



إتحاد الأطباء النفسيين العرب

(رابطة في إتحاد الأطباء العرب)

Arab Federation of Psychiatrists

Member of Arab Medical Union
Emergency and Disaster Unit
Darfur Campaign

10-20 April 2009



الرئيس

أ.د. أحمد عكاشه

ت: 2 9200900

فاكس : 2 9200908

بريد إلكتروني :

aokasha@internetegypt.com

الأمين العام

أ.د. عبد الرزاق الحمد

ت: 4672558 - 4672365

بريد إلكتروني :

alhamad@ksu.edu.sa

الأمين العام المساعد

أ.د. ممتاز عبد الوهاب

ت: 27943204 / 27961709

بريد إلكتروني :

momtazabdel@yahoo.com

أمين الصندوق

أ.د. مصطفى شاهين

ت: 22609965

فاكس : 24010671

بريد إلكتروني :

shahinmostafa@hotmail.com

أعضاء اللجنة التنفيذية

أ.د. الصديق جدى (تونس)

مستشار الشؤون العربية

أ.د. إيلي كرم (لبنان)

مستشار الشؤون العلمية

أ.د. طارق الحبيب (السعودية)

مستشار المؤتمرات العلمية

أ.د. طارق أسعد (مصر)

مستشار التحرير

أ.د. على الرويعي (البيبا)

عضو اللجنة التنفيذية

أ.د. عبدالله الشريمى (اليمن)

عضو اللجنة التنفيذية

أ.د. عبدالله عبدالرحمن (السودان)

مستشار الشؤون العربية

أ.د. عدنان التكريتي (الأردن)

رئيس تحرير المجلة

أ.د. محمد رشيد لافته (العراق)

عضو اللجنة التنفيذية

أ.د. يسرى عبد المحسن (مصر)

مستشار العلاقات الدولية

أ.د. سعيده دوكى (تونس)

الرئيس السابق

المنسقون

أ.د. ممدوح العدل

منسق الأطباء العرب البريطانيين

أ.د. سهام منتصر

منسق الأطباء العرب الأمريكيين

أ.د. البير طانيوس

منسق الأطباء العرب الفرنسيين

Mission of the Campaign:

Assessment of the Psychiatric Needs in Darfur

Goals of the Campaign:

- 1- Assessment of the psychiatric condition in Darfur
- 2- Providing professional help for the psychiatric patients at the time of the campaign (especially among **Internally displaced persons- IDPs**)
- 3- Training of mental health workers and volunteers to provide Psychological First Aid

Preparation:

- 3 Egyptian psychiatrists were chosen to participate in this campaign:

Mahmoud Elhabiby: Assistant Lecturer of Psychiatry, Ain Shams University.

Ahmed Atef: Psychiatry specialist, Al Abassia Hospital.

Waleed Hasan: Psychiatry resident, Ain Shams university Hospital.

- A preparatory meeting was held with **Prof Dr. Wa-il AbouHendy** Chair of Emergency and Disaster Psychiatry Unit Arab Federation of Psychiatrists. During this meeting, main goals of the campaign were addressed together with plan for fulfilling these goals.
- 2 Meetings were done between the members of the campaign team. The Meeting included training done by Dr Mahmoud Elhabiby for the other 2 members of the team regarding applying the diagnostic tool (SCID I). Moreover, Psychological First Aid was studied and trained upon by the group.
- A final meeting was done with **Professor Dr Ahmed Okasha**, **President of Arab Federation of Psychiatrists and Egyptian Psychiatric Association** to revise the preparations of the campaign,

finalize its goals and assess the abilities of the members.

- Due to unexpected organization difficulties, the Arab Medical Union asked the Arab Federation of Psychiatrists to reduce the psychiatrists in the campaign into two so Dr Mahmoud Elhabiby and Dr Ahmed Atef were chosen to participate into the campaign.
- Dr Mahmoud Elhabiby was chosen to go to **South Darfur** while Dr Ahmed Atef went to **West Darfur**.

South Darfur (Background):

South Darfur is one of the three states that compose the region of Darfur in western Sudan. It has an area of 127,300 km² and an estimated population of approximately 2,890,000 (2006). [Nyala](#) is the capital of the state. Nyala hosts nearly 40% of South Darfur's registered IDP population (267,450/701,872), including **Kalma**, the largest IDP camp in Darfur. The clinical work was done in a medical centre Kalma Camp called (**Centre Zero**) established by UNICEF in collaboration with Spanish Red Cross and Sudanese Red Crescent organizations.

Established Campaign goals:

I- Providing professional help for the psychiatric patients at the time of the campaign (especially among Internally displaced persons- IDPs):

Psychiatric clinic was found in Centre Zero yet with no one to run the clinic. The clinic was opened again to serve psychiatric patients in Kalma Camp throughout the available working days of the campaign (4 days)

Throughout this period:

37 patients were received in the clinic with psychiatric assessment and management. They were as follow:

-11 males and 26 females

- 9 patients less than 18 yrs, 9 patients > 60 years

19 patients 18-60 years

- Most common diagnoses were: Major Depressive Disorders, Dementia, Epilepsy as well as Schizophrenia.

- Medications were prescribed yet it was not available in the camp and we were told by Sudanese Authorities that a list of Psychotropic medications were on its way from Al Khartoum. This list includes:

Antipsychotic medications: Olanzapine, Risperidone

Antidepressants: Sertraline, Fluoxetine, and Imipramine

Antiepileptic: Sodium Valproate , Carbamazepine

Anxiolytics: Diazepam

Notes and Recommendations:

- 1- There is generally deficiency in the psychiatric service in the camps (No trained psychiatrists available, lack of medications)
- 2- There is a lack of specialized service for special groups (Old age and children)

- 3- High vulnerability for complications regarding patients suffering from psychosis and dementia (easily lost, accidents, malnutrition)
- 4- Although many cases of epilepsy were seen in the clinic, there was deficiency in the antiepileptic medications leading to more suffering of these patients (recurrent epileptic attacks, accidents)
- 5- Many patients and caregivers stated that there were many more cases in the camp yet they could not make it to the clinic (strong need for out reach service in the camp).

II- Training:

A meeting for training and exchange of experience was done in the Child Development Foundation (CDF) centre in Nyala. CDF is one of the organizations related to the UNICEF organization. The mission of the foundation is to maintain and support children and adolescents social and psychological well-being. The centre performs various activities in the camps including social, sport and vocational activities for children and adolescents. Moreover, members of the centre provide psychological and social support for the children suffering from the crisis.

The training topic was "**Dealing with Adolescents in Crisis**". It included an introduction to the topic followed by group discussion about the major challenges and difficulties in the relation with adolescents in camps including violence, harassment and victims of rape. Other problems regarding the difficulty in service delivery (overcrowding, transference as well as cultural issues were also discussed).

The training included 14 psychologists and social worker and was attended by the manager of the centre. The centre was given a hardcopy of "Guidelines for Psychological First Aid" in English and "Psychological and Social assessment of needs during crisis" in Arabic.

Notes and Recommendations:

- 1- The centre members welcome further training especially regarding child psychiatry and dealing with the handicapped.
- 2- Although the staff of the centre was trained before yet they welcomed training from a nearer cultural background
- 3- The need financial and technical support to expand their activities (especially vocational ones).
- 4- Training psychologists and social workers to detect and refer psychiatric cases can help in service delivery for the missed patients.

III- Assessment of the psychiatric condition in South Darfur:

- Staff

Although Nyala is the main city in South Darfur, there is only one psychiatrist that works in the whole city. There is great difficulty for the psychiatric patients in the camps to move into the city to meet him

- Inpatient facilities

There is no place for admitting psychiatric patients. Mental patients who need admission have to travel thousands of kilometers to Khartoum.

-Survey:

A psychiatric survey involving women aged 18-60 years was done in Kalma camp. It was done using the Arabic version of SCID I.

The sample included 58 female who agreed to perform the interview (16 female refused)

The results were:

18 suffered from Post Traumatic Stress Disorder

10 suffered from Major depressive disorder (2 with psychotic features)

4 suffered from Generalized Anxiety Disorder

Although the remaining 26 female did not fulfill the criteria of other disorders yet 12 of them suffered from sleeping difficulties and /or vague somatic complaint.

Notes and Recommendations:

- 1- The percentage of undiscovered psychiatric disorders in IDPs is high
- 2- More surveys need to be done
- 3- Children of the camps should be surveyed for psychiatric disorders
- 4- Supplying Psychological First Aid during any further crisis is recommended.

REPORT
PSYCHIATRY IN WEST DARFOUR
11 – 20 APRIL 2009

Written by Ahmed Atef Fayed, Psychiatrist

Background

Since 2003, continuous armed conflicts have been taking place in Darfur. International organizations brought supplies and also medical care to the people living in areas affected by conflicts. But due to political reasons, some of them were recently expelled, which made the access to health care even more difficult. Therefore, the Arab Medical Union sent a group of twenty-five doctors in various specialties in Darfur to bring some medical support. As a psychiatrist, I was part of a team of eight doctors based in the State of West Darfur, in the city of Elgenina. Our team worked in three places: Elgenina Public Hospital, Elguenina Health Insurance Clinic and Grending IDP camp, which hosts about 22000 people.

In the following report, I will expose the activities I lead during the mission and findings on the psychiatric morbidity in West Darfur.

Targeted population

Mentally ill people in West Darfur with a special focus on internally displaced persons (IDPs).

Objectives

- Offering medical care for urgent psychiatric cases
- Assessing psychiatric and psychological needs of the targeted population
- Training medical staff providing psychiatric care
- Establishing a small sample for statistic purposes

Findings and activities

Current situation of psychiatric care in West Darfur

Staff

In the state of West Darfur, there is no specialized psychiatrist; there is only one medical personnel who is offering care for mental patients. He is a psychiatric nurse in Elgenina Public Hospital. He is doing his best but he is not qualified to offer proper care.

Inpatient facilities

There is no place for admitting psychiatric patients. Mental patients who need admission have to travel thousands of kilometers to Khartoum.

Medications

In the pharmacy of Elgenina Public Hospital, there are no psychotropic medications. And in the visited pharmacies of the city, they are very few drugs including Amitriptyline, Haloperidol, Chlorpromazine, Diazepam and Carbamazepine. The shortage of drugs is basically due to the fact that there is no one to prescribe them.

Process

Treatment

During this ten day mission, I had the opportunity to examine and prescribe medication for about 35 psychiatric patients including:

- 25 in the outpatient clinic of Elgenina Public Hospital and 2 in the Health Insurance Clinic. Their diagnoses were mostly schizophrenia, bipolar disorder and epilepsy.
- 7 in Grending IDP camp. In the clinic, I examined and prescribed medication to 5 cases of psychotic patients and 2 patients with major depression.

Survey

In Grending IDP camp, I applied the SCID test to 25 women in the age between 18 and 55 with the help of the psychiatric nurse as many of the women did not properly speak and understand Arabic. Most women, who were interviewed, were living in this camp for more than five years and were working outside the camp mainly in the field of construction and agriculture. Most of the women were showing adaptability and resilience but their main concern was insecurity before food and water supplies. Indeed, they felt especially threatened at night because of the militia attacks, which represent the main cause of sleeping difficulties.

The results of the test are as follow:

- 4 women were fulfilling the criteria of generalized anxiety disorder
- 2 were fulfilling the criteria of major depressive disorder
- 1 was fulfilling the criteria of PTSD
- 8 women complained of sleeping difficulties

Training and capacity building

In the Elgenina Public Hospital, I trained the psychiatric nurse on various psychiatric disorders and gave him some confidence to assist mental patients. I also asked the medical officials for strong support to him since he is currently the only one in charge of psychiatric patients.

In the Health Insurance Clinic, I trained five GPs on psychosis and depression and tried to make them more willing to deal with psychiatric patients.

Conclusion and recommendations

There is a severe lack of psychiatric care and facilities in West Darfur, which adds to the problem of the deep stigma of mental illness in the community and the prevalence of wrong believes about mental illness among the vast majority of population who only seek the help of traditional healers. In addition, the high insecurity especially present in the camps creates psychological suffering and increases pre-existing mental diseases.

Therefore, it is recommended to:

- hire at least one specialized psychiatrist
- provide a suitable ward to admit psychiatric patients
- train GP on psychiatry
- provide psychological support to population at risk

www.arabpsynet.com/Associations/AFPdarfourCampagne.pdf
www.arabpsynet.com/Associations/AFP.ass.htm