupational therapy and social work are offered. A doctoral degree in child psychology is also offered. Sub-specialty in child psychiatry exists in a number of centres. More than 50 individuals hold a doctorate in clinical psychology and 300 hold a master degree and there are 53 psychiatric nurses. The most outstanding aspect of Iranian mental health and psychiatry is the nationwide integration of mental health into the very well developed primary health care system of the country.

In Iraq, modern psychiatry started with a small private unit in Baghdad in 1943. The main Shamaeeah hospital was built in 1959. There are also facilities in Najaf and Mousel. The condition of all psychiatric facilities and patients in Iraq has deteriorated since the embargo of 1991. In some cases, the status of mental patients is truly a human rights issue and a humanitarian crisis.

In Lebanon, mental health as a recognized branch of medicine dates back to the establishment of the American University of Beirut medical school in 1866 and out- and inpatient care were provided. The building of the Lebanon Hospital for Mental and Nervous Disorders followed a few decades later. This was a prestigious hospital and many psychiatrists from Arab and non-Arab Middle East countries attended the training programmes there. For a long time, this was the main centre with orientation towards the British school of psychiatry in the Middle East. Another hospital, Deir El-Saleeb (Hôpital de Croix) (Hospital of the Cross), opened later as a centre affiliated to the French Faculty of Medicine. It has been a very important institution for training of psychiatric auxiliary workers, particularly nurses, in the Middle East. A Muslim hospital also opened in the 1950s. Specialty training in psychiatry exists, for example a one-year postgraduate nursing course in mental health. Lebanon depends mainly on the private sector for the provision of all health services. The Ministry of Health has contracts with the private sector and needy patients receive free treatment.

A total of 45 psychiatrists work in Jordan. The main psychiatric facility of the country is Al-Khoais Hospital in Amman with 220 beds. It is still a vertical facility and not fully an integral part of the health system. There is a new private hospital with 110 beds and small units in the Royal Army and Jordan University. Many general outpatient clinics also provide mental health services. Training courses in mental health

for general practitioners exist and integrated services are provided in some areas.

The psychiatric hospital in Tripoli is the major facility in the Libyan Arab Jamahiriya. The hospital has been active since early in the 20th century. There is a psychiatric facility in Benghazi as well. Some efforts for integration of mental health into primary health care have been made.

In Morocco with 28 000 000 inhabitants, Berrechid Hospital near Casablanca opened in 1920. Later hospitals in Fez, Marakesh and Rabat were built. There are 2200 beds in total. Psychiatric training and a short-term course for psychiatric nursing also exist. Psychiatry training is offered in Casablanca and Rabat. A good number of research activities have been conducted at the WHO Collaborating Centre in Casablanca. This centre has also been active in the development of a core curriculum for psychiatry in collaboration with the World Psychiatric Association and the World Federation for Medical Education [*17*].

In Pakistan, a country with a population of over 130 000 000, most psychiatric services were developed after independence. Prior to that, there were some services available in Karachi and Lahore. There are about 200 psychiatrists, 147 of whom work for mental health facilities. At present, 18 medical colleges have departments of psychiatry, psychiatric hospitals and specialty training programmes. The Pakistan Board of Psychiatry makes the evaluation of candidates for mental health specialties. There is master degree training for mental health nursing. The greatest achievements of Pakistan are in the pioneering role for the development of integrated services. Pakistan has a very good record for undertaking research and standardizing instruments; the Institute of Psychiatry in Rawilpindi has been active in this regard.

Previously the health affairs of the population of the Palestinian Authority were fully run by the United Nations Relief and Works Agency for Palestine Refugees in the Near East. (UNRWA). At present there is also the Ministry of Health of the Palestinian Authority. Concern over the mental health of Palestinian refugees extends back for many years. In addition to the usual psychiatric morbidity, this population has been subjected to the harsh realities of refugee life and political pressures of severe proportion for decades. Inpatient psychiatric services are composed of a 320-bed facility in the West Bank established in 1960 and a 34-bed unit in Gaza established in 1979. The Gaza Community Mental Health Centre was founded to address a range of mental health needs of the population. It is an active centre for mental health that also advocates human rights and tries to provide for the promotion of mental health, prevention of mental illnesses and diagnosis, treatment and rehabilitation. Human resources for mental health in Palestinian territories include 18 psychiatrists, 40 clinical psychologists, 17 trained social workers and 72 psychiatric nurses. Innovative approaches in school mental health have been tried, and there are nongovernmental organization (NGO) initiatives and self-help groups.

In Saudi Arabia, the start of modern psychiatry is associated with the building of Shahar hospital in Taif in 1962. At present, in addition to this hospital, there are hospitals in Jeddah, Riyadh and other major cities. A programme for integration of mental health into primary health care also exists. Specialty training in psychiatry is available with national certification and certification through the Arab Board.

In Sudan, with about 30 000 000 inhabitants, formal psychiatric facilities are hard pushed to provide the needed services. But

Sudan has a rich innovative experience using traditional healers for provision of mental health services. Formal psychiatric facilities do exist in Khartoum and Gezira, and good quality specialty training in psychiatry is offered, in spite of difficulties. Sudanese psychiatrists trained at home or outside are working in many countries of the Arab world and have a reputation for technical excellence.

The first modern psychiatric hospital in the Syrian Arab Republic, called Ibn Sina, was built near Damascus in 1929. The building of a hospital in Aleppo in 1956 followed this. There is psychiatric training in medical schools run with the help of the military hospital.

In Tunisia, there are 900 psychiatric beds, most of which are in Tunis. There are smaller facilities for the armed forces and also in Monastir and Sfax. All of these are centralized and not dynamically connected to the health system and the community services. Training and research exists in Ibn Sina hospital in Tunis.

In Kuwait and the United Arab Emirates, facilities and human resources exist and the need is to develop more community-based services. The newly added wings to the Kuwait mental health hospital and the newly built hospital in Abu Dhabi would be best used as the central part of integrated systems. In the United Arab Emirates there is a good level of training and research, and also a model community care system is being established, supervised by Al-Ain University.

The future

The movement to modernize psychiatry and mental health, integrate it within the general health systems of the countries and thereby decrease the stigma attached to mental illness began in this region in the early seventies and gained momentum during the eighties. WHO has been keenly involved in this movement[1].

Similar to other parts of the world, the future of psychiatry and mental health in our region depends on our wisdom in defining the boundaries of our profession and related professions and disciplines clearly. Psychiatry and mental health in the region must address the concerns of all stakeholders and encourage the use of many groups for the welfare of patients. General practitioners and other physicians, psychologists, nurses and social workers are among the most important professionals. The ideal to be achieved is a logical division of labour within a healthy system of collaboration.

The year 2001 was chosen by WHO as the year of mental health. The slogan chosen was *Mental health, stop exclusion, dare to care*. The future should lead us to stop excluding mental health from the overall concept of health and allow us to take daring steps for the benefit of patients with mental health problems.

[1]*The work of WHO in mental health in the Eastern Mediterranean Region is described in an editorial* Mental health in the Eastern Mediterranean Region of WHO with a view to the future trends *published in Volume 5 No. 2 of the* Eastern Mediterranean health journal *and reproduced later in this issue.*

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