

Visit to Abbasiyah Hospital, Egypt

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At a Regional meeting of Members and Fellows of the Royal College of Psychiatrists, held in Cairo in April 1994, a strong initiative to promote Abbasiyah Psychiatric Hospital as a teaching centre was put forward. The President, Registrar and Dean made a preliminary visit to the hospital and met with Dr S. Al-Kott, the Medical Director, and agreed to offer assistance on behalf of the Royal College of Psychiatrists. It was anticipated that Abbasiyah would benefit through improved recruitment into medical and nursing posts, and by the injection of renewed interest in its large patient population.

Abbasiyah is one of the oldest psychiatric hospitals in the world. It is an extension of an asylum built by King Mansour in the 14th Century. The hospital has moved twice, first in 1856 and again in 1882, when a ruling Princess donated her palace for the treatment of the mentally ill. The hospital has a capacity of 3000 beds, 32 female and 18 male wards. It houses the main forensic holding unit in Egypt for the assessment and treatment of female mentally abnormal offenders en route to maximum secure units.

Problems to be addressed

Structural

The hospital has been subject to a great deal of local and outside criticism. Part of the problem is the presence of both prison officers and nurses in the forensic section; a dilemma not unique to Egypt. At present the forensic unit is small and overcrowded. Plans have now been drawn up to relocate this unit as part of the general upgrading of the hospital.

Many other criticisms had been levelled against the hospital by the Egyptian press. Owing to the bad publicity contractors sometimes refused to work there and some taxi drivers would charge extra to go there! The fabric of the hospital was deteriorating rapidly with an insecure supply of fresh water and unstable buildings. The number of beds was inadequate for the number of patients and the precise number of patients was unknown due to lack of adequate records. Nursing quality was poor and there were alleged abuses. There were inadequate supplies of drugs including anaesthetics for ECT which was often given unmodified, sometimes at irregular hours.

These factors propelled mental health issues to the forefront of the Ministry of Health's concerns. Hence the appointment of Dr Al-Kott from the Ministry of Health to the post of Medical Director of Abbasiyah with the remit and authority to make necessary changes.

Training

Despite the above mentioned problems it was felt that a major psychiatric facility, accessible to the patients and relatives within Cairo, needed to be preserved. The development of Postgraduate Medical Education was clearly a major focus, together with all the research opportunities offered by a large psychiatric hospital.

Two of the authors (RM and JR) paid three visits to Cairo between April 1995, October 1995 and December 1995. Each visit lasted between four and five days and had a slightly different emphasis from the previous one. The purpose of the visits was to examine Postgraduate Medical Education in terms of improving the structure and process of the hospital training scheme and the building of a teaching base for improving clinical skills. An additional aim was to establish useful links between the Royal College of Psychiatrists and the Egyptian Department of Mental Health.

Developments

Structural

A long-term upgrading programme for the entire hospital has been organised. This started with the kitchen facilities and the most dilapidated wards. The former work has now been completed, but the upgrading of all the wards will take many years and will be a heavy financial commitment to complete (by which time it will be time to refurbish the earliest works again). An ECT unit, following Royal College Guidelines, has been commissioned and built.

Management

Abbasiyah's 3000 patients are cared for by: 67 psychiatrists, 11 psychologists, 400 nurses, 28 social workers, 11 dentists, 5 pharmacists, 10 dietitians, 15 remedial teachers, 46 managers

and clerical staff, 100 domestic staff and 40 maintenance officers.

Given the large size of the workforce it was decided to divide the hospital into more manageable units, each with their own budget and a medically qualified head of department. Effectively, the model was of separate directorates. Each of the directorates had the initial task of reducing their beds and patient numbers through careful clinical reappraisal and planned discharges. Meanwhile, new admissions had to abide by a contract between the admitting doctor and the patient and their family, setting treatment goals for specified target symptoms and a notional length of stay.

Patient care

A gradual changeover to improved conditions for patients has commenced. More qualified nurses have been recruited and trained and patients are permitted much more freedom, personal expression and stimulation.

Psychiatric training

Until recently, no formal psychiatric training scheme was available at Abbasiah. However, a Diploma of Psychiatry, instituted by the Ministry of Health, with support from the World Health Organization (WHO), is now available. This can be completed in 12 months. Trainees may also take a Master's Degree, which takes two years. Recruitment of medical staff to Abbasiah has now improved substantially with training places over-subscribed. A third qualification is an MD, which requires sponsorship from a university department.

Many Egyptian trainees express an interest in taking the MRCPsych examination. For this reason it was decided to apply for one year of overseas approved training towards the MRCPsych at Abbasiah, once the necessary educational changes were in place.

Future training objectives

The present aim of training at Abbasiah is to establish a systematic training scheme with a broad eclectic approach, aimed at progressive levels of qualification. To that end, trainees are required to attend ward rounds, planned admission and discharge sessions (similar to the Care Programme Approach in the UK), the allocation of patients for psychotherapy and a weekly timetable of fixed teaching sessions. The latter are now delivered in close liaison with local Academic Departments (Ainshams University and Cairo University).

Discussions have taken place with the Royal College representatives regarding the role of the two hospital tutors and the educational

supervisors in the form and content of training. Abbasiah hospital has now formalised its training with clear sessional time set aside for journal clubs, didactic lectures and clinical interviews.

Because of the requirements of the MRCPsych examination for written and spoken English, the British Council were approached by the College for assistance, specifically for Abbasiah doctors. A planned programme is being discussed. Progress is now being made towards one year of approved training for Part II of the MRCPsych. College representatives have been advising the Tutors as to how to proceed in this matter. College representatives have taken the opportunity to make frequent visits to the wards and to sit with staff and selected patients and listen to clinical case presentations and case management discussions. Discussions, particularly those centred on the social and dynamic factors of cases have been lively and stimulating. The Egyptian trainees have been most articulate and forthcoming.

The future

Because the health system in Egypt starts from a network of small units in rural areas, one of the objects of the Ministry of Health, supported by the WHO, is to improve the training of staff grade doctors who work within these units, in the detection and early management of psychiatric conditions. With the local availability of dedicated assessment and treatment centres, the secondary referral process should become more focused.

Side by side with the commissioning and building of new hospitals, the Ministry has set itself the task of renovating some of the older hospitals, including Abbasiah, with a review of the entire infrastructure. Other recent innovations include open-door policies, day hospitals, a large development in occupational therapy, the establishment of out-patient clinics, and other therapeutic activities. All of these developments have been discussed with the College representatives and provide excellent future training opportunities.

It is hoped that the College will be able to provide continued liaison and assistance to the Egyptian psychiatric services and that the exchange of our respective experiences will continue to stimulate and enhance postgraduate medical education in the broadest sense.

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