

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

{وَمَا أُوتِيتُمْ مِّنَ الْعِلْمِ إِلَّا
قَلِيلًا}

صدق الله العظيم

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**Evaluation of Mental Health Services for
Addiction in Egyptian Governmental Hospitals.**

*Essay Submitted for Partial Fulfillment of Master Degree in
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By

Mohamed Ali Abdulfattah Elshazly

(M.B, B. CH)

Under Supervision Of

Prof. Dr. Nahla Elsayed Nagy

Professor of Neuropsychiatry

Faculty of Medicine – Ain Shams University

Assist. Prof. Dr. Nivert Zaki Mahmoud

Assistant Professor of Neuropsychiatry

Faculty of Medicine – Ain Shams University

Dr. Doaa Nader Radwan

Lecturer of Neuropsychiatry

Faculty of Medicine – Ain Shams University

Faculty of Medicine

Ain Shams University

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List of Contents

List of Contents	i
List of Tables	ii
List of Abbreviations	iii
Introduction	1
Chapter 1:	
Definition and Categorization of Mental Health Services...	5
Chapter 2:	
Mental Health Services for Addiction	10
Chapter 3:	
International standards of Mental Health Services	25
Chapter 4:	
Current Status in Egypt	44
Chapter 5:	
Barriers against Effective Service Provision	69
Discussion	78
Recommendations	88
Summary	91
Appendix	99
References	127

List of Tables

Table 1: Prevalence of Drug Abuse in Egypt.....	44
Table 2: Age of onset of substance abuse.....	46
Table 3: Psychoactive substances commonly abused in Egypt.....	50
Table 4: Prevalence of substance abuse in the eight governorates	51
Table 5: Statistics of services provided by surveyed facilities	59
Table 6: Centers for management of substance abuse.....	61
Table 7: Number of individuals accused in cases of Drug Abuse in terms of occupation in 2004.....	62
Table 8: Number of individuals accused in cases of Drug Abuse in terms of age in 2004.....	63

List of Abbreviations

AIMS:	Assessment Instrument for Mental Health Systems
ASAM:	American Society of Addiction Medicine
CEA:	Cost Effectiveness Analysis
CNIB:	Central Narcotic Intelligence Bureau
CSQ:	Client Satisfaction Questionnaire
CUA:	Cost Utility Analysis
EMCDDA:	European Monitoring Centre on Drugs & Drug Addiction
ISAM:	International Society of Addiction Medicine
LAMICs:	Low and Middle Income Countries
LICs:	Low Income Countries
MOHP:	Ministry of Health and Population
NGOs:	Non Governmental Organizations
PHC:	Primary Health Care
PSU:	Poly Substance Use
QALYs:	Quality Adjust Life Years
RSA:	Rapid Situation Assessment
SSS:	Service Satisfaction Scale
UMICs:	Upper & Middle Income Countries

UN:	United Nations
UNDCP:	United Nations Drug Control Program
VSSS:	Verona Service Satisfaction Scale
WFP:	World Food Program
WHO:	World Health Organization

Introduction

A growing body of evidence indicates that provision of health & social services in substance abuse treatment, particularly when matched or tailored to specific treatment needs, results in better outcomes. (*Marsh et al, 2004*)

The way these services are organized has an important bearing on their effectiveness & ultimately on whether they meet the aims & objectives of a mental health policy.

The various components of mental health services are categorized as:-

- 1) Mental health services integrated into the general health system.
- 2) Community mental health services.
- 3) Institutional mental health services. (*WHO - 2003*)

In the recent years, there has been a debate between those who are in favor of provision of mental health treatment & care in hospitals & those who prefer to use primarily or even exclusively community settings, in which the two forms of care are often seen as incompatible. This false dichotomy can now be replaced by an approach that balances both community services & modern hospital care. (*Thornicroft & Tansella, 2004*)

The commission for health improvement (C.H.I) concluded that mental health services lag behind acute health services in developing clinical governance systems & pro losses that promote high quality care & continuous improvement. It specifically highlighted the shortages of psychiatrists & inpatient nurses, & the reliance on agency nurses & locum staff, the unsuitability of buildings & facilities, the pressures on inpatient beds, the lack of management capacity & poor information systems. & the low priority given to services for children & older people. (*Oyebode , 2004*)

Although epidemiological data on drug abuse in Egypt are scarce, yet health professionals have reported a multitude reasons for such concern, increase in the rate of addicts seeking psychiatric treatment, increase in drug related health problems mainly drug overdose toxicity & alarming drop in age at initiation of drug use, with expectant rise in adolescent addicts. (*Seif Eldin, 2000*)

Barriers include the prevailing public – health priority agenda & its effect on funding, the complexity of and resistance to decentralization of mental health services; changes to implementation of mental health care in primary care settings, the low number & few types of workers who are trained &

supervised in mental health care & the frequent scarcity of public
– health perspectives in mental health leadership. (*WHO - 2007*)

Aim of the Work

The aim of this research is to:

- 1- Identify the current status of mental health services for addiction in Egyptian governmental hospitals.
- 2- Comparative evaluation in relation to international standards.
- 3- Identify barriers against effective service provision.
- 4- Presenting recommendation to overcome these barriers & improve the current status in Egypt.

Definition & Categorization of Mental Health Service

Definition

Mental health services are the means by which effective interventions for mental health are delivered. The way these services are organized has an important bearing on their effectiveness and ultimately on whether they meet the aims and objectives of a mental health policy (*WHO, 2003*)

Recent large-scale studies demonstrate several variables associated with an increased likelihood of mental health care use. These variables can be considered within a well-validated theoretical framework, Andersen's behavioral model of health care use. Significant socio-demographic variables (or predisposing factors in the behavioral model of health care use) include female gender, younger age, Caucasian race, and higher education. Significant access variables (or enabling factors in the behavioral model of health care use) include unemployment, urban residence, and health insurance coverage. Finally, significant illness variables (or need factors in the behavioral

model of health care use) include mood disorders, substance use disorders, and anxiety disorders; also included as significant illness variables are mental health disability and perceived need for treatment, although these have been demonstrated to have weaker effects. It should be noted that some research has demonstrated that needs variables evidence stronger effects than socio-demographic variables and access variables. (*Elahi and Ford, 2007*)

Categorization of Mental Health Services:-

Clear understanding of the categories of mental health services allows adequate use of these services and making best benefits of them. This categorization is based mainly on identification of the sector involved in provision of services to target population with clarification of the nature of linkage between these sectors.

According to (*WHO, 2003*), the various components of mental health services are categorized below:-

1)Mental health services integrated into the general health system

Which can be as broadly grouped as those in primary care and those in general hospitals.

- ***Mental health services in primary care*** include treatment services and preventive and promotional activities delivered by primary care professionals.
- ***Mental health services in general hospitals*** include certain services offered in district general hospitals and academic or central hospitals that form part of the general health system. Such services include psychiatric inpatient wards, psychiatric beds in general wards and emergency departments, and outpatient clinics. There may also be some