

Mental Health in Qatar

Mental Health in Qatar:

Challenges and Prospects

Edited by

Amber Haque, Livia L. Gilstrap
and Suhaila Ghuloum

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FOREWORD

NORMAN SARTORIUS

Qatar is the richest country in the world, and it is wonderful to see that its health services reflect that fact. What is even more laudable (and much less frequently seen) is that mental health care also reflects the affluence of the country; in many other countries mental health receives less priority than other health care pursuits and the fate of people with mental illness and their families is a sad story often devoid of hope.

Developing a mental health system which works and helps people with mental illness and their families – as well as their country - is a challenging task even when funds to do this are available. Prejudice about mental illness and the stigma that is attached to all that is related to psychiatric disorders are huge obstacles to the development of such a system, obstacles that are superimposed on all other problems that are related to the growth of a social service structure. Stigma is at work everywhere; medical schools are limiting the number of hours given to the teaching of psychiatry; the best students are usually reluctant to take psychiatry as their field of work; the population fights the placement of mental health services in their neighborhood; those who experienced mental illness will carefully hide their past knowing that they will otherwise experience a variety of difficulties. The obstacles of program development are potentiated in countries with a significant proportion of inhabitants belonging to different cultures, having different mother tongues (or accents), and widely different expectations of health care.

The story told in this book is that of building a mental health program and being successful despite difficulties. The story also tells that those who developed the program were willing to listen to advice and build using the experience and knowledge which they had as well as advice which they sought and received. What the authors generously present now is their experience, ready for use in developing their program further but also elsewhere. They are willing to share as well as to continue learning from others. It is to be hoped that others who built programs and remember the process will do the same. Case stories of this type are far too rare and are

still widely outnumbered by texts which avoid notes based on personal experience and concrete examples.

Thus I take pleasure in recommending this book to readers everywhere and in particular to those who would like to build national mental health programs so as to learn from the example of Qatar and those who have done valuable programs elsewhere but never shared their experience to stimulate them to write up their story. The field of mental health has been neglected for very long, far too long. If we want to catch up and bring it to a level at which the millions of people with mental disorders and their families will receive care which they need, we have to accept the necessity and value of learning from one another. This book is a valuable part of the experience which we should examine and use.

FOREWORD

SHEIKH DR. MOHAMED BIN HAMAD AL THANI

It is a great pleasure to introduce this informative book, which highlights the history, the current scenario, the future as well as the challenges and steps needed to promote mental health and wellbeing in the State of Qatar.

This book builds on an understanding that mental health issues affect people from all walks of life, both men and women, and from all cultural and socio-economic backgrounds. Homesickness, the stigma associated with seeking assistance, and a lack of knowledge regarding available support systems can aggravate mental health issues.

We learn from this book that the Psychiatry Hospital in Hamad Medical Corporation (HMC) is the main provider of specialized mental health care and treatment in Qatar. HMC is in constant cooperation and partnership with Primary Health Care Corporation (PHCC) and Sidra Medicine to help patients on their journey to better health. HMC has been a strong supporter of the government's ongoing efforts to make the mental health and wellbeing a national priority. Under the leadership of the Ministry of Public Health, the Qatar National Mental Health Strategy has been an important part of the National Health Strategy, which emphasizes the importance of meeting the needs of existing and future generations through an integrated system directed toward better health for all citizens.

It is worth mentioning that in Qatar, PHCC now has the tools and the resources they need to help and support patients with most mental health conditions. One of the aims of the National Health Strategy is for PHCC to provide 20% of the mental health care currently provided in hospitals. Meeting the 2020 target for this, PHCC has launched 'Integrated Mental Health Service', whereby psychologists are being recruited to provide needed therapies, and psychiatrists to provide clinics within identified primary care centers.

This book offers a roadmap to implement the most appropriate solutions, to prevent mental illness whenever we can, to alleviate the severe stresses that are at the roots of many mental conditions, to provide the help that patients and families need to overcome their difficulties, and to use every tool and power we have to make sure there is a path to health and happiness

for all. By following this roadmap, we can change the trajectory of the lives of many patients and help them become better members of society.

As part of the Public Health System in Qatar, and in accordance with the National Health Strategy and with the Law No. 16 of 2016 on mental health that defines the rights of patients with mental disorders and regulates their care and treatment, we will work with our partners to move one step closer to fight stigma, to build a culture that values and supports mental health, to create new programs, to make all programs easier to access, and to help people find solutions.

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The editors wish to gratefully acknowledge the precious contributions of more than 40 authors of this joint project. We thank Professor Norman Sartorius, former Director of the World Health Organization, Division of Mental Health and former President of the World Psychiatric Association and of the European Psychiatric Association, for writing the first foreword, and Sheikh Dr. Mohammed bin Hamad Al Thani, Director of Public Health at the Ministry of Public Health, State of Qatar for writing the second foreword. Your support for our project means a great deal to us and demonstrates your commitment to the field of mental health and to advocating for those with mental illness. We would like to acknowledge Suhaila Ghuloum and Hassen Al Amin for giving readers an introduction to mental health services in Qatar, Susan Clelland and Iain Tulley for sharing many years of experience in mental health administration and transforming mental health policies in Qatar, Diala R. Hawi, Mohammad Albanna, and Ziad Kronfol for your thoughtful write up on higher education and training of students in various institutions, Omar M. Mahmood, May Jasem Almeraisi, and Abdellhamid Afana for skillfully summarizing the contributions of clinical psychology in the service of mental health, Samer Hammoudeh, Ibrahim A. Janahi and Suhaila Ghuloum for presenting to our readers important studies and accomplishments in mental health research, Livia L. Gilstrap, Ahsan Nazeer, and Muhammad Waqar Azeem for introducing child and adolescent mental health services to the audience, Felice Watt, Syeda Monazza Ali, Zainab Imam, Naomi Hynd, and Safia Ahmed for apprising the audience about perinatal mental health, Suzanne H. Hammad, Sanaa Alharahsheh, and Zerak Al Salihiy for addressing mental health issues in the elderly, Nelli El-Ghazal, Yasser Khan, Schahla Al Shibli, and Madeeha Kamal for bringing to the fore school-based mental health, Salaha Khan and Taysier El-Gaili for informing us about mental health and wellbeing among postsecondary students, Mohamed A. Ibrahim and Maysa H. El-Emadi for writing about the challenges of substance abuse, Wesam Smidi for putting together a chapter on allied health services and liaising with a network of disciplines and professionals to get it done, Vahe Kehyayan, Suzanne H. Hammad, and Sanaa Alharahsheh for writing on the stigma of mental illness, Khalid Elzamzamy and Ovais Wadoo for presenting the role of media in mental health, Tina Balachandran, Peter

Joseph John Bohan, Peter M. Haddad, and Budz Castillo for writing about workplace mental health, Eman Saeed, Ovais Wadoo and Sami Ouanes for sharing with us the state of community mental health services, Katja Warwick-Smith and Nabila Al Meer for giving a vivid picture of mental health nursing practice, and Suhaila Ghuloum, Amber Haque and Livia L. Gilstrap for examining and reflecting on the last ten years of mental health conferences in Qatar. We truly appreciate the help of Adam Rummens, Commissioning Editor for Cambridge Scholars Publisher, UK and his kind assistance in having his company grant us the copyright to translate and publish the book in Arabic, our diligent editorial assistant Larissa Munhoz and Raed Habayeb, Research Director at Doha Institute for Graduate Studies who approved the grant for editorial assistance. We would also like to thank Sir Graham Thornicroft, Abdullatif Al Khal, Mahmoud Al Raisi, and Afzal Javed for their endorsement of the book. Finally, the editors wish to acknowledge each other's commitment to getting this book done in a little over one year. All of this proves the power of teamwork. To our families from whom we stole many hours but for a good cause. To all the patients who have come our way in many years of practice and the students who will carry the torch of knowledge and are the future of providing these services even better than us. Thank you all so very much for making this happen. We couldn't have done it without you!

INTRODUCTION

AMBER HAQUE, LIVIA L. GILSTRAP,
AND SUHAILA GHULOUM

Qatar has been the world's richest country for the last several years. Located in the Middle East, it is a peninsula bordering the Persian Gulf and Saudi Arabia. Only 11,586 square km in size, its natural gas resources are among the world's largest. Qatar's official language is Arabic, but English is widely spoken. In addition to its tremendous economic, urban, and social growth, Qatar's health care spending is one of the highest in the Middle East.

Qatar's rapid and steady development is reflected in various professions including mental health. The short time in which the scientific disciplines and practices have evolved is a testimony to Qatar's vibrancy and dynamism. However, the field of mental health has often been misunderstood and stigmatized, particularly in the Middle East, and for those reasons and others there is a dearth of literature depicting local mental health progress. There are various reasons why mental health issues have been perceived negatively in this region, including a lack of awareness of the mental health field and the view that the current international understanding of mental health is rooted in Western assumptions of illness.

The idea for this book was conceived by the first editor, who published similar books in Malaysia and the UAE and wrote the initial outline of this book in September 2018. The Seventh Qatar International Mental Health Conference, held in December 2018 in Doha, Qatar, gave further momentum to the idea and the first editor began contacting local professionals. Dr. Livia Gilstrap, an academic and a colleague from the Doha Institute for Graduate Studies and Dr. Suhaila Ghuloum, a well-known figure in mental health in the region and a senior psychiatric consultant at Hamad Medical Corporation, agreed to help facilitate this book to completion. We believe that this project came to fruition due to the unique skills of each of the three editors and the interest and cooperation of all of the authors.

This book examines in depth how the mental health discipline started in Qatar and where it is today. We explore the various stages of mental health disciplines over the years and the Qatar National Strategy for the future. Experts in different mental health sectors cover a broad range of topics for all age groups and in different settings. The book is intended to educate students, academics, researchers, practitioners, administrators, and policymakers alike and provide useful information for the lay public both inside and outside Qatar. This book can serve as a useful reference in any library and for much-needed mental health research in the region.

The book is divided into four sections and 18 chapters. Section I consists of two forewords and an introduction. The first foreword is written by Dr. Norman Sartorius, the former Director of the World Health Organization (WHO) Mental Health Division, the World Psychiatric Association, and the European Psychiatric Association. He has traveled to Qatar and is familiar with the development of its mental health practices. The second foreword is written by Sheikh Dr. Mohammad Mohammed bin Hamad Al Thani, Director of Qatar's Ministry of Public Health. Al Thani is the brother of the emir of Qatar, HH Sheikh Tamim bin Hamad Al Thani, and the son of the former emir, HH Sheikh Hamad bin Khalifa Al Thani, with his second wife HH Sheikha Moza bint Nasser. This introduction outlines the book's objectives, summarizes each chapter, and demonstrates how the essays can inform readers about the field of mental health in Qatar.

Section II comprises five chapters that discuss the overall history and current mental health systems in Qatar. Chapter 1 starts with a discussion of general health services in Qatar followed by detailed developments of mental health services from 1956 onward. Current developments in mental health demonstrate that it is a major component of the National Public Health Strategy and there is a growing focus on establishing addiction rehabilitation and forensic services, adult learning services, and women's mental health issues. There is increasing collaboration between mental health services at Hamad Medical Corporation and Primary Health Care Corporation. References are made to the mental health needs and services for the non-Qatari labor force engaged in construction and household activities. The chapter also outlines the progress and challenges of international recognition, quality assurance, and data collection issues, with recommendations for the future.

Chapter 2 describes Qatar's mental health administration including policies, principles, and objectives that are developed in conjunction with World Health Organization (WHO) domains. The authors shed light on the first National Mental Health Strategy, *Changing Minds, Changing Lives* 2013-2018, designed to provide the best possible mental health services for

citizens while changing the attitude toward mental illness, and discuss the National Health Strategy 2018-2022, emphasizing mental health and well-being. The chapter further describes service level strategies, the planning process, and current governance structure details. The Qatar Mental Health Law, first drafted in 2014 and enacted in 2017, and the National Mental Health Global Action Plan 2013-2020 are elucidated in a simple to understand manner followed by current clinical guidelines. The chapter concludes with challenges faced in the implementation of the plans and strategies with recommendations for the future.

Chapter 3 discusses mental health education and training in psychology and psychiatry and how they have grown over the recent decades in Qatar. This chapter discusses the Qatari context and the relevance of these programs for improving mental health, humanitarian aid, and education. It then covers the development of the Master of Science in Clinical Psychology program at the Doha Institute for Graduate Studies, the psychiatry curriculum at Weill Cornell Medicine-Qatar, and the psychiatry residency program at Hamad Medical Corporation. Each section provides a brief history of the respective programs, their curricula, student compositions, accomplishments, challenges, and future goals. The chapter concludes with a brief outlook regarding the future of higher education in psychology and psychiatry in Qatar.

Chapter 4 describes psychological services, starting with a history of clinical practice from the early 1980s when patients and their families had little confidence in psychiatric services and traditional healers played a major role in treating those suffering from mental illness. The role of psychologists and challenges for the discipline at that time are outlined with factors that led to the establishment of an independent department of psychology at HMC. The scenario in private health care organizations is covered, detailing the expansion of psychological services in several of Qatar's important institutions. The licensure process for clinical psychologists and other education and training issues are also described. It is emphasized that evidence-based research and culturally appropriate psychological tests should be developed to meet the country's growing needs.

Chapter 5 provides an overview of mental health research in Qatar and is divided into four main sections. The first section covers the Qatar National Vision 2030, the Qatar National Research Strategy, and the Qatar National Mental Health Strategy as drivers of research work in mental health. The second section covers various research institutions and organizations in Qatar, along with an overview of possible funding opportunities. The third section covers various research projects that have

been conducted in Qatar in the mental health field, with a specific focus on population and clinical studies, scale validation and cultural adaptation, and well-being and satisfaction studies. There is also a discussion of the obstacles and challenges commonly encountered when conducting mental health related research in Qatar. The fourth section provides recommendations and possible directions for future research activities.

Section III comprises six chapters on mental health services for special populations. Chapter 6 describes child and adolescent mental health services (CAMHS) in Qatar. This chapter points out that mental health services for children and adolescents have significantly progressed in the last few decades and there are currently expansion plans including a focus on community outreach programs. The authors note issues with epidemiological data, both in the region and Qatar, and shed light on the current scenario of policies and regulations that are in developing stages. A detailed history of CAMHS in major organizations such as Hamad Medical Corporation, Primary Health Corporation, Sidra Medicine, Naufar (Addiction Services), and community-based centers is covered, highlighting research developments, concerns, and recommendations for the future.

Chapter 7 on perinatal mental health (PMH) reviews the known prevalence of and risk factors for PMH disorders in Qatar, drawing on local and regional research. Available intervention and treatment modalities are described along the spectrum of prevention and health promotion, screening and early intervention, and treatment in primary and tertiary care centers. Gaps in research and service provision, barriers to accessing care, and exciting developments in research and treatment are outlined.

Chapter 8 provides an overview of mental health among older persons in Qatar. It outlines the pathways of mental health care services, systems, and policies in the context of the growing significance of the aging phenomenon in the Arab and GCC region and its repercussions on mental and physical health. Based on the limited literature and empirical research in Qatar, it discusses key challenges and priorities and locates them within prevalent cultural contexts and perceptions of the elderly. The chapter concludes with a few critical policy implications for both policy and practice for consideration in current and future interventions.

Chapter 9 reviews the history of school-based mental health support for students both globally and nationally. Models of school-based mental health support are outlined and their benefits for all students are discussed in the context of a prevention model. The identification and support of at-risk students, including those with chronic illness, are reviewed along with treatment options available. The differences between the structure of support at public and private schools in Qatar and community-based support

systems for students and families are outlined. The WHO's model for school-based mental health is reviewed, identifying local gaps and suggesting future directions.

Chapter 10 discusses the mental health and well-being of college and university students in Qatar. It provides a synopsis of the history of post-secondary education and shares information on the establishment of institutes of higher education, including local colleges and universities as well as the branch campuses of well-known US, Canadian, and European institutes in Qatar. This chapter also sheds light on the unique mental health needs of students in post-secondary settings in Qatar and provides information on incidents requiring better and more sensitive responses to student mental health crises on campus. Key research findings and the availability of counseling and psychological services at various higher-ed institutions are discussed. Barriers and challenges for students to access quality care are also identified and recommendations improve mental health services within post-secondary settings are shared.

Chapter 11 on substance abuse starts with historical and geographical conditions that facilitated the entry of various drugs into Qatar. The authors narrate stories of people with addictions who first presented to HMC's psychiatry department for evaluation and treatment, addressing causes of addiction in the context of Qatar followed by government efforts to reduce the supply and demand as well as facilitate treatment and rehabilitation for addicts. The *Wiqaya* Project, which aims to raise awareness of substance abuse, the National Drug Control Strategy 2010-2015, anti-drug legislation, Narcotics Anonymous, and important treatment centers including Naufar's state-of-the-art facility are discussed followed by future trajectories.

Section IV, with seven chapters, covers interdisciplinary perspectives on mental health. Chapter 12 describes allied health services as an integral part of mental health care in Qatar. The services discussed include occupational therapy, physiotherapy, dietetics, pharmacy, and social work. This chapter presents an overview of allied health from a historical perspective and describes the progress of each of the services, from the initiation of mental health in Qatar to the present, including expansion of services, staffing, budgeting, challenges, and future planning.

Chapter 13 on the stigma surrounding mental illness discusses current levels of understanding about mental health in the general population as well as within health care providers and those with lived experience. It draws from research conducted in this field, awareness activities, and potential developments in Qatar. Within the largely Arab and Islamic context of Qatar, societal, cultural, and spiritual factors influencing stigma and stigma reduction strategies are discussed.

Chapter 14 on the media and mental health in Qatar addresses the multifaceted relationship between the media and mental health in the Qatari context. The chapter is divided into four sections. The first section highlights the role of the media in shaping attitudes toward mental health globally and locally. The second section addresses the role of mental health professionals and organizations in Qatar in directing and guiding media content toward a more positive representation of mental health. The third section focuses on the level of engagement of Qatari media professionals and organizations with mental health and its subdomains. The chapter concludes with recommendations for the media, mental health professionals, and related organizations.

Chapter 15 discusses the relevance of mental health in the workplace and how it affects critical safety roles across key industries in Qatar. The authors discuss the need for a healthy workplace, highlight workplace factors that contribute to mental health issues, and identify psychological hazards at work while recognizing the need for psychological safety. The chapter also focuses on return to work programs following mental health issues and addresses the implementation of workplace programs that support evidence-based practices and the WHO framework. The challenges of implementing such programs and the cultural considerations at the workplace are highlighted.

Chapter 16 describes community mental health services and addresses the historic development and nature of such services in Qatar. It describes how the Qatar National Mental Health Strategy 2013-2018 highlights the importance of providing the right care to the right patient at the right time and right place. The chapter details the current provisions within community mental health services including primary care level, addresses initiatives toward improving these services, and describes future directions for community mental health.

Chapter 17 covers the history of mental health nursing education and provides interesting narratives from pioneering nurses who first joined the psychiatry department at HMC. There are reflections on the growth of continuing nursing education, recruitment of nurses, and the shifting focus from hospital-based care to community care in line with the National Vision of Qatar. Cultural diversity in nursing, rapid service expansion, multidisciplinary collaboration, and leadership issues are highlighted, with a section devoted to specific challenges and opportunities for the discipline.

Chapter 18 reflects on the annual mental health conferences held in Qatar between 2009 and 2019. Starting with a history of conferences in the region, to the first international level conference in Qatar, the chapter discusses contexts, challenges, and growth of these conferences. Tables

represent demographic data and include all papers, symposiums, and workshops presented over the past decade. The chapter describes innovative strategies introduced over the years to make the conferences interesting and multi-disciplinary, how special interest groups became involved, the introduction of non-biology tracks to increase interest in non-psychiatric disciplines, and the impact of these conferences both within and outside Qatar. The chapter characterizes the efforts made and lessons learned from 10 years of mental health conferences in the country.

Throughout the various chapters, the authors detail the growth, challenges, and prospects of the mental health profession, dispel misconceptions, and provide recommendations based on their many years of experience in the field. We hope that this book will educate and inspire professionals, policy makers, service users, and the general public to give this field the attention it deserves so it can grow in a way that is practical, scientific, and sustainable.

SECTION II
HISTORY AND SYSTEMS

CHAPTER ONE

INTRODUCTION TO MENTAL HEALTH SERVICES

SUHAILA GHULOUM AND HASSEN AL-AMIN

This chapter presents an overview of the progress of mental health in Qatar. We start with a brief description of the State of Qatar, highlighting the development of its health programs. Then we summarize the history of psychiatry in Qatar starting with facilities and services, discuss the notable changes in academic entities, and end with the major achievements, challenges, and future directives for mental health in Qatar.

The State of Qatar

Qatar is a peninsula occupying an area of 11,571 km² on the eastern border of the Arabian Gulf. The only land border to the south is with Saudi Arabia; the Arabian Gulf surrounds the remainder of the land and the maritime borders are with Bahrain, the United Arab Emirates, and Iran. Historically, the economy of this small peninsula was dependent on fishing and pearl diving, similar to the other countries in the region. The discovery of oil in 1939 significantly increased Qatar's income, reflected in the urban developments of the 1950s and 1960s. Having been under British control, Qatar gained its independence from the United Kingdom (UK) in 1971. The same year, the discovery of natural gas led Qatar to become one of the fastest growing global economies since the early 2000s. In 2005, the first constitution was issued, establishing the state as a constitutional monarchy ruled by the Al-Thani family. Over the last two decades, the country has witnessed significant transformations in all aspects of life, making it among the highest gross domestic product (GDP) per capita with a high human development score (HDI 0.856) (UNDP 2018). The extent of urban development necessitated the recruitment of hundreds of thousands of expatriates, whether as skilled laborers or for their professional expertise.

Subsequently, the population multiplied from 534,608 in 1997 to 1.19 million in 2007, then 2.74 million in May 2019 (State of Qatar. Ministry of Development Planning and Statistics 2019). This rapid population increase affected the infrastructure, including the health sector, and, more specifically, for this book, mental health services.

Health Services in Qatar

In 1957, the government opened the first state hospital in Qatar, Rumailah Hospital. In 1979, the Ministry of Public Health (MoPH) established Hamad Medical Corporation (HMC) as the country's public health care provider. Treatment was free of charge for all residents of Qatar. Health care remains free for Qataris, while for expatriates, the public sector still subsidizes it heavily. Developments in health care progressed steadily. However, during the rule of HH Sheikh Hamad bin Khalifa Al-Thani and his wife, HH Sheikha Moza Bint Nasser, billions of dollars were invested in education and health (Goodman 2015, 177-85). Subsequently, Qatar started its path to achieving excellence in health. The first medical school in Qatar, Weill Cornell Medical College, now Weill Cornell Medicine, opened in 2001 as a campus in the Qatar Foundation's Education City. The College of the North Atlantic-Qatar followed, opening in 2002, graduating allied health professionals and technicians. The University of Calgary opened its first overseas branch in Qatar in 2007, paving the way for high standard nurse graduate and post-graduate training. Health reforms included introducing a health insurance system, electronic medical records, better data surveillance through the MoPH, and more established quality assurance systems and key performance indicators. Health care indicators such as average life expectancy and infant mortality rate are now similar to those in the developing world. The death rate per 1000 population in 2016 was 0.9, the lowest in the world (State of Qatar. Ministry of Development Planning and Statistics 2017).

However, the prevalence of non-communicable diseases increased dramatically in Qatar over the last two decades. Cardiovascular disease and road traffic accidents (RTA) are now the top two causes of death (World Health Organization 2006) in Qatar. Health services are expanding to accommodate these rising demands. A specialized trauma center opened, as well as the Metabolic Disease Institute, and other skilled care facilities. Today, HMC manages 12 specialist and community hospitals and continues to expand rapidly. Whereas health systems in many countries would have evolved gradually over decades, the developments in Qatar's health system have been ultra-rapid. Health care has gone through phases of relying on

and then adapting policies and procedures from other countries to the unique cultural requirements of a nation with multi-cultural infusion (Goodman 2015, 177-85).

Mental Health Services: Past, Present, and Future

Psychiatric Facilities

Before the establishment of hospitals in Qatar, health care was mostly dependent on traditional healers using herbal and other remedies, religious healers (*mutawa*), or sending patients abroad for treatment. Those with psychosis were often physically restrained or locked up at home. The first general clinic (Doha Hospital) opened in 1948 as an outpatient-based service, followed by Rumailah Hospital in 1957 (Ghuloum and Ibrahim 2006, 16-18). Patients with mental illness were treated by general practitioners (GPs) working at these hospital facilities. Some were sent for treatment to institutions in regional countries such as Egypt or Lebanon, or further away internationally, depending on their financial status and the nature of the illness. With the opening of Rumailah Hospital, GPs provided psychiatric care. Modern psychiatric services started in 1971, the year of Qatar's independence. Initially, the mental health treatment providers were physicians from Egypt and Sudan, mostly with experience working in psychiatry but no formal residency qualifications. In 1994, the Department of Psychiatry moved to its current location in what used to be a women's hospital. With this move, an estimated 15 patients institutionalized abroad were returned to Qatar to become long-term residents of the hospital facility. Although geographically separate, the department remained administratively managed by Rumailah Hospital. At the time, the hospital had one female unit with 18 beds, a 27-bed male inpatient unit, and four outpatient clinic rooms to service a total population of approximately 507,000 residing in Qatar. This capacity remained stable until 2005 when plans started for the expansion of the facility. Patients of all ages from childhood to old age, with a wide range of mental health conditions, including substance misuse, were treated by general adult psychiatrists.

Major expansion work was commissioned, which resulted in the creation of a larger female unit with a 24-bed capacity, including a section for residential care. This plan was based solely on the potential of expansion of the wards within the limited physical space available to meet the demands of a growing population and the desire to have a separate section allocated for long-term care. Three male inpatient units were gradually created in addition to a step-down facility for patients before discharge. The capacity

of outpatient services increased to 10 clinic rooms. Occupational therapy areas were introduced for both male and female patients, with kitchen and gardening areas for patient recreational purposes. These renovations were a marked improvement considering the previous status. However, significant structural limitations and flaws persist, making the building not conducive to a therapeutic mental health environment.

At that time, 15 male patients were considered long-term residents of the hospital, including those returning from treatment abroad, and in need of a residential treatment facility. It was quite uncommon to have long-term female inpatients. Although the reasons were not studied, we assume several factors explain this. Women were traditionally housewives, and very few worked at the time. Because they were not breadwinners, the negative symptoms of their illness, such as social isolation, lack of motivation, and lethargy, were more tolerated. Most families in Qatar hire maids to help with the housework, making it easier for a homemaker to be less functional within her house. Further, aggression is more associated with men than women, even in patients with chronic mental illness. Thus, it may be easier for families to confine a female within the house than doing so with a man. Culturally, it is more stigmatizing to admit a female family member to a hospital than a male member. Efforts to create a home-like, community-based residential facility for women faced many challenges, especially from service staff who were apprehensive about such a move. A large villa, called “the Palace,” was allocated for this purpose. With the engagement of patients, families, and staff, the move proved the most successful venture by mental health services at the time. It focused on patients' reintegration with their families and society, with greater emphasis on the recovery model.

Inpatient psychiatric care remains available only at HMC. The MoPH declined attempts by some private hospitals to obtain licensing for psychiatric inpatient care. There was a long period of hold in issuing licenses for private facilities as the MoPH was reviewing standards through its licensing authority at the Qatar Council for Healthcare Practitioners (QCHP). The private sector in psychiatry, therefore, remains at a very small scale, and is outpatient-based only. There are no more than 10 private practices between individual or hospital-based clinics.

The advances in the academic, research, and clinical domains are the result of the steadfast progress of mental health services during the last decade. The whirlwind developments were mind-boggling and quite rewarding. The improvements in mental health facilities and services paved the way for the development of subspecialty services in psychiatry.

Subspecialties in Psychiatry

As of 2019, the Mental Health Services at HMC provide care that spans all ages and all diagnoses of mental illness. There are 77 acute inpatient beds, only 20 of which are assigned to women. The minor increase in bed numbers is disproportionate to the considerable increase in the population size over the last 15 years, resulting in an ongoing struggle to meet the demands for admission. Only the most acutely disturbed or suicidal cases are admitted to the inpatient units and are discharged as soon as they show signs of improvement to allow for other admissions. Schizophrenia and other psychotic disorders, including severe affective disorders with psychotic symptoms, are the top diagnoses requiring inpatient admission. Outpatient clinics are held daily, seeing an average of 100 patients per day. One of the male inpatient units is dedicated to forensic cases to meet the increasing demand for specialized services for this group. A consultation-liaison team covers cases referred from the emergency department of Hamad General Hospital as well as those referred from any of the other hospitals under HMC. In addition, small teams provide care at Al Wakra and the North Area (Al Khor) hospitals.

Patients who were at “the Palace” were transferred to a residential compound for rehabilitation services. Building on the success of “the Palace” experience and in line with the Mental Health Strategy’s target of providing community-based mental health services, a new residential compound was assigned to the service. This compound houses the Community Mental Health, Older Adult Psychiatry, and Child and Adolescent Mental Health teams. It includes a day care service, clinics, and residential villas for female long-stay patients, the majority of whom have schizophrenia. The Shafallah Center started operating in 1999, providing the best international standards of educational as well as physical and mental health care for children with autism and learning disabilities. The center helped raise public awareness and significantly contributed to enhancing the rights of these individuals. Care for children with learning disabilities is divided between HMC’s services (the Child Development Center of Rumailah Hospital and the Child and Adolescent Mental Health Services) and the Shafallah Center. No similar services are available for adults with autism or learning disabilities.

More recently, subspecialties started to evolve further. With the opening of Sidra Medicine for women and children in early 2018, mental health care for these sectors of the population widened. Neither Sidra nor the inpatient units within HMC’s mental health services have allocated beds for children and adolescents who may require inpatient admission. When needed, in crisis situations, they are admitted within the general adult inpatient units,